

What have we learnt about COVID-19 and LGBTIQ communities?

A fact sheet by
Rainbow Health Australia

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1. Introduction

The impact of the COVID-19 has been felt right across society. Beyond its immediate health effects, the pandemic has redefined how communities work and socialise, and how people access health and other support services.

Two years ago, Rainbow Health Australia released a briefing paper summarising research that may be relevant to understanding the impact of COVID-19 on LGBTIQ* communities¹. In this followup paper, we summarise subsequent work on these issues, and the implications for policy and practice.

COVID-19 has clearly created new challenges for LGBTIQ communities, as well as exacerbating existing ones. Importantly, the pandemic is not over, and these issues will continue to be important into the future.

2. Limitations of existing research

To date, there have been few published Australian studies that specifically focus on LGBTIQ people and the COVID-19 pandemic. While there have been some small-scale surveys, and reports from services about increased demand, there is a lack of large-scale or peer-reviewed research investigating the impact of the pandemic on LGBTIQ communities.

This lack of research is also notable internationally.² A number of studies have been conducted in comparative country contexts, primarily in North America and Europe. These studies highlight ongoing concerns and add to the overall picture of the impact of COVID-19 on LGBTIQ communities. However, important differences in health systems and patterns of health and social inequality also limit direct comparisons with experiences in Australia.

A significant concern internationally is that data that would allow an analysis of LGBTIQ experiences

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Rainbow Health Australia is a program that supports lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. We're located within the Australian Research Centre in Sex, Health and Society at La Trobe University and are funded by the Victorian government.

Research Matters is a series of information resources produced by Rainbow Health Australia that:

- ▶ draws together the latest research on LGBTIQ health and wellbeing
- ▶ promotes knowledge on the key issues involved in LGBTIQ inclusion
- ▶ assists communities, organisations, service providers and government in implementing policies and programs to improve health, wellbeing and inclusion

This issue summarises current research looking at the impacts of COVID-19 on the health and wellbeing of LGBTIQ communities, and the implications for policy and practice.

is not collected in censuses, coronial data, hospital and health service data, and in large-scale or population-level research specific to the impact and outcomes of COVID-19.^{3,4,5,6} This means that it is not currently possible to properly understand rates of COVID-19-related death rates, severe illness and infection for LGBTIQ people.²

These knowledge gaps are important, particularly given the potential for disproportionate impacts on LGBTIQ communities identified early on in the pandemic. In our previous paper, these were

* Variations of the acronym LGBTIQ will be used throughout, depending on which communities are included in particular studies or discussions.

identified as factors that may predispose LGBTIQ people to severe disease (higher rates of some cancers, asthma, obesity, cardiovascular disease, uncontrolled HIV infection, smoking rates), as well as factors that may be exacerbated by public health measures (mental health issues, family violence, alcohol and other drug use, economic disadvantage, and housing insecurity).¹

Research published in the last two years has widely confirmed these potential risks, grounded in physical health and mental health disparities, as well as the compounding impact of experiences of stigma, discrimination and violence, as well as barriers to service access⁷. The COVID-19 pandemic has been shown to exacerbate existing health and social inequalities based on factors including race, ethnicity, gender, geographic location, socio-economic status, as well those experienced by LGBTIQ people.^{6,8}

Beyond re-stating these concerns, this paper seeks to summarise new research and updated analysis over the last two years.

3. New insights

Community strength and resilience

While most studies have focussed on the negative affects of the pandemic, a small number have considered the strengths and resilience that are specific to LGBTIQ communities.

