

Aboriginal & Torres Strait Islander LGBTQISB+ people and the COVID-19 pandemic

A SURVEY OF IMPACTS
EXPERIENCED AS AT MID-2021

Authors | Black Rainbow | Department of Indigenous Studies, Macquarie University



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Centre for Global
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Black Rainbow

w <https://blackrainbow.org.au/>

Department of Indigenous Studies, Macquarie University

e arts.indigenoustudiesstaff@mq.edu.au

t +61 2 9850 8891

Authors

Madi Day, Dameyon Bonson, Andrew Farrell & Tetei Bakic

Further information

For further information about this the report, project or survey please contact:

Department of Indigenous Studies, Macquarie University

e arts.indigenoustudiesstaff@mq.edu.au

t +61 2 9850 8891

Acknowledgement

This report was prepared on the lands of the Wallumattagal people, the Dharawal people, the Gadigal people, and the Dharkijung people. The authors extend our respect to Elders past, present and future.

We acknowledge that these lands are unceded, and that Aboriginal and Torres Strait Islander peoples across the continent have always fought for and will always fight for Country. We acknowledge the resilience and tenacity of Aboriginal and Torres Strait Islander LGBTQISB+ peoples, who are part of one of the longest running movements resisting colonisation.

Terminology

There is no universally agreed upon terminology for referring collectively to the diverse groups of the First Peoples of this continent and the surrounding islands; known in a colonial context as Australia.

In this report, we primarily use the term 'Indigenous' to refer to all peoples and groups with connections to this continent that pre-date colonisation, who identify as such, and who have always, and will always be the rightful custodians of their ancestral homelands. 'Aboriginal' and/or 'Torres Strait Islander' is also used where appropriate. In an Aboriginal and Torres Strait Islander context, we use the following acronym promoted by Black Rainbow as a descriptor of a diverse and proud community: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl, Brotherboy plus (LGBTQISB+). As we discuss in limitations, we did not attract asexual respondents to the survey. The acronym is limited in capacity, by not directly representing people who identify with other expansive terms including non-binary and pansexual. While we recognise that this language is evolving, and we have strived to be as inclusive as possible, we also acknowledge this limitation, hence our inclusion of a '+' sign which serves as a prompt to recognise that there may be other terms that should be included. Outside of this Aboriginal and Torres Strait Islander-specific context, we use the term Lesbian, Gay, Bisexual, Transgender, Intersex, Queer plus (LGBTQI+). Each year Black Rainbow releases glossary posters to outline some of these terms. Like all language, the meaning of these terms is subject to change, hence the posters are updated yearly. Posters are available for free upon request via blackrainbow.org.au.

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Executive Summary

Background

This community report is the result of a study that took place from April to June in 2021, designed and delivered collaboratively between Black Rainbow and the Department of Indigenous Studies at Macquarie University. Black Rainbow initiated the study with interest in how Aboriginal and Torres Strait Islander LGBTQISB+ people were impacted by the COVID-19 pandemic. The COVID-19 pandemic in Australia is part of the currently ongoing worldwide pandemic of the coronavirus disease 2019, known as COVID-19, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

In 2021, the Australian Human Rights Commission (AHRC) (2021) reported their concern about the impacts of the COVID-19 pandemic on vulnerable groups in Australia. They flagged increasing reports of racism, increasing rates of domestic and family violence, and the compounding effects of intersectional disadvantage.

While we have some information on the impact of COVID-19 on LGBTQI+ Australians, and on Aboriginal and Torres Strait Islander peoples (see 'Background' in this report), to date, we have known very little about the impact of the COVID-19 pandemic on Aboriginal and Torres Strait Islander LGBTQISB+ peoples. This is largely because we know very little about the needs and experiences of Aboriginal and Torres Strait Islander LGBTQISB+ peoples in general. What we do know, is likely drawn from comparative studies of LGBTQI+ and Aboriginal and Torres Strait Islander communities separately. An exception to this is Bonson (2016), Dudgeon and colleagues (2015), and Kerry (2017) who note risks of increased isolation, rejection from community, exclusion from culture, suicide, homelessness, and mental health issues.

Aboriginal and Torres Strait Islander LGBTQISB+ peoples are under-represented in research and have historically been largely missing from most national studies into sexual orientation gender and intersex issues (AHRC, 2015). What little research that does exist is generally framed within the context of sexually transmissible infection (STI) and blood borne virus (BBV) (AHRC, 2015). In 2015 Black Rainbow Living Well (cited in AHRC, 2015) observed the absence of national

strategy, plan or research to identify and meet the needs of Aboriginal and Torres Strait Islander LGBTQISB+ peoples. Recent efforts have aimed to address this dearth of research by particularly exploring the needs and experiences of Aboriginal and Torres Strait Islander LGBTQISB+ youth (see Hill, et al., 2021; Liddelow-Hunt et al., 2021; Soldatic et al., 2020, 2021).

Methods

Our study consisted of an online survey targeting Aboriginal and Torres Strait Islander LGBTQISB+ people across Australia. We adopted a whole of community approach as has been utilised in Aboriginal and Torres Strait Islander suicide prevention (Westerman & Sheridan, 2020). This means that we approached the research from the position that each person was part of whole communities, which are varied and diverse. While we took into consideration connectedness, belonging and culture (Westerman & Sheridan 2020), we also looked at risk factors and complexities that may be shared due to compounding disadvantage from racism and queer-phobia. Simultaneously, we wanted to operate from a strengths-based approach (Fogarty et al. 2018), allowing participants to speak on and speak back to the hardships they may or may not have experienced as part of the pandemic. As a result, we designed and distributed an online survey to give participants the opportunity to not only speak to their own experiences, but to participate in a study that connected them to other Aboriginal and Torres Strait Islander LGBTQISB+ people across the continent even when they may have been geographically and/or socially isolated. This community report is the culmination of their input.

Findings, Conclusions & Future Research

From May to June 2021, a total of 112 Aboriginal and Torres Strait Islander LGBTQISB+ people from across Australia completed our online survey. It is important to note that this was before the waves of infection from COVID-19 variants Delta and Omicron significantly

impacted parts of Australia. Hence, it is important to note that while this data provides a snapshot of the social and material impacts of the pandemic on Aboriginal and Torres Strait Islander LGBTQISB+ people, it is not by any means comprehensive.

1 **Almost a third of participants reported being Aboriginal and Torres Strait Islander LGBTQISB+ people with disability.**

We need to know more about their experiences and needs in terms of the impact of COVID-19 on their financial stability, housing, social support and connectedness, mental health, help seeking and access to services.

2 **Housing and accommodation, employment and income, study, and lifestyle factors that influence health and wellbeing have been significantly impacted for Aboriginal and Torres Strait Islander LGBTQISB+ people during the COVID-19 pandemic.**

We need to know more about their experiences, needs and possible solutions.

3 **Some Aboriginal and Torres Strait Islander LGBTQISB+ people reported feeling less connected with friends/family/community during the COVID-19 pandemic than they used to, while others reported feeling more connected.**

We need to know more about how and why this is so, and what role technology has played in enabling or disabling this connectedness.

