Literature Review LGBTI+ and COVID-19 Summaries

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Introduction

This compilation is an overview of selected literature on the impact of COVID-19 on LGBTIQ+ people. It is meant as a resource for a desk research report and a needs analysis for the development of a curriculum for providers and well-being who serve LGBTIQ+ clients. The needs analysis and development of the curriculum takes place in the context of the RAINBO project, which is funded by the Erasmus+ programme (KA2).

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Content

1. Research on LGBTI and COVID-19

Disparities faced by LGBTI+ community

Sachdeva, I., Aithal, S., Yu, W., Toor, P., & Tan, J. (2021). The disparities faced by the LGBTQ+ community in times of COVID-19. Psychiatry research, 297, 113725. https://doi.org/10.1016/j.psychres.2021.113725

(Full text) The rates of smoking are higher among the LGBTQ+ community than their straight and cisgender counterparts and are partially attributed to the unique stresses faced by the sexual minority populations (Hoffman et al., 2018). Smoking is associated with respiratory and tobacco-related health conditions such as chronic obstructive pulmonary disease as well as cancer and cardiovascular disease (Hafeez et al., 2017), all of which are linked to an increased risk of serious COVID-19 outcomes (Zheng et al., 2020).

Many transgender individuals in the LGBTQ+ community seek hormone therapy with androgens as a part of the gender transition process. This might be particularly risky during the pandemic because androgen receptor activity has been considered to regulate the transcription of transmembrane protease serine 2, an enzyme needed for COVID-19 viral entry in the lungs of infected hosts, which may further increase COVID-19 viral load and severity (Barnes et al, 2020). Androgen-deprivation therapy (ADT) has been found to relate to a significantly lower risk of SARS-CoV-2 (OR 4.05; 95% CI 1.55-10.59) among prostate cancer patients (Montopoli et al., 2020). Additionally, androgenetic alopecia was found to be present in a significant percentage of COVID-19 patients (42% female, 79% male) who had to be hospitalized due to the severity of the disease (Wambier et al., 2020). These results provide support for the androgen-driven worsening of COVID-19 severity, leading to increased hospitalizations. As a result, transgender individuals of the LGBTQ+ community using androgen hormone therapy may have increased susceptibility to COVID-19 infection and more severe outcomes.

The COVID-19 pandemic and the containment policies that have been put in place have exacerbated mental health issues among the general population (Holmes et al., 2020). The psychological consequences of these social isolation measures and stay-at-home orders may be more severe for LGBTQ+ individuals who experience identity concealment and parental rejection at home. One third of LGBTQ+ youth experience parental rejection, and another third do not disclose their gender or sexual identity until they are adults (Katz-Wise et al, 2016). Family rejection is associated with a sixfold increased likelihood of developing depression, and an eightfold increased likelihood of suicide attempts (Ryan et al., 2009). Additionally, the lack of access to school or university services that may provide a gateway to mental health programs can further compound the mental health burden in LGBTQ+ individuals, who may already be struggling with identity development, coming out, and family rejection. Intersectionally marginalized LGBTQ+ individuals who also identify as a racial or ethnic minority or who come from low socioeconomic backgrounds, might be particularly affected as they are more likely to rely on school-based mental health services that act as a buffer against mental health struggles resulting from social isolation (Salerno et al., 2020). These issues have significant relevance for the LGBTQ+ community due to its greater vulnerability to depression, anxiety, and suicidality (Hafeez et al., 2017).

Similar to other minority groups, the LGBTQ+ community have reported experiencing discrimination, prejudice, financial insecurity, and lack of healthcare insurance (Durso and Meyer, 2013). These problems pose challenges to obtaining healthcare information, diagnosis, and treatment, all of which are more critical during the pandemic. However, LGBTQ+ individuals also report encountering a lack of healthcare provider knowledge of LGBTQ+ needs that may lead to avoidance or delay in seeking healthcare (Quinn et al., 2015). The delay among those who have the coronavirus can lead to adverse outcomes such as acute respiratory distress syndrome (ARDS), septic shock, multiple organ failure and possibly death. Furthermore, a higher proportion of LGBTQ+ individuals (22%) than their non-LGBTQ+ peers (16%) face poverty (Salerno et al., 2020) which makes the acquisition of personal protective

items, such as masks and hand sanitizers, less affordable at a time when such items are essential to reduce the risk of personal exposure to the coronavirus. These have implications for COVID-19 containment measures in the community that require early detection and isolation of positive cases, contact tracing, and sustained efforts in preventative care.

There is a need for the healthcare system to be more aware of the unique challenges that members of the LGBTQ+ community encounter in accessing healthcare, and the increased risk of severe COVID-19 complications that they face. Sensitivity to these issues coupled with increased LGBTQ+ cultural competency among health professionals can help to provide a more inclusive and comfortable healthcare environment for them (Quinn et al., 2015). It is important that the less visible minority groups in our population are included in our efforts to provide healthcare and address disparities during the pandemic.

Outright: Vulnerability Amplified

Bishop, Amie (2020). Vulnerability Amplified. The Impact of the COVID-19 Pandemic on LGBTIQ People. New York: OutRight Action International (November 2020)

Literature review and indepth interviews with 59 LGBTIQ people from 38 countries. The background literature review confirms that emergencies tend to exacerbate vulnerability for those already struggling against inequality in its many forms. The challenges in accessing justice, health, education, employment, housing, and other services due to discrimination and exclusion are amplified during times of crisis. In countries that criminalize same-sex relations or transgender lives, the risk of detainment and imprisonment may be a continuous threat. OutRight's findings point to specific challenges being faced by LGBTIQ people globally during this unprecedented pandemic—whether directly from the virus or from the economic fallout that has resulted in job loss, hunger, lack of access to other critical health care, increases in violence, and threats to the survival of LGBTIQ organizations. Repression, exclusion, militarization, and criminalization are all on the rise in countries prone to authoritarianism and regressive gender ideologies, putting marginalized populations at greater risk. Even in countries that have made progress in recognizing the human rights of LGBTIQ people, LGBTIQ community members are experiencing a higher level of vulnerability, barriers to accessing health care not related to COVID-19, and threats to the survival of community and advocacy organizations.

Seven key themes emerged from the interviews with 59 LGBTIQ people from 38 countries:

1. Devastation of livelihoods and rising food insecurity
2. Disruptions in Health Care Access and Reluctance to Seek Care
3. Elevated Risk of Family or Domestic Violence
4. Social Isolation and Increased Anxiety
5. Fears of Societal Violence, Stigma, Discrimination, and Scapegoating
6. Abuse of State Power
7. Concerns about Organizational Survival, Community Support, and Unity

Recommendations for governments:

Consult LGBTIQ communities in all planning and implementation of national pandemic control strategies. Interviewees recounted both concerns about and actual instances of being excluded from support that general populations were receiving.

• Address food shortages urgently. Relief efforts, particularly related to food support and economic relief, must be made available to all.

• Resolve delays and disruptions in access to health care for people living with HIV, transgender people, intersex people, and others - including LGBTIQ people - with longterm health and wellness needs. Interviewees described high levels of stigma and discrimination within health care services even before the pandemic emerged, making them less likely to seek care. Many also described disruptions in access to needed treatment and services, including access to HIV-related medications, hormone therapy and other gender-affirming services, as well as medications for chronic conditions. Delays in health care-seeking are especially dangerous now, given the potential for continued community transmission, as well as the potentially life-threatening health impacts of COVID-19 if care is not provided.

• Ensure access to justice for all those enduring family or domestic violence. The incidence of domestic and family violence has demonstrably increased around the world as lockdowns are enforced and people are confined. Among those most vulnerable are LGBTIQ people, who may be forced to endure physical and psychological abuse and violence within hostile home environments. Access to emergency housing, shelters, hotlines, and other services for victims of violence should be inclusive of all LGBTIQ people in need.

• Ensure law enforcement agencies provide SOGIESC inclusive, appropriate and sensitive services. Media reports and data from interviews point to instances of abuse on the part of law enforcement when clearing streets or enforcing curfews. Such abuse can

disproportionately affect low income, daily wage earners, sex workers, and homeless people, many of whom are LGBTIQ.

• **Condemn anti-LGBTIQ hate speech and scapegoating.** Governments at all levels must immediately tamp down harmful rhetoric that risks inciting violence against LGBTIQ people. In many countries, LGBTIQ people are being scapegoated, often by conservative religious leaders, as being the cause of the current pandemic.

• **Prioritize decriminalization and anti-discrimination provisions in law and policy.** A total of 14 of the 38 countries represented by those interviewed still criminalize consensual same-sex sexual relations, largely through existing anti-sodomy laws. By definition, such laws give rise to exclusion, discrimination, and rejection from needed care.

EL*C: Lesbians and covid-19

EL*C (2021): Resistance as a Way of Living: Lesbian lives through the COVID-19 Pandemic (June 2021)

Survey data from 2,113 participants from 70 countries.

Results

Safety (p. 13)

For lesbians, the COVID-19 pandemic and the related measures adopted by public authorities to limit the spread of the virus have had profound consequences on the perception of safety in public, at home, as well as online. One in three (34%) respondents to the survey declared that, because of Covid-19 and its direct consequences, they changed their behavior and started avoiding public spaces while almost one in four (22%) felt unsafer than usual and 5% of the respondents declared they had suffered harassment or threats in their daily life as a result of the pandemic. Respondents were also asked whether the feeling of unsafety was directly linked to their sexual orientation. 13% of the respondents felt less safe than usual for this reason in a public space, while 7% had such feelings in a private space and 7% experienced them online. Furthermore, one third (34%) of the organisations reported episodes of community members and volunteers experiencing threats, harassment, or abuse because of their sexual orientation.

Results also show that for respondents, embodying other social identities that are subjected to societal bias and stigma, these unsafety concerns were exacerbated. Respondents that identify as trans or non-binary indicated that they tended to avoid public spaces more frequently (41% of non-cisgender respondents vs. 31% of cisgender respondents [ref.2]) and felt less safe due to the COVID-19 pandemic and its direct consequences. With regards to

their sexual orientation, non-cisgender respondents felt less safe in the public space (19% of non-cis respondents vs. 10% of cis respondents) and less safe online (10% of non-cis respondents vs. 5% of cis respondents) while no statistically significant differences were found in feelings of unsafety in a private space. While no statistically significant difference was found for avoidance behavior and feelings of unsafety, lesbians of color, lesbians belonging to an ethnic minority and lesbian refugees/asylum seekers were twice as likely to be exposed to harassment and threats in their daily life (9% of respondents identifying as people of color, ethnic minority and refugee/asylum seekers vs. 4% of the other respondents). They were also more than three times more likely to be victims of physical violence compared to other respondents (3% of respondents identifying as people of color, ethnic minority and refugee/asylum seekers experienced violence versus 0.56% of the other respondents). (p.13) As mentioned above, almost one in six respondents to the survey reported feelings of insecurity in public spaces, due to the pandemic. These results are in line with a general trend regarding the experience of violence and insecurity for lesbians in public spaces already, prior to the pandemic. One explanation for these findings is that lesbians experience violence in public spaces not only on the basis of their sexual orientation, but also on the basis of their gender. In the FRA LGBTI Survey 2019, 46% of bisexual women and 29 % of lesbians experienced harassment due to their gender, in addition to their sexual orientation, compared with only 2% of gay men [ref.5]. During the pandemic, there was a substantial increase of factors that can be associated with feelings of insecurity for women, such as the emptiness of the street due to lockdown and social distancing measures [ref.6]. Another relevant element of unsafety concerned the increased contacts with law enforcement authorities. Among all participants, 24% reported having experienced police abuse, state policy restrictions, and/or restrictions in their personal freedom during the pandemic. A significantly higher prevalence of abuse by state authorities was found in case of respondents who are trans, non binary or otherwise don't identify as cisgender women (31% vs 22% of the other respondents). Although not statistically significant, because of the reduced number of answers, these numbers suggest a higher risk for respondents that are persons of color or belong to an ethnic minority, are asylum seekers or have refugee status (31% vs 24% of the other respondents). (p.14)

One of the most common experiences for lesbians during the COVID-19 pandemic was feeling stressed because of the confinement in a heteronormative environment. This was the case for one fourth (26%) of the respondents. An explanation concerning this data is possible if we consider that a high proportion of respondents were obliged to go back to their families of origin, which meant, in some cases, enduring prolonged exposure to unaccepting and hostile family members. Almost one in five (18.50%) of the respondents had to relocate to their families. Young age was a relevant factor in increasing the level of stress and even the exposure to domestic violence. 40% of younger lesbians (under 25) had to relocate to their family (against 8.77% of respondents over 25). 46% of them declared feeling stressed because of the confinement in a heteronormative environment (against 9% of older respondents). Younger respondents were also significantly more exposed to violence in the family with 8.5% of them experiencing abuse by another family member (against 0.76% of older respondents). (p.15)

Due to lockdown and social distancing measures, the internet was used in most of the cases (47.08%) to keep in contact with other lesbians. However, this also increased the risk of encountering discrimination, harrassment, and violence online. For this reason, as mentioned above, 6.86% of the respondents declared they felt less safe than usual online due to their sexual orientation. The heightened risk for European lesbians of experiencing online harassment is not a new phenomenon that emerged during the pandemic. Evidence from a non-representative Austrian survey [ref.8] on online hate speech against women shows that lesbian and bisexual women were significantly more likely to experience online harassment than straight women (28% vs. 10%). EL*C's survey

considered only the experience of respondents above the age of 18, while the available data suggest that the exposure to online harassment in general is even worse for adolescent lesbians. (p.16)

The survey also found a significant spread of lesbophobic statements and hateful rethoric. More than one third (37%) of the respondents to the individuals' survey declared that political parties or the media made lesbophobic statements. (p.16) These violent public statements have a ripple effect: they often incite social media attacks, unleashing a harmful narrative as well as misogynistic and lesbophobic insults, misgendering, and death or rape threats directed in particular against visible lesbians (e.g. politicians, activists, journalists). The aim of such attacks, often orchestrated and operated in groups to maximize their impact, is to silence lesbian voices on mainstream media, social media or in the political sphere. They also contribute to the creation of a general climate of fear and unsafety, normalising lesbophobia as part of political debate and affecting, therefore, not only the people directly attacked, but the lesbian community as a whole. (1. 17)

Socioeconomic difficulties

Almost half of the respondents (47%) declared the COVID-19 pandemic had a negative impact on their workload and income: 23% experienced an increase in the workload without any increase in income, 24% experienced losing or lowering of their income. Only 6% had an increase in their income. At the same time, 14% of the surveyed individuals experienced an increase in working hours; 11% had reduced working hours. 10% lost their jobs. This impact on employment and income also resulted in 11% of the respondents having difficulties meeting basic needs, such as feeding their household adequately. (p.17) It is important to stress the fact that only 36% of the respondents declared being full-time employees. Importantly, this is related to the economic impact of COVID-19, since people in more precarious job situations were more exposed to fluctuations in income and working hours due to lockdown measures and business closures. (p. 18)

Discrimination

The COVID-related restrictions added up to the many difficulties (lack of documents, limited access to hospitals and other institutions, having to travel to other countries to legally marry or access reproductive technologies) that lesbians have to endure because their relationships and families are not legally recognised. 10% of the respondents experienced issues directly related with the lack of recognition of their relationship or their parenthood while one in four respondents (24%) reported issues concerning travelling to meet their partner. (p. 18)

Health care

Access to healthcare also proved to be problematic for lesbians. Almost one in three (29%) respondents experienced difficulties in getting an appointment or being seen by a health care practitioner and almost one in four (23%) respondents experienced issues related to accessing special medical treatments (such as hormone treatments, fertility treatment, chemotherapy, psychotherapy). For respondents subject to further intersectional discrimination, access to healthcare was even more difficult. Trans respondents experienced difficulties in accessing general health care services in 35.5% of the cases (against 27% of cis-respondents) and access to specific treatment in 35% of the cases (against 19.6% of cis respondents). Having a disability was also a major factor in limited access to healthcare. The majority (55%) of lesbians with a disability experienced difficulties in

accessing general healthcare (against 27% in cases of respondents without disability) as well as in accessing special medical treatment (50% of respondents with disability versus 21% of respondents without disability).

In addition to the general difficulties related to the COVID-19 pandemic, sexual orientation appears to be a factor limiting access to healthcare. 22% of the lesbian organisations answering EL*C's survey reported difficulties in accessing healthcare by their community members or volunteers because of their sexual orientation. Exposure to discrimination on the basis of sexual orientation not only implies ill-treatment of patients but also limits their access to healthcare, because people subject to such discrimination tend to limit their contact with healthcare settings in order to avoid it. (p. 20)

A worrying trend in this sense could be registered also before the COVID-19 pandemic. In the EU, one in six (16%) lesbian and bisexual women responding to the 2019 LGBTI Survey of the Fundamental Rights Agency of the European Union (FRA) reported episodes of discrimination when interacting with healthcare or social services staff [ref.14]. The research available [ref.15], albeit scarce, shows that the combination of misogyny and social stigma related to a non-heterosexual orientation to which lesbian are exposed when attending healthcare services can result in harmful treatment or barriers to adequate treatment and can lead lesbians to avoid or withdraw from the healthcare system altogether [ref.16]. More common and pervasive forms of discrimination or unequal treatment relate to inappropriate curiosity, lack of knowledge about specific healthcare needs, and assumed heterosexuality and heteronormativity by healthcare staff and in healthcare settings [ref.17]. (p.21)

Mental health

During the pandemic, 87% of the respondents experienced feeling nervous or anxious at least some times and related it to the pandemic. 82% reported feeling depressed at least some of the time. 78% felt lonely and 75% felt hopeless about the future. 60% reported having had physical reactions such as sweating, trouble breathing, nausea, insomnia, and/or a pounding head at least some of the time. 31.5% had physical reactions related to their menstrual cycles (e.g. deregulation of the menstrual cycle). Trans, non binary and other participants were particularly likely to report feelings of loneliness and reduced access to LGBTIQ spaces during the pandemic (67% vs. 55%). (p.21). The significant share of mental health burdens experienced by LBT women was an alarmingly robust finding even before the pandemic. (…) Most notably, European lesbians and other non-heterosexual women are at an increased risk of several forms of suicidality (41% lifetime prevalence of suicidal ideation, 17% lifetime prevalence of suicide attempts) compared to heterosexual women (17% of suicidal ideation and 4% of suicide attempts) [ref.18].

Even if an overwhelming proportion of respondents felt depressed and anxious, lesbians find different ways of resisting, organizing and supporting each other. The answers to the positively framed questions of the mental well-being part of the survey show that a great majority of the respondents tried to stay calm and collected (76% at least some time) and managed to feel also happy (81% at least some times). (p. 22)

Resilience and community

It is therefore not surprising that one of the main challenges for lesbians during the COVID-19 crisis derived from the sense of estrangement from the lesbian community made compulsory by measures of lockdown, social distancing and forbidden public events. A majority of the respondents (59%) reported having experienced loneliness and reduced access to lesbian and LGBTIQ spaces. The importance of chosen families and friendship is also shown by the fact that a majority of the respondents (60%) relied on friends for support during the Covid-19

lockdowns. Most of the respondents (82%) managed to stay in contact with other lesbians: Half of the respondents kept contact online (48%), via telephone or computer (19%) while only one in six respondents (15%) could keep contact in person. (p.23)

Recommendations

Safety and experience of violence (p. 29)

Address the increased feeling of unsafety in the lesbian communities and its heightned impact on lesbians' mental well-being by ensuring that sexual orientation, gender identity, and gender expression are expressly recognised as strands of hate crime and hate speech in law and by ensuring the effective application of those legislations already existing in the relevant legal framework.

Address the issues of violence, harassment, hate crime and hate speech against lesbians in public spaces by explicitly including the specific experience of lesbians in public measures, awareness-raising campaigns and policies aimed at increasing safety for women and LGBTIQ people in the public space and take into account the specific vulnerabilities in the lesbian community related to further intersectional identities linked to factors such as gender identity, race, etnic/religious minority,refugee/asylum seeker status and disability.

Ensure that law enforcement officials, especially those tasked with the enforcement of measures related to the limitation of the spread of COVID-19, are properly trained and sensitized to avoid episodes of discrimination, violence and hate speech perpetrated by police officers and ensure appropriate disciplinary measures in cases when such episodes occur.

Consider lesbians as particularly vulnerable groups in the designing and implementing of policies aimed at addressing the increase of domestic violence linked to the COVID-19 crisis, taking into account in particular the disproportionate impact suffered by younger lesbians.