In one study, these were identified by community members as knowing how to overcome hurdles based on previous experiences of adversity, including social isolation and marginalisation.⁹ Participants talked about drawing on both self-sufficiency and supportive relationships. The experience of living through the HIV and AIDS crisis was also identified by older participants as helping them know how to cope. Others talked about how their previous experiences had helped them accept themselves and adapt to change,

while others said that both giving and receiving as part of a community was important to them.⁹ Another study described the positive experiences of community networking and caregiving, which participants identified as demonstrations of empathy, insight, reciprocity and active outreach.¹⁰

Research suggests that resilience may provide a buffer against the stress of the pandemic, pointing to the need for targeted approaches to strengthen this.¹¹ Strengths-based approaches are likely to be effective at both an individual and community level, but advocacy must also consider how to improve service access and change government policies that either harm or are not doing enough to support LGBTIQ people.⁹

Socio-economic disadvantage and prevention

A range of studies have looked at the interaction of socio-economic disadvantage and the impact of the pandemic. Some US research suggests that socio-economic disadvantage puts LGBTIQ people at higher risk of acquiring COVID-19 because they are more likely to work in food services and retail employment, experience poverty and live in urban areas⁷. For trans and gender diverse people, a number of factors are suggested that might contribute to difficulties in engaging in prevention behaviours and getting vaccinated, including financial concerns, lack of access to healthcare, medical mistrust, housing insecurity, inability to work remotely and a reliance on public transportation.¹² Similar analyses have yet to be conducted in Australia.

Other literature has also looked at 'medical mistrust', a product of historical stigma and discrimination towards LGBTIQ populations, arguing that it has caused some hesitancy about COVID-19 vaccination.¹³ It is hard to say how widespread this is, as LGBTIQ people have generally been underrepresented in studies about vaccine hesitancy.¹⁴ Those studies that have

foregrounded LGBTIQ experiences have found that previous negative experiences accessing healthcare is a contributing factor to vaccine hesitancy, along with doubts about the efficacy and safety of available vaccines.¹⁴

A study of gay and bisexual men in Australia¹⁵ found some vaccine hesitancy among participants adversely affected by the pandemic in terms of work and income. Vaccine hesitancy in this study was more evident among people with lower levels of education. A study of LGBTQ+ people experiencing homelessness in Canada found that a lack of trust in the health system was something that contributed to a lack of confidence in vaccines.¹⁶

These studies suggest that socio-economic disadvantage, associated with being LGBTIQ, has been a factor in engaging in COVID-19 prevention behaviours.

Specific barriers to healthcare

Specific concerns have emerged about interruptions to necessary healthcare for LGBTIQ people.

Gender-affirming care is crucial to trans and gender diverse people's health,¹⁷ and there is some evidence in European studies of increased problems with access, particularly for young people,¹⁸ and those seeking hormone therapy.¹⁹ One study early on in the pandemic in Australia found significant mental health impacts associated with cancellations of gender-affirming surgery.²⁰

HIV prevalence in Australia is highest among gay and bisexual men.²¹ COVID-19 has affected HIV treatment and prevention efforts in the US, including through disruptions to pre-exposure prophylaxis provision and testing programs,^{22,23} with health direct consequences for gay and bisexual men.²⁴ In Australia, HIV risk was reduced during periods of lockdown due to smaller numbers of casual sex partners reported by gay and bisexual men. However, there was also evidence of reduced testing frequency and lower PrEP uptake.²¹

Other research has looked at specific issues that emerged for LGBTIQ people accessing care for COVID-19, such as the fear of separation from support people or significant others when accessing hospital care. This highlighted the importance of recognising the roles of partners and families of choice in acute and palliative care.²⁵

4. Adding to existing inequalities

In addition to these new insights, studies in comparative countries have found that the pandemic has worsened existing inequalities, and poor health and wellbeing outcomes, experienced by LGBTIQ communities. There is limited Australian research to draw on over the last two years, but findings internationally are remarkably consistent and give significant cause for concern.

Mental health

A number of studies have added to concerns about poor mental health for LGBTIQ communities. This includes studies showing a consistent decline in wellbeing during COVID-19 across LGBTIQ subgroups, with bisexual women and men particularly affected.²⁶

Some research looking at 'sexual and gender minority' adults found that they were more likely than others to report worsening mental health and suicidality.²⁷ While other research looking at depression among 'sexual minority' people found that the pandemic had increased experiences of depression, with young people, trans and gender diverse people and cisgender women more likely to be affected.²⁸

Pre-existing mental health issues are consistently identified as a risk factor associated with worsening mental health during the pandemic, which is particularly concerning for LGBTIQ communities.