4 **Of concern, the majority of Aboriginal and Torres Strait Islander LGBTQISB+ participants reported negative effects on their mental health as a result of the COVID-19 pandemic, and that half reported having experienced suicidal thoughts, particularly when we consider the relatively low rates of help seeking and access to services reported by these same participants.**

We need to know more about the experiences and needs of Aboriginal and Torres Strait Islander LGBTQISB+ in terms of help seeking and accessing services for mental health issues and suicidal and self-harm behaviour, and how services could better meet their needs, particularly during a pandemic when face-to-face may not be possible, and particularly when Aboriginal and Torres Strait Islander LGBTQISB+ clients may also have disability.

5 **Some participants were more likely to access an LGBTQISB+ service than an Aboriginal and/or Torres Strait Islander community-controlled service.**

We need to know more about why Aboriginal and Torres Strait Islander LGBTQISB+ people may find an LGBTQISB+-specific service to be more accessible than an Aboriginal and/or Torres Strait Islander community-controlled service.

6 **Participants were least likely to use or rely upon doctors, chemists and the government as sources of information about the COVID-19 pandemic.**

We need to know more about why this is so, and why other sources were preferred. Further knowledge about how Aboriginal and Torres Strait Islander LGBTQISB+ people access information about the COVID-19 pandemic can help better disseminate such information in the future.

7 **This survey was conducted in mid-2021, however this was not the end of the pandemic.**

We need to know more about how the ongoing COVID-19 pandemic has further impacted Aboriginal and Torres Strait Islander LGBTQISB+ people.

About Black Rainbow

Black Rainbow is a national non-profit that is 100% Indigenous owned and operated. Our core business is transforming Aboriginal and Torres Strait Islander LGBTIQSB+ health and social inequity. As an unfunded entity, Black Rainbow operates on a hybrid model of donations, fee for service and profit from sales of educational materials and services. Our HQ is in Darwin in the Northern Territory.

Black Rainbow is premised by advocacy, leadership, and solutions to identify and address social and cultural determinants of wellbeing as they relate to Aboriginal and Torres Strait Islander people who are LGBTQIASB+. Originally focusing on suicide prevention, the diversity of the leadership group has expanded horizons. Through our grassroots and diverse approaches, we strive to improve the health and wellbeing of Aboriginal and Torres Strait Islander LGBTQIASB+ people. Black Rainbow currently supports Aboriginal and Torres Strait Islander LGBTQIASB+ communities through a variety of community projects and initiatives. We call these initiatives *Contagion of Love* projects.



Background

The COVID-19 pandemic in Australia as at mid-2021

The COVID-19 pandemic in Australia is part of the currently ongoing worldwide pandemic of the coronavirus disease 2019, known as COVID-19, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Australian government's response to the pandemic was to pursue a zero-COVID 'suppression' strategy that aimed to minimise domestic community transmission through the closure of international and many domestic state and territory borders to various degrees and for various lengths of time, often with further periodical closures in response to localised outbreaks. A vaccination program commenced in February 2021 however, this was hampered by short supply and access difficulties, fears of risks to health, compliance challenges related to the need for individuals to receive multiple doses over time, and a reluctance and even refusal by some to participate. Access to testing also had its challenges, as did contact tracing and isolation of those who may be at risk of transmitting and/or contracting the disease.

Up until mid-2021, the COVID-19 pandemic in Australia was marked by a number of laws, events and experiences including:

- Social distancing rules
- Enforced wearing of face masks
- Closure of 'non-essential' services
- Schools and universities limiting face-to-face contact, with students continuing their studies via home-based learning
- Employees working from home where possible
- Snap lockdowns requiring members of the public to remain at home, and public health orders deeming they could only leave their homes for 'essential' activities, the definition of which changed over time as restrictions were eased or intensified in response to outbreaks
- Banning of people's movement between locations, and congregation in groups, impacting on ability to visit those in aged and disability care facilities, detention facilities, hospitals, each other's homes, and attending weddings, funerals, religious celebrations and other social events

- Shortage of goods and services, caused by 'panic buying' sparked by snap lockdowns, and by restrictions, illness and isolation limiting staffing, resulting in supply chain delays and greater lead times
- The increasing of police powers to include issuing of fines for breaching public orders, closing and searching of premises, and the detaining of individuals deemed to be a risk to public health (Australian Human Rights Commission (AHRC), 2021).

The inability of all 'non-essential' business to continue to operate during lockdowns resulted in the permanent closure of many, and the loss of employment for numerous individuals. The Australian government responded to this in March 2020 with a number of measures, including a temporary increase in JobSeeker payments; the introduction of the Job Keeper payment which aimed to assist eligible businesses to be able to keep their staff employed despite lockdown; and the ability for affected individuals to access up to \$10,000 of their superannuation during 2019/2020 and the same amount again the following financial year. Prior to the outbreak of the COVID-19 pandemic in Australia, more than 200 not-for-profit organisations compiled a major joint report as part of Australia's Universal Periodic Review by the United Nations Human Rights Council.

The report argued that health and education systems are under strain, and that structural economic inequalities have caused severe vulnerability within some population groups, highlighting that social and economic inequalities are significant human rights concerns for Australia.

(O'Sullivan, Rahamathulla and Pawar, 2020)

Australia entered the pandemic in an already compromised position in terms of human rights (Human Rights Law Centre, 2020, cited in O'Sullivan et al., 2020). In 2021, the AHRC (2021) reported their

concern about the impacts of the COVID-19 pandemic on vulnerable groups in Australia. They flagged increasing reports of racism, increasing rates of domestic and family violence, and the compounding effects of intersectional disadvantage. In a 2020 article, O'Sullivan and colleagues explored early impacts and likely implications of the COVID-19 pandemic for Australians, also noting the precarious position of vulnerable groups including those experiencing poverty, un- or underemployment, high levels of debt, homelessness, difficulties in accessing health and social services, and disability. This vulnerability is further compounded by the pressures the pandemic puts on health and community services as well as not-for-profit organisations and charities, limiting their capacity to assist those in need. O'Sullivan and colleagues (2020) also noted high levels of confusion due to inconsistent and inadequate communication, and public uncertainty about the reliability of medical advice due to inconsistencies in its application by the government in terms of lockdown and distancing measures. The authors highlighted the disparities experienced by many in terms of access to digital technologies, inhibiting access to government services including applying for benefits and assistance, online schooling, and COVID-19 information. The increased risk of exposure to COVID-19 of people with unstable or no housing was noted, because of their limited options for self-isolation, sanitation, and food and medical supplies. O'Sullivan and colleagues (2020) also noted impacts of the COVID-19 pandemic for Australians including a sharp increase in alcohol consumption, and increased levels of psychological distress, depression and anxiety.