Specifically consider the heightened risk for lesbians who are the target of online hate speech, cyber-bullying, cyber-harassment, when designing measures aimed at addressing the safety of the online environment and attacking online hate crimes Address the rise in lesbophobic statements and hateful rhetoric by supporting positive and empowering narratives on lesbians in the media, by including lesbians' experiences in educational programmes, promoting pluralistic and diverse society in schools and by ensuring that lesbians who are public figures can safely participate in public debates and democratic discussions.

Socio-economic inequalities (p. 30)

In the implementation of measures aimed at ensuring the economic recovery and providing economic support to households after the COVID-19 pandemic, make sure that the exceptionally difficult position of lesbian families and household is taken into account, considering the double impact of discrimination based on sexual orientation and of inequalities related to gender.

Address the gaps in anti-discrimination legislation, making sure that sexual orientation and gender identity are included as protected characteristics when dealing with discrimination in the workplace and providing specific awareness raising when training professionals dealing with such episodes of discrimination (lawyers, trade unions, human resources personnel).

Discrimination and access to health (p. 30)

Ensure that in the application of lockdown measures, social distancing and travel limitations, lesbian relationships and families are treated equally by legally and fully recognising such relationships and families and by ensuring that they are equally protected in law and in practice by the public authorities.

Address the gaps in anti-discrimination legislation, making sure that sexual orientation and gender identity are included as protected characteristics when dealing with discrimination in access to housing, goods and services and access to health.

Address the heightened exposure to discrimination in access to health, by ensuring that awareness-raising of healthcare professionals on the specific needs and living conditions of lesbians (e.g., sexual health needs, heightened mental health vulnerability) is included in the design and implementation of health policies, especially in the reorganisation of health services due to the COVID-19 pandemic and taking into account the specific vulnerabilities in the lesbian community (e.g. lesbians with disabilities, trans and nonbinary lesbians).

Ensure the direct involvement and leadership of lesbian civil society organisations in the designing of targeted campaign and traning for healthcare professionals with regard to the specific needs of lesbians.

Recommendation to address the impact of the COVID-19 pandemic on the lesbian civil society

Strengthen and increase visibility, participation, and representation of lesbian civil society organisations by involving and consulting them in policy making processes in general and especially concerning the rebuilding and recovery measures in the aftermath of the COVID-19 pandemic.

Ensure appropriate funding to lesbian-led and lesbian-focused organisations by explicitly recognizing lesbians as a target group in funding priorities and ensure that long-term operational and action funding is provided to both national lesbian organisations and to lesbian networks in Europe and Central Asia.

Ensure that lesbian civil society at local, national and European and Central Asian levels is able to continue their work in support of the community and ensure adequate response to hateful rethoric and narratives by giving appropriate access to financial resources, especially via public funding, by ensuring funding mechanisms are aligned with the needs of the grassroots lesbian movement and simplifying access to funding for organisations at

local and national level (e.g. via re-granting programmes).

TGEU: Covid-19 and trans people

Boglarka Fedorko, Anwar Ogrm, and Sanjar Kurmanov (2021) Impact assessment: COVID-19 and trans people in Europe and Central Asia. TGEU. (January 2021)

25 member organisations have provided information from 18 countries in the region Europe and Central Asia. The key findings of our inquiry are the following (p. 9):

1. The limited response from our membership indicates that national and local groups are occupied and often overwhelmed with their community work, and struggle to allocate resources to other areas of work, such as advocacy and international cooperation.

2. COVID-19 hit groups facing intersectional marginalisation the most: sex workers, migrants, refugees, asylum seekers, poor and/or homeless people, disabled, young or elderly trans individuals.
3. The majority of governments did not evaluate the specific situation of trans communities nor their specific vulnerabilities. Trans populations are not addressed in emergency plans to our knowledge.
4. Little or no measures were adopted by states to ensure that trans people are not subjected to discrimination in the implementation of COVID-19 related interventions, such as introducing lockdown restrictions and its police enforcement.
5. Trans civil society were mostly not included in the design of measures to respond to the pandemic.
6. The COVID-19 pandemic has considerably worsened the general situation of trans persons and their access to education, housing, health, and employment as well as their living conditions.
7. Good practices can be mainly attributed to civil society actors. Many Civil Society Organisations (CSOs) have stepped in during the pandemic to offer essential services to trans people, thus compensating for the lack of governmental responsibility and proactive measures.

Trans health (pre-covid-19)

More than half of all trans survey respondents (55.8%) reported having delayed going to the doctor for general healthcare because of their gender identity (sometimes, regularly, or all the time). The most common reason was fear of prejudice from healthcare providers and not having confidence in the services provided[1]. **(p. 11)**

Key obstacles to realising ideal health outcomes include the following:

Pathologisation in the legal gender recognition process: of the 41 countries in Europe and Central Asia where legal gender recognition is available, 31 require a mental health diagnosis before adapting identity documents, 3 require that trans people undergo mandatory sterilisation before changing their gender marker.9

34 % of trans respondents of the EU-LGBTI II Survey10 reported discrimination in the past 12 months when using healthcare or social services.

Gender-affirming healthcare services operate with long waiting times and low numbers of competent and sensitive staff.11 (p.11)

Despite state obligations, trans people are routinely refused cost

coverage for hormones and surgeries.12 There are only a handful of countries where insurance covers most trans specific healthcare services, including the Netherlands, the UK, Germany, and Belgium. In some countries, such as Georgia, Russia, and Poland hardly any coverage is available.13

• TGEU's research14 shows that trans people face higher risk of poor mental health than their cis comparators. In a multi-country study, 24.5 % of all respondents have attempted suicide at least once in their life, with no significant difference between the gender identity groups. When asking about suicide

[1] The survey was conducted in Georgia, Poland, Spain, Serbia and Sweden. TGEU (2017). *Overdiagnosed but Underserved. Trans Healthcare in Georgia, Poland, Serbia, Spain, and Sweden: Trans Health Survey*. Available: https://tgeu.org/wp-content/uploads/2017/10/Overdiagnosed_Underserved-TransHealthSurvey.pdf

attempts in the 12 months preceding the survey, on average 10.8% of all respondents had attempted suicide.

• In a research report by the Scottish Transgender Alliance, depression was the most commonly reported problem with 88% feeling that they either currently or previously experienced it.[15]

[12] TGEU and ILGA-Europe (2008). *Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care*. Available: http://tgeu.org/wp-content/uploads/2009/11/transgender_web.pdf

[13] TGEU (2017). *Trans healthcare lottery: Insurance coverage for trans specific healthcare. An overview on the basis of 17 countries in Europe*. Available: https://tgeu.org/wp-content/uploads/2017/12/TGEU-insurance-report-2017.pdf

[14] TGEU (2017).

[15] McNeil, Jay (2012). *Trans Mental Health Study*. Available: https://www.gires.org.uk/wp-content/uploads/2014/08/trans_mh_study.pdf

Impact of COVID-19 on health (p. 11-13)

With trans-related healthcare not deemed top priority due to hospitals strained under the influx of COVID-19 patients, hormone shortages, and general discriminative attitude in healthcare settings, trans people's health needs have been further side-lined or ignored in the medical establishment during the COVID-19 crisis.

TGEU members reported the following:

Trans-specific healthcare has not been categorised as vital in many contexts, which created distress among trans communities by, for example, cutting access to ongoing treatments such as hormone therapy and interrupting post-operative care.

• Continued access to hormonal treatment has been a major problem across the region. 10 member organisations covering 9 countries in the region have reported that access to hormone therapy was a pressing issue as many public health services had closed down.

• Trans people often need to travel within their country or abroad to buy their necessary hormones, however, with restrictions on movement, this was impossible.

• Gender identity clinics have closed down and diagnostic processes, which are already lengthy, have come to a halt. Surgeries that had taken years to secure were often being delayed or cancelled, as were pre- and post-surgical care (endocrinologists, general practitioners, etc.).

• Challenges have arisen in sexual and reproductive healthcare (especially for those engaged in sex work) and manifested in the lack of access to preventive and curative healthcare, particularly for those living with HIV, chronic conditions, or compromised immune systems.

• Poverty which increased during the pandemic also prevented trans people from affording hormones and medicine.

• Isolation or cohabitation with abusive family members has been reported to lead to increased anxiety and constant stress, which also negatively affected community members' mental health.

Employment (pre-covid-19) (16-17)

Trans people experience widespread discrimination from their early lives on with regards to receiving support from their families and their immediate environments and accessing education and employment. In the context of omnipresent transphobia and without their gender legally recognised, it is not surprising that 33% of trans people experienced discrimination in educational institutions, and 40% at work or looking for work.[17]

[17] For the data explorer, see: https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorerThese numbers underscore that trans people have limited options for gaining long-term and secure jobs. As a consequence, unemployment is common among trans communities, and many of those who work do so in criminalised or informal settings, such as sex work or care work.

Key obstacles to realising ideal socio-economic outcomes include the following:

Family and educational institutions are the main sources of housing and economic resources. Global estimates signal high rates of abuse and likeliness of being kicked out of their family homes among young trans people due to their gender identity and/or expression.[18]

[18] REDLACTRANS: Borgogno IGU (2013). *La Transfobia en América Latina y el Caribe: un estudio en el marco de REDLACTRANS*. Available: http://redlactrans.org.ar/site/wp-content/uploads/2013/05/La-Transfobia-enAmerica-Latina-y-el-Caribe.pdf; Winter S. (2009). Lost in translation: transpeople, transprejudice and pathology in Asia. *Int J Hum Rights*; 13(2): 365.

Research from the United States of America, Canada, and the United Kingdom confirm that homelessness among trans people is very prevalent.[19]

[19] Totaljobs (2016). *Totaljobs trans employee survey report 2016*. Available at: https://www.totaljobs.com/insidejob/transemployee-survey-report-2016; Whittle, Stephen. (2014). *Employment Discrimination and Trans People*. Available at: https://www.gires.org.uk/employment-discrimination-and-transpeople Similar trends can be assumed in other countries of the region as well, however, research is scarce.

Educational experiences of trans people reveal worrisome trends across the world: schools being sites of abuse, institutional exclusion, and peer bullying. According to a TGEU community survey, 61% of trans children experience bullying in Turkey, while this ratio is 50% in Serbia.[20]

• Many trans employees are subjected to verbal abuse and even physical violence perpetrated by other employees, as well as by customers, clients, and/or suppliers, while on the job. They also face staggering rates of discrimination in recruitment, promotion, remuneration, and benefits.[21]

• With limited options, a significant segment of the trans community, especially (undocumented) migrants and refugees work as informal workers or in criminalised industries, such as sex work. Without official recognition as workers, they are not entitled to social and welfare benefits, such as sick pay, parental leave, or pension schemes.

• These factors - coupled with anti-trans discrimination from rental agencies and landlords - often lead to lack of access to stable and affordable housing, homelessness, and food insecurity.

[20] Balzer, Carsten, Jan Simon Hutta (eds.) (2015). *Transrespect versus Transphobia: The*

Experiences of Trans and Gender-diverse People in Colombia, India, the Philippines,

Serbia, Thailand, Tonga, Turkey and Venezuela. TGEU. Available: http://transrespect.org/en/tvt-publication-series

[21] Whittle, Stephen. (2014).

Impact of COVID-19 on employment (p. 17-18)

Many trans people are systematically excluded from the formal economy, due to their identification documents not reflecting their gender, gender identity, and/ or gender expression, anti-trans attitudes of employers, and hostile transphobic environments at workplaces. Without financial means and supportive relatives, securing housing in a transphobic housing market has been a close to impossible task for many during COVID-19. The pandemic revealed these inequalities strikingly and marginalised many trans people further or pushed them into dangerous situations.

TGEU members reported the following:

Many trans people struggle to cover bare necessities since many have lost their jobs and/or homes.

Many suffer decrease or loss of income, especially undocumented migrants and/or sex workers and face high risk of homelessness.

Lot of trans people shelter with unaccepting or abusive family members or relatives. Out of the 25 organisations who provided written input, 10 organisations (based in France, Kazakhstan, Kyrgyzstan, Malta, Romania, Russia, Serbia, Slovenia, Tajikistan, and a regional network) reported that they have completely shifted their focus to support members with basic necessities, such as food packages, medicine and personal protective equipment, or with money collected through crowdfunding campaigns.

Safety (pre-covid-19) (p. 21-22)

Trans people in all parts of the world are victims of hate-motivated violence, including extortion, physical and sexual assaults, and murder. These forms of violence go frequently unreported and little attention is given to underlying causes and enabling factors, such as anti-trans, transmisogynist, racist, xenophobic, and anti-sex worker hatred and the precarious socio-economic conditions trans people face in many contexts. All these factors expose trans people, especially BPoC and Roma people, migrants, and sex workers, to high degrees of violence.

Key obstacles to realising safety include the following:

The inability to access quick, accessible, and transparent legal gender recognition exposes trans people to situations of abuse and violence, in all their social interactions.

Trans people are constantly policed, arrested, and imprisoned because of systemic bias, and even more frequent when also part of other marginalised groups, such as people living in poverty, BPoC and Roma people, sex workers, asylum seekers, refugees, with migration backgrounds, and/or being disabled.**23**

[23] Report of the United Nations High Commissioner for Human Rights, Non-discrimination and the protection of persons with increased vulnerability in the administration of justice, in particular in situations of deprivation of liberties and with regard to the causes and effects of overincarceration and overcrowding, 21 August 2017, A/HRC/36/28. *Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity,* 11 May 2018, A/HRC/38/43.

Hostile police attitudes are prevalent across the region and manifest in arbitrary targeting of trans people in everyday situations or in orchestrated efforts. In Russia and Turkey for instance, there have been numerous

documented cases of trans people being stopped on the streets for document checks without justified cause, followed by abusive behaviour by police officers.[24]

[24] Fedorko, Boglarka. (2018). *Deprived of liberty, deprived of rights: A community report on policing and detention of trans people in Central-Eastern Europe and Central Asia.* TGEU. Available:

https://tgeu.org/wp-content/uploads/2018/11/Prison_Report_2018_EN.pdf

In Georgia and Kyrgyzstan, an outdated administrative offense code, operating with vague definitions of "hooliganism" and adopted by the Soviet government in 1984, is used to target trans people.[25]

Cases of police-enforced HIV and STI testing have been reported by sex worker and LGBT communities in Azerbaijan, Kyrgyzstan, Tajikistan, Serbia, Turkey, and Ukraine.[26]

The criminalisation of sex work across Europe and Central Asia within diverse legal frameworks exacerbates the vulnerabilities of sex workers, especially of trans women of colour.[27] Criminalisation contributes to high levels of police mistreatment and harassment, and the police are one of the most common perpetrators of violence against trans sex workers. TGEU's ProTrans project, for instance, has documented more than 141 hate-crime incidents taking place in 2016. In the incidents that involved physical and sexual assault and psychological violence at the hands of the police, the majority of the victims were trans women sex workers. Other abusers included organised hate-crime groups and people posing as clients.[28]

Due to the lack of trust in police and the criminal justice system, lack of documents matching one's identity, and/or non-resident status, trans people often decide not to report violent incidents committed against them to authorities, fearing they themselves will be fined, arrested, or deported.

[27] Fedorko, Boglarka and Lukas Berredo (2017). *The vicious circle of violence: trans and gender-diverse people, migration, and sex work*. TGEU. Available:
https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf
[28] TGEU (2017). *Anti-trans hate crimes in Central and Eastern Europe and Central Asia. Summary of Transgender Europe's submission to the Office for Democratic Institutions and Human Rights (ODIHR) of the Organization for Security and Co-operation in Europe (OSCE)*. Available: https://tgeu.org/ wp-content/uploads/2017/05/TGEU_ OSCE_submission.pdf

Impact of COVID-19 on safety (p. 22-23)

With heightened police presence across the region in charge of enforcing compliance with emergency lockdown regulations, trans people' perception of safety has further worsened. As public spaces became controlled by law enforcement with emergency powers, trans people increasingly started to feel threatened according to TGEU members.

TGEU members reported the following:

Institutions responsible for processing requests for gender marker change shut down, thus those waiting are in a limbo, which impacts their wellbeing, safety, and financial opportunities as well (Croatia, Romania).

Member organisations from France, Greece, Kazakhstan, and Romania have reported various forms of racial and gender profiling and increased police abuse ranging from fines to physical abuse and brutality. In France, reported cases of police brutality, particularly against BPoC people and/or sex workers has drastically increased.

Lockdowns and quarantine measures took a great toll on trans communities. Self-isolation and social distancing have forced many community members to shelter with abusive or unsupportive relatives. This particularly affected trans children and youth.

Staying at new accommodation has also led to situations of bullying, blackmailing, physical, and psychological violence. At the same time, physical contact with supporting peers was impossible due to movement and travel restrictions and social distancing rules. This led to a sharp decline in psychological wellbeing and mental health for many trans people in the region.

Political (p. 27)

In 2020, amidst the COVID-19 crisis, the region has seen a new form of anti-trans and anti-gender political and legal oppression, namely the introduction of laws that directly ban legal gender recognition of trans and intersex people or gender studies.

Recommendations to decision and policy makers (p.31-32)

Healthcare measures

Accessible public health messaging needs to be inclusive and reach migrant, D/deaf and disabled trans communities.

All forms of preventive and curative care, including sexual and reproductive healthcare must be maintained and made available for all, irrespective of their residence status, and without discrimination on the basis of age, LGBT status, sex work status, or any other social characteristic.

Hormonal treatment and trans-specific healthcare should be classified as vital and must remain uninterrupted.

The highest attainable gender affirming healthcare must be provided, on the basis of free, prior, and informed consent.

Socio-economic measures

Trans-led organisations proved that they can efficiently provide immediate support and respond to the trans communities' diverse needs. They need to be included in decision-making around emergency measures, including distribution of aid and relief.

Social assistance should be introduced to cover unpaid or low-paid caregivers and informal workers, including sex workers. Direct support, such as paid sick leave, paternal leave, unemployment benefits, and other social support should reach beyond formal employment and be accessible to trans people as well, who often face obstacles when applying due to the mismatch between the sex/gender in their documents and their gender identity/expression.

A moratorium on evictions should be introduced and those who struggle with rent and mortgage should be supported. Emergency housing should be provided to those discriminated against in the housing market, e.g. trans people and migrants.

Safety measures

Return procedures and deportations should be stopped.

Temporary residence permits should be extended to prevent people becoming undocumented.

Discriminatory profiling practices need to be abolished and police accountability needs to be strengthened. Police enforcement of confinement measures should not be used for identity and residence checks, rather police should refer people to essential services.

Trans groups need to be included in anti-gender based violence programmes and be supported to set up their own services and referral mechanisms, such as hotlines and shelters.

Emergency housing for victims of abuse should be allocated, with a special consideration of trans people's placement needs.

On the long-term, countries must

Enact legal gender recognition procedures that are quick, accessible, and transparent and are based on the principle of self-determination.

Decriminalise sex work with the meaningful involvement of sex worker communities.

Establish safe pathways for migration and ensure that undocumented migrants can regularise their stay.

Ratify and implement the Istanbul Convention, with a special view of including trans victims/survivors' needs and perspectives.

TransCareCOVID-19 Study[2]

Köhler, Andreas & Motmans, Joz & Alvarez, Leo & Azul (né Scheidt), David & Badalyan, Karen & Basar, Koray & Dhejne, Cecilia & Duišin, Dragana & Grabski, Bartosz & Dufrasne, Aurore & Jokic-Begic, Natasa & Prunas, Antonio & Richards, Christina & Sabir, Kirill & Veale, Jaimie & Nieder, Timo O.. (2020). How the COVID-19 pandemic affects transgender health care in upper-middle-income and high-income countries – A worldwide, cross-sectional survey. 10.1101/2020.12.23.20248794.

