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RAINBO

LGBTIQ+ and COVID-19: Exacerbated Risk but Resilient Communities

International Literature Review on the Impact of COVID-19 on LGBTIQ+ People

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RAINBO

Raising the Digital Literacy of Professionals to Address Inequalities and Exclusion of LGBTQI Community

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International Literature Review on LGBTQI and COVID-19

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1. Context and Method

This literature review on the relation between the experiences of LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer and (+) other sexual and gendered identities) people and COVID-19 is based on a desktop research undertaken between June – December 2021. It is part of the needs analysis of the RAINBO project.

The abbreviation "LGBTIQ+" is used different by authors; in this publication we use "LGBTIQ+" ourselves, which is in line with current international common use, but we use other acronyms when cited authors do.

1.1 The RAINBO Project

The RAINBO project ("Raising the digital literacy of professionals to address inequalities and exclusion of LGBTQI community") is a European Erasmus+ KA2 project (reference 2020-1-UK01-KA226-VET-094572) which aims to develop online support for providers of services to improve their services to LGBTIQ+ in times of COVID-19. The fundament for such online support is a thorough needs analysis. This needs analysis consists of a literature review (both on the international level and then national levels of the participating countries), a survey for LGBTIO+ and for service providers, interviews (individual and through focus group discussions) with LGBTIQ+ and with service providers, a needs assessment based on the results of the review, survey and interview reports, and an analysis on how to translate the needs to forms of online support.

This publication is the *international literature* review of research and good practices. The *national* desktop researches will yield additional information on available research about the participating countries, the government policies on COVID-19 and on LGBTIQ+ equality, the type of services provides in the context of COVID-19, the extent to which service providers already give tailored attention to the needs of LGBTIQ+ and available local good practices.

1.2 The COVID-19 Epidemic

The literature covered in this report ranges from June 2020 until December 2021. A virus nicknamed "corona" started to spread in the end of 2019. In February 2020, the WHO labelled the virus as COVID-19

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(*severe acute respiratory syndrome coronavirus 2*; SARS-CoV-2). In March, WHO labelled the spread of the virus a "pandemic". To limit the spread of the virus, many countries implemented more of less severe lockdowns from April 2020 on.

The first studies on COVID-19 and its impact on populations emerged in mid-2020. One of the first researches was a review of anecdotal reports collected by the UN Special Rapporteur on SOGIESC, which was published in June 2020. He listed 7 areas of concern, because LGBTIQ+ seemed specifically disadvantaged in those areas:

1. Stress and isolation
2. Political violence
3. Poverty
4. Health
5. Shelter
6. Employment
7. Asylum seekers and refugees, migrants

Although his report is based on anecdotal reports, in review, it seems the way it described the impact of COVID-19 on LGBTIQ+ was quite comprehensive and most findings were later confirmed in research that went more in-dept. This is why we decided to use the 7 themes of this early report as the structure of this report.

When infection rates went down in the summer of 2020, lockdowns were stopped or relaxed, but with the onset of winter, infections started to rise again, followed by additional measures. In November 2020, the first vaccines came available, but the roll-out differed per country and in some countries there was considerable distrust in the reliability of the vaccines (https://en.wikipedia.org/wiki/COVID-19_pandemic; https://en.wikipedia.org/wiki/COVID-19_lockdowns). The sense of insecurity about the pandemic and the measures taken became an increasingly important concern.

Next to the distrust about vaccines, the restrictions on social interaction and the use of face masks were perceived by some people as serious infringements on their personal liberty. This lead to increased polarization in populations. Throughout the epidemic, the information about COVID-19 and the policy measures has been hampered by a large amount of "fake news" and distortion of facts about the virus, the

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vaccines, treatments and policies. It seems that polarization developments that set in earlier (political polarization, polarization increased by the mergence of social media) have become strengthened and increasingly focussed on the COVID-10 pandemic.

1.3 Research on LGBTIQ+ and COVID-19

The first studies done on LGBTIQ+ and COVID-19 were explorations done by international organizations who asked their constituencies for feedback about the impact of the epidemic. On 21 May 2020, an international group of international LGBTI stakeholder organizations prevented a first statement (LGBTI Stakeholder Group, 2020), which was followed by a more elaborate written joint statement in June to the Human Rights Council (Human Rights Council, 2020). In June 2020, 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 (ILGA Europe, June 2020). In July, the UN Independent Expert on Sexual Orientation, Gender Identity and Expression, and on Sexual Characteristics (SOGIESC) presented a report based on a global exploration. In November 2020, OutRight Action International published the results of a literature review and interviews with 59 LGBTIQ people from 38 countries (Bishop, 2020). These early studies clearly showed LGBTIQ+ people experienced exacerbated challenges. They were followed by more in-depth statistical studies.