The COVID-19 pandemic and Aboriginal and Torres Strait Islander peoples

Special Rapporteur on the rights of Indigenous peoples, José Francisco Calí Tzay (2020) reported to the United Nations General Assembly in 2020 that while virtually no population across the globe has remained unaffected by the COVID-19 pandemic, Indigenous peoples are among the most harshly impacted. Many Indigenous populations typically experience a higher degree of socioeconomic marginalisation and poorer health than their non-Indigenous counterparts. Calí Tzay (2020) highlighted issues such as the consequences of food insecurity and lack of access to clean water and sanitation, poor access to testing, limited access to accurate and regularly updated information and communication, a reluctance and inability to access public health care, unequal access to government financial aid, and

exposure to COVID-19 in detention. Indigenous people are also more likely to experience discrimination and as a disproportionate impact of lockdown/isolation measures. Calí Tzay (2020) noted issues such as being accused of not respecting preventive measures, and stigmatisation for having high infection rates. Control measures such as isolation are particularly at odds with community living practices of many Indigenous populations, and this in turn has seen an increase in mental health issues and substance abuse, amplified by the lack of face-to-face contact and support. Calí Tzay (2020) noted that the COVID-19 pandemic had a disproportionate impact on Indigenous people living in urban areas, those communities which are not self-subsistent, and Indigenous women and girls. There was a common failure by settler governments include Indigenous peoples in COVID-19 responses or consider specific needs, and delays to provide health support and economic relief despite the predictable disproportionate impact. The pandemic has disrupted self-governance, funding opportunities, and social activism and has seen an exacerbation of violations of land rights and unwanted business operations on Indigenous lands. However, connection to culture, people and land has been a source of resilience for many Indigenous peoples against the pandemic.

Indigenous peoples have reacted to the COVID-19 pandemic with their own responses and solutions, including self-isolation, health and hygiene initiatives, and community care.

(Calí Tzay, 2020)

In the Australian context, prior to the COVID-19 pandemic, the vulnerabilities of Aboriginal and Torres Strait Islander peoples due to socioeconomic marginalisation and exclusion from the dominant culture, continuing health disadvantage, and racism and discrimination restricting access to healthcare, education, housing and employment are well-documented. These vulnerabilities have put Aboriginal and Torres Strait Islander peoples at a heightened risk of COVID-19 transmission, severity and fatality (Yashadhana et al., 2020). Because of this, Aboriginal and Torres Strait Islander communities and health organisations across Australia were proactive in planning for the pandemic in an attempt to mitigate its impact (Naren and Widdicombe, 2021). As a result of their efforts, Aboriginal and Torres Strait Islander communities managed to avoid any significant impact during the first wave of the pandemic in 2020.

In fact, up until mid-June 2021, 152 Aboriginal and Torres Strait Islander people were recorded as having contracted COVID-19, with no deaths (Turner, cited in Australian Associated Press, 2021). Unfortunately, by November 2021, with the Delta COVID-19 variant spreading rapidly across NSW, Victoria and the ACT, in these jurisdictions alone this rose to 7,000 cases, over 700 of which were hospitalised, and 16 deaths (O'Mara, cited in Tsirtsakis, 2021). In fact, Aboriginal and Torres Strait Islander people in NSW and the ACT alone have been affected by COVID-19 at twice the rate of non-Indigenous Australians, accounting for 10% of all cases (Tsirtsakis, 2021).

Given the socioeconomic, and physical, mental and environmental health inequities and higher rates of chronic disease, when Australia's vaccine rollout commenced in February 2021, Aboriginal and Torres Strait Islander people were among those on the priority list (Royal Australian College of General Practitioners (RACGP), cited in Tsirtsakis, 2021). However, by early November 2021, while 81.1% of Australians aged 16 and over had received two doses, compared to just 54.5% of Aboriginal and Torres Strait Islander peoples, and in certain jurisdictions the disparity is even more alarming (RACGP, cited in Tsirtsakis, 2021). This has been blamed on shortage of vaccination supply, logistical and supply chain delays, poor health messaging, various sources of misinformation, and a failure on the part of the Federal Government to sufficiently consult with and empower local Aboriginal and Torres Strait Islander communities and organisations about a vaccination rollout strategy and communication of appropriate health information (Griffiths, 2021 cited in Naren and Widdicombe, 2021).

In August and September 2020, the Critical Intelligence Unit established as part of the NSW Health COVID-19 response consulted with a group of 12 Aboriginal community members from across NSW about their experiences and perspectives regarding the indirect impacts of COVID-19.

(Follent et al., 2021)

They identified how so many of the impacts of the pandemic further increase health inequities experienced by Aboriginal communities, such as reduced access to health care, food insecurity, experiences of racism and lack of cultural safety, and the cancelling of community events and gatherings,

including for sorry business, funerals, marriages and births, which negatively impacts Aboriginal practicing of culture and connection to Country. They highlighted the risks the pandemic poses to Elders, as well as the intersections of culture and diversity and the impacts of the pandemic on minority groups who exist within Aboriginal communities, such as people living with disability, homelessness, living in rural and remote communities, and who identify as LGBTQISB+. Follent and colleagues (2021) noted the compounding effect of the pandemic on top of recent drought and bushfire events, mental health issues, suicide risk and other trauma histories particular to many Aboriginal community members, and the impact this may have on social and emotional wellbeing.

Follent and colleagues (2021) also identified the pride within Aboriginal and Torres Strait Islander communities and organisations regarding how they have actively worked together to respond to the pandemic threat and keep people safe. Success has been attributed in part to their understanding of how to communicate health information and explain health risks to community members in an effective and meaningful manner (Finlay and Wenitong, 2020, cited in Naren and Widdicombe, 2021). In an article in *The Lancet Regional Health Western Pacific*, Yashadhana and colleagues (2020) noted that the Australian government's Emergency Response Plan for COVID-19 placed much of the responsibility for the management and operational plans for Aboriginal and Torres Strait Islander communities on Aboriginal Community Controlled Health Organisations (ACCHOs) – a lot of pressure given the short-term government funding modalities placed on these organisations, not to mention their limited health infrastructure and workforce capacity. This has also been reported by the Aboriginal Health Council of Western Australia (AHCWA) in 2020, who note that the resources ACCHOs have had to devote to pandemic planning and preparation has placed considerable strain on their ability to actually deliver their usual services.

The COVID-19 pandemic and LGBTQI+ people

Research consistently identifies that LGBTQI+ Australians experience higher than average rates of violence, harassment and bullying (AHRC, 2015). It is also well established that violence, harassment and bullying adversely affect the wellbeing and quality of life of those who experience it (AHRC, 2012 cited in AHRC, 2015). Discrimination is also a commonly reported issue, impacting on LGBTQI+ people's ability to access education and health services and participate in community activities such as sport (AHRC, 2015).

Research conducted by the AHRC (2015) exploring how well sexual orientation gender and intersex rights were respected and protected in Australia also found that LGBTQI+ people often experienced discrimination when attempting to access services run by religious organisations, such as certain hospitals, clinics, aged care and mental health services, particularly those that were taxpayer funded.