Focus on young people

Several studies from the US suggest that young people are particularly at risk of mental health concerns due to the pandemic. Suicidal help-seeking among LGBTQ youth has reportedly increased.²⁹ One study revealed higher levels of COVID-19-related worries and grief, depression and PTSD symptoms in 'sexual and gender minority' young people (aged 18–30) compared with non-SGM people.³⁰ Gender-diverse students in higher education settings were found to have much higher levels of psychological distress than cisgender male and female students, who themselves are more vulnerable to emotional wellbeing concerns than older adults.³¹

Young people were particularly impacted by disruptions to industries in which they perform casual or part-time roles. Many young LGBTQ people were isolated from peers and communities.³² Others had to return to live with family members who are unsupportive or unaware that they are LGBTQ. One study found that 45% of LGBT college students surveyed had unsupportive family members, while 60% reported feeling depressed, anxious or distressed during the pandemic.³³

COVID-19 and associated physical distancing resulted in a sudden, sharp spike in mental health concerns among gay and bisexual men in Australia. Almost a quarter of more than 600 people surveyed in one study reported increased depression, and around 20% experienced an increase in anxiety.³⁴ Contracting COVID-19, loss of social and sexual connections, and job security were major concerns reported. In a US study, financial concerns were at the heart of many participants' worries.³⁵

Mental health is also described as being influenced by other life circumstances, such as LGBTQ

people's physical health, social connectedness and financial security, which have also worsened during the pandemic.³⁶

An important question is whether LGBTQ experiences of declining mental health due to COVID-19 are of specific concern, or a product of mental health impacts across the population as a whole. One study looking at this found that experiences of discrimination were linked to higher levels of depression and stress in LGBTQ+ communities in the UK during the pandemic.³⁷ Specific stressors were identified as being 'locked down' in unsupportive households, loss of connection to support networks, and losing access to gender-affirming care. Trans and gender diverse people, and younger people, were found to be particularly affected. The authors suggest that a picture has emerged of the specific pathways by which LGBTQ mental health concerns have been particularly impacted by COVID-19.

A number of other studies have found significant negative effects related to isolation from LGBTQ support networks,^{28,38,39} particularly for those experiencing family rejection and/or family violence. This has been ameliorated somewhat by online support and events.⁴⁰ Seeking support anonymously online has been a way for many LGBTQ young people to deal with anxiety during lockdowns and school closures.⁴¹ This reinforces the importance of social media and online community spaces as support tools for LGBTQ people.

Forthcoming research by the authors will add to this picture in Australia, with a national survey underway that explores the mental health and wellbeing impacts of the pandemic for LGBTQ communities, and personal, interpersonal and community strategies to mitigate these.

Alcohol and other drug use

Existing Australian research pre-pandemic suggested that LGBTQ people use alcohol and

other drugs at higher rates than the general population.^{42,43} Within this, some may struggle to manage their alcohol and other drug use to the point where it has a negative influence on their lives. One US study found that LGBTQ+ participants were more likely than cisgender, heterosexual participants to engage in 'problem drinking' and to experience depression and anxiety.⁴⁴ In another study in Canada, 'sexual and gender minority' people reported worsening mental health during the pandemic at higher proportions than non-SGM adults, and also reported concomitant higher levels of substance use impacts.²⁷

Analysis of the COVID-19 Cannabis Health Study in the US found that LGBTQ cannabis users had experienced more 'problematic mental health outcomes during the COVID-19 pandemic' than their cisgender, heterosexual counterparts.⁴⁵ LGBTQ participants had, overall, increased their cannabis use. They were also more likely to have reported symptoms of anxiety and depression and to have increased their alcohol consumption.⁴⁵

Not enough is known about the dynamics or impacts of alcohol and other drug use amongst LGBTIQ communities during the pandemic, and how to target support services for those who want and need them.

