POLICY BRIEF

Learning from LGBTIQ+ experiences of COVID-19 in the UK for future crises

Recommendations to policymakers and practitioners for more inclusive strategies

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Brief Summary:

This policy brief highlights the experiences of lesbian, gay, bisexual, transgender, intersex, and other queer identities (LGBTIQ+) during the coronavirus disease (COVID-19) pandemic in 2020. While LGBTIQ+ people experience unique vulnerabilities linked to pre-existing marginalisation, their needs are often overlooked in crisis response strategies. This brief offers recommendations for improving the care and wellbeing of LGBTIQ+ people in future crises based on lessons learned during the pandemic. The brief summarises key challenges faced, and the coping capacities adopted by LGBTIQ+ people. Their main concerns were related to mental health and isolation, including isolation from support networks and identity-affirming spaces. Sub-group specific challenges included disrupted transgender healthcare access, employment impacts, and "one size fits all" guidelines and government communication approaches that did not align with the diversity of LGBTIQ+ families and lives. Many of the coping capacities interviewees relied on were drawn from prior experiences of surviving marginalisation or distress. Participants, in particular, highlighted the importance of LGBTIQ+ organisations and community and peer-support groups. Future policy interventions for providing effective support during crises should strengthen existing coping capacities, community groups and support services. Policies and strategies must also better-recognise diversity *within* LGBTIQ+ communities and other minority groups.

This policy brief:

- Outlines key challenges faced by LGBTIQ+ people during COVID-19;
- Identifies coping capacities used by LGBTIQ+ people to deal with the pandemic;
- Emphasises the necessity for more nuanced and inclusive crisis response strategies that encompass LGBTIQ+ needs and that recognise diversity *within* minority communities;
- Provides recommendations for improved strategies, such as delivering increased and targeted mental health support and maintaining transgender healthcare.

Background

Like other minority groups, gender and sexual minorities experience heightened risk during crises. The vulnerability and resilience of lesbian, gay, bisexual, transgender, intersex, and other queer identities (LGBTIQ+) is linked to inequalities and marginalisation (Gorman-Murray *et al.* 2018). The specific needs of LGBTIQ+ people are often not planned for in crisis responses.

During the coronavirus pandemic LGBTIQ+ people experienced unique challenges, but received relatively little, if any, specific consideration in UK government and healthcare responses. Prior to COVID-19, LGBTIQ+ youth already faced increased risk of anxiety and suicide and disproportionate rates of insecure employment and housing, and these have been exacerbated during the pandemic (Green *et al.* 2020). In the UK, LGBTIQ+ people experienced mental health challenges, isolation, substance misuse, financial difficulties, and reduced access to health and support services (LGBT Foundation 2020). A United Nations report concluded that pandemic responses reproduced and intensified pre-existing social exclusion and discrimination patterns (Madrigal-Borloz 2020) rather than providing targeted support.

Study methods

This study analysed the experiences of 17 LGBTIQ+ people that were interviewed via Zoom between May and October 2020. This timeframe represents various stages of the UK's pandemic response, including lockdowns and periods of easing and tightening of restrictions. Each interview lasted about 70 minutes.

Despite smaller sample sizes compared to large surveys, interviews are highly valuable for the in-depth contextualised insights they provide and deliver detailed understandings of individual lived experiences. Participants included a diverse range of identities.

Gender:

Cisgender[1] female	2
Cisgender male	7
Transgender[2] female	4
Transgender male	2
Non-binary[3]/ Transmasculine[4]	2

Sexuality[5]:

Lesbian	1
Gay	8
Bisexual	3
Pansexual[6]	4
Queer / other	4

Two participants were also polyamorous[7].

Key challenges

- **Mental health and isolation:** LGBTIQ+ people experienced a range of mental health concerns, especially in lockdown, including isolation, depression, and anxieties. This includes widespread anxieties about the virus and specific issues related to gender or sexual identity.

Isolation from supportive people and identity-affirming spaces caused significant heightened stress. Some participants described being at home with unsupportive families. Others reported having limited biological family relationships, reducing the support networks that so many people relied on in the pandemic.

Gender dysphoria increased for some people due to being at home with their body with reduced access to mental health support. Some did access support but felt let down when services were not trained to support LGBTIQ+ issues and lives.

Others described stress attached to negative public views of LGBTIQ+ people, and transgender identities, in particular, including on social media. Public release of the government response to the Gender Recognition Act consultation at a time of already-heightened anxiety due to COVID-19 appeared highly insensitive.

- **Healthcare access:** Many people experienced disruptions to healthcare services. This was particularly significant for transgender patients. Medical care relating to gender affirmation and

[1] Cisgender refers to people whose gender identity matches their sex assigned at birth.

[2] Transgender denotes gender identities that differ from the sex assigned at birth.

[3] Non-binary describes any gender identity which does not fit the man/woman binary.

[4] Transmasculine is a transgender identity with more masculine gender expressions, but not necessarily conforming to traditional binary male/female gender roles. The feminine equivalent is transfeminine.

[5] Note: some participants identified with multiple sexualities.

[6] Attraction towards people regardless of their sex or gender identity.

[7] The practice of, or desire for, having multiple consensual intimate relationships simultaneously.

gender identities, both essential and elective, was delayed if not halted completely. Participants reported poor communication around changes to appointments, access to services and revised timelines. This caused confusion and anxiety, exacerbated mental health concerns, and added to already-long waiting periods for Gender Identity Clinics (GICs).