LGBTQI+ Australians report lower health outcomes in terms of cancer, sexual health and cardiovascular disease, as well as from health impacting behaviours such as alcohol, tobacco and substance use (AHRC, 2015). The AHRC's (2015) research also found that the mental health and wellbeing of LGBTQI+ people was a particular concern. The rate of suicide for LGBTQI+ people is significantly higher than the general population, as are diagnoses for depression and anxiety. It should also be noted that these outcomes differ amongst particular sexual orientation gender and intersex identity groups, for example, people who identify as bisexual have demonstrated poorer health outcomes than those who identify as lesbian or gay (McNair, 2011, cited in AHRC, 2015). LGBTQI+ Australians also experience higher rates of serious assault, homelessness and psychological distress compared to their heterosexual, cisgender peers (Robinson et al., 2014, cited in Uink et al., 2020). However, it is emphasised that these health and wellbeing risks do not indicate a vulnerability inherent with being LGBTQI+, but rather are the outcomes of experiences of discrimination, marginalisation, racism, homophobia and transphobia (Mulé et al., 2009, cited in Uink et al., 2020).

Early on during the COVID-19 pandemic, the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender conducted global research into the ways the pandemic was affecting persons of diverse sexual orientations and gender identities (Madrigal-Borloz, 2020).

Perhaps unsurprisingly, they found that the pandemic, and measures to address it, have exacerbated the vulnerability of LGBTQI+ people.

For example, criminalisation laws have made LGBTQI+ people more vulnerable to police abuse and arbitrary arrest and detention. They have also made LGBTQI+ people more reluctant to seek help from government services. Forced lockdowns have led to an increased risk of domestic violence and physical and emotional abuse. There is increased difficulty in accessing healthcare including antiretroviral therapy,

hormone therapy and gender-affirming care, as well as reduced access to COVID-19 testing, medical care and treatments for symptoms. Those living with HIV and unable to access antiretroviral therapy are then at increased risk of developing severe COVID-19 symptoms (Madrigal-Borloz, 2020).

Equality Australia (2020) analysed the current needs of vulnerabilities of LGBTQI+ communities as identified in a series of roundtable consultations held across Australia in March 2020. They noted that while LGBTQI+ people face similar challenges from COVID-19 to others in the Australian community, there are additional unique and more acute impacts of COVID-19 resulting from the discrimination, disparities and differences that are related to LGBTQI+ status. These include the issues noted above by the United Nations Independent Expert Madrigal-Borloz (2020). More specific to the Australian context, Equality Australia (2020) reported that findings from a weekly survey conducted by Newgate Research indicated that LGBTQI+ people are more likely than other Australians to have experienced a reduction in income or work hours, and to have been laid off from their job. LGBTQI+ Australians are also more likely to find it hard to meet the costs of daily living, to be living with at least one physical or mental disability, to have experienced more mental health issues or tension at home, to have or be living with someone with an immunodeficiency, and to be a carer for someone with disability.

Equality Australia (2020) also flagged how the lockdown responses to the COVID-19 pandemic prevents LGBTQI+ people from being able to access community and cultural spaces which typically are sources of protection, connection and support. Public health information accessible and relevant to LGBTQI+ communities was also lacking, particularly in regard to how social distancing guidelines apply to on-nuclear households, partners not living in the same household, and 'chosen' family members split across multiple households. The financial impact on LGBTQI+ people was also highlighted, noting that some cohorts of LGBTQI+ people, particularly trans and gender diverse people, are already more likely to live in poverty or experience unemployment than other Australians, and it is suspected that large numbers of LGBTQI+ people work in the industries hardest hit by the pandemic – creative arts, tourism, retail and hospitality. The ongoing viability of what few LGBTQI+ organisations, businesses and venues in Australia was also an identified concern. Equality Australia (2020) emphasise that the particular impact of the COVID-19 pandemic on LGBTQI+ Australians is difficult to predict, plan for and respond to, given the absence of reliable and comprehensive national data.

Noting that disaster and emergency policy and planning rarely include LGBTQI+ people, in 2020, Grant and Walker surveyed 231 LGBTQI+ Tasmanians about their experiences, needs and concerns during the COVID-19 pandemic.

Their research found the main issues of concern to include the health and safety of family and friends, of more vulnerable LGBTQI+ community members, and a few of being responsible for infecting someone else with COVID-19.

Participants were concerned about not being able to visit family and friends, and loneliness in isolation, and noted the lack of clarity around social distancing guidelines for people with multiple partners. Some participants expressed a fear of being targeted by police for alleged violations of social distancing because of a failure to understand that same-gender partners are actually household contacts. The strain that isolation could place on partner and family relationships, and the impact on mental health were also common concerns. Some participants flagged the impact COVID-19 was having on the ability to access antiretroviral medication, hormone therapy and other medical transition care. Some expressed a fear of homophobia/transphobia when accessing health care, and a preference for receiving services from LGBTQI+ organisations, however there was also concern expressed for the viability of LGBTQI+ services in a post-pandemic economy (Grant and Walker, 2020). Grant and Walker's (2020) Tasmanian survey also captured the strength of the Tasmanian LGBTQI+ community, with many respondents noting positive outcomes of the COVID-19 pandemic, particularly a greater sense of support and solidarity from within LGBTQI+ social groups, communities and organisations.

The COVID-19 pandemic and Aboriginal and Torres Strait Islander LGBTQISB peoples

So, what do we know about the impact of the COVID-19 pandemic on Aboriginal and Torres Strait Islander LGBTQISB+ peoples? Unfortunately very little, largely because we know very little about the needs and experiences of Aboriginal and Torres Strait Islander

LGBTQISB+ peoples in general. What we do know, is likely drawn from comparative studies of LGBTQI+ and Aboriginal and Torres Strait Islander communities separately. An exception to this is Bonson (2016), Dudgeon and colleagues (2015), and Kerry (2017) who note risks of increased isolation, rejection from community, exclusion from culture, suicide, homelessness, and mental health issues.

Aboriginal and Torres Strait Islander LGBTQISB+ peoples are under-represented in research and have historically been largely missing from most national studies into sexual orientation gender and intersex issues.

(AHRC, 2015)

What little research that does exist is generally framed within the context of sexually transmissible infection (STI) and blood borne virus (BBV) (AHRC, 2015). In 2015 Black Rainbow Living Well (cited in AHRC, 2015) observed the absence of national strategy, plan or research to identify and meet the needs of Aboriginal and Torres Strait Islander LGBTQISB+ peoples. It is only more recently that policy in terms of health and wellbeing has begun to respond, however, there continues to be limited information available to service providers on how best to work with Aboriginal and Torres Strait Islander LGBTQISB+ peoples, particularly youth, and where they go for care (Uink et al., 2020). Is there a preference for Aboriginal-specific services (such as those provided by ACCHOs), or for LGBTQI+-specific services (Bonson, 2017)? This lack of information has serious implications for the daily lives of Aboriginal and Torres Strait Islander LGBTQISB+ peoples (Soldatic et al., 2020).

Recent efforts have aimed to address this dearth of research by particularly exploring the needs and experiences of Aboriginal and Torres Strait Islander LGBTQISB+ youth. One such study, *Dalarinji (Your Story)* interviewed 15 young people (aged 14-25 years) from NSW to gain a better understanding of how the three intersecting identities of being Indigenous, young, and LGBTQISB+ impacts upon their social, cultural and emotional wellbeing, with the goal of developing and equipping targeted services to better support their needs (Soldatic et al., 2020, 2021).