Background Since the beginning of the COVID-19 pandemic, access to medical care was restricted for nearly all non-acute medical conditions. Due to their status as a vulnerable social group and the inherent need for transition-related treatments (e.g., hormone treatment), transgender people are assumed to be affected particularly severely by the restrictions caused by the COVID-19 pandemic. This study aims to assess the impact of the COVID-19 pandemic on the health and health care of transgender people. Methods and findings As an ad hoc collaboration between researchers, clinicians, and 23 community organizations, we developed a web-based survey. The survey was translated into 26 languages, and participants were recruited via various social media and LGBTIQ-community sources. Recruitment started in May 2020. We assessed demographical data, physical and mental health problems (e.g., chronic physical conditions), risk factors (e.g., smoking), COVID-19 data (symptoms, contact history, knowledge and concerns about COVID-19), and the influence of the COVID-19 pandemic on access to transgender health care and health-related supplies. To identify factors associated with the experience of restrictions to transgender health care, we conducted multivariate logistic regression analysis. 5267 transgender people from 63 higher-middle income and high-income countries participated in the study. Over 50%

[2] https://transcarecovid-19.com/

of the participants had risk factors for a severe course of a COVID-19 infection and were at a high risk of avoiding testing or treatment of a COVID-19 infection due to the fear of mistreatment or discrimination. Access to transgender health care services was restricted due to the COVID-19 pandemic for 50% of the participants. Male sex assigned at birth and a lower monthly income were significant predictors for the experience of restrictions to health care. 35.0% of the participants reported at least one mental health conditions. Every third participant had suicidal thoughts, and 3.2% have attempted suicide since the beginning of the COVID-19 pandemic. A limitation of the study is that we did not analyze data from low-income countries and access to the internet was necessary to participate. Conclusions Transgender people are assumed to suffer under the severity of the pandemic even more than the general population due to the intersections between their status as a vulnerable social group, their high amount of medical risk factors, and their need for ongoing medical treatment. The COVID-19 pandemic can potentiate these vulnerabilities, add new challenges for transgender individuals, and, therefore, can lead to devastating consequences, like severe physical or mental health issues, self-harming behaviour, and suicidality.

OI Europe: COVID-19 and intersex people

OII Europe (2020): COVID-19. A report on the situation of intersex people in Europe and Central Asia. Authored by Dan Christian Ghattas, with Irene Kuzemko. Questionnaire developed by Irene Kuzemko. Berlin. (December 2020)

The survey was filled out by 63 intersex people, including 6 minors,[4] and 3 family members of intersex people, coming from 16 countries from Europe and Central Asia.

Pre-COVID-19

According to the FRA findings, 62% of intersex respondents, almost two thirds, felt discriminated against in at least one area of life in the 12 months before the survey. 27% of intersex respondents to the survey reported experiencing violent in-person threats six times or more and another 38% reported at least one such attack in the year before the FRA survey.

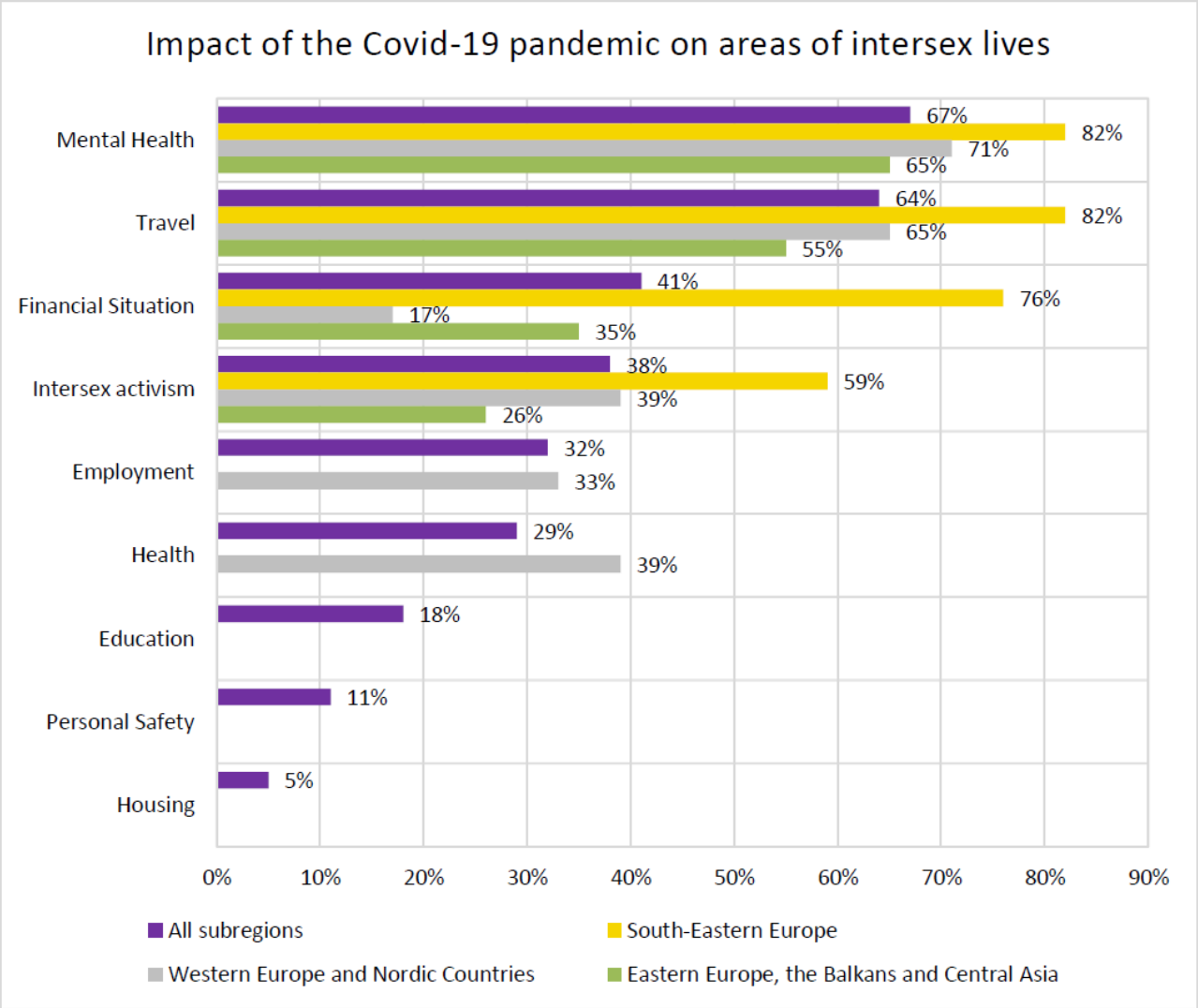
14% of intersex youth age 15-17 reported physical or sexual attacks and of those, more than 50% of those respondents were affected severely, causing psychological problems like depression or continuous anxiety.

In addition, among all LGBTI respondents, intersex people are the group with the highest rates of difficulties in the area of housing and economic stability: 29% of intersex respondents experienced housing difficulties, the highest rate among all LGBTI respondents, with 41% stating relationship or family problems as reason for the housing difficulties. 37%, however, said the experienced housing difficulties due to financial problems and insufficient income. Not surprisingly 51% of intersex respondents confirmed that their household's total income makes making ends meet difficult.

To this we need to add the burden of having been subjected to surgeries and other medical treatment without prior, personal, free and fully informed consent, which between 62% and 49% of the respondents who were subjected to surgeries and other medical treatments, respectively, did not provide. Turning to the aspect of support however, the findings show that there is a severe gap: When trying to access help for their mental or physical health, 35% of intersex people faced discrimination from health services. (p. 12)

Impact of COVID-19

Out of all intersex people respondents, more than a third (35%) stated that their gender identity and gender expression amplified their vulnerability and a quarter felt intersex respondents felt that their economic status (25%) and their sexual orientation (25%) increased their vulnerability. (p.13) Age (18%), disability (13%) and ethnic background/ skin colour (11%) were stated as additional factors. (p.14)



Mental health

As shown above, the respondents to the survey considered the **negative impact** of the Covid-19 pandemic on their **mental health** and their **well-being** to be the most difficult and pressing issue. 62% of all respondents reported a worsening of their mental health. Of all intersex respondents 11% reported a strong worsening and 8% very strong worsening. Another 43% reported some or a medium worsening. 21% of all intersex respondents are experiencing a relapse of their previous mental health issues due to the pandemic.

The lack of mental health care providers who work with intersex people was already a significant challenge before the crisis and it is now amplified by the pandemic. **Access to educated, expert-sensitive psychological help and other counselling** is highly impaired for intersex people across Europe and Central Asia. 51% of intersex respondents are currently not seeing a mental health professional and 11% reported that, while seeing a therapist

before the crisis they had to stop seeing them during the pandemic because of lack of money. 10% reported that they could not continue the visits for other reasons, such as “due to the lockdown”. Only 8% of intersex participants were able to switch to online sessions with their therapist. (p. 16)

Health care

Easy and affordable **access to general healthcare** becomes even more important during a pandemic. Unfortunately, this access is not guaranteed for a substantial part of the survey respondents. 40% of all intersex respondents reported that their doctor appointments were postponed and 22% of all intersex respondents had their appointments cancelled during the crisis.

Restrictions caused by the pandemic lead to unavailability of medical personnel due to lockdowns, cancellations of appointments, reduced office hours or long travel to reach the doctor’s office. This includes, but is not limited to, consultations with a medical professional who is at least to a certain extent educated about the situation and needs of intersex individuals and with whom the intersex person feels safe. 21% of all intersex respondents reported that they don’t have access to a doctor who has the necessary expertise with their intersex body and 14% have currently no access to a doctor that they trust. (p. 18)

Many intersex people need to follow a **medicine taking regime or take HRT** (hormone replacement therapy) on a regular basis. This may include, but is not limited to, hormone substitution as a result of surgically induced loss of hormone-producing tissue. 40% of all intersex respondents stated that they follow a regime on regular basis. Of those, only 64% take their medicine as regularly as they did before the pandemic but 28% of intersex people who follow a regime on regular basis reported that they had to stop or will eventually stop taking their medicine. This means that 10% of the total of intersex respondents were at risk to have to stop or already had stopped taking necessary medicine in July 2020. P.19)

However, of the 20% who had Covid-19 symptoms only 2% went to see a doctor. 11% stated that they didn’t go to a doctor because doctor’s appointments are too triggering due to their intersex-related medical trauma. Another 7% didn’t see a doctor for other, non-specified reasons. (p. 20)

Support

When asked **how OII Europe can support** the respondents and the intersex movement during these difficult times, many respondents highlighted the usefulness of more intersex human rights self-education resources. These findings match the general impression gained in the one-on-one and focus group interviews that priorities should be focused on building their capacity as activists and of using their time as best they can to support intersex individuals and their families in staying strong in times of the pandemic. At the same time, there is also a significant need for more support resources in general (broadly defined), and for an ongoing exchange with other intersex people, e.g., through intersex peer group calls, like the weekly virtual campfire which OII Europe has offered since the beginning of the pandemic, or intersex peer support groups. For intersex children, the isolation, while generally aggravated by social distancing and lock-downs, has multiple facets. Even more than intersex adults, who have more opportunities to reach out to other intersex adults, intersex children miss contact with other intersex individuals, intersex children specifically, a situation that does not stem from the pandemic alone. One child suggested that “OII Europe could make a list of intersex children (12-18 years old) so that we can correspond to intersex children in English”. (South-Eastern Europe) (p. 24)

Housing and income

The FRA LGBTI Survey II showed, intersex people are among the most vulnerable group in regards to their financial and work situation: 51% of intersex respondents of the 2019 FRA LGBTI Survey II confirmed that their household's total income makes making ends meet difficult and of the 29% of intersex respondents stating that they experienced housing difficulties, 37% said that this happened due to financial problems and insufficient income. [5]

The findings of the OII Europe Covid-19 survey show that the situation may have been aggravated during the pandemic: 41% of all survey respondents stated that their financial situation has become worse during and as a result of the pandemic. 21% reported experiencing severe income reduction, almost half of which are **struggling to survive**. Furthermore, 30% of the survey participants stated that they **have to spend more money** during the pandemic than they usually do, including for **increased medical bills** and some stated that they **had to move out** because they were not able to afford their rent anymore due to the pandemic. Some participants reported that they had to move back in with their families due to the loss of income. (p. 28)

Preliminary results of the queerantine study UK (2020)

Kneale, Dylan & Becares, Laia. (2020). The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantine Study. 10.1101/2020.08.03.20167403.

Responses were collected during the COVID-19 pandemic between April 27th and July 13th 2020, (426 responses)

The prevalence of depression and stress were both high, with the majority of the sample exhibiting significant depressive symptomology (69%). Around one-in-six respondents reported some form of discrimination since the start of the pandemic because they were LGBTQ+ (16.7%). In regression models, the average score for perceived stress increased by 1.44 (95% Confidence Interval (CI): 0.517-2.354) for those who had experienced an instance of homophobic or transphobic harassment, compared to respondents who had not. Similarly, the odds of exhibiting significant depressive symptomology (CES-D-10 scores of 10 or more) increased three-fold among those who had experienced harassment based on their gender or sexuality compared to those who had not (OR: 3.251; 95% CI: 1.168-9.052). These marked associations remained after adjustment for a number of socioeconomic and demographic covariates. Cis-female respondents who identify as gay or lesbian had the lowest scores for perceived social or depressive symptoms; conversely transgender and gender diverse individuals had the highest scores.

Conclusions: We found high levels of stress and depressive symptoms, particularly among younger and transgender and gender diverse respondents. These associations were partially explained by experiences of discrimination which had a large, consistent and pernicious impact on stress and mental health.

Cross-sectional analysis of the online Queerantine study

Kneale D, Bécares L. (2021). Discrimination as a predictor of poor mental health among LGBTQ+ people during the COVID-19 pandemic: cross-sectional analysis of the online Queerantine study. BMJ Open 2021;11:e049405. doi: 10.1136/bmjopen-2021-049405

Perceived stress scores among our LGBTQ+ sample were high (mean: 7.67; SD: 3.22). Based on a score of 10 or more on the CES-D- 10, the majority of participants had high levels of depressive symptoms (72%). Around one-in-six respondents reported some form of discrimination since the start of the pandemic because they were LGBTQ+ (16.7%). The average score for perceived stress increased by 1.44 points (95% CI 0.517 to 2.354) for respondents who had experienced discrimination versus those who had not. Similarly, the odds of exhibiting significant depressive symptomology increased threefold among those who had experienced discrimination compared with those who had not (OR: 3.251; 95% CI 1.168 to 9.052). Conclusions The LGBTQ+ community exhibited high levels of depression, stress and experienced discrimination during the coronavirus pandemic. High levels of poor mental health were partially explained by experiences of discrimination, which had a large, consistent and pernicious impact on mental health.

ROMEOs in Lockdown One year on

Delcea, Christian (2021). ROMEOs in Lockdown One year on. International Journal of Advanced Studies in Sexology, Vol. 3(2), 2021, pp. 138-141 DOI: 10.46388/ijass.2021.13.50 (July 2021)

Nearly 50,000 people responded to the survey. The sample for this study was drawn from a large community of gay, bisexual and transgender people, examining their attitudes toward the measures in their country during the pandemic period, their emotional state, their level of health anxiety, the level of worry in regard to their financial status, as well as the feeling of worry for their local gay community.

In the second graphic, we can see the results for the question 'How are you feeling in general' in 2021, in comparison to the last year. With 10.0% less than last year, only 9.9% of the respondents claimed that they felt very good. It seems that 2020 was a better year for the people who said they feel 'good', while in 2021, the percentage decreased with 11.8%, reaching only 25.0%. 42.6% answered that they were O.K., with 10.2% more than last year, when only 32.4% claimed they were feeling O.K. In 2020, 8.0% claimed thay were feeling bad. Unfortunately, in 2021, people feel worse than last April, the percentage incresing with 9.7%. 3.9% said they were feeling very bad in 2021, in comparison with 2020, when the percentage was smaller with 1.7%. This indicates that mental health specialists should be prepared for a influx of the patients.

The third graphic illustrates the levels of worry about health. In comparison to 2020, only 19.1% of the interviewed people said they are not worried at all, still with 6.2% less than last year. Less than in 2020 with 5.1%, 25.9% claimed they are feeling neutral, whereas the percentage of the people who said that they are a little bit worried rose with 1.8% this year, reaching 33.2%. 16.1% responded affirmative about feeling worried about their health in 2021, while in 2020, only 9.3% were worried. Unfortunately, the percentage of people who are feeling very worried in the current year raised with 2.7%, reaching 5.2%.

The next graphic illustrates the levels of worry regarding financial future. It seems that, in March 2021, there were with 0.6% more respondents who claimed that they are very worried about their money, in comparison to 2020, when 10.6% answered affirmative. There is a slight difference (0.1%) between last year and the current year regarding people who said they are feeling worried, decreasing from 14.2 to 14.1%. The percentage decreased also for the answer 'a little bit worried' with 3.1%, reaching 22.4% in 2021. In 2021, with 1.3% and 1.2% more than last year, 22.3% and 29.2% respectively answered that they are neutral or not at all worried about their financial future. Overall, people seem to be less worried about their financial future than last year. Looking at the concerns regarding the future of their local gay community, 26.1% said

they are feeling very worried in February 2021, with 12.7% more than last spring. 25.9% are worried in 2021, with 4.2% more than in 2020. 18.2% are feeling a little bit worried this year, while in 2020, 22.3% claimed to feel this way. It seems that, this pandemic year, the percentage of the respondents who have neutral feeling or feel no worry at all about the gay community decreased from 18.4% to 13.4% and from 20.1% to 13.5%, respectively.

Europe compared with Developing Countries As lockdowns and restrictions continue, we see the grave impact they are having on the poorest societies. We see from the survey answers that those in developing countries are facing a real threat to their lives, not just from COVID-19 but from the restrictions that make it hard for people to survive. According to the results of this survey, 26.6% of the respondents from the developing countries are feeling very worried about their financial future, with 16.8% more than the percentage from Europe. A difference of 5.3% we can notice in the same way regarding how worried people feel for the financial status: 18.7% in the developing countries, versus 13.4%. There is a small difference of 2.1% between these two areas regarding the fact that they feel a little bit worried (23.2% in the developing nations versus 22.1% in Europe). With 6.7% less people from the developing nations are feeling neutral, reaching 16.2%, while only 12.6% from the developing countries answered that they are not at all worried. In contrast, 31.6% of the respondents coming from Europe said that they do not feel any worry at all for their financial future.

Research through Hornet

Wallach, Sarah; Alex Garner, Sean Howell, Tyler Adamson, Stefan Baral, and Chris Beyrer (2020). Address Exacerbated Health Disparities and Risks to LGBTQ+ Individuals during COVID-19. Health and Human Rights Journal, Volume 22/2, December 2020, pp 313 – 316

Gay, bisexual, and other men who have sex with men (MSM), particularly those who inhabit multiple minority identities (that is, racial/ethnic minorities, immigrants), are already at greater risk for suicide, HIV, and unemployment, and commonly face systematic, institutional discrimination in the form of criminalization and other human rights violations.[3] Vulnerable subgroups, such as unstably housed or informally employed LGBTQ+ individuals, may struggle to practice social distancing and prescribed sanitation measures. The recommendations presented here are data-driven and informed by a cross-sectional survey implemented by the free gay social networking app, *Hornet*, from April 16 to May 4, 2020. *Hornet* has over 25 million global users, and over 4,000 users from more than 150 countries completed this survey.[4] The most responses were from Brazil, France, Russia, Turkey, Indonesia, and Mexico; the largest number of MSM responses were from Brazil, France, Mexico, Taiwan, and Russia.

Stigma, discrimination, and human rights

Global evidence demonstrates that governments are using COVID-19-related restrictions as an excuse to perpetuate stigma, acts of discrimination, and violence against LGBTQ+ persons.[5] The South Korean government used cellular phone GPS, transportation history, and credit card transactions to “contact trace,” seemingly targeting the LGBTQ+ community.[6] After COVID-19-related restrictions were relaxed, and supposedly gay nightclubs reopened, this community was blamed and harassed for an increase in new cases.[7] Similar incidents were reported in Belize, Uganda, and the Philippines. These acts of discrimination and violence, all too often perpetrated by governments, religious leaders, and healthcare institutions, are clear human rights violations. They thwart the Yogyakarta Principles, as well as the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and others. Furthermore, fear of discrimination

and abuse can itself significantly deter accessing healthcare. In the cross-sectional survey, 24% of the 2732 MSM respondents reported being worried they would face discrimination or violence based on their sexual orientation and/or gender identity if they accessed government resources or healthcare.

HIV prevention and care

Throughout the COVID-19 crisis, non-COVID-19-related healthcare has been deprioritized, restricted, or even completely unavailable. Access to HIV prevention and care, often already limited for LGBTQ+ persons, may be hindered further. This increases the likelihood of disease progression for persons living with HIV (PLWH) and HIV transmission to sexual and/or needle-sharing partners. In the survey, MSM reported feeling they had considerably less access to HIV testing, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) since the start of the pandemic. Those with additional minority identities reported significantly less access to condoms and medications than their non-minority counterparts.