- **Work and economic impacts:** People working in particular sectors (e.g., hospitality, creative, cultural and entertainment sectors) have felt greater impacts than those working in other areas, including reduced incomes in the short term and anxieties about future employment prospects in the longer term.

For those able to continue working at home there were other challenges specific to LGBTIQ+ identity. Some transgender participants described anxiety associated with using online video-conference platforms. This included anxiety around preparing and presenting themselves in order to be read as their correct gender, and increased gender dysphoria through hearing their recorded voice. A younger gay man working for an LGBTIQ+ charity worked from his car as he was unable to work in the family household due to fear of homophobic discrimination. By extension, the impacts on LGBTIQ+ spaces have been significant, including nightlife and "gay scenes" (or alternatively "queer scenes"), but also community spaces, support groups and activities like Pride festivals. These spaces and events provide many LGBTIQ+ people essential opportunities to freely express themselves, their gender and sexual identities and feel safe and supported. The disruptions to them have been acutely felt.

- **Cis-heteronormative[8] "one size fits all" approaches:** participants described how they did not see themselves, their diverse family makeups, or their lifestyles reflected in government guidance and risk communication. Some described feeling excluded or overlooked as an LGBTIQ+ person, with public health response priorities seemingly cis-heteronormative. This has a range of potential consequences, such as confusion over how to apply the guidelines, which could in turn impact adherence and risk patterns.

Coping capacities

Participants drew on coping strategies developed through past experiences of marginalisation or distress to help them during the pandemic. These included adopting daily routines, monitoring diet, turning to alcohol consumption, and talking about their challenges and feelings to friends or therapists.

LGBTIQ+ support organisations and community and peer-support groups were vital.

Existing and new community networks provided mutual aid and safe and identity-affirming (online) spaces to share experiences and connect with others. In the absence of family or more formal support, community and charity groups filled critical gaps in providing mental health support and reducing social isolation. Moving activities online also presented opportunities to connect with new and diverse audiences, in some ways improving accessibility to events and activities. Those in organising roles reported that running community groups and activities gave them a sense of purpose and life-motivation.

Diversity *within* LGBTIQ+

There is no singular LGBTIQ+ experience. This study and others have highlighted vast diversity of experiences among LGBTIQ+ populations, in terms of both vulnerabilities and coping capacities.

For example, interviews showed unique experiences among older LGBTIQ+ individuals, people with disabilities and those of particular cultural and faith groups. These differences were important in shaping individual experiences of the pandemic and highlight the need to move beyond "one size fits all" approaches for diverse populations. In practice, it may be more effective to develop tailored policies and guidance for different groups.

Transgender needs are significantly different to cisgender needs. Some transgender participants described a double anxiety of being out in public: one associated with the pandemic and another around their gender and transphobic abuse they had received. Some even described the COVID-19 lockdown as a temporary escape from the pressures of 'normal' life, such as the public scrutiny of transgender bodies or societal expectations to conform to binary gender roles. These experiences remind us of the pre-existing marginalisation of LGBTIQ+ people. *Such issues need longer-term attention beyond the immediate challenges of COVID-19*

[8] Widespread dominant assumptions that people are cisgender and heterosexual, and that these are the norm.

Recommendations

To improve the care and wellbeing of LGBTIQ+ people during COVID-19 and other future crises, the conclusions of this study are to:

- **Provide increased mental health support**, with targeted measures for specific groups. This should include better training for general service providers (e.g. hotlines; GPs) on LGBTIQ+ lives and needs.

- **Maintain access to healthcare services**, particularly those related to transgender health and GICs. Disruptions to gender transitions, for example, have severe negative impacts on mental health. Funding and resources should be allocated to maintain services during crises, including by providing more flexible access options sooner to enable continuity of care (e.g. virtual appointments where suitable). Services also need greater capacity and effectiveness in 'normal' times. This will reduce pressure on systems during crises by improving general health and reducing wait times. This could include expanding the number of locations providing LGBTIQ+ services as well as increasing the efficiency of existing GICs.

- **Avoid cis-heteronormative assumptions** in public guidelines and risk communications. This could include developing specific policies for non-traditional family structures to reduce social isolation, allowing people to more easily access non-family networks. Clearer, more specific and relatable messaging will help diverse groups to understand and adhere to relevant guidelines, contributing to reduced risk for all.

- **Support and grow existing resilience, coping and mutual aid capacities**. This should include funding and resources to support LGBTIQ+ community groups and organisations to maintain and improve work they are already doing instead of trying to set up new or parallel structures. Support for activities that target socially isolated and/or underemployed LGBTIQ+ people should be prioritised. Productive dialogue with LGBTIQ+ people themselves and the groups and organisations that represent them is essential for developing inclusive and efficient strategies.

- **Develop strategies that recognise diversity *within* LGBTIQ+ populations.** Failure to do so risks creating ineffective strategies and furthering inequalities. Strategies should recognise *intersectionality*, and how factors such as gender, sexuality, age, race, class, ethnicity, disability, religion, culture and more, intersect to shape individual experiences, needs, and capacities. Policies aimed at gender and sexual minorities should include the views of a variety of LGBTIQ+ people.

References

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THE PROJECT

This policy brief is drawn from a project titled *'LGBTIQ+ experiences of the COVID-19 pandemic: a comparative study of vulnerabilities and coping strategies in the UK and Brazil'*, which has received ESRC Impact Acceleration funding. This forms part of Dr Haworth's broader research programme into queer experiences of disasters. Find out more at: https://billyhaworth.com/current-projects/