Findings highlighted the protective benefits of being connected to community and culture, and the importance of acceptance and support from families.

Participants described how their LGBTQISB+ identity was easier to nurture in urban city areas, but that it sometimes had to be denied in order to protect their safety. While non-Indigenous urban LGBTQI+ communities can often serve as a 'second family', participants noted they could also be sources of racism. While participants described having pride in being Aboriginal and/or Torres Strait Islander AND being LGBTQISB+, they found these identities caused problems for them at school and at work. The strain of racism, homophobia and transphobia was noted to result in depression, anxiety, distress, suicidal thoughts and alcohol use. Participants noted the religious values of Aboriginal and Torres Strait Islander community members often resulted in a lack of acceptance and even rejection. They expressed a need to find a space where they could feel comfortable, accepted and supported, and noted the importance of role models, particularly out and proud Aboriginal and Torres Strait Islander LGBTQISB+ peoples both within and outside their own families.

Another study, *Walkern Katatdjin*, interviewed 14 young Aboriginal LGBTQISB+ people (aged 14–25 years) living in the Perth metropolitan region about their service needs and experiences (Liddelow-Hunt et al., 2021). In terms of family, friends and community, participants noted that positive relationships impacted on how strong they felt in their identity. Some noted how the relationship with family changed after they 'came out', and this was often followed by a lengthy journey of education and acceptance. There was a reported desire for their sexuality and gender to be normalised within their family.

When talking about being both Aboriginal AND being LGBTQISB+, some participants identified with both as an intersection, while others described the two identities as staying separate but would have liked more opportunities for the two to coexist.

There was a common pride in being both identities, which impacted positively on wellbeing, but there was also fear, stigma and shame, which impacted negatively. In terms of accessing services, participants noted the importance of mental health and wellbeing support. They described the need for specific Aboriginal LGBTQISB+ services, and health workers who are Aboriginal AND LGBTQISB+. It was felt that LGBTQI+ services often ignored Aboriginality, and Aboriginal services overlooked sexuality/gender – truly inclusive and holistic services just don't seem to exist. Barriers to accessing healthcare as identified by participants, however, were not specific to being Aboriginal and/or LGBTQISB+, but included: price, location, opening times, waitlists, familiarity, availability, shame, mistrust, previous experiences of racism or homophobia/transphobia, concerns about confidentiality, and a perception that the service wouldn't be able to help them.

Another study, *Breaking the Silence*, explored how a range of health, social support and education organisations respond to the needs of Aboriginal and Torres Strait Islander LGBTQISB+ peoples living in Western Australia (Hill, et al., 2021). Data collection consisted of five focus groups held with a total of 49 participants, five in-depth interviews and a survey of 206 respondents. The study is believed to be the first of its kind in Western Australia in terms of research focus and being developed and led by Aboriginal researchers who also identify as LGBTQISB+. Findings highlighted that Aboriginal Elders and senior leaders are critical to shaping a culture of inclusion or exclusion in communities. Mainstream LGBTQI+ community and advocacy organisations need to build partnerships and collaborate with Aboriginal-specific health and social support organisations. Employment of Aboriginal LGBTQISB+ staff was noted to be critical, however it was also identified that there is a tendency to over-rely on Aboriginal LGBTQISB+ staff to address Aboriginal LGBTQISB+ issues. Mandatory LGBTQISB+ training is needed for all staff at all levels, and Rainbow Tick accreditation (a national accreditation program owned by Rainbow Health Australia) is believed to be a valuable starting point for organisations in becoming more LGBTQI+ inclusive, however participants noted this may not adequately meet the service needs of Aboriginal LGBTQISB+ peoples.

Approach

This community report is the result of a study that took place from April to June in 2021, designed and delivered collaboratively between Black Rainbow and the Department of Indigenous Studies at Macquarie University. Black Rainbow initiated the study with interest in how Aboriginal and Torres Strait Islander LGBTQISB+ people were impacted by the COVID-19 pandemic. We had observed the initial impacts of lockdown on our communities and were beginning to see research on the global impacts of the virus, and we were interested to learn more about the impact of the virus on Aboriginal and Torres Strait Islander LGBTQISB+ people at a national scale.

Our study consisted of an online survey targeting Aboriginal and Torres Strait Islander LGBTQISB+ people across Australia. We adopted a whole of community approach as has been utilised in Aboriginal and Torres Strait Islander suicide prevention (Westerman & Sheridan, 2020). This means that we approached the research from the position that each person was part of whole communities, which are varied and diverse. While we took into consideration connectedness, belonging and culture (Westerman & Sheridan, 2020), we also looked at risk factors and complexities that may be shared due to compounding disadvantage from racism and queer-phobia. Simultaneously, we wanted to operate from a strengths-based approach (Fogarty et al. 2018), allowing participants to speak on and speak back to the hardships they may or may not have experienced as part of the pandemic. As a result, we designed and distributed an online survey to give participants the opportunity to not only speak to their own experiences, but to participate in a study that connected them to other Aboriginal and Torres Strait Islander LGBTQISB+ people across the continent even when they may have been geographically and/or socially isolated. This community report is the culmination of their input.

Ethics

In February 2021, we received approval from Macquarie University Human Research Ethics Committee (MQHREC) to conduct an online survey. The survey questions were reviewed and approved by the committee. We also built Participation Information

and Consent Forms into the survey, informing participants they were able to withdraw at any time from the study without consequence, and they could avoid or refuse to answer any question in the survey. We provided participants with contact details of both Indigenous specific and LGBTQI+ specific mental health and health providers between each page of the survey so they had immediate access to assistance if they were experiencing distress. Each participant was compensated for their time with a \$100 GiftPay voucher. The survey was distributed via researcher networks on email and via social media. This method of distribution is underpinned by Indigenous notions of relationality (Wilson 2008), which put relationships at the heart of research practice.

Challenges & Limitations

Distributing the online survey via social media posed some challenges. We received many 'bad faith' responses to the survey. Some of these were from participants who identified themselves as 'white' and 'heterosexual' in their responses. We also received some bot-generated responses which we were able to classify and disqualify using IP addresses. We had to suspend the survey for one week while we addressed this issue. After disqualifying bad faith responses and recirculating the survey for one more week we had 112 genuine responses. We are grateful to our colleagues and communities for their support and patience with this process.

This report is considerably limited by the exclusion of asexual experiences, and experiences from respondents who may not have seen themselves reflected in the survey. We have learnt from this process and will adjust our approach to future surveys and research to be more comprehensive and inclusive.

The survey was distributed during May and June of 2021. It is important to note that this was before the waves of infection from COVID-19 variants Delta and Omicron significantly impacted parts of Australia. Hence, it is important to note that while this data provides a snapshot of the social and material impacts of the pandemic on Aboriginal and Torres Strait Islander LGBTQISB+ people, it is not by any means comprehensive.

The Impact of the COVID-19 pandemic on Aboriginal and Torres Strait Islander LGBTQISB+ people as at mid-2021

The survey respondents

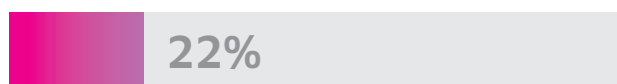
A total of 112 participants completed the survey between May and June 2021.