Nearly 25% of respondents could not access their HIV providers, and 20% could not refill their HIV medications. Only 17% of respondents indicated they could reach their HIV providers via telemedicine. COVID-19 is clearly exacerbating disparities in healthcare access, especially for those without access to technology. Telemedicine is not a panacea that overcomes healthcare access restrictions for all. Moreover, if global funding for the HIV response is reallocated to COVID-19 initiatives, the effects could be catastrophic to the remarkable progress made towards addressing HIV thus far.[8] WHO and UNAIDS warn that a resurgence of the epidemic is likely.[9] Ignoring this threat will have potentially deadly consequences for MSM and the global HIV response.

Mental health

For the LGBTQ+ community, and particularly for MSM, this current crisis may be a painful—and re-traumatizing—reminder of the devastating effects of the early HIV epidemic. This is a population already disproportionately affected by negative mental health outcomes; according to the American Psychological Association, LGBTQ+ youth have higher rates of suicidal thoughts and attempts than their heterosexual, cisgender peers.[11] Thirty-one per cent of MSM cross-sectional survey respondents reported experiencing moderate to severe psychological distress. Thirty-five per cent screened positive for depression, and 34% screened positive for anxiety; this was positively correlated with loss of employment. Additionally, access to mental health services, like access to HIV services, is already limited for members of the LGBTQ+ community and may be further hindered. This pandemic, and governments' social distancing measures, also restricts individuals' access to sex. Sixty-one per cent of survey respondents indicated they were currently not having sex because of COVID-19, and 49% were somewhat or extremely dissatisfied with their sex lives. While an important aspect of health in and of itself, sexual intimacy may also affect mental health, as sex can boost self-esteem and mood, act as stress relief, help with sleep, and ease anxiety and depression, rates of which may be elevated in a pandemic.[12]

Recommendations

Stigma, discrimination, and human rights

- Public statements condemning stigma and discrimination toward the LGBTQ+ community during this pandemic are necessary; public officials should make, or continue to make, these statements.
- Public institutions, including hospitals and social services, should indicate to LGBTQ+ individuals, including migrants and other non-citizens, that they are welcome. They must acknowledge their role with regard to structural oppression and cultivate safe environments in which members of this community feel comfortable seeking services.
- States must protect, respect, and fulfill the rights of all their LGBTQ+ inhabitants. Such rights include, but are certainly not limited to, the right to privacy, bodily integrity, and health.

- Police brutality, particularly toward LGBTQ+ individuals with additional minority identities, is a social determinant of health that must be addressed. Additionally, law enforcement cannot be permitted to harass members of this community under the pretext of epidemic control.
- The creation of COVID-19 policies and protocols, like those for contact tracing, must involve LGBTQ+ persons. Lessons from the international HIV response should be used.
- Jailing individuals for not socially/physically distancing is antithetical to efforts to limit COVID-19 exposure, as socially distancing and sanitation resources in incarceration are limited, violating individuals' right to health.[13]

HIV prevention and care

- Maintain or increase global HIV response funding to mitigate the detrimental consequences COVID-19 will have on PLWH or those at risk of acquisition.
- Support and prioritize localized, innovative methods of HIV healthcare delivery during this pandemic; develop protocols to sustain HIV prevention and treatment in future crises and include PLWH in this planning.
- Issue guidance about reducing harm and exposure in pandemic conditions to PLWH, HIV and TB co-infection, and unsuppressed viral loads.
- Reconsider protocols that limit prescription medications (for example, prescriptions are often limited to three-month supplies for PrEP medications and/or only after an HIV test) and work with insurance companies to support on these issues during emergencies.

Mental health

- Include mental health in all pandemic-related policies; remote resources must be created and made widely available.
- The unique mental health challenges of LGBTQ+ persons, including associations of COVID-19 with the early HIV epidemic, must be considered in COVID-19 mental health resources and policies. This population should be included in formulating any guidance, and their experience with the ongoing HIV epidemic, and the potential compounded stress of both epidemics, should be recognized and respected.
- Sex must be recognized as an important aspect of mental health, and sexual health should be considered in pandemic-related policies. Policies should be sex positive, destigmatize sex generally, and concentrate on celebration rather than risk mitigation. Lessons learned from the HIV epidemic, like the ineffectiveness and stigmatization of fear-based public health campaigns, should be utilized.[14]

Disparities in Health during COVID-19 Pandemic Differ by Sexual Identity

Fish, Jessica N. ; John Salerno, Natasha D. Williams, R. Gordon Rinderknecht, Kelsey J. Drotning, Liana Sayer, and Long Doan (2021). Sexual Minority Disparities in Health and Well-Being as a Consequence of the COVID-19 Pandemic Differ by Sexual Identity. LGBT Health. Jun 2021. 263-272. http://doi.org/10.1089/lgbt.2020.0489

The results showed consistent patterns of decline in well-being across sexual identity subgroups, although changes in mental health, physical health, quality of life, stress, and psychological distress were more robust among sexual minority adults in general, relative to heterosexual adults. Adjusted multivariate models testing differences in change in retrospective pre- and post-pandemic onset found that well-being among bisexual men and women was most negatively impacted by the pandemic. Our findings support and further legitimize calls for more comprehensive surveillance and cultural responsiveness in emergency preparedness as it relates to sexual minority people and the COVID-19 pandemic.

Note Peter Dankmeijer: This study covers LG B and subsumes Trans and other identities under "other", so the conclusion that bisexuals are most vulnerable excludes trans people.

Impact of COVID-19 on Black LGBTQ People

Akoro, Joseph, S. (2021). The Impact of COVID-19 on Black LGBTQ People. New York: Global Black Gay men Connect (November 2020)

Summary (p. 6): Between April and May 2020, Global Black Gay Men Connect (GBGMC), in collaboration with UHAI EASHRI, launched a snapshot survey to understand the impact of the COVID-19 pandemic on Black lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQ) people around the world. This inquiry was based on the premise that Black LGBTQ people are often disproportionately affected during crises. Specifically, the assumption underlying this study was that Black LGBTQ people are especially likely to face challenges related to healthcare service provision, access to food, access to employment, and the protection of their rights during the COVID-19 pandemic. The survey was open for six weeks. A total of 175 respondents accessed the questionnaire, and 171 respondents from 16 countries in four regions of the world fully completed the survey. There were two categories of respondents: organizational respondents and individual respondents. This report is especially relevant now, as the global community is gradually entering the second wave of the spread of COVID-19 and lockdown directives have already been implemented in several countries in Europe, such as Belgium, Germany, France, Italy, Spain, and the United Kingdom.

-Both organizations and individuals have been affected by the COVID-19 pandemic. The triangulation of the information received from both organizational and individual respondents indicated that Black LGBTQ people are suffering increased discrimination. The root causes of this discrimination include the criminalization of same-sex relationships in certain countries, racial prejudice in white-dominated countries, and social prejudice based on sexual orientation and gender identity/expression. -Black LGBTQ people have suffered an interruption of essential services, such as HIV prevention and treatment services, psychosocial services, paralegal services, and hormonal therapy. The lack of recognition suffered by community-based organizations that provide services to Black LGBTQ people has resulted in the non-consideration of these organizations as essential service providers.

-Access to food, shelter, healthcare, employment, and other means of livelihood has been negatively impacted. According to the survey results, the impact of discrimination on Black LGBTQ people has been compounded by the loss of basic means of livelihood.

-Black LGBTQ community-based organizations have received little or no support from donors, foundations, or their respective governments to help them adjust to COVID-19-related restrictions.

Recommendations

Governments

1. Specific efforts should be made to track, document, and address COVID-19-related criminalization of Black LGBTQ people.

2. Ensure that Black LGBTQ people are not subjected to discrimination and do not fear retribution for seeking healthcare. Healthcare services that are particularly relevant to LGBTQ people should not be deprioritized on a discriminatory basis.

3. Consult Black LGBTQ communities to plan relief efforts—particularly those related to food, safe housing, and COVID-19 prevention commodities—before implementing additional lockdowns.

4. Measures to address the socioeconomic impacts of the pandemic should consider the particular vulnerabilities of Black LGBTQ people, including older persons and the homeless, and ensure that LGBTQ people are fully covered.

5. Political leaders and other influential figures should speak out against stigmatization and hate speech directed at the LGBTQ people in the context of the pandemic.

6. Shelters, support services, and other measures to address gender-based violence during the COVID-19 pandemic should take steps to include the Black LGBTQ population.

7. States should not use states of emergency or other emergency measures to roll back the existing rights and guarantees that apply to Black LGBTQ people.

8. Measures restricting movement should protect trans and gender nonconforming persons. Law enforcement officials should be instructed and trained not to discriminate against this population.

9. Recognize Black LGBTQ organizations as essential service providers to allow them to provide services without interruption.

Organizations

1. Measures to adjust to the COVID-19 pandemic should be considered to ensure that essential service provisions are not interrupted.

2. Set up alternative means to provide psychosocial and mental health services to LGBTQ people who have been gravely affected by the COVID-19 pandemic, such as online consultations and developing guidelines on how to maintain healthy living during the crisis.

International Agencies:

1. Provide technical guidelines to grassroots organizations on how to adjust to the COVID-19 pandemic.

2. Facilitate the provision of commodities—including HIV prevention and treatment as well as COVID-19 prevention commodities—to grassroots organizations.

3. Collaborate with Black LGBTQ organizations to develop reports and track the impact of COVID-19 on the Black LGBTQ community.

4. Include Black LGBTQ organizations in all planning and implementation of global and national COVID-19 control strategies.

5. Require national governments to declare Black LGBTQ organizations as essential service providers.

KFF monitor (US)

Dawson, Lindsey; Kirzinger, Ashley; Kates, Jennifer (2021). The Impact of the COVID-19 Pandemic on LGBT People. Washington: Kaiser Family Foundation (KFF), Available: https://www.kff.org/coronavirus-covid-19/poll-finding/the-impact-of-the-covid-19-pandemic-on-lgbt-people/

Drawing on previous research indicating that LGBT individuals are at greater risk of both COVID-19 health and economic outcomes, this analysis examines the reported experiences from self-identified LGBT individuals from two months of the KFF COVID-19 Vaccine Monitor and finds that LGBT people have experienced the COVID-19 pandemic differently than non-LGBT people, including being harder hit in some areas:

Economic: A larger share of LGBT adults compared to non-LGBT adults report that they or someone in their household has experienced COVID-era job loss (56% v. 44%).

Mental health: Three-fourths of LGBT people (74%) say worry and stress from the pandemic has had a negative impact on their mental health, compared to 49% of those who are not LGBT, and are more likely to say that negative impact has been major (49% v 23%).

Views: One-third (34%) of LGBT adults say the news has generally underestimated the seriousness of the pandemic (compared to 23% of non-LGBT adults). Three-fourths of LGBT adults (74%) are either "very worried" or "somewhat worried" that they or someone in their family will get sick from the coronavirus, similar to responses from, non-LGBT adults (67%). A large share of LGBT adults report being willing to take CDC recommend steps to avoid acquisition/transmission of the virus.

Vaccine: While LGBT people report wanting to get vaccinated at a similar pace as non-LGBT people, a greater share of LGBT adults see doing so as part of everyone's responsibility to protect the health of others (75% v. 48%), while greater shares of non-LGBT people see vaccination as a personal choice (49% v 24%).

Why Examine COVID-19 Views and Experiences of LGBT Populations?

Limited early data available on how LGBT people have experienced the COVID-19 pandemic in the United States (U.S.) has suggested that this group may be disproportionately impacted. The reasons are far-reaching and may include: LGBT individuals being at greater risk of worse COVID-19 outcomes due to higher rates of comorbidities; working in highly affected industries such as health care and restaurants/food services; living on average on lower incomes than non-LGBT people; experiencing stigma and discrimination related to sexual orientation/gender identity, including in accessing health care; and, for transgender individuals, being less likely to have health coverage. As the pandemic continues to take a toll nationwide, our analysis from the KFF COVID-19 Vaccine Monitor explores self-identified LGBT people's COVID-19 experiences and offers comparisons to the non-LGBT population. We find that LGBT adults have experienced the pandemic differently than non-LGBT people in some key domains including with respect to their risk of COVID-19, mental health, employment loss, vaccine attitudes, and willingness to engage in risk-reduction behavior such as social distancing.

The analysis is based on findings from the December and January KFF COVID-19 Vaccine Monitor and building on previous research conducted early on, offers a new look at experiences nearly a year into the pandemic.

Compared to non-LGBT adults, larger shares of LGBT people report experiencing COVID-era job loss, say the pandemic has had a negative impact on their mental health, and report being worried about getting COVID-19. As such it may not be surprising that smaller shares believe the media has overstated the seriousness of the pandemic and with more saying it has been understated. The greater levels of concern and negative experiences with the pandemic in certain domains may also play a role in LGBT people's willingness to take recommend steps to avoid acquisition/transmission of the virus. Finally, a larger share of LGBT people view COVID-19 vaccination as a collective responsibility than as an individual choice, potentially reflecting the community's experience with HIV, another infectious disease that requires community level buy-in of public health strategies to curb. While sexual orientation and gender identity may drive some of the differences we find between LGBT and non-LGBT adults, it

is also important to note the two populations differ markedly in other key areas. Compared to non-LGBT adults, larger shares of LGBT adults are younger, live on lower incomes, and identify as Democrats, factors that may also contribute to the difference observed. Targeted vaccine outreach to LGBT people could be helpful in reaching a group that has high rates of comorbidities that place them at elevated risk for COVID-19 but has traditionally faced barriers to accessing medical care.

Also:

https://www.kff.org/coronavirus-covid-19/press-release/kff-covid-19-vaccine-monitor-the-impact-of-the-covid-19-pandemic-on-lgbt-people/ **11 March 2021**

Impact of the Fall 2020 surge of covid-19 (US)

Sears, B. Conron, K.J, & Flores, A.J. (2021). The Impact of the Fall 2020 Surge of the COVID-19 Pandemic on LGBT Adults in the US. Los Angeles, CA: The Williams Institute, UCLA. (Febr. 2021)

Prior Williams Institute research has shown that many LGBT adults are at higher risk of serious illness related to COVID-19 and its resulting negative economic impacts. This report provides new data on the impact of COVID-19 on LGBT people collected in the fall of 2020.

Drawing upon data collected by Ipsos from a nationally representative sample of over 12,000 adults between August 21, 2020 to December 21, 2020, our main finding is that the impact of the pandemic on LGBT communities cannot be fully understood without considering race and ethnicity as well as sexual orientation and gender identity. In short, across a number of indicators, LGBT people of color are more likely to experience the health and economic impacts of COVID-19 than non-LGBT White people. They are also more likely to follow public health measures, such as getting tested for COVID-19, social distancing, and wearing masks than non-LGBT White people.

Questions that measure respondents' trust in government and public health officials regarding COVID-19 show that LGBT people were less likely to trust the Trump administration and pharmaceutical companies' handling of the pandemic and more likely to trust the Centers for Disease Control and Prevention (CDC), state governments, and other public health officials. With a change to the Biden administration, restoring trust in institutions that are critical to successfully vaccinating LGBT communities, and in particular LGBT communities of color, will be critical.

Finally, most government data collection efforts focused on COVID-19 do not include sexual orientation and gender identity measures. These omissions, including from the U.S. Census Bureau's Household Pulse Survey, as well as other state and federal efforts to track deaths and disease more generally, hinder efforts to incorporate the needs of LGBT populations into COVID-19 recovery efforts.

Health Impacts of COVID-19

Among those who have tested for COVID-19, positivity rates were similar between LGBT people (10.3%) and non-LGBT people (8.6%).

However, when taking race and ethnicity into account LGBT people of color (14.5%) and non- LGBT people of color (10.6%) had higher positivity rates than non-LGBT White people (7.3%).

Further, LGBT people of color (32.1%) and non-LGBT people of color (30.9%) were over 50% more likely than White LGBT and White non-LGBT respondents (21.3% and 19.8%) to personally know someone who died of COVID-19.

Economic Impacts of COVID-19

LGBT respondents were more likely than non-LGBT respondents to be laid off (12.4% v. 7.8%) or furloughed from their jobs (14.1% v. 9.7%), report problems affording basic household goods (23.5% v. 16.8%), and report having problems paying their rent or mortgage (19.9% v. 11.7%).

When taking race and ethnicity into account, fewer non-LGBT White respondents reported negative economic consequences of the pandemic than LGBT White, LGBT people of color, and non-LGBT people of color respondents. Members of each of these groups were over twice as likely to have been laid off or temporality furloughed from work when compared to non- LGBT White adults.

Similarly, LGBT people of color were over twice as likely to report having less ability to pay for household goods in the two weeks before the survey (28.7% v. 14.2%) and over three times as likely to report having less ability to pay their rent or mortgage (26.3% v. 8.8%) than non-LGBT White respondents.

Following Public Health Recommendations & Vaccination

LGBT respondents were more likely to report being concerned about getting sick from COVID-19 (85.1% v. 75.0%), wearing a mask outside of the home (94.0% v. 89.9%), and practicing social distancing (80.0% v. 75.0%) than their non-LGBT counterparts.

White LGBT people, LGBT people of color, and non-LGBT people of color were more likely to report being concerned about getting sick with COVID-19, wearing a mask outside of the home, and practicing social distancing than non-LGBT White respondents. For example, 92.3% of LGBT people of color reported wearing a mask all or some of the time outside of the home compared to 86.7% of non-LGBT White respondents.

A smaller percentage of non-LGBT people of color (40.3%) report that they intend to get the first generation of COVID-19 vaccines than LGBT White (54.0%) and non-LGBT White respondents (49.0%).

Trust in Government and Public Health Institutions

During the final months of the Trump administration, fewer LGBT respondents than non-LGBT respondents reported trusting the federal government to provide accurate information about COVID-19 (31.1% v. 38.2%).

In contrast, more LGBT respondents than non-LGBT respondents reported trusting the CDC (75.6% v. 69.5%) and national public health officials (74.2% v. 67.5%) for COVID-19 information.

Perhaps the most dramatic difference between LGBT and non-LGBT adults is that while 40.9% of non-LGBT respondents indicated that pharmaceutical companies have their best interest in mind, only 28.2% of LGBT respondents felt similarly.

Collected during the surge in the pandemic in the fall and early winter of 2020, these data show the disparate impact of COVID-19 on LGBT people in general and LGBT people of color in particular. Policy and other interventions aimed at ending the pandemic and facilitating economic recovery must address the needs of LGBT people, including LGBT people of color. Specifically, data collection efforts related to COVID-19 must immediately add sexual orientation and gender identity questions, and vaccination efforts must address the built-up distrust in the federal government and pharmaceutical companies among LGBT people and people of color more generally.

What is the impact of COVID-19 on LGBTI migrants? (blog)

Astles, Jacinta (2021). What is the impact of COVID-19 on LGBTI migrants? Blog, no date (probably around 1-8-2021). San José (Costa Rica): IOM UN Migration, Regional Office for Central America, North America and the Caribbean. Retrieved on 4-8-2021 from https://rosanjose.iom.int/SITE/en/blog/what-impact-covid-19-lgbti-migrants

During the COVID-19 pandemic, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) migrants may face intersecting discriminations: both as migrants as well as on the basis of their gender identity and/or sexual orientation. It is important that measures are put in place to ensure that these populations have equal access to public health and safety services, and assistance to overcome the socio-economic impacts of the crisis. Here are some of the specific challenges that LGBTI migrants may have to overcome.

Difficulties in accessing healthcare services

In general, LGBTI people regularly face discrimination and stigma when accessing health services, starting with the criminalization of same-sex relationships in some countries and discrimination against trans people due to their gender identity. The existence of laws in some countries that criminalize same sex relationships or target trans people due to their gender identity exacerbates these situations. Some LGBTI people may avoid health services due to fear of arrest or violence. Some LGBTI migrants, particularly those with irregular status, may be less willing to access health care or provide information on their health status as they fear deportation, family separation or detention.

Finally, it is important to note that for many LGBTI migrants from Central America and the Caribbean, returning to their countries of origin could mean facing a high risk of violence or discriminatory laws.

Stigmatization, discrimination, hate speech and attacks on the LGBTI community

During health crises, both LGBTI and migrant communities are likely to face stigma and discrimination as a result of being erroneously blamed for the pandemic. This doubles the vulnerability and risk of discrimination for LGBTI migrants. For example, in some countries a measure was introduced that only allowed men and women to leave their homes on alternating days of the week and gave police the power to confirm a person's gender based on their official documentation. This leaves transgender, intersex and non-binary migrants at risk of discrimination as they may not be able to change their gender on their identification, depending on the laws in their countries of origin.

Access to work and livelihood

Due to the various forms of social and economic discrimination faced by LGBTI migrants, they are more likely to work in the informal sector and lack access to paid sick leave or unemployment compensation. LGBTI migrants will not be eligible to apply for payments to reduce the negative socio-economic of the COVID-19 pandemic in countries where these policies only apply to nationals.