Family violence

Intimate partner violence is reported at similar rates in same-gender relationships to heterosexual relationships, while some studies have found higher rates, particularly for trans and gender diverse people.⁴⁶ Public health restrictions during the pandemic have been found to worsen intimate partner violence for women, both in terms of prevalence and severity.⁴⁷ So it is likely that many LGBTIQ people found themselves in violent relationships, with limited options to leave or exercise independence. However, there is no available research looking specifically at LGBTIQ experiences of intimate partner violence during the pandemic.

Both lockdown restrictions and financial challenges in the context of reduced employment meant that some LGBTIQ people could not afford to live independently, and needed to return to live with their families of origin. This presented various challenges for those with unsupportive families. Some trans and gender diverse people in this situation reported that not being able to be open about their identity affected how they presented themselves, and worsened negative feelings about their body.⁴⁸ A lack of privacy and family conflict are specific stressors that exacerbated rates of anxiety and depression for LGBTQ people.⁴⁹ Family rejection is a particular concern for young people and is associated with suicidal ideation, depression and anxiety.⁵⁰

A small amount of research has looked at the experience of returning to live with family of origin during lockdowns, for LGBTIQ people with specific ethnic and cultural backgrounds. South Asian gay men in one UK study reported experiencing pressure to disclose sexual identity, stigma about sexual identity and anxiety about relationships.⁵¹ A cross-cultural comparison of mental health among young LGBTQ+ adults in Europe and South America investigated differences in experiences of expressing their gender or sexuality while living with parents during lockdowns.⁵²

Forthcoming research by the authors has found that demand for community-controlled LGBTIQ family violence services in Victoria increased significantly during the pandemic. Both Thorne Harbour Health and Switchboard expanded services to meet demand, making use of telehealth, phone, text and email to deliver support services.

Economic disadvantage and homelessness

A number of studies, mostly in the US, have tracked the impact of the pandemic on LGBTIQ communities in terms of economic disadvantage and homelessness. There is a lack of comparable research in Australia.

LGBTQ+ people have been found to experience significant unemployment or underemployment as the result of COVID-19,⁵³ being particularly affected by service industry shutdowns. In the US, some 40% of LGBT people, compared with 22% of cisgender heterosexuals, were employed in a service job.⁵⁴ Many LGBTIQ people, already earning less on average, experienced a reduction in hours or job loss.⁵⁵

Internationally, LGBTIQ communities, especially trans and gender diverse people, experience higher rates of poverty than the general population.⁵² High levels of unemployment or underemployment among LGBTIQ people during the pandemic was found to leave many at risk of eviction.⁵³ This is important to consider in the context of already high rates of homelessness among LGBTIQ communities, including in Australia.

5. Implications

Emerging research, though capturing only snapshots of life during a pandemic, suggests that LGBTIQ communities have experienced new challenges and the exacerbation of existing ones. However, research has also captured vital information about individual resilience, and the importance of community connection and support. The pandemic is not over, and the impacts described here will be long-lasting. More research is needed to fully understand this, and what can be done to improve health and wellbeing outcomes for LGBTIQ communities.

Specific research is needed into the health outcomes for LGBTIQ communities and their experiences of accessing healthcare during the pandemic. Ongoing work is required to review health service, hospital and coronial data systems to ensure that structural discrimination is not perpetuated, and that interventions can be tailored to community need.⁵⁶

Beyond this, new knowledge has only added to existing research demonstrating the importance of recognising LGBTIQ communities as priority populations in government policy and investment in programs to address the impact of the pandemic — most importantly in the areas of mental health, family violence and homelessness.

In delivering services to meet community need, LGBTIQ communities want the choice to access both LGBTIQ-community controlled and comprehensively LGBTIQ-inclusive mainstream services.⁵⁷ LGBTIQ community-controlled services are particularly important in times of crisis, as these were preferred by a higher proportion of those experiencing psychological distress, and trans and gender diverse people.

We hope that the key issues presented here are informative and useful for all those commissioning, coordinating or delivering health or community services in the current context.

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