Of the 112 participants, 90% (n = 101) identified as Aboriginal and/or Torres Strait Islander.

Participants in the remaining 10% self-identified with additional terms including 'First Nations' and 'Aboriginal Australian'. Others identified themselves with their sovereign nations including 'Wiradjuri', 'Barkindji', and 'Gunggari'.

Participants were also asked to select terms best describing their gender, sex and sexuality. Gay, Sistergirl, and Brotherboy were the most popular terms.



22% (n = 25) of participants selected more than one term. These included:

- Transgender AND Queer AND Non-binary
- Brotherboy AND Transgender AND Bisexual
- Transgender AND Pansexual AND Non-binary
- Sistergirl AND Pansexual AND Queer
- Sistergirl AND Intersex
- Queer AND Agender
- Queer AND Female Cis-gendered Bisexual
- Sistergirl AND Lesbian
- Brotherboy AND Lesbian
- Intersex AND Bisexual
- Sistergirl AND Bisexual
- Queer AND Gay

Some respondents provided additional feedback or opted for open text responses to articulate their identity.

'I am comfortable with my sexuality but still feel out of place within the community as I didn't have positive about sexuality growing up'

Almost **one third of participants** (n = 35) identified as an Aboriginal and/or Torres Strait Islander LGBTQISB+ person with disability.

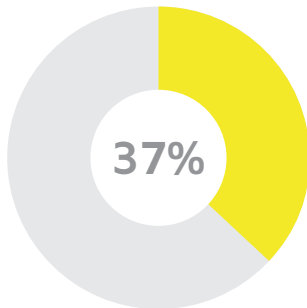
Respondents also offered the following terms:

- chronic illness
- mental illness
- fibromyalgia
- endometriosis
- hearing impaired
- deaf
- ADD
- CPTSD
- anxiety
- physical disabilities
- mental disabilities

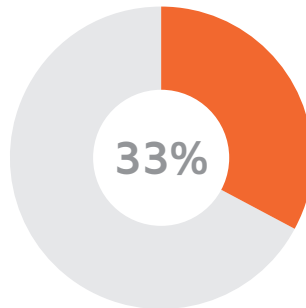
Income and employment

Participants were asked how the COVID-19 pandemic had impacted their income and employment:

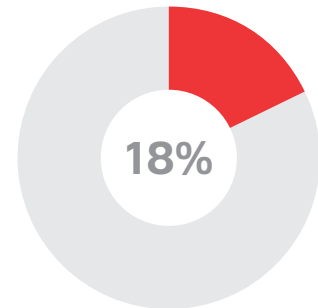
JobKeeper and JobSeeker allowances



37% (n = 42) of participants reported receiving the JobKeeper allowance. The JobKeeper Scheme was a government subsidy to help small businesses affected by the pandemic, whereby the Australian Tax Office (ATO) paid an allowance to eligible employers to enable them to support their staff. The JobKeeper scheme ceased to be available on 28 March 2021.



33% (n = 37) of participants reported receiving the JobSeeker allowance. The JobSeeker allowance provides financial help to those aged between 22 and Age Pension age who are looking for work, or who are sick or injured and unable to do their usual work or study for a short period of time.



18% (n = 20) of participants reported receiving neither JobKeeper nor JobSeeker allowances.

Employment and financial situation



- 33% (n = 37) participants reported their work hours had been reduced
- 27% (n = 31) reported their work hours had been increased
- 11% (n = 12) reported their employment status was not impacted
- 9% (n = 10) reported they had lost their jobs



74% (n = 83) participants reported that their finances had been impacted by the coronavirus pandemic.



70% (n = 79) reported that since the coronavirus pandemic they had been worried about living expenses like food, rent and/or bills.

'Struggling with looking for work as many places won't take on new employees'.

Housing and accommodation

Participants were asked how the COVID-19 pandemic had impacted their housing and accommodation:

Living arrangements

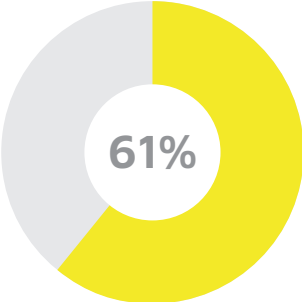


- While 42% (n = 47) of participants reported living in a city
- This was closely followed by 37% (n = 41) of participants who reported they lived in a regional location
- A further 17% (n = 19) of participants reported living in the suburbs, and
- 2.5% (n = 3) reported living in a remote area.

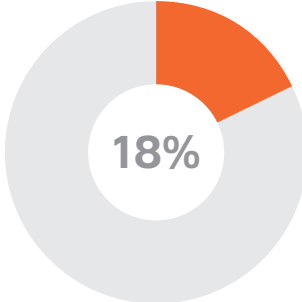


- A total of 36% (n = 40) participants reported living in their 'own place'
- 31% (n = 35) reported living in a share house
- 22% (n = 25) reported living with family, and
- 11% (n = 9) reported having only temporary accommodation, including staying with friends/ mob or sleeping rough.

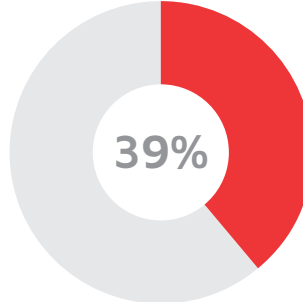
Housing stability



61% (n = 69) of participants reported being worried about securing or maintaining stable housing since the COVID-19 pandemic.



18% (n = 20) of participants reported having lost their home or accommodation because of the COVID-19 pandemic.



39% (n = 44) of participants reported that they may lose their home or accommodation in the near future.

Safety

51%

reported feeling unsafe where they lived during lockdown period(s) because they were LGBTQISB+

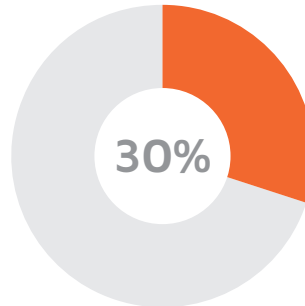
Study and education

Participants were asked how the COVID-19 pandemic had impacted their study and education:

Study and education



- 11% (n = 12) reported no changes to study
- 28% (n = 31) reported they changed degree, course or institution
- 24% (n = 27) reported they did not currently go to tafe/college/university.



30% (n = 34) reported that they had changed to study online.

'I had to start studying at home as campus was off limits, but maintained the same level of study... Miss socialising and campus life.'



Exercise, sleep and diet

Participants were asked how the COVID-19 pandemic had impacted their daily exercise, sleep and diet habits:

Exercise



- 39% (n = 44) reported exercising more since the pandemic
- 23% (n = 26) reported exercising the same amount
- 18% (n = 20) reported exercising less.
- 11% (n = 12) reported they do not exercise.