Vulnerability to violence and exploitation

Transgender and nonbinary migrants are particularly vulnerable to exploitation due to employment discrimination on the basis of their gender identity and/or nationality. Traffickers take advantage of this vulnerability and many actively seek out trans and nonbinary victims. Traffickers are also likely to exploit the uncertainty, mobility restrictions and increased internal displacement resulting from the COVID-19 pandemic.

What are some key actions that stakeholders can take?

States and other actors should consider the specific needs and vulnerabilities of LGBTI migrants and ensure their voices are heard when creating responses to the COVID-19 outbreak. Below are some recommendations:

1. Understand that health is a universal right, which means that LGBTI migrants should be able to access healthcare services, regardless of their sexual orientation, gender identity or migration status and that they are not subjected to discrimination or fear negative consequences for seeking healthcare.
2. Ensure that the LGBTI migrants are included in measures to reduce the socio-economic impact of the pandemic and that their specific vulnerabilities are addressed.
3. Political leaders and other public figures should speak out against stigmatization and hate speech directed at both LGBTI persons and migrants during the pandemic.
4. Shelters, support services and other measures to address gender-based violence and human trafficking during the COVID-19 pandemic should adopt an approach that is inclusive of LGBTI migrants.
5. Border and law enforcement officials should be trained and instructed not to discriminate against LGBTI populations. Measures involving mobility restrictions should also provide protection for trans and non-binary individuals.

Addressing the negative impacts of COVID-19 on LGBTI migrants requires an intersectional approach and a strong commitment from key stakeholders to consider how new measures could have unintended consequences on this populations. For more information on the COVID-19 pandemic and the human rights on LGBTI individuals, consult this document from the United Nations Office of the High Commissioner for Human Rights.

A Snapshot of How COVID-19 Is Impacting the LGBTQ Community (blog)

Samuels, Michelle (2020). A Snapshot of How COVID-19 Is Impacting the LGBTQ Community. Blog. Boston: BU Today (https://www.bu.edu/articles/2020/how-covid-19-is-impacting-the-lgbtq-community/)

Opinions and examples by a series of experts.

Edge Effect briefing on LGBTI+ and COVID-19

EdgeEffect (2020). Briefing note: Impacts of COVID-19 on LGBTIQ+ people. Melbourne: EdgeEffect (https://www.edgeeffect.org/wp-content/uploads/2020/04/LGBTIQ-COVID19_EdgeEffect_30Apr.pdf)

People with diverse SOGIESC have lost livelihoods, especially transgender and gender diverse people who rely on street-based work or charity. Loss of income and movement restrictions have affected access to food, accommodation and other basic necessities.

• Some LGBTIQ+ people have greater health vulnerability, access to SRHR and trans-specific health care has been compromised, and that diverse SOGIESC inclusive mental health support is needed.

• Shelter-in-place and other constraints have forced some LGBTIQ+ people into potentially unsafe living

arrangements with family members who do not accept diversity of gender and/or sexuality.

• Some government responses are not diverse SOGIESC (or gender) aware, and far less actively inclusive or transformative. Officials and community leaders sometimes fail to include people with diverse SOGIESC in distributions. Trans and other 'visible' individuals, in particular, are fearful to approach public distributions of basic services. Re-direction of funds to support government responses risks undermining existing progress on inclusion, and may result in relief or recovery that leaves some people out.

• Religious leaders and community members have blamed LGBTIQ+ people for causing the crisis.

• CSOs are undertaking their own community assessment and responses, to fill gaps in official responses.

• Their own organisations (CSOs) are under great stress and need support a) for providing communitybased response and b) to ensure their survival and capacity to resume regular activities post COVID-19.

Recommendations:

Donors, governments and organisations should work with diverse SOGIESC communities to understand the issues, identify solutions, mitigate risks, and work together on implementation. It is critical for these communities to maintain agency in the response and recovery process; and that the capacities of diverse SOGIESC communities are integrated as strengths.

While these recommendations are focused on LGBTIQ+ organisations and people with diverse SOGIESC, some LGBTIQ+ people are supported through women's rights, rapid response, and other organisations. Diversity of SOGIESC is usually one of many dimensions of lives, and COVID-19 response should be holistic and intersectional.

Short-term recommendations (i.e. immediate action):

• Support community-based response to meet immediate community needs through a) support for assessments and response planning and b) providing quick-response low-complexity funding.

• Support regional coordination and learning between LGBTIQ+ organisations responding to the crisis, and better coordination between LGBTIQ+ organisations, governments and traditional humanitarian actors.

• Where possible, avoid delaying or cancelling programs that provide essential funding for LGBTIQ+ CSOs. Where funding is redirected, ensure that these relief funds continue to reach LGBTIQ+ organisations.

• Ensure that the design of COVID-19 specific emergency response programs addresses the rights, needs and strengths of people with diverse SOGIESC, in areas including (but not only) food, shelter, WASH, GBV, psychosocial support, and early recovery.

• Advocate for rights-based responses that leave no-one behind and that do no harm, and use avenues to challenge human rights violations perpetrated as part of, or, under the guise of, COVID-19 responses.

Medium-term recommendations (i.e. the upcoming six-twelve months):

• Support LGBTIQ+ CSOs to develop or contribute to recovery plans that address longer term social and economic needs of diverse SOGIESC community members.

• Support LGBTIQ+ CSOs to develop enduring relationships with traditional humanitarian and development actors, to ensure that support to communities does not cease at the relief phase.

• Provide organisational support for LGBTIQ+ CSOs that are under financial stress due to COVID-19 responses, aid program deferrals, and the impact of economic downturns.

Long-term recommendations:

• Monitor the implementation and impact of interventions and strategies, and provide ongoing support to CSOs and communities.

• Evaluate these impacts by developing a comprehensive report that summarises the experience and provides guidance for policy-makers, CSOs and other actors on the protection of diverse SOGIESC communities in public health and economic crises.

The US Household Pulse Survey: July 21 – August 2

File, Thom & Marshall; Joy (2021). Household Pulse Survey Shows LGBT Adults More Likely to Report Living in Households With Food and Economic Insecurity Than Non-LGBT Respondents. Washington: United States Census Bureau. 11 August 2021: https://www.census.gov/library/stories/2021/08/lgbt-community-harder-hit-by-economic-impact-of-pandemic.html

United States Census Bureau (2021). Week 34 Household Pulse Survey: July 21 – August 2, published 11 August 2021; https://www.census.gov/data/tables/2021/demo/hhp/hhp34.html

The Lesbian, Gay, Bisexual and Transgender (LGBT) adult population reported living in households with higher rates of food and economic insecurity than non-LGBT Americans, according to U.S. Census Bureau survey data released today.

For the first time ever on a population survey sponsored by the Census Bureau, the latest version of the Household Pulse Survey (HPS) asks about sexual orientation and gender identity (SOGI). The HPS continues to provide insight into the experiences of American households during the coronavirus pandemic.

By combining a series of three questions, the survey allows researchers to compare the recent experiences of the LGBT population to other adults.

- Overall, about 13.1% of LGBT adults lived in a household where there was sometimes or often not enough to eat in the past seven days, compared to 7.2% of non-LGBT adults.

Other highlights from today's release:

- 36.6% of LGBT adults lived in a household that had difficulty paying for usual household expenses in the previous seven days, compared to 26.1% of non-LGBT adults.
- 19.8% of LGBT adults lived in a household with lost employment income in the past four weeks, compared to 16.8% of non-LGBT adults.
- Among those living in homes that were rented or owned with a mortgage or loan, 8.2% of LGBT adults said they were not at all confident that their household will be able to make their next housing payment on time, compared to 6.0% of non-LGBT adults.

COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York

Tesoriero JM, Swain CE, Pierce JL, et al. COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York State. JAMA Netw Open. 2021;4(2):e2037069. doi:10.1001/jamanetworkopen.2020.37069

In this cohort study, persons living with diagnosed HIV experienced poorer COVID-related outcomes relative to persons living without diagnosed HIV; Previous HIV diagnosis was associated with higher rates of severe disease requiring hospitalization, and hospitalization risk increased with progression of HIV disease stage.

LGBT people and vaccination

Human Rights Campaign Foundation (2021). COVID-19 and the LGBTQ Community: Vaccinations and the Economic Toll of the Pandemic. New York: Human Rights Campaign Foundation & PSB Insights (PSB)

This new analysis of survey data on 22,000 adults in the United States details how many LGBTQ people living at the intersections of multiple marginalized identities may be less likely to say they want to get vaccinated. Furthermore, the LGBTQ community holds a diverse array of concerns about the vaccine, ranging from concerns about side effects to perceived costs of obtaining the vaccine.

More US Human Right Campaign resources on COVID

https://www.hrc.org/resources/research-on-lgbtq-people-and-the-covid19-pandemic

Edge Effect Report: LGBTIQ, cash transfer and social protection

Edge Effect (2021) "We Don't Do A Lot For Them Specifically": A scoping report on gaps and opportunities for improving diverse SOGIESC inclusion in cash transfer and social protection programs, during the COVID-19 crisis and beyond. Edge Effect report for the Australian Department of Foreign Affairs and Trade.

This scoping study explores whether those mainstream or targeted programs have met the needs of people with diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC, aka LGBTIQ+ people).

The case studies in Part 2 of this report explore such challenges in the country contexts of Bangladesh, Fiji and Indonesia. They also provide insights, especially for government officials and staff of non-government

organisations responsible for cash-based assistance programs. These insights include challenges registering into systems, community engagement strategies and the role of diverse SOGIESC CSOs as intermediaries, the accessibility of delivery systems that rely on mobile phone access or bank accounts, the relevance and safety of conditional programs that require training or work, support for unrestricted programs and voluntary complementary programming, , amongst others. Evidence collected for the case studies suggests that social protection and cash programs established as a response to the COVID-19 crisis have not recognized or addressed such needs. Globally, of 3112 policy measures recorded in the UNDP and UN Women **COVID-19 Global Gender Response Tracker** (as of March 2021) just eight mention diversity of SOGIESC including some existing programs not specifically targeting new COVID-19 needs. Global social protection and cash-based assistance policy and practice guidance reviewed in Part 2 of this study rarely acknowledges or addresses diversity of SOGIESC. The three country case studies provide examples of how diverse SOGIESC CSOs are undertaking data collection, providing cash, food and shelter, and psycho-social support within their communities. However that work is often undertaken with little or no donor support, by CSOs that are under severe financial stress due to increased community demand and the challenges of operating during COVID-19.

Further afield from Asia and the Pacific, Uruguay's reform of social protection and cash-based assistance to be more transgender inclusive offers pointers for other states, non-government organisations and civil society advocates. In the words of former government official:

This was the first time the state approached this community with another face. The only two faces of the state that trans women saw were the police and the ministry of health because of the control of infectious diseases and HIV. This was the first time we approached you not to sanction you or examine you, but to recognise you've been neglected of all human rights, that we're now doing something to change. It was really so important.

General recommendations for social programs:

1. Governments adopt the ASPIRE Guidelines and governments providing bilateral support to the programs of other governments should encourage this.
2. Non-government actors adopt a norms-based approach and a benchmarking process such as Edge Effect's diverse SOGIESC continuum.
3. Donors require diverse SOGIESC inclusion from implementing partners and fund those partners to undertake staff training, tools adaptation and other steps to transform themselves into organisations capable of addressing diverse SOGIESC rights, needs and strengths.
4. Support further research on diverse SOGIESC inclusion in aid programs, including ongoing impact of COVID-19 and intersections with other aid programs such as livelihoods and countering gender based violence programs.
5. Partner with and consistently support diverse SOGIESC CSOs for all of these steps.

Recommendations for cash-based programs:

1. Understand how indirect discrimination – such as absence in data, ostracisation from families, lack of identification documents or low mobile phone ownership – makes cash based assistance innaccessible or unsafe for many people with diverse SOGIESC.

2. Learn how the design of assessments, targeting, registration, delivery and other aspects of cash based assistance – and the addition of voluntary complementary programs including financial capability – can increase accessibility, safety and relevance.
3. Support diverse SOGIESC CSOs as they continue to fill gaps left by government and non-government cash assistance programs and in their role as trusted intermediaries with community members.
4. Include complementary programming such as financial capability and livelihoods support for people with diverse SOGIESC, alongside training and support for service providers to improve diverse SOGIESC inclusion.
5. Engage diverse SOGIESC CSOs and technical specialists to ensure innovations in cash assistance – such as digital systems – are safe, relevant and effective.

For any questions please contact emilydwyer@edgeeffect.org or felicity.o'brien@dfat.gov.au.

No education, no protection: What school closures under COVID-19 mean for children and young people

Inter-agency Network for Education in Emergencies (INEE) and the Alliance for Child Protection in Humanitarian Action. (2021). No education, no protection: What school closures under COVID-19 mean for children and young people in crisis-affected contexts. New York, NY

Drawing from research and experience on previous infectious disease outbreaks and an emergent body of work from the current COVID-19 pandemic, this report highlights the primarily negative effects resulting from the combination of sudden school closures and restricted access to and availability of services, social networks, and other protective facilities for children and young people living in crisis-affected contexts. The consequences of school closures on education and child protection can be categorized into three principal areas:

1. Loss of learning and impediments to providing inclusive, equitable, quality education
2. Negative impact on child well-being and healthy development
3. Amplified child protection risks and harms experienced by children and young people

Quotes on LGBTIQ youth

School closures mean children and young people have lost important **informal social amenities and safeguards,** many of which are difficult to quantify yet are crucial to ensuring children's and young people's well-being and healthy development. Relationships with their peers and teachers can promote positive mental health, and the schools provide entry points into social networks for both pupils and their parents. This is particularly important for marginalized groups, such as lesbian, gay, transgender, queer, and/or intersex (LGBTQI) youth. (p. 8)

Informal support systems are especially important for LGBTQI young people, in particular those who are confined with household members who do not accept their identity and may treat them with hostility (UNESCO, 2020j). The Office of the United Nations High Commissioner for Human Rights (2020) predicts that this will cause an increase in depression and anxiety among LGBTQI young people. (p. 21)

3.5.3 RISKS FACED BY LGBTQI YOUTH

Worldwide, people who are perceived to be or identify as LGBTQI have been blamed for the COVID-19 pandemic. The UN High Commissioner of Human Rights cites “an increase in homophobic and transphobic rhetoric” (International Bar Association’s Human Rights Institute, 2020, p. 5). LGBTQI young people are known to face abuse and derision within their homes, and they are among those most vulnerable during disasters (UN Women, 2020). There is some evidence of a rise in GBV, sexual abuse, and exploitation of queer youth (UNESCO, 2020j) during the COVID-19 school closures. However, as noted by a key informant in Sri Lanka, it is often difficult to account for the risks faced by the LGBTQI youth population, as home confinement gives them another reason to hide or suppress their identity. Researchers may focus instead on more visible risk groups within the LGBTQI population, such as young people engaged in sex work, who reported increased abuse during the lockdown in Sri Lanka (Phakathi, 2020). (p. 30)

2. Research on LGBT health and well-being

LGBT health disparities USA

https://www.cdc.gov/lgbthealth/index.htm

People who are lesbian, gay, bisexual, or transgender (LGBT) are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the United States. The perspectives and needs of LGBT people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities.

In addition to considering the needs of LGBT people in programs designed to improve the health of entire communities, there is also a need for culturally competent medical care and prevention services that are specific to this population. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers [1-5]. Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that LGBT populations experience.

These pages provide information and resources on some of the health issues and inequities affecting LGBT communities. Links to other information sources and resources are also provided. Some of this information is designed for members of the general public. Other information has been developed for health care providers, public health professionals, and public health students.

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https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders,[1] substance abuse,[2, 3] and suicide.[4] Experiences of violence and victimization are frequent for LGBT individuals, and have long-lasting effects on the individual and the community.[5] Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals.[6]

The LGBT companion document to Healthy People 2010[7] highlighted the need for more research to document, understand, and address the environmental factors that contribute to health disparities in the LGBT community. As part of this work, we need to increase the number of nationally-representative health-related surveys that collect information on sexual orientation and gender identity (SOGI).

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Fillip, Anna B. and Rodde, Timothy D. (Eds.) (2019). LGBTQ+ Health Equity: Public Health Delaware Journal of Public Health, Volume 5, Issue 3. Newark: Delaware Academy of Medicine / Delaware Public Health Association Public Health

Summarize several articles…

Minority stressors, health and depression

Hoy-ellis, Charles & Fredriksen-Goldsen, Karen. (2016). Lesbian, gay, & bisexual older adults: linking internal minority stressors, chronic health conditions, and depression. Aging & mental health. 20. 1-10. 10.1080/13607863.2016.1168362.

Same-sex sexuality and psychiatric disorders in the second Netherlands Mental Health Survey (2014)

Sandfort TGM, Graaf R de, Have M ten, Schnabel P. (2014). Same-sex sexuality and psychiatric disorders in the second Netherlands Mental Health Survey and Incidence Study (NEMESIS-2): a replication and expansion. LGBT Health. DOI: 10.1089/lgbt.2014.0031.

Between 2.0% and 2.5% of the participants reported same-sex sexual behavior in the preceding year, or same-sex attraction. Homosexually active persons and persons with same-sex attraction reported a higher prevalence of disorders than heterosexual persons. There were more disparities in the prevalence of disorders based on sexual attraction than based on sexual behavior. Comparing these results with a previous study showed that no significant changes over time have occurred in the pattern of health disparities. Conclusion: Sexual orientation continues to be a risk factor for psychiatric disorders, stressing the need for understanding the origins of these disparities.

From discussion:

This study found a higher prevalence of various psychiatric disorders in homosexual persons compared to heterosexual persons both regarding the preceding 12-months as well as on a lifetime basis, and based on their sexual behavior as well as sexual attraction. Homosexually active and attracted men were more likely than heterosexual men to have had any disorder in the preceding year; more specifically, homosexually active or attracted men were more likely to have had any anxiety disorder. On a lifetime basis, homosexually active and attracted men were also more likely to have had any anxiety disorder. Women with same-sex attraction were also more likely than heterosexual women to have had any disorder in the preceding year; there was no difference based on behavior. Standing out for homosexual women are the higher prevalence of alcohol and drug dependence compared to heterosexual women, both on the basis of the preceding year and lifetime. To our knowledge, this is the first time that a general population-based sample was used to assess sexual orientation-related differences in the prevalence of impulse-control disorders and anti-social personality disorder. Our hypothesis, based on our earlier findings,[1] that homosexual men would be more likely to internalize problems and have lower rates of these orders compared to heterosexual men, and that we would find the opposite pattern for women[9] were, however, not supported. (…) It is also possible that prejudice and discrimination continue to be an important reality in Dutch society and that observed altitudinal changes are superficial. Furthermore, several studies suggest that mechanisms other than prejudice and discrimination also affect the observed disparities, including genetic and environmental factors associated with both sexual orientation and psychiatric morbidity.[11,12] Zietsch and colleagues, for instance, found that genetic factors accounted for 60% of the correlation between sexual orientation and depression, while childhood sexual abuse and risky family environment also were predictors of both sexual orientation and depression.

Dutch LGBT monitor 2018 on well-being

Beusekom, Gabriël van; Kuyper, Lisette (2018). LHBT-monitor 2018. De leefsituatie van lesbische, homoseksuele, biseksuele en transgender personen in Nederland. Den Haag: SCP ISBN/ISSN/anders: 978 90 377 0891 2

Differences

LGB and heterosexual persons do not differ in the extent to which they possess psychological resources such as experiencing control over one's own life, self-esteem or resilience. There are also few differences in the objective life situation index (a measure that SCP uses to summarize the position of groups in different areas of the living situation, such as cultural participation, holiday behaviour, housing and mobility). The differences that exist are beneficial for LGB people: they are better off in the area of socio-cultural leisure, sports and holidays and also more positive in their subjective judgment about their living situation. Despite higher scores on some aspects of the objective and subjective life situation, LGB persons are slightly less happy than heterosexual persons.

Perception of safety worse

he situation is worse in a number of areas with regard to safety and the perception of safety of LGB persons than that of heterosexual persons. This is how LGB people experience less social cohesion in the neighbourhood, they more often feel unsafe in general and in various areas locations (such as on the street or in the centre) and they are more likely to deal with disrespect behavior (e.g. of acquaintances or company staff) and various forms of cyberbullying than heterosexual individuals. In addition, lesbian/gay persons expect more violence and bisexual people are relatively more likely to be hacked than heterosexuals. Contrary to media reports about an increase in homophobic violence, we see that in over the past five years (2012 to 2017) LGBs on average less disrespectful

behavior to experience. In addition, the percentage of lesbian/gay persons who commit violent crimes experienced decreased to such an extent that in 2017 there are no longer any differences between lesbian/gay and heterosexual persons. This development is going not up for bisexual people: in 2017 they still experience more violent crimes than heterosexual persons.

