

SYNOPSIS

Review of "Experiences of Family Violence among 2SLGBTQ + Youth at Risk of, and Experiencing, Homelessness Before and During the COVID-19 Pandemic"

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One-minute Summary

- The authors used online surveys and one-on-one interviews to assess family violence during the Coronavirus Disease 2019 (COVID-19) pandemic among two-spirit, lesbian, gay, bisexual, transgender, queer, and questioning (2SLGBTQ+) youth at risk of, or experiencing, homelessness in the Greater Toronto Area (GTA) and surrounding areas.
- 2SLGTBTQ+ youth experienced increased homelessness during the pandemic (n=92), with more youth seeking accommodations other than their family home:
 - Family residence: 58% (pre-pandemic) vs. 38% (during pandemic)
 - Emergency or domestic violence shelter: 4% vs. 18%
 - Outdoor public space: 12% vs. 29%
 - Someone else's home: 39% vs. 54%
 - Group or transitional housing: 12% vs. 25%
- Violence from family members, based on gender identity and/or sexual orientation, increased for 2SLGBTQ+ youth during the pandemic:
 - Verbal and emotional abuse: 68% (pre-pandemic, n=90) vs. 72% (during pandemic, n=89)
 - Physical abuse: 31% vs. 39%

- Mental health challenges experienced during the pandemic:
 - Severe anxiety: 78% (71/91)
 - Moderately severe or severe depression: 59% (54/91)
 - Problematic alcohol and substance use: 55% (48/88)
 - Non-suicidal self-injury: 79% (73/92)
 - Attempted suicide: 33% (30/92)
 - Deterioration in family relationships: 48% (39/81)
- The authors concluded that 2SLGBTQ+ youth at risk of, and experiencing, homelessness have endured a history of family violence, which was exacerbated by the pandemic. The authors also highlight the need for more family services and support for 2SLGBTQ + youth.

Additional Information

- Surveys: The authors enrolled 92 participants from January through June 2021 to participate in an initial baseline survey (basis for results), along with two follow-up surveys. Inclusion criteria: 1) self-identified as 2SLGBTQ+; 2) aged 14–29 years; 3) at risk of, or experiencing, homelessness; and 4) living in GTA (e.g., Toronto, Peel, Durham) or surrounding areas (e.g., Kitchener, Barrie). Data from 10 participants were excluded from results due to inconsistencies in static questions among surveys. The authors' 30-minute survey included questions on demographics, impacts of the COVID-19 pandemic on mental health, alcohol and substance use, use of healthcare services and experiences of family violence. Researchers assessed mental health using standardized measures for anxiety, depression, problematic alcohol and drug use, suicidality, and COVID-19 impact on family connectedness and violence.
- Interviews: The authors invited 15 key informants (service providers) to participate in one-on-one interviews (60 minutes), including staff and management from youth-serving organizations. The key informant interview focused on experiences and perspectives providing services during the pandemic, COVID-19-related challenges, mental health and youth safety concerns. Thirty-two of the 92 survey participants completed a one-on-one interview. The interview of youth focused on COVID-19-related challenges, mental health, healthcare and community service use, identity-based discrimination and family violence.
- Study limitations reported by authors:
 - **Causality:** Since 2SLGBTQ+ youth at risk of, and experiencing, homelessness reported high rates of family violence, mental health challenges and housing challenges before COVID-19, it was difficult to attribute results directly to the pandemic. The cross-sectional nature of the study precluded the authors from attributing violence issues specifically to the pandemic.
 - Lack of participant diversity: The majority of recruited youth were connected to support services; therefore, the participants may not be representative of the broader 2SLGBTQ+ youth population. In addition, the sample size was too small for subgroup analyses (e.g., gender identity, sexual orientation, ethno-racial identity) and the authors were not able to assess difference experiences of violence among subgroups.

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PHO Reviewer's Comments

- The reporting of percentages in Figure 1, Table 3 and Table 4 were problematic:
 - For Figure 1, in the text, 52 participants were reported as having lived at home prior to the pandemic, with a reported percentage of 58% (Figure 1); however, 52/92 = 56.5%. The authors did not clearly state the sample size used for calculating the percentages in Figure 1.
 - In Table 3, 55 participants responded yes to the question "A family member has used my sexual orientation and/or gender identity against me", with a percentage of 61.11% reported; however, 55/92 = 59.8%. A percentage of 61.1% and 55 "yes" respondents corresponds to a sample size of 90, not 92. This is the case for all the questions in Table 3.
 - In Table 4, the sample size is not 92, but rather 89. For all questions in this table, the authors do not account for differences in percentages.
- Participant quotes included some stigmatizing language around substance use and sex work (p. 10, p.11). The link between violence in families and substance use is also mentioned throughout the paper. Analysis of results and reference to substance use would have benefited from adding a de-stigmatizing approach that explicitly frames substance use in families as a frequent consequence of harms and trauma. Reflection on framing and language in research, particularly around substance use and in the context of parenting, can improve care for people who use drugs and reduce barriers to seeking supports and treatment.¹⁻³
- Further work is needed to strengthen the understanding of causality for the increased family violence observed for 2SLGBTQ+ youth during the pandemic.

References

- Broyles LM, Binswanger IA, Jenkins JA, Finnell DS, Faseru B, Cavaiola A, et al. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. Subst Abus. 2014;35(3):217–21. Available from: <u>http://doi.org/10.1080/08897077.2014.930372</u>
- Schiff DM, Halvorson AE, Dupont W, Davis MM, Patrick SW. Impact of stigmatizing language describing opioid-exposed mother infant dyads: a randomized case vignette study. Subst Abus. 2022;43(1):551–5. Available from: <u>http://doi.org/10.1080/08897077.2021.1975866</u>
- 3. Stringer KL, Baker EH. Stigma as a barrier to substance abuse treatment among those with unmet need: an analysis of parenthood and marital status. J Fam Issues. 2018;39(1):3–27. Available from: http://doi.org/10.1177/0192513X15581659

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