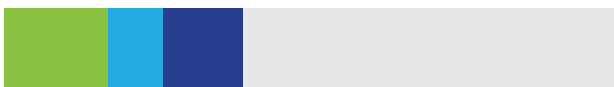
'I exercised more early in the pandemic and then it decreased as I stayed indoors more'

'I exercised (or moved, cos I don't really exercise) less than I did before'

'I was not able to go outside much and it affected the amount of exercise I was doing as well as the mental health aspect of it and losing motivation to exercise'

Sleep

Nearly all participants reported that the COVID-19 pandemic had impacted their sleep schedule:



- 17% (n = 19) reported they slept at different times
- 9% (n = 11) reported they slept less
- 13% (n = 15) reported that their sleep was not impacted.



58% (n = 65) reported they slept more since the coronavirus pandemic.

'Sometimes I would sleep more and other times I would hardly sleep.'

Diet

Nearly all participants reported that the COVID-19 pandemic had impacted their eating habits:



- 30% (n = 34) reported eating more since the coronavirus pandemic
- 13% (n = 15) reported they ate less since the coronavirus pandemic
- 12% (n = 13) reported that their eating habits had not changed.
- 38% (n = 42) reported they ate different kinds of food since the pandemic.

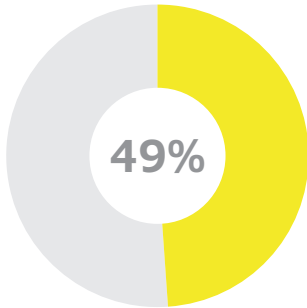
'I was ordering delivery foods more often.'

'I feel like some of my eating may be stress-related and being at home more means more access to the kitchen and snacks.'

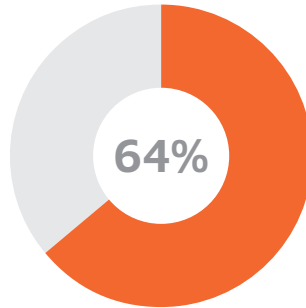
Mental health

Participants were asked how the COVID-19 pandemic had impacted their mental health:

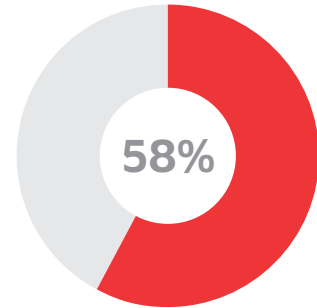
Mental health



49% (n=55) reported that they experienced suicidal thoughts as a result of the coronavirus pandemic.



64% (n=72) reported that lockdown(s) negatively affected their mental health.



58% (n=65) reported that the coronavirus pandemic had negatively affected their mental health.

'With school closures regularly I had to take a lot of time off work which impacted finances greatly'

'I feel a lot more lonely as it feels like socialising with others has been limited, I haven't been able to socialise as usual at uni campus, and I am unable to visit home as it is interstate and there are restrictions/difficulties in organising travel'

'I struggled with not being able to see my family or friends and hearing the news and how that was going to impact on my life'

'I felt more isolated and felt less motivated than usual to study, socialise, and exercise'

'I was isolated and felt very alone'

Drug and alcohol use

Participants were asked how the COVID-19 pandemic had impacted their drug and alcohol use:

Drug and alcohol use



- 15% (n = 17) reported no change in drug or alcohol use since the coronavirus pandemic.
- 11% (n = 12) reported that they began using drugs or alcohol during the pandemic
- 25% (n = 28) reported that their drug and alcohol use had increased since the pandemic
- 34% (n = 38) reported that their drug and alcohol use had decreased since the pandemic.

'I don't need substances to help me feel better, I think I tend to gravitate more towards eating as stress relief'

'I began to drink a lot more and vape as well'

'I was not able to go outside much and it affected the amount of exercise I was doing as well as the mental health aspect of it and losing motivation to exercise'

Social support and connectedness

Participants were asked how the COVID-19 pandemic impacted their social support and connectedness:

Sources of support

92% Since the COVID-19 pandemic, almost all participants (92%, n = 103) reported having turned to friends, family and/or community members for support

60% The majority (60%, n = 67) reported using more than one of these sources of support

Connectedness

55% The majority of participants (55%, n = 62) reported that as a result of the COVID-19 pandemic they were feeling more connected with friends/family/community than they used to

26% However, 26% (n = 29) reported feeling less connected

'At times I feel more connected, but a lot of the time I feel like family and friends are not checking in as much as they may have their own worries and concerns'

Use of social media

44% Interestingly, 44% (n = 49) of participants reported that since the COVID-19 pandemic they have used social media less

27% While 27% (n = 30) reported using social media more

'I deactivated my FB and Insta accounts due to stress and anger at family pushing conspiracy theories'

'I changed to Twitter because it had more up to date connection to news'

'I have been using it more to keep in contact with family and friends I couldn't see'

Methods used to stay connected

59% Phone calls were the most popular method used by participants to stay in contact with friends, family and community (59%, n = 66)

35% FaceTime was the next most popular method used by participants to stay connected (35%, n = 39)

26% Instagram was reported to be used by 26% (n = 29) participants to stay in touch

Less popular however still utilised methods included Skype, Texting, Email, WhatsApp, Messaging, and meeting in person.

Pandemic information and media coverage

Participants were asked where they accessed information about the COVID-19 pandemic, their perception of how Aboriginal and Torres Strait Islander people had been represented in the mainstream media during the COVID-19 pandemic, and the impact of COVID-19 pandemic media coverage on their mental health:

Sources of information about the COVID-19 pandemic

52% 52% (n = 58) reported they were likely to rely on social media

16% Only 16% (n = 18) reported they were likely to rely on the government

33% 33% (n = 37) reported they were likely to rely on community organisations

7% Only 7% (n = 8) reported they were likely to rely on health providers

Aboriginal and Torres Strait Islander representation in mainstream media

42% 42% (n = 47) responded 'In a negative way'

35% 35% (n = 39) responded 'Not much or not enough'

13% 13% (n = 14) responded 'In a positive way'

'I have seen some Aboriginal and Torres Strait Islander COVID info on social media but not really anywhere else'

'The two sisters that were named and shamed'

'I have not seen many Indigenous or TSI people represented in the media during the time'

Impact of COVID-19 pandemic media coverage on mental health

50% yes | **48% no**

Participants were almost equally divided as to whether or not their mental health was negatively affected by any of the COVID-19 pandemic media coverage, with 50% (n = 56) reporting it had, and 48% (n = 54) reporting it had not (two participants did not respond).

'I got anxious about leaving the house when the pandemic was at its worst and worried for my husband who was an essential worker'

'My mental health was affected seriously'

'It was distressing seeing the impact of covid on the news and the effects it was having on other countries as well as Australia'

Contracting COVID-19

Participants were asked if they personally knew anyone who had contracted COVID-19, and if they knew anyone who had died as a result. They were also asked about their level of concern about the possibility that they or someone they knew might contract COVID-19. Please note this data was collected prior to July 2021:

Knowing someone who had contracted COVID-19:

48% 48% (n = 54) of participants reported they did not know anyone who had contracted COVID-19

40% 40% (n = 45) of participants reported they did know someone who had contracted COVID-19

Knowing someone who had died from COVID-19:

71% 71% (n = 80) reported they did not know anyone who had died from COVID-19

27% 27% (n = 30) reported they did know someone who had died from COVID-19

Concern about contracting COVID-19:

61% 61% (n = 68) reported feeling worried that they or someone they knew may contract COVID-19

'I worry as my partner is an essential worker at a busy supermarket'

'I was very concerned that my grandparents who I lived with would get it'.