LGB's are less healthy

With regard to lifestyle, health and care use, we see some similarities between LGB and heterosexual people, but above all many differences that turn out particularly badly for bisexual persons. All groups show similarities on overweight, weekly sports participation and visits to hospitals and specialists. lesbian/gay individuals do not differ from heterosexual individuals in obesity, excessive alcohol consumption, daily smoking, cannabis use, physical-functional differences (OECD restrictions: hearing, vision or mobility impairment) and contact with psychologists. Opposite this that lesbian/gay persons are less likely to meet health standards exercise, they have used hard drugs more often, are less mentally healthy, more often had depression and more often had a poor perceived health or a have a long-term condition/illness. In addition, lesbian/gay persons also had more frequent contact with a GP in the year prior to the survey. Especially the differences in having used hard drugs and psychological ones health are significant. Bisexuals report poor lifestyle/health and the differences on almost all aspects are therefore quite large. For example, one in five bisexual people is obese, compared to one in eight heterosexuals. The percentages of bisexuals who do have used soft and/or hard drugs, are (more than) twice as high as in heterosexuals. And while 11% of heterosexuals can become mentally unhealthy and 8% had depression in the year prior to the survey, At 26% and 18%, these percentages are below those of bisexuals. Also the share bisexuals experiencing ill health and/or at least one long-term condition is much higher than among heterosexual persons. From that perspective it is not surprising that bisexuals had more frequent contact with a general practitioner in the month prior to the survey and with a psychologist in the previous year. Between 2014 and 2016 there were hardly any significant developments in lifestyle, health and health care use among LGBT and heterosexual persons. This may play a role that we only used three volumes of the Health Survey and that data over more years is needed to gain insight into the development of these habitats.

LGB employees have a worse work situation

LGB employees have a less favourable position at work. For example, they experience more undesirable behavior and conflicts. LGB's also report more burnout complaints and are less satisfied with their work than heterosexual persons. The differences between bien heterosexual workers appear somewhat larger than those between lesbian/gay and heterosexual workers. Furthermore, the differences between LGB and heterosexual employees in negative treatment and burnout do not apply to employees of large companies with more than 1000 employees. There are no noteworthy developments in negative treatment, burnout complaints and job satisfaction between 2013 and 2017, except that – especially among heterosexual employees – the percentage of employees with burnout complaints has increased.

Transgender people are in a bad position

The position of transgender people in the Netherlands is relatively poor. Persons who have a have had a change in their gender registration in the BRP implemented, have a significant worse socio-economic position than the general population. For example, they fall more often in the low income category, have less wealth and more debt, and are much less likely to own a house. Their labour market position is also less favourable; they are less likely to be an employee and more often receive benefits. Becoming transgender young people bullied much more often compared to their cisgender (non-transgender) peers, have more experience with emotional neglect or abuse at home, a lower self-esteem and more psychological problems.

Implications

The present report shows that a number of things are going well and a number of things are not. The monitoring nature of this report does not allow for empirical reasons to explain the poorer position of LGBT people in various areas. Therefore, there are no concrete recommendations on specific measures that affect their position could be improved upon. The report clearly shows in which areas (feelings of insecurity, experiences with disrespectful behavior and cyberbullying, psychological problems and the work situation) and in which groups (the differences between hetero- and bisexual persons and between trans and cisgenders seem to have the greatest problems occur, so where possible policy attention and attention from the professional field is needed to improve the living situation.

LGBT experiences with physiotherapy

Ross MH, Setchell J (2019) People who identify as LGBTIQD can experience assumptions, discomfort, some discrimination, and a lack of knowledge while attending physiotherapy: a survey. Journal of Physiotherapy 65:99–105

One hundred and fourteen participants responded to the survey, with 108 meeting all eligibility criteria. Four main themes were identified in the analysis, with almost all participants reporting experiences during physiotherapy interactions relating to at least one of the following themes: 'assumptions' about participants' sexuality or gender identity; 'proximity/exposure of bodies', including discomfort about various aspects of physical proximity and/or touch and undressing and/or observing the body; 'discrimination', including reports of overt and implicit discrimination as well as a fear of discrimination; and 'lack of knowledge about transgender-specific health issues'. Positive experiences were also evident across the first, third and fourth themes. Participants suggested or supported a number of ways to improve LGBTIQþ experiences with physiotherapy, including: LGBTIQþ diversity training for physiotherapists, education specific to the LGBTIQþ population (particularly transgender health), and open options for gender provided on forms. Conclusion: People who identify as LGBTIQþ can experience challenges when attending physiotherapy, including: erroneous assumptions by physiotherapists, discomfort, explicit and implicit discrimination, and a lack of knowledge specific to their health needs. Positive findings and participant-suggested changes offer ways to improve physiotherapy for LGBTIQþ people across educational and clinical settings.

Access to care by trans people

Feldman, Jamie L. ; Ekaprasetia Luhur, Winston ; Herman, Jody L.; Poteat, Tonia; Meyer, Ilan H. (2021). Health and health care access in the US transgender population. Andrology. 2021;1–12. DOI: 10.1111/andr.13052

Background: Probability and nonprobability-based studies of US transgender persons identify different disparities in health and health care access.

Objectives: We used TransPop, the first US national probability survey of transgender persons, to describe and compare measures of health and health access among transgender, nonbinary, and cisgender participants. We directly compared the results with 2015 US Transgender Survey (USTS) data and with previously published analyses from the Behavioral Risk Factor Surveillance System (BRFSS).

Methods: All participants were screened by Gallup Inc., which recruited a probability sample of US adults. Transgender people were identified using a two-step screening process. Eligible participants completed self-

administered questionnaires (transgender *n* = 274, cisgender *n* = 1162). We obtained weighted proportions/means, then tested for differences between gender groups. Logistic regression was performed to evaluate associations. Bivariate analyses were conducted using the weighted USTS data set for shared variables in USTS and TransPop.

Results: Transgender participants were younger and more racially diverse compared to the cisgender group. *Despite equally high insurance coverage, transgender people more often avoided care due to cost concerns. Nonbinary persons were less likely to access transgender-related health care providers/clinics than transgender men and women. Transgender respondents more often rated their health as fair/poor, with more frequently occurring poor physical and mental health days compared to cisgender participants. Health conditions including HIV, emphysema, and ulcer were higher among transgender people*. TransPop and USTS, unlike BRFSS-based analyses, *showed no differences in health or health access*.

Discussion: Transgender persons experience health access disparities centered on avoidance of care due to cost beyond insured status. Health disparities correspond with models of minority stress, with nonbinary persons having distinct health/health access patterns. Despite different sampling methods, USTS and TransPop appear more similar than BRFSS studies regarding health/health access.

3. Research on impact COVID-19 on social sectors

Legislative leadership in the time of COVID-19

Gordon, Rebecca & Cheeseman, Nic. (2021). Legislative leadership in the time of COVID-19. London: Westminster Foundation for Democracy

The Legislative Responses to COVID-19 Tracker reveals that levels of legislative engagement have varied considerably between countries. It shows that a range of innovative approaches were taken to enable legislatures to continue to function, mostly through the quick adoption of new or existing technology. However, only about half of all legislatures sat regularly, with around a third sitting irregularly, between 1 March and 1 June 2020. Just over one-tenth of legislatures had extremely limited or no sittings during this time period. Furthermore, whilst two thirds of legislatures did have direct oversight of the government's initial response, almost a third of legislatures had no direct oversight and almost a quarter have continued to play a minimal role in the policy process. This suggests that there has been limited accountability and scrutiny of government policy in numerous countries, despite the fact that initial government responses were rarely fully successful in containing the virus.

RAY: European Youth Work and Corona

RAY (Research-based Analysis of European Youth programmes) (2020). Research project on the Impact of the Corona Epidemic on Youth Work in Europe (RAY-COR). Initial Survey Findings // Data Snapshot 1, 14 August 2020.

The initial survey was English-only, and we collected 1.718 responses over a duration of six weeks, of which we have considered 938 responses as valid (essential questions answered, no repeated geometric response patterns, no speed responses). 560 valid respondents opted for the strand youth workers and youth leaders, whereas 378 respondents opted for the strand for young people participating in and contributing to youth work. (p.)

Among the key findings of this initial survey are:

• 70% of responding youth workers and youth leaders stated that the coronavirus pandemic has affected their own youth work majorly. For 23%, the pandemic affected their youth work moderately, for 6% slightly – and just below 1% said the pandemic has had no effects at all on their youth work.

• 54% of responding young people stated that the coronavirus pandemic has affected their access to youth activities or projects majorly. For 25%, the pandemic affected their youth work access moderately, for 11% slightly – and just below 10% said the pandemic has had no effects at all on their access to youth work.

• Almost all aspects of youth work have been affected majorly: youth work spaces (69%), youth work methods (52%), youth work timing (47%) and youth work tools (46%). Most organisations have seen delays and interruptions to much of their youth work – for 55% of organisations, two thirds or more of their ongoing work was delayed or interrupted. 40% of all responding youth workers see more than half of their current youth work activities at risk of being cancelled entirely.

• 9% of responding youth workers say they can still reach all young people they normally work with. 22% still reach two thirds or more of their target groups; 34% reach one third or less – and 3% say they do not reach any of the young people they used to work with.

• 74% of organisations participating in the survey had to close their office temporarily, and 20% say it is likely they will have to do so still. Budgets have been impacted severely, staff time has been cut, volunteering has decreased. For less than half of all responding youth work organisations, structural support has been available in their context. 30% of responding youth workers and youth leaders say that the support of youth work as a field so far has been somewhat inadequate, and 20% say it has been very inadequate.

• Nonetheless, 84% of responding youth workers and youth leaders say that they are addressing the pandemic and its effects in their own youth work. 29% of responding youth workers and youth leaders consider the youth work response to have been very adequate so far, and another 48% somewhat adequate. Very much in alignment, 29% of responding young people say that they consider the youth work response very adequate,

and another 40% somewhat adequate.

• A key aspect of youth work's response across Europe is striving to transfer its work to online environments. 17% of respondents say that all of their youth work has been transferred online already; 7% say that none of their youth work has been transferred yet. The vast majority of the sector lies in between these two points.

• 74% of responding young people agree that being involved in youth work gave them something meaningful to do and something to look forward to. (p. 6)

Distance learning from a student perspective

Dier-Palomar, Javier; Christina Pulido, Beatriz Villarejo (2021). Distance learning from a student perspective. NESET Ad Hoc Report (https://nesetweb.eu/en/resources/library/distance-learning-from-a-student-perspective/)

The report presents the views of children and young people regarding their learning and well-being in the context of distance education. It focuses on a general sense of well-being during school closures, students' perceptions of schooling during Covid-19 and students' perceptions of policy responses. The results of the analysis of the available secondary data on how Covid-19 pandemic and transition from face-to-face to distance education has affected the students from 20 EU Member States are presented in this report. The authors find that the lockdown measures affected children's mood, relationships with friends, motivation to study, mental and physical health, time management abilities, and their general perception towards education. The report shows that the effect the lockdown had on children depended on teachers' motivation to continue their teaching activities online, availability of the support from the family members, availability and use of digital technology, material conditions under which the children live, and how other people around the children addressed the lockdown measures. Finally, the report finds that the well-being of students with special educational needs and students from the most disadvantaged backgrounds tends to be affected by the lockdown measures more than the well-being of other students.

Educo 2021: La voz de 8.000 niñas y niños (world survey)

Reinaldo Plasencia, Clarisa Giamello y Manuel Gómez (2021). *Encuesta global 2021: la voz de 8.000 niñas y niños. El Derecho a la Educación y a la Participación post COVID-19 explicado por niñas y niños del mundo. Una exploración desde la escucha y el bienestar de la infancia y la adolescencia.* Madrid: Educo

https://educowebmedia.blob.core.windows.net/educowebmedia/educospain/media/docs/descargas/encuesta-global-covid19-informe-tecnico.pdf

Educo has activated its listening to know how girls, boys and adolescents from many parts of the world have lived their rights to education and participation during the COVID-19 pandemic. The study is based on an online survey, as first choice to be able to guarantee safety of the population and staff of Educo and its partners. It was also possible to answer by phone or directly with children in the places where it was possible. In all cases the answers have been individual and included in the form on-line. A random type sampling was applied not probabilistic and based on sampling technique for convenience, and the results are valid for the surveyed population. Between July 18 and August 23, 2021, we have actively listened 7,538 responses out of 12 countries in Asia, Africa, Europe and America. More girls have made their voice heard (53.66%) in relation to boys (45.81%); 50.73% were between 12 and 18 years, 44.75% between 6 and 11 years, and received 4.52% of responses of other ages.

The general results show that 85.36% of those who participated in the survey have been able to continue his studies through different modalities, as perceived in a Educo's previous study: “The school is closed But not learning! ”. Just over 11% have not been able to study during the pandemic; the girls, and those between 6 and 11 years old, have stated a slightly higher percentage. They could not study, above all, for the closure of schools and because the alternatives did not fit their Possibilities or no options. Girls and boys mostly prefer to study at school. The reasons are that the school allows to learn more and better, they value a lot the relationships they develop (among peers and with teachers), the possibility of playing, of having more support for their learning and that they were not prepared to replace it with other alternatives. There are also those who prefer to study from home, but it has been a much smaller group than those who they prefer school. More than 80% of those who have not been able to go to school in whole or in part have said that they miss her. From the survey it appears that girls tend to miss school in greater proportion. There are also those who do not They miss school, but it's a percentage much less. A better school in the future is a very wish marked for girls and boys and, above all, for who are between 12-18 years old. Instead, the group between 6 and 11 years old privilege the to be able to return to his school as he was before, but in their explanations they coincide a lot with what those who want a better school say.

The school they want has been described with a lots of details. In short, it is a school where you can learn more and better, but that allows them an educational experience where relationships, play, leisure and enjoyment of school experience is also possible. On the Right to Participation during the pandemic, just over 48% feel they have been listened to and taken into account. Yet other answers and free opinions lead us to think that it is possible that understanding of what this right means is less clear or profound for childhood, in comparison with other rights such as law to education. In this sense, a significant group did not understand the question or preferred not answer. The proposals of girls and boys to improve the participation are remarkable, especially from the family, school, community and local governments, but the high frequency of answers saying they didn't know what to answer or did not say anything to improve their participation, we alerts to the importance of activating listening and analyze the data based on each context to find the right answers.

Based on the results it is recommended that, If we want to educate from the root, we must promote a school where they can be and do what they have reasons to value. It is detailed in this report, based on the statements of girls and boys, what are the necessary conditions to make it. Regarding the Right to Participation, to change what hinders the enjoyment of this right there is to go where the girls and boys are, understand their context, and accompany them so that they can participate in what they have reasons to assess. Therefore, it also implies educating from the root in participation issues. Finally, we consider it necessary to analyze these results according to the context of each country, delve into the most important issues by other avenues beyond the survey and ensuring in at all times the safety and best interests of childhood. This would be a way to activate even more our

listening, educating ourselves, influencing other actors key and to be able to improve our actions in favor of childhood, their rights and well-being.

Recommendations:

ı It is about going back to school, but to a better school. This demand is very marked, but those between 12-18 years old make it noticeable a little more.

ı The description of that desired school is very similar among those who aspire to an equal school than before and who clearly want a better school.

ı That better school is to learn in a better way, but also a place to be and to be, a space of freedom to develop and where there is leisure and play.

ı A school where learning and quality relationships and without violence go together, either with their peers or with adults.

ı A school where participation is natural, learning requires reasoning and it is impossible to do so meeting standards without question.

ı A school integrated into the digital world, the use of technology has not replaced the experience of school, but gives value to the face-to-face learning experience. They don't have to keep seeing each other as options that substitute one for the other according to the context, they have to coexist and enrich themselves.

ı This school requires a more competent, stimulated, empathetic and capable teachers positive relationships.

ı A school where health and hygiene must continue to be present, not only because of COVID-19, but because they are always necessary and there is more awareness about it, including mental health. The childhood wants to educate itself and educate others on these issues.

ı A school that does not move home, and not only in times of pandemic, but every day with endless homework for some students who have a school that somehow equates them in opportunities to learn, but when each one returns home they find very different conditions. School and home can complement each other very well, one does not replace the other and they have to live together and enrich themselves.

ı A better school without forgetting that there are lack of resources everywhere, but those that exist, and those that are additionally sought, need to be used also thinking about what it tells us childhood. They give importance to what is most prioritized: infrastructure, but they expand it speaking of adequate bathrooms, libraries, spaces for games, sports, recreation and with environments connected to nature.

ı If we want to promote education from the roots, we must promote a school where they can be and do what they have reasons to value.

4. Political statements on LGBTI and COVID-19

Joint Statement for HRC

Human Rights Council (2020). Joint written Statement for Agenda item 3 of the the Forty-fourth session(A/HRC/44/NGO/X) (4 June 2020)

Right to health

The pandemic exacerbates existing challenges in access to health by LGBTI persons, who often face obstacles in accessing this right due to stigma, discrimination, pathologization, and criminalization of same-sex conducts and/or diverse gender identities.

LGBTI persons suffer from higher rates of underlying health conditions than the general public2, which have shown to exacerbate the morbidity and mortality rate of those contracting COVID-193. Of grave concern are older LGBTI people who fall under multiple risk categories, are more susceptible to suffer mortality from contracting the virus, and may not have access to financial security, basic healthcare, or family and support systems.

Gender-affirming medical care may be deemed non-urgent and postponed or cancelled in the light of COVID-19, imposing serious threats to the right to health of trans and intersex persons. Delays or interruptions of hormonal therapy and surgical aftercare for previously-conducted surgeries can lead to infection, chronic pain and hormone imbalances. These physical consequences are coupled with psychological effects, including anxiety, depression and self-harm4. The reallocation of health resources has also created or exacerbated shortages of antiretrovirals for those living with HIV/AIDS, and restricted access to contraception and abortion services.