Help-seeking and access to services

Participants were asked about help-seeking for mental health support during the COVID-19 pandemic:

Accessing mental health support in person:

28% yes | **60% no**

While 28% (n = 31) of participants reported they had seen a mental health worker/counsellor in person, 60% (n = 67) reported they had not.

'I had some telehealth with a psychologist during the beginning of the pandemic but haven't spoken to them for months now as I feel like I am in a better space'

'I now see a therapist every week'

Accessing mental health support via telephone, video or online:

34% yes | **54% no**

A total of 34% (n = 38) reported they had received mental health support by telephone and/or video call, 54% (n = 60) reported they had not

37% yes | **60% no**

Similarly, 37% (n = 42) reported they had used a Crisis Hotline or Crisis Text Line, 60% (n = 67) reported they had not

32% yes | **55% no**

While 32% (n = 36) reported they had used online mental health support, 55% (n = 62) reported they had not

Availability and obstacles:

43% 43% (n = 48) reported they experienced obstacles or difficulty accessing the services or support they needed

26% 26% (n = 29) reported the service or support they needed did not exist or was not available to them

'My doctor was a great help, especially with gender affirmation (though he's only a GP, he totally got it).'

'A lot of mental health call lines are not accessible for deaf folk if you want to talk in real time'

'I have money and time, so it made things easier, for sure.'

'I had some free sessions at the beginning that helped me work out if it's what I needed.'

Conclusions and Future Research

-
- 1** Almost a third of participants reported being Aboriginal and Torres Strait Islander LGBTQISB+ people with disability.
- We need to know more about their experiences and needs in terms of the impact of COVID-19 on their financial stability, housing, social support and connectedness, mental health, help seeking and access to services.
-
- 2** Housing and accommodation, employment and income, study, and lifestyle factors that influence health and wellbeing have been significantly impacted for Aboriginal and Torres Strait Islander LGBTQISB+ people during the COVID-19 pandemic.
- We need to know more about their experiences, needs and possible solutions.
-
- 3** Some Aboriginal and Torres Strait Islander LGBTQISB+ people reported feeling less connected with friends/family/community during the COVID-19 pandemic than they used to, while others reported feeling more connected.
- We need to know more about how and why this is so, and what role technology has played in enabling or disabling this connectedness.
-
- 4** It is concerning that the majority of Aboriginal and Torres Strait Islander LGBTQISB+ participants reported negative effects on their mental health as a result of the COVID-19 pandemic, and that half reported having experienced suicidal thoughts, particularly when we consider the relatively low rates of help seeking and access to services reported by these same participants.
- We need to know more about the experiences and needs of Aboriginal and Torres Strait Islander LGBTQISB+ in terms of help seeking and accessing services for mental health issues and suicidal and self-harm behaviour, and how services could better meet their needs, particularly during a pandemic when face-to-face may not be possible, and particularly when Aboriginal and Torres Strait Islander LGBTQISB+ clients may also have disability.
-
- 5** Some participants were more likely to access an LGBTQISB+ service than an Aboriginal and/or Torres Strait Islander community-controlled service.
- We need to know more about why Aboriginal and Torres Strait Islander LGBTQISB+ people may find an LGBTQISB+-specific service to be more accessible than an Aboriginal and/or Torres Strait Islander community-controlled service.
-
- 6** Participants were least likely to use or rely upon doctors, chemists and the government as sources of information about the COVID-19 pandemic.
- We need to know more about why this is so, and why other sources were preferred. Further knowledge about how Aboriginal and Torres Strait Islander LGBTQISB+ people access information about the COVID-19 pandemic can help better disseminate such information in the future.
-
- 7** This survey was conducted in mid-2021, however this was not the end of the pandemic.
- We need to know more about how the ongoing COVID-19 pandemic has further impacted Aboriginal and Torres Strait Islander LGBTQISB+ people.
-

Concluding remarks

When I created Black Rainbow back in 2013 on my iPhone 4, while working across the remote regions of the Kimberley in the far northwest of this continent, it was so that any Aboriginal and Torres Strait Islander lesbian, gay, bisexual, trans, intersex, queer, asexual, sistergirl and brotherboy (LGBTQIASB+) and any other person who was under the rainbow, could go online and see themselves reflected positively and that they were loved, and that they belonged. Since then, we have engaged in research and advocacy including the *Voices from the Black Rainbow* (2016) report, that has been catalytic in momentum toward improving research, health and social equity for Aboriginal and Torres Strait LGBTQIASB+ people.

Black Rainbow turns nine this December and has been operating with a leadership group of Aboriginal and Torres Strait Islander LGBTQIASB+ mob since 2017. There is still much to learn about the lives and needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people and communities, and this is cause for further research. Black Rainbow is proud to contribute to this work. We are proud that our humble beginnings have led to changes and increased opportunities, not only in our communities and families but also in highlighting to policymakers, politicians, and researchers that our lives and needs can no longer be overlooked.

As this report demonstrates, there are pressing issues and needs for Aboriginal and Torres Strait LGBTQIASB+ people that were only exasperated by the COVID-19 pandemic. Consistently, research by and for Aboriginal and Torres Strait LGBTQIASB+ people highlights community acceptance, access to adequate health and mental health services, and housing as urgent factors in social and emotional wellbeing, and suicide prevention. It is not insignificant that participants in this study trusted and relied on information from social media and community organisations during the pandemic. Our communities do hold and will continue to hold us through adversity and require support and investment to do so.

Like all that we do, this report would not be possible without the kindness, love and generosity of our supporters, partners and donors. Donations allow us to do the work that we do and that needs to be done. This report would not have been possible without donations from thousands of everyday Australians and supporters from overseas. It also would not have been possible without the love and support of the Department of Indigenous Studies at Macquarie University.

I also want to thank the Black Rainbow Leadership Group: Andy, Jake, Bertie, Casey, Rick, and Trudie – who has since left us to focus on their studies. Without them Black Rainbow would not exist. We commit to this work to create a world and future that is better than the one we had growing up. We commit to this work so that not only our lives but the lives of all Aboriginal and Torres Strait LGBTQIASB+ people can be free from harm and discrimination and enjoy life to its absolute fullest.

This report provides a window into some of the specific health, mental health, and well-being experiences of Aboriginal and Torres Strait LGBTQIASB+ peoples. More data and insights are needed. Specifically, more research that challenges marquee policy and responses to Aboriginal and Torres Strait Islander health inequality and life expectancy. Closing the Gap and achieving health equity among all Aboriginal and Torres Strait Islander peoples includes improved quality of life, health, mental health, and increased life expectancy for LGBTQIASB+ mob.

Over the next year, we will be engaging in new research areas, producing educational materials, expanding our social support initiatives, and a line of merchandise to further assist us in continuing our work to advance the health and well-being of the Aboriginal and Torres Strait LGBTQIASB+ community.

Dameyon Bonson (he/him)
Founder & Creative Lead

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