LGBT people, and intersex people in particular, are exposed to revictimization due to prior experiences of torture and ill treatment in medical system. (p.3)

Rise of stigma and discrimination and scapegoating of LGBTI persons

LGBTI people have been scapegoated by public and religious figures and blamed for the pandemic, and that results in increased animosity, stigma, and violence against the community and those that defend their rights. Reports of social and State-sponsored discriminatory acts have been raised in different regions, including Asia7, Africa8, Central9 and North America10 and Europe11. (p. 4)

LGBTI asylum seekers are reporting increased discrimination, prejudice, resentment, fear of mass transmission rates and death due to overcrowded camps and inadequate living conditions. Border closures are preventing those facing danger or persecution based on SOGIESC from accessing safety, while countries are scapegoating immigrants as vectors of COVID-19 to implement hardline migration policies or threaten refoulement. Suspension of resettlement processes forces LGBTI refugees and asylum seekers to stay in detention, or hostile host countries, where they face homophobic or transphobic violence. (p. 4)

Housing

Further, the lack of access to housing and shelters is forcing LGBTI persons into hostile environments during social distancing and lockdown measures, exposing them to domestic violence16. Situations are worse in countries where SOGIE are directly or indirectly criminalized, limiting access to justice or support for fear of persecution. Children and adolescents are particularly vulnerable. (p. 5)

Work

The LGBTI community is overrepresented in the informal sector, facing various barriers in accessing social services and being more vulnerable to the loss of income. (…) Workers in informal sector or precarious employment face barriers to reporting or accessing redress for discrimination and harassment and unfair termination based on SOGIE. LGBTI people, especially sex workers, experience barriers in accessing social services, face drastic impacts on their livelihood and wellbeing, and may be forced into unsafe situations to cope with financial instability. With the loss of income and without savings, social security or aid these persons often lack access to food, water and sanitation. (p.5)

Report by UN Independent Expert

Victor Madrigal-Borloz (2020). Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz. Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic. UN General Assembly, Seventy-fifth session, A/75/258 (28 July 2020)

Stress and isolation

In the context of the pandemic, stay-at-home directives, isolation, increased stress and exposure to disrespectful family members exacerbate the risk of violence,[7] with a particular impact on older persons and youths.[8] For the latter, being at home – possibly sharing computer equipment and small spaces[9] – increases the risk of being "outed".10 (p.4-5)

While research suggests that, in certain contexts, up to 40 per cent of lesbian, gay and bisexual persons live alone,[12] older LGBT and gender-diverse persons are even more likely to live alone and to experience social isolation and frequently report poorer physical health outcomes. They are reportedly less likely than their peers to reach out to health and ageing services providers, such as senior or meal centres, because of fear of discrimination and harassment,[13] or because of costs that are prohibitive.[14] Family rejection and limitations in the recognition of certain forms of families, and limited access to assisted reproduction techniques, mean that often older LGBT and gender-diverse people are more likely to rely on chosen family for caregiving support. These factors combined can leave older LGBT and gender-diverse people in precarious situations with regard to housing security and can increase the likelihood of the need for formalized social care.[15] (p.5)

Violence is clearly not only physical but also psychological. Owing to socioeconomic instability, the inability to leave abusive environments and aggravation of anxiety and other pre-existing conditions related to mental and emotional well-being, LGBT and gender-diverse persons have suffered a significant impact from the pandemic. An Eastern European organization, for example, reported increased demands for psychological assistance, in some cases doubling,[23] in the Republic of Moldova, the Russian Federation and Georgia; in the Islamic Republic of Iran more than 85 per cent of the respondents to a survey reported deteriorating mental health,[24] and a service providing mental health support in Belgium reported a four-fold increase in instances in which the caller was contemplating suicide.[25] (p.6)

Political violence

The use of LGBT lives as scapegoats and fuel for hatred has also been apparent in responses to the pandemic. Around the world, LGBT and gender-diverse people, as well as advances in LGBT rights, have been blamed for natural disasters, and COVID-19 is no exception, with some religious and political leaders scapegoating LGBT and gender-diverse people; as UNAIDS has stated, the latter "are being singled out, blamed, abused, incarcerated and stigmatized as vectors of disease during the COVID-19 pandemic."[30] Stakeholders all over the world have reported that the pandemic has been instrumentalized through discriminatory language, and there have been many statements by religious and political leaders blaming the pandemic on the very existence of LGBT persons, their families or their social groups and institutions.[31] 21. To give just a few examples, the Independent Expert received information on such statements in at least 12 European countries[32] including Ukraine[33] and Georgia[34], in Turkey[35] and Iraq,[36] Ghana,[37] Liberia[38] and Zimbabwe[39] and in the United States of America.[40] Nor can the role of social media be ignored. In Malaysia, a social media post claiming that COVID-19 is a punishment from God because of the LGBT people and associated "immoral" acts went viral, with over 30,000 shares, influencing local opinion and leading to a rise in anti-LGBT rhetoric.[41] (p.7)

There is significant consensus[42] that the consequences of the pandemic are exacerbated in the case of trans persons,[43] in particular given that in most countries in the world no legal gender recognition is in place. The absence of identification documents matching identity and gender expression is an immediate risk factor, and in some cases will result in refusal of humanitarian assistance.[44] It was reported in one submission[45] that, in India, the central Government had issued several relief packages; however, access to identification is a prerequisite for receiving the relief support and food rations and since many transgender people do not have this, the public relief was unavailable to them.[46]

In countries where judicial services were limited to those deemed "essential" during the pandemic, legal gender recognition processes were generally stalled owing to being classified as "non-essential,"[47] and in general the Independent Expert has received numerous reports of the connection between the lack of legal gender recognition with problems of access to goods and services and even the ability to travel safely outside of the home in contexts of increased policing, or to leave one's house when gender-based curfews are imposed.

The pandemic has in some cases been utilized as a reason for issuing restrictive legislation with no evident connection with health concerns: the Independent Expert has engaged the Government of Hungary, for example, to express its concern over a legal amendment that prohibits trans persons from legally changing their gender.[48] Certain major legislation, utilizing the excuse of the pandemic, has included provisions increasing penalties for HIV exposure, non-disclosure and transmission – thereby exacerbating stigma against persons living with HIV.[49] (p.7-8)

Poverty

In general, LGBT and gender-diverse persons are disproportionately affected by poverty,[50] and will as a consequence experience an equally disproportionate burden during the pandemic. For example, a recent survey carried out by a civil society organization in Bangladesh found that 86 per cent of respondents had no savings and 82 per cent had earned no income in the weeks before the survey.[51] Other sources document that trans persons are commonly trapped in the multiple loaning systems, with money borrowed from private money lenders.[52]

Research suggests that, even before the pandemic, in certain contexts one in three LGBT persons experienced food insecurity at any given time, with 66 per cent of those identifying as female.53 Poverty also lies behind the generally poorer outcomes for LGBT persons in all sectors interacting with pandemic response and recovery.54 For example, while being able to afford and access medical care is essential to testing for COVID-19, as well as treating the symptoms of the disease, a recent study in the United States55 determined that LGBT persons are more likely than their peers to lack health coverage or the monetary resources to visit a doctor, even when

medically necessary; 17 per cent of LGBT persons do not have any kind of health insurance coverage, compared with 12 per cent of the general population; while 23 per cent of LGBT adults of colour, 22 per cent of trans adults, and 32 per cent of trans adults of colour have no form of health coverage. The same study found that one in five LGBT adults have not seen a doctor when they needed to because they could not afford it. Black LGBT adults (23 per cent), Latinx LGBT adults (24 per cent) and all transgender women (29 per cent) are most likely to have avoided going to the doctor because of costs. (p. 8-9)

Health

As previously established by the mandate holder, LGBT persons are in general facing significant health disparities and poorer health outcomes, with concerns that could be classified under three main headings:

(a) **Social disparities placing LGBT persons at greater risk of contracting COVID-19**. For example, a rapid survey in Indonesia found that 90 per cent of trans women surveyed were at high risk of contagion owing to their living conditions in slums and cramped areas and their work involving interaction with other people;[57]

(b) **Physical and mental health disparities placing some LGBT persons at greater risk of severe health consequences**. For example, a 2017 Centre for American Progress survey found that in the United States 65 per cent of LGBT people have a pre-existing health condition, such as diabetes, asthma, heart disease and HIV, and other research shows that LGBT people across the age spectrum are more likely to smoke and vape, and to have substance use disorders, all of which could increase their vulnerability to COVID-19-related complications and fatalities.[58] Men who have sex with men and trans women are key populations within the population living with HIV, and while there is no conclusive evidence that persons living with HIV are more vulnerable to acquiring COVID-19 or suffering greater consequences than those not living with HIV, the experts' working theory is that persons with a high HIV viral load and low CD4 counts may be more susceptible to negative COVID-19 outcomes.[59] It thus follows that disruptions in HIV care must be avoided and, where they have occurred, must be reversed. However, it is reported throughout the world that access to HIV care and services have also been impacted: a recent global survey involving 2,732 respondents from 103 countries revealed that 23 per cent of participants living with HIV indicated that they had lost access to HIV care providers as a result of COVID-19 social isolation measures, and only 17 per cent reported that they were able to communicate with their providers via telemedicine;[60] disruptions in service were reported to the mandate from all regions of the world.[61] Multiple submissions documented the concern, even before COVID-19, about stock-outs of antiretroviral drugs and HIV services, which have been intensified.[62] In many places, health care for LGBT communities is delivered through informal networks or a hybrid between community-driven care and official clinical care. It was reported in several submissions that people living with HIV, including LGBT people, struggled to access their medication as their points of medication distribution and medical attention have typically been government-designated as COVID-19 centres, meaning that immunocompromised people would be taking extra risks to go there to collect medication,[63] or deprioritized;[64]

(c) **Historical and continuing discrimination that make accessing inclusive health care, support, services and information, and interacting with law enforcement, more challenging**. A recent report found that, in the Russian Federation,[65] six trans people who had become sick with coronavirus-like symptoms had not sought care, but were isolating in their homes, and in Cambodia, where many individuals travel to neighbouring Thailand to receive treatment, this has been unavailable owing to border and travel restrictions.[66]

29. Access by trans and gender-diverse persons to gender-affirming care was cited in several submissions as a particular concern.[67] Before the pandemic, waiting periods were already very long and care has either been

further delayed[68] or made completely unavailable, including in cases where the continuation of ongoing treatment and support was vital.[69] A recent report indicates that 14 interviewees from 12 European countries specifically cited concerns about accessing hormones and other gender-affirming care, which, in some cases, have now been deemed "non-essential." Pre-existing challenges to accessing hormones are also now amplified.[70] (p.9-10)

Shelter

The loss of shelter is a cause of particular concern for LGBT and gender-diverse persons.[71] As noted by the Independent Expert, the scarce data available suggests that LGBT persons are represented in homeless populations at twice the rate of their presence in the general population,[72] which disproportionately results in further exclusion, criminalization and stigma.

LGBT community members that are already homeless found themselves in an especially precarious position because, while their chances of finding even short-term employment and temporary housing solutions decreased drastically, they were compelled to rely on social housing and shelter programmes that were not safe for stigmatized communities.

During the pandemic, homelessness or life in crammed communal spaces also creates health concerns, or the dilemma of being compelled to return to hostile families and communities where persons have to relive experiences of harassment, abuse and violence.[73] (p. 10-11)

Employment

Most submissions to the Independent Expert made reference to employment as a major factor of impact during the pandemic. For one, LGBT and gender-diverse persons employed in the formal sector are more likely be employed in industries highly disrupted by the pandemic,74 such as restaurants and food service, retail, grooming, public sector education, hospitals and sex work. In a recent global survey of 2,732 gay men, 11 per cent reported losing their employment as a result of the pandemic and 40 per cent anticipated a reduction of 30 per cent or more in their income;75 and in Georgia about one third of respondents in a survey reported having lost their jobs.[76] Many LGBT and gender-diverse persons rely disproportionately on the informal sector for income.77 Many submissions underlined the particular concerns of trans women, carrying out sex work or other types of informal work,78 who will therefore experience an extreme impact from the crisis, while remaining at risk of harassment and violence. (p. 11)

Asylum seekers and refugees, migrants

As the world came to the realization of the risks posed by the pandemic, States adopted unprecedented measures of border closure and stringent limitations to cross-border travel. As noted in one submission,[81] risks range from exacerbated homophobia and stigmatization that could lead to a regression in refugee and asylum policy to the intensification of violence against LGBT and gender-diverse persons in countries of origin, and the ominous risk that COVID-19 may gain a foothold in refugee camps with, in many instances, cramped living conditions with little possibility for physical distancing and which are poorly served in terms of basic health, water and sanitation services.

LGBT migrants find themselves at the intersection of different forms of stigma and exclusion and often do not have access to minimal protection against contagion. Overcrowding in centres is also compounded by the fact

that patterns of violence and discrimination on the basis of sexual orientation and gender identity are reproduced therein.[82] (p.12)

Good practices

The Independent Expert received information[94] to the effect that good practice of inclusion in State response can be attributed to three factors: (a) long-term engagement of civil society organizations with political actors, (b) political will – in particular from local officers – to ensure better governance through inclusion, and (c) the building and nurturing of trustworthy relationships between LGBT groups and local governments over time. The Independent Expert has received information on good practices that are encouraging signs of innovation and diligence. For example, the call by the Prime Minister of the Netherlands for young people to submit proposals and critiques of the pandemic response – accompanied by the offer that those with the most inspiring proposals will meet with him – [95] and processes of consultation reported by several States, including Argentina and Spain,[96] gathered specialized input from civil society organizations. (p. 14).

(a) **Food, shelter and other basic goods and services**. Most organizations that operate locally have dedicated themselves to providing food for persons in need,[98] money to pay for their shelter[99] and other basic goods, both directly and through the creation of physical and virtual meeting spaces to cater for supply and demand. In Brazil a "solidarity map",[100] created to track initiatives providing support, is focused on the distribution of food and personal hygiene supplies, but some locations also offer mental health support and legal and administrative assistance for social security benefits. In France and Belgium, collectives provide accommodations for LGBT youths who have been rejected by their families or are facing other forms of discrimination.[101] In South Africa, organizations are assisting LGBT migrants and asylum seekers who do not have access to food, government aid or other forms of essential goods.[102] In El Salvador, an organization is monitoring and tracking LGBT individuals who have been incarcerated to provide support to them where possible.[103] In Mexico[104] and Kyrgyzstan, shelters were created for LGBT persons facing violence and discrimination in their households during the pandemic; (p.14)

(b) **Employment**. Some organizations have dedicated their efforts to the creation of entrepreneurship platforms, self-employment opportunities or linkages with corporate jobs;[105]

(c) **Health**. Given limitations in access, organizations have put together resources to facilitate people's access to advice and medicine. A Russian Federation organization,[106] for example, reported having organized online space for free-of-charge endocrinologist consultations on hormonal therapy for transgender people, and it was reported[107] that civil society organizations were providing mental health support in contexts as diverse as France, Slovenia,[108] Greece, the Russian Federation, the Netherlands, Nigeria[109] and Bulgaria.[110] In Ireland, numerous NGOs are providing remote and online services such as health-care recommendations and resources, self-care and support groups, as well as educational initiatives;[111]

(d) **Resources**. Organizations in all regions of the world have released guides on how LGBT individuals can protect themselves,[112] also including helplines for psychological support. These include the provision of psychosocial support, but also hotlines for persons experiencing loneliness;[113]

(e) **Working methods**. LGBT civil society has been extraordinarily effective in transitioning to online meeting models.[114] A positive aspect of this process is that it has made it necessary to explore the possibilities of online activity. Capitals or big cities are usually the only place in a country where there are regular LGBT events, so online activities are a significant step towards community organizing on a national level;[115]

(f) **Online resources**. The creation of online resource hubs[116] through which persons can meet, obtain information and exchange information and support. For example, a well-known LGBT organization in the Netherlands maintains an updated list of available resources on its website, which has become highly popular.[117] The active adoption of online services by civil society is reported across the globe. In particularly difficult contexts, online events may be even more secure than in-person events and enable LGBT and gender-diverse people in rural and remote areas to participate;

(g) **Solidarity networks**. In several contexts in which persons fear for their integrity if going out (as is the case with gender-based quarantine), some organizations have recruited volunteers to do their shopping.[118] A Swedish NGO organized safe outdoor activity for older LGBT people on a weekly basis;

(h) **Awareness campaigns**. Campaigns have also been deployed to underscore certain general messages among the LGBT community, including campaigns that (<<<p. 15, page 16 >>>) encourage people to date online but to postpone dating in person;[119] and dating applications have proven to be excellent platforms for dissemination;

(i) **Monitoring and reporting**. There have been myriad efforts by international civil society to assist the LGBT community, States and other stakeholders, including significant efforts to provide evidence through data collection and research. Most, if not all of these studies, are part of the knowledge base consulted in the preparation of the present report. A careful reading of these publications led the Independent Expert to the conclusion that many are reflective of good and best practice, as shown in the quality of the methodology, the participative and victim-centred approach taken in their preparation and the quality of their findings;

(j) **Emergency funds**. Some organizations also focused their efforts on the creation of emergency funds. Through these, thousands of grant requests were processed and reached organizations operating locally and requiring quick solutions to immediate challenges. The Independent Expert is convinced that this work protected LGBT movements from what would otherwise have been an immediate and catastrophic collapse and provides tangible evidence of the vital contribution of the organizations that work as the pivotal points of these networks, in close contact with all stakeholders, including the international community and the United Nations. Rapid response mechanisms must be supported as long as the need for them remains as a consequence of the pandemic. At the same time, rapid response funds that are indispensable measures during the crisis cannot be considered as substitutes for strategic support to civil society and to the sustained, medium-term and long-term work of human rights defenders on the ground. As time passes and the anomalies created by the pandemic continue, and it becomes evident that significant parts of them will become an integral part of what has been called “the new normal”, the need to reconceptualize the design and management structures of cooperation activities, continuity and outcome mapping of global and regional work, continued support for local community-based organizations (and, in particular, for their strategic planning and execution capacities), equal access to financing for all and continued democratization of international cooperation activities remain indispensable components in the human rights agenda. (p.17)

The support system that exists within the LGBT movement is an extraordinary asset for humankind – and is acting to fill States’ shortcomings. It must therefore be supported wholeheartedly by all in the international community and at the regional and national levels. (p.17)

Several submissions to the Independent Expert[121] underlined deep concern as to the continued ability of civil society to carry out this fundamental work: in a context where the active shrinkage of civil society spaces was already a concern, there are fears that the pandemic creates an existential threat to LGBT movement-building and organizational survival. Some organizations clustered and classified the challenges identified within the work of the LGBT community during the pandemic in their submissions to the Independent Expert:

(a) Physical distancing, which raises significant challenges to the provision of assistance to the most vulnerable members of the community;

(b) Fewer chances to connect safely and securely;

(c) Limitations in the use of public and community space, which make it more difficult to implement programmes, maintain visibility and raise funds;

(d) The impossibility of meeting donor expectations or commitments in a context in which it is impossible to implement activities;[122]

(e) The risks of burnout and lack of self-care;

(f) The risk of shifts in donor priorities from LGBT movement-building priorities and community needs. In particular, some[123] expressed concerns about the redirection of funding towards response and recovery activities. (p.18)

Needed political measures

The Independent Expert considers that three fundamental processes must be continued or put in place: (p. 18)

1. a political decision to acknowledge and embrace diversity in sexual orientation and gender identity;
2. the adoption of decisive measures to deconstruct stigma and
3. the adoption of evidence-based approaches for all State measures.

Concretely:

A. Giving visibility to lesbian, gay, bisexual and trans (LGBT) and gender-diverse lives in public policy (p. 19)

B. Deconstructing stigma and protecting lesbian, gay, bisexual and trans (LGBT) and gender-diverse persons from violence and discrimination (p. 20)

C. Involvement of lesbian, gay, bisexual and trans (LGBT) and gender-diverse organizations in designing State response (p. 22)

D. Evidence-based approaches (p. 22)

Recommendations (p.23-25)

FRA 2021: COVID-19 and human rights

FRA: European Union Agency for Fundamental Rights (2021). THE CORONAVIRUS PANDEMIC AND FUNDAMENTAL RIGHTS: A YEAR IN REVIEW. Vienna: European Union Agency for Fundamental Rights (https://fra.europa.eu/en/publication/2021/coronavirus-pandemic-focus)

LGBT People (p. 28-29)

The pandemic compounded challenges for lesbian, gay, bisexual, trans and intersex (LGBTI) persons, who are protected against discrimination under Article 21 of the EU Charter. In April, the OHCHR drew attention to COVID-19's impact on LGBTI people and their rights. It underlined issues such as limited access to health services; stigmatisation, discrimination and hate speech, and even being blamed for the pandemic; increased risk of violence; and difficulties in accessing the labour market and social assistance services and benefits.[118]

Also in April, ILGA-Europe sent an open letter to the President of the European Commission, urging the Commission to keep equality for all at the core of EU policies.[119] It warned, for example, that young LGBTI people were particularly at risk, finding themselves trapped in hostile, locked-down family situations.

In June, ILGA-Europe published a rapid assessment report presenting evidence of the impact of COVID-19 on LGBTI people, organisations and communities in Europe and Central Asia.[120]

Intersex people face a highly increased risk of being unable to access healthcare because of their medical history, even when infected with COVID-19, the Organisation Intersex International Europe (OII Europe) found in an online survey. Most respondents (62 %) said that their mental health had deteriorated and 21 % that they had experienced a relapse into a previous mental health condition as a result of the pandemic.[121]

For more information on the rights of LGBTI persons, see Chapter 3 in the *Fundamental Rights Report 2021*.

5. Good practices COVID-19 and LGBTI

LGBTQ health curriculum for medical residents Toronto

McGowan, Sparrow (2020). U of T develops LGBTQ+ focused health curriculum for medical residents. University Affairs.ca, 15 July 2020

While the curriculum covers areas the researchers identified as specific knowledge gaps, such as hormone therapy and sexually transmitted infections, Ms. Schreiber says its primary goal is to provide a broader understanding of the range of issues facing LGBTQ+ patients. "We wanted to make it clear that in order to solve systemic issues you need to reroute how you think about the medical process and how you think about the medical model," says Ms. Schreiber. The traditional medical model views the patient as an object whom the doctor, "like a scientist, dispassionately evaluates the patient and extracts their symptomatology and then gives them a diagnosis," she says. "But if you're working to solve health disparities that are caused by social forces, that medical model is going to be insufficient."

The new curriculum will be presented in the form of a workshop to U of T's second-year residents, all of whom are likely to have experienced varying levels of education on LGBTQ+ health.

How LGBTQ youth can cope with anxiety and stress during COVID-19

Dole, Tia (2020). How LGBTQ youth can cope with anxiety and stress during COVID-19. Blog 26-3-2020 West Hollywood: Trevor project (https://www.thetrevorproject.org/2020/03/26/how-lgbtq-youth-can-cope-with-anxiety-and-stress-during-covid-19/)

What can you do to manage all of these intense emotions?

1. **Non-judgmental stance.** Do not judge yourself or your reactions. You are allowed to feel your emotions without "shoulding" on yourself.

2. **Disconnect.** Find time each day to disconnect from screens. I mean ALL screens. No phone, iPad, computer or TV. Use this time to center yourself without input from other people.
3. **Connect.** Schedule online time with people with whom you have healthy connections. Even a 10 minute conversation can be helpful.
4. **Educate yourself.** You may have special circumstances regarding housing or transitioning. Look for local resources to help you find out your rights and what you can do. Educate yourself about COVID-19 and try to use more mainstream sources like the CDC. Having actual information will decrease your anxiety.
5. **Find calm.** Figure out what works for you to find calm – music, working out, connecting with people, drawing, etc. You may want to alternate these activities because they may become less effective if you rely on them too heavily.
6. **Set a schedule.** Having a schedule for the day provides structure and some degree of certainty in your life.
7. **Go outside.** You can go outside! Even if you are an indoorsy person, being outside for fresh air will do wonders for your mood. Obviously, you want to maintain six feet from other folks, but you are allowed outside. Try to find time every day!
8. **Find the little things.** You don't have to do anything major to feel better. Sometimes it's the small things that help the most, such as taking a moment to enjoy the candy you are eating, listening to the birds, or the excitement of a new game. There are many small moments in the day. Try to find a few.
9. **Get help.** You are not alone. We are here for you at the The Trevor Project, 24/7. There are also other resources including online psychotherapy and support. Rules around telehealth have been relaxed in this crisis, and it is *easier than ever* to find a clinician to see you online. There are also apps that could be helpful to you.
10. **Don't give up.** This will pass. Just like any emotion, all of the ones above will reach a peak and subside. Engage in your wellness strategies, reach out to someone (we are here!), or talk a walk. The human body was not meant to maintain intense negative emotions. If you ride out the wave, it *will* diminish. As humans, we are pretty predictable in that way.

We know that you are feeling a ton of emotions every day, and that some days might feel harder than others. We are here for you no matter what, and you can be there for yourself, too!

Tia Dole (she/her), Ph.D.
Chief Clinical Operations Officer
The Trevor Project

Gay Community Contact Tracing

Simmons-Duffin, Selena (2021). How A Gay Community Helped The CDC Spot A COVID Outbreak — And Learn More About Delta. NPR, 6 August 2021, https://www.npr.org/sections/health-shots/2021/08/06/1025553638/how-a-gay-community-helped-the-cdc-spot-a-covid-outbreak-and-learn-more-about-de?utm_campaign=storyshare&utm_source=facebook.com&utm_medium=social&t=1628348474291

A data scientist working in tech, Michael Donnelly became an amateur COVID-19 watcher early in the pandemic. When his vaccinated friends started getting sick following July Fourth festivities in Provincetown, Mass., he documented more than 50 breakthrough cases that ultimately led the CDC to changing its guidance on masking.

Using ICT for HIV-prevention and care

Walsh, Christopher, S. (ed.) (2015). Transforming HIV prevention & care for marginalised populations: Using information & communication technologies (ICTs) in community-based & led approaches. Digital Culture & Education (DCE)

This pre-COVID-19 compendium of 347 pages provides 20 articles on good practices in offering HIV-prevention and care for marginalized communities. In the context of the collection of the data for these good practices, a technical consultation was done as well. The nine recommendations from this consultation were:

1. Develop targeted content that specifically addresses transgender people's needs

2. Foster intersectoral collaboration

3. Understand the strengths and limitations of virtual and physical spaces and identify opportunities to incorporate both into HIV programs

4. Present the human face of HIV

5. Think of health providers as users too

6. Improve monitoring and evaluation for ICT programs

7. Know the audience

8. Respect and protect

9. The time to prioritise ICT is now

Cultural Humility: A Way to Reduce LGBTQ Health Disparities

Sprik, Petra; Gentile, Danielle (2020). Cultural Humility: A Way to Reduce LGBTQ Health Disparities at the End of Life. American Journal of Hospice and Palliative Medicine, Vol 37, Issue 6, 2020.
https://doi.org/10.1177/1049909119880548

Sexual and gender minorities experience disparities throughout the life course. These are especially detrimental at the end-of-life and can include disenfranchised grief, homophobia and transphobia from medical staff, and forced outing. The best healthcare training approach to ameliorate health disparities is debated. Cultural *competency* trainings for clinicians have been commonly proposed by major medical institutions and certifying bodies to ameliorate lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) health disparities. However, cultural competency trainings have limitations, including (1) false competence, (2) measurement issues, and (3) ecological fallacy (i.e., assuming individuals conform to the norms of their cultural group). The purpose of this commentary is to describe the limitations of cultural competency training and argue for healthcare systems to implement cultural *humility* trainings as a way to reduce LGBTQ health disparities at the end-of-life. The strengths of cultural humility training include focus on (1) individuals instead of their cultural groups, (2) self-reflection, and (3) active listening. While there are challenges to implementing cultural humility trainings in the health-care system, we assert that these trainings align with the aims of healthcare systems and can be an essential tool in reducing LGBTQ health disparities. We suggest practical components of successful cultural humility trainings including leadership buy-in, appropriate outcome measurements, multiple training sessions, and fostering a safe reflection space.

Preventing suicidality among Dutch LGBT youth web-based intervention ZONMW

Project Preventing suicidality among Dutch Lesbian, Gay, Bisexual and Transgender (LGBT) youth through a web-based intervention addressing suicidality in relation to sexual and gender identity issues (2017-2022)
https://www.zonmw.nl/nl/onderzoek-resultaten/gezondheidsbescherming/programmas/project-detail/preventieprogramma-5/preventing-suicidality-among-dutch-lesbian-gay-bisexual-and-transgender-lgbt-youth-through-a-web/

Lesbian, gay and bisexual (LGB) youth commit suicide 3 to 5 times more often than heterosexual youth; transgender (T) persons are 5 to 10 times more likely to have suicidal thoughts. Target A web-based intervention to prevent suicidality among LGBT youth will be developed in collaboration with healthcare professionals and volunteers, LGBT youth and their parents, based on existing effective online and face-to-face modules. Result It is expected that the intervention will enable LGBT young people to better cope with stress about their sexual and gender identity, thereby reducing suicidal thoughts and improving mental health. In addition, the project will deliver:

- A web portal with information for parents of LGBT youth
- Four scientific articles and a dissertation
- A report on the web-based intervention
- A protocol for online treatment
- Two articles for healthcare professionals
- A symposium

Dr. L. Baams Rijksuniversiteit Groningen

The RAD Australia user-driven online LGBTI health directory

Byron, P., Rasmussen, S., Wright Toussaint, D., Lobo, R., Robinson, K. H., & Paradise, B. (2017). 'You learn from each other': LGBTIQ Young People's Mental Health Help-seeking and the RAD Australia Online Directory. https://doi.org/10.4225/35/58ae2dea65d12

The project culminated in the development of the e-tool prototype, RAD Australia – a user-driven online directory to support both LGBTIQ young people's mental health wellbeing, and the referral processes of health and community workers. While focusing on LGBTIQ young people, this report emphasises the needs of trans, gender diverse, and intersex status young people because it was found that they face greater barriers in accessing adequate mental health care, and have fewer existing digital tools that can respond to their experiences and needs. From speaking with young people, members of the LGBTIQ support sector, and health professionals, we found that many informal channels of information-sharing and support exist for LGBTIQ young people and their health service providers. This is important and will continue, but the development of a central point of information for support, referral and review of health and community services can supplement this. As a user-led online directory through which young people can share details of supportive services and community spaces with their peers, RAD Australia connects to an existing culture of peer referral and provides greater access to a wider population of LGBTIQ young people. Because peer referral is highly regarded and trusted by many LGBTIQ young people, RAD Australia has the potential to improve access to professional health services for young people seeking this. Young people participating in our research noted the need for a broader approach to mental health and wellbeing that does not solely focus on mental health services. The directory will therefore include LGBTIQ-

friendly sites that are not limited to the health sector, but which encompass community services and a range of other safe spaces and peer-based communities.

Key findings from our research

- Most young people surveyed felt it was necessary to discuss one's gender, sexuality or intersex status with health professionals (76%), yet only 46% reported good experiences in doing so, and 41% said they had not discussed these matters with health professionals. This suggests a discrepancy between participants' beliefs and practices about identity disclosure with health professionals.
- Reported barriers to LGBTIQ young people attending health services included fears of homophobia, transphobia and other discriminations, judgemental responses to one's situation or identity, gendered assumptions, concerns around confidentiality, and difficulties with trusting health professionals.
- A need exists for mental health services to be more welcoming and open about their ability and willingness to discuss issues of LGBTIQ diversity, particularly relating to trans and non-binary genders, and intersex young people.
- Health professionals require access to more information about LGBTIQ young people's needs, especially the needs of trans and non-binary gender diverse young people.
- LGBTIQ young people have more positive experiences in seeking help when they can exercise greater self-determination of their mental health status and needs.
- Health professionals can improve LGBTIQ young people's experiences of mental health help-seeking by encouraging them to outline their needs for discussing gender/sexuality/intersex status or not, taking these on board, and addressing young people using their preferred names and pronouns.
- Assumptions and expectations of some health professionals can marginalise and damage rapport with LGBTIQ young people. This can be reduced when health professionals accept that not everybody has gender certainty or a common sex/gender narrative, and that expecting this can complicate their interactions with some young people.
- Empowerment and confidence for mental health help-seeking is often achieved through peer and friend-based discussion and information sharing, and this should be supported by health professionals and service providers where possible.
- Digital technologies can improve LGBTIQ young people's access to mental health support, but should not stand in place for 'real time' interactions with health professionals and community service providers.

Key findings that informed the development of RAD Australia

- When LGBTIQ young people were asked how they and their friends most commonly accessed information relating to mental health, the most commonly selected response was *Online by using a search engine or Wikipedia* (74%). This was followed by *Friends* (56%), *Online from a mental health service or information site* (51%), *Other health services* (22%), *Family* (19.5%), and *Other* (16%). The most common other sources were social media, school, and health professionals. This demonstrates that young people are using multiple methods for mental health help-seeking, and that support is commonly sourced online.
- Service providers have varying strengths and weaknesses in terms of meeting the needs of LGBTIQ young people with diverse sexual orientations, gender identities and lived experiences. A resource that gives service consumers the power to discern these strengths and weaknesses in service provision is important.

- Young people identified the potential of an e-tool that could not only list LGBTIQfriendly health services, but in taking a broader approach to mental health and wellbeing, could list LGBTIQ-friendly and safe spaces beyond these, including cafes and hairdressers.
- Technological innovations should not be seen as something with universal importance for young people and their service providers, since many young people involved in this study indicated that their use of digital media for health and wellbeing was limited or unlikely.

Recommendations for health service providers

- Service providers should continually strive to pursue greater understanding of LGBTIQ young people's diverse and individual experiences and needs in seeking help. LGBTIQ young people have a particularly diverse range of experiences and needs that require broad awareness development coupled with a person-centred, flexible approach. Recognising the connection between mental health issues and LGBTIQ diversities where relevant, or recognising when this is not, is an important aspect of providing valuable care and support.
- Services should be visibly welcoming and accepting of young people who are LGBTIQ. Service intake forms, websites, administration systems, policies, accessible information about your experience and training on LGBTIQ diversity, and open, respectful communication are all identified as instrumental to this.

6. General good practices

Youth-led Action Research on the Impact of COVID-19 Pandemic on Marginalised Youth

Asia South Pacific Association for Basic and Adult Education (ASPBAE), (2021). Youth-led Action Research on the Impact of COVID-19 Pandemic on Marginalised Youth. Quezon City.

Anchored in a participatory, action-research framework and fueled by first-hand, ground-up narratives and experiences of the youth, the youth-led study trains the spotlight on the COVID-19 pandemic beyond the paradigm of statistics and data points. The research has documented experiences from nine member countries of ASPBAE from the Asia-Pacific region, including Bangladesh, India, Indonesia, Mongolia, Nepal, Philippines, Sri Lanka, Timor-Leste and Vanuatu. The data for the study was collected between the months of May and August 2020, when the world was in the thick of closure and early disruptions steered by the rapid global health crisis. By centering the community youth as key stakeholders/ leaders in their roles as both researchers and participants, the study provides a fine-grained understanding of individual everyday lives, survival mechanisms, and resistances.
The report is generic but there are a few mentions of LGBT, without specific analysis. It is more worthwhile as a general example of youth activism as good practice.

Measuring queer competency in direct-care health workers

Gandy-Guedes, M. E. (2018). The Queer Youth Cultural Competency (QYCC) Scale: Measuring competency in direct-care behavioral health workers. Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice, 30(4), 356–373. https://doi.org/10.1080/10538720.2018.1516171

Sexual and gender minority (SGM) youths are disproportionately represented in behavioral health treatment settings, and face disparities in outcomes when compared to their non-SGM peers. These youths need workers who are culturally competent in addressing their specific needs. This article presents a scale to measure the SGM-related cultural competence of direct care workers. The scale, named the Queer Youth Cultural Competency (QYCC) scale, fills a gap in the measurement literature and enables social workers to more robustly address the cultural competency of service providers as it relates to lesbian, gay, bisexual, transgender, queer, and questioning youths receiving behavioral health treatment.

The scale:

Table 2: Frequency distributions of the QYCC 41 scale items

	Very Untrue	Untrue	Neither True/ Untrue	True	Very true	Don't Know
Becoming LGBTQ is a process that unfolds over time.	5	12	32	45	11	8
A youth could be dealing with LGBTQ issues secretly without anyone else knowing about it.	4	1	2	24	82	0
LGBTQ youth have the same types of life goals and dreams for their future as do heterosexual/non-transgender youth.	3	0	5	22	83	0
Being LGBTQ brings with it certain challenges that heterosexual and/or non-transgender people do not have to face.	3	1	3	44	61	1
*LGBTQ youth are LGBTQ because of their childhood history of abuse/neglect/poor parenting.	47	31	25	4	1	5
*When youth think they might be gay/lesbian/bisexual, it is just a phase they will grow out of.	29	45	28	2	2	7
*When youth think they might be transgender, it is just a phase they will grow out of.	31	50	24	1	0	7
*Adolescents (ages 12-17) are not old enough to know whether they are gay/lesbian/bisexual or straight.	39	53	13	3	0	5
*Children (ages 5-11) are too young to be thinking about whether they are transgender or not.	24	48	16	17	1	7
*Youth will come out as LGBTQ just to copy other youth who are coming out.	21	41	37	9	1	4
*Youth say they are LGBTQ to get attention.	20	43	40	6	0	4
*Youth act gay (feel attracted to the same-sex) when they are isolated from the opposite sex, like in an all-girls or all-boys group home.	37	41	19	6	0	10
	Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree	Don't Know

Even if LGBTQ issues are not addressed in a youth's treatment plan or goal, acknowledging their LGBTQ identity is still an important part of how to provide good treatment.	1	2	9	41	59	1
*In my job, I interact with youth because of their mental health problems not because of their sexual orientation/gender identity, so I do not talk about LGBTQ issues with youth I interact with.	11	51	27	19	4	1
*I believe that being LGBTQ is a sin.	63	18	10	13	6	3
*Youth should not be encouraged to be lesbian, gay, bisexual.	18	21	47	14	11	2
*Youth should not be encouraged to be transgender.	18	20	47	15	10	3
*A youth's family should discourage their child's decision to identify as LGBTQ.	49	34	26	3	1	0
*An LGBTQ youth who needed foster care services would be best served in a highly religious foster home so they can get set straight.	72	29	11	1	0	0
I would be comfortable if a client came out to me as LGBTQ.	1	1	4	45	62	0
*Bisexual youth are just not sure whether they are gay or straight.	23	54	24	8	0	4
*In general, LGBTQ people are mentally unstable.	63	43	5	1	0	1
*LGBTQ youth are sexually promiscuous.	41	45	21	4	0	2
*Questioning youth should just make up their mind, are they gay or straight?	41	47	20	2	1	2
I attempt to learn and use terms that reflect LGBTQ youth culture so that I communicate more effectively with youth that I interact with.	0	4	13	56	37	3
I screen books, movies, and other media resources for negative stereotypes about LGBTQ persons before sharing them with youth I interact with.	1	18	23	43	24	4
I would put an LGBTQ-affirming sticker on the space that I work in if given the opportunity, or I have already.	9	20	28	28	25	3
Any youth I interact with should be allowed to engage in gender non-conforming activities (for example, a boy painting his toenails, or a girl dressing in boy clothing).	0	2	22	49	39	1
When possible, I do or would connect an LGBTQ youth to LGBTQ resources in the community.	1	1	9	45	57	0
I recognize that even when I have good intentions, I can still do or say things that may be hurtful to LGBTQ youth.	3	10	15	57	28	0
I am comfortable using the words gay, lesbian, bisexual, and transgender.	1	3	7	48	52	2
I am comfortable using the word queer when a youth identifies as queer.	9	27	16	29	30	2
*In my job I do not talk to youth about sex or dating, so LGBTQ issues do not apply to my interactions with youth.	30	53	18	8	4	0
*I assume a youth is straight/heterosexual unless they tell me otherwise.	4	31	41	34	2	1

	Never	Rarely	Some-times	Often	Always	Don't Know
If a youth tells me that they are LGBTQ, I avoid sharing that information without their permission.	2	3	6	12	89	1
I do not assume that a lesbian, gay, or bisexual youth who is the same sex as me is attracted to me.	11	1	2	5	91	3
If a youth wants to use a different gendered name than their given name, I agree to do what they ask (for example, a youth whose given name is James but wishes to be called Christina).	6	3	14	17	63	10
I intervene when youth I interact with tell me they have been bullied because of actual or perceived sexual orientation or gender identity.	0	0	16	23	71	3
I intervene when I hear co-workers use derogatory language or insinuations about LGBTQ persons in front of youth I interact with.	0	1	12	24	69	7
If a transgender youth who was a boy and now identifies as a girl needs to use the bathroom, and asks to use the girls bathroom, I would allow them to use whichever bathroom is most comfortable for them.	8	2	18	18	32	35
I think about how my words/actions could be seen as discriminatory against transgender people.	4	4	15	31	58	1
*=reverse coded						

7. Miscellaneous

US Black adults: Perceptions of Discrimination and Unfair Judgment While Seeking Health Care

Gonzalez, Dulce ; Laura Skopec; Marla McDaniel; and Genevieve M. Kenney (2021). Perceptions of Discrimination and Unfair Judgment While Seeking Health Care. Princeton: Robert Wood Johnson Foundation., Urban Institute Avaliabla: https://www.rwjf.org/en/library/research/2021/03/perceptions-of-discrimination-and-unfair-judgment-while-seeking-health-care.html (US 2020)

Black adults report being discriminated against or unfairly judged by health care providers and their staff at a rate almost three times higher than White adults and about twice as high as Latino / Hispanic adults, according to a new analysis of 2020 survey data.

The Issue

Inequities in health insurance coverage and access to care are well-documented but the mechanisms behind these inequities are complex and often include interpersonal experiences of discrimination or unfair judgement in

health care settings. Research shows that people are often discriminated against or treated unfairly in health care settings because of disabilities, gender identity or sexual orientation, and race or ethnicity.

Key Findings

This study examines survey data that asked respondents whether in the last 12 months they had felt a doctor, medical provider, or health care staff had judged them unfairly or discriminated against them. An analysis of the survey responses finds:

10.6 percent of Black adults reported discrimination or unfair judgement by a health care provider or their staff based on race, ethnicity, disability, gender, sexual orientation, or health condition.

Among Black adults, women (13.1%) and low-income individuals (14.6%) reported discrimination or unfair judgement at particularly high rates.

The share of Black adults reporting any discrimination or unfair judgment was nearly three times higher than white adults (3.6%) and about twice as high as Latino/Hispanic adults (4.5%).

Overall, 5.1 percent of all nonelderly adults reported having been discriminated against or judged unfairly.

Race or ethnicity was the most common reason reported for perceived discrimination or unfair judgment, cited by 3 percent of all adults and 7.9 percent of Black adults.

Conclusion

The analysis finds that Black adults, particularly Black women and Black adults with low-incomes, face discrimination in health care settings at particularly high rates. Failure to tackle health inequities stemming from discrimination or unfair treatment in health care settings can have serious consequences for an individual's health and the quality of care they are able to receive.