Some researchers were able to compare heterosexuals with LGBTIQ+ people. The US Kaiser Family Foundation used their continuous KFF COVID-19 Vaccine Monitor data to compare heterosexuals with LGB+ people (Dawson, Kirzinger & Kates, 2021). Fish et al. were able to use data from a general US survey on the consequences of COVID-19 to compare heterosexuals with other sexual identities. However, although this study covers lesbians, gays and bisexuals explicitly, it subsumes trans and other identities under “other”, which limits its findings (Fish et al., 2021).
In the UK, the Queerantine study collected 426 responses from LGBTQ+ persons during the first lockdown of the COVID-19 pandemic (May-July 2020). This study was interesting because it measured the prevalence of stress and depression with psychologically validated question batteries, rather than just generally asking respondents if they felt stressed or depressed (Kneale & Becares, 2020).

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In mid-2020, an international research team was initiated from Hamburg and Ghent to undertake a large survey research on trans people, COVID-19 and health. The research team collected 5,267 responses on surveys that were translated in 26 languages. The first results were published in December 2020 (Köhler et al., 2020).

The Euro Central Asian Lesbian Community (EL*C) did a survey research in 2020 among 2,113 participants in 70 countries to explore the specific risks and needs of lesbians (EL*C, 2021).

TGEU (the European federation of transgender organizations) asked it's member organizations to provide information on the impact of the COVID-19 epidemic on trans people in Europe and central Asia; 25 member organisations from 18 countries responded (Fedorko, Ogrm & Kurmanov, 2021).

The federation of intersex organisations (OII) in Europe also did their own exploration of the impact of COVID-19 on intersex persons. Their 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 (OII Europe, 2020).

Two international gay dating websites also did research among their members. In April 2020, the gay dating platform Planet Romeo opened a survey in 6 languages about the impact of COVID-19 on it's 1,3 million users (70% of whom life in Europe). Nearly 76,000 people took part. In February 2021, they did the survey again, with almost 50,000 responses, and compared the results (Team Romeo, 2021; Delcea, 2021). The gay dating app Hornet – with 25 million global users – did a research among it's members, of which 4,000 users from more than 150 countries took part. Hornet has most of it's members in the Americas. Most responses were from Brazil, France, Russia, Turkey, Indonesia, and Mexico (Wallach et al., 2020).

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 LGBTQI people around the world. 171 respondents from 16 countries completed the survey. There were organizational respondents and individual respondents (Akoro, 2021).

These are the main studies this literature review is based on, but we also found smaller studies that are interesting and mention good practices.

1.4 Shifts in Perspectives on Gender and Sexual Diversity

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It would be short-sighted to research the connection between LGBTIQ+ people and COVID-19 without taking into account the situation before the pandemic. The recognition of LGBTIQ+ people as a separate target group is relative recent. In the middle ages, LGBTIQ+ self-labelling did not exist. Homosexual behavior ("sodomy") was considered a "sin" and transgressing male of female gender roles was considered madness of a sign of witchcraft. In the 16th century, politicians felt that social calamities had to be blamed on scapegoats and they selected men and women who had same-sex contacts as such. The term "sodomites" was coined and the act of sodomy thus became an (rejected) "identity" for the first time. In the 19th century, the emerging medical profession theorized that gender non-conforming behaviour was a variation of nature (a third sex) rather than plain madness, and that homosexual preference was a mental illness, which could be transferred by seduction. The results was a range of "treatments" and legislation which made sexual contact between older and younger men ("seduction") illegal. In the 20th century this "illness" and criminal perspective was challenged by emerging lesbian and gay movements and towards the end of the century replaced by the perspective of a socially disadvantaged group that was eligible for human rights and needed protection from discrimination. By the end of the sixties, LGBT people had become so self-aware and empowered that underground self-organizations stated to become activist. One of the first activists actions, the riot at the Stonewall In in New York, became famous and has been labelled "the first LGBT demonstration". This was in June 1969, and holding an LGBT Pride Parade has become a worldwide tradition since then. The American Psychological Association (APA) took homosexuality off their list of mental illnesses in 1973 and the WHO followed suit on 17 May 1990. The International Day Against Homophobia and Transphobia (IDAHOT), an action day against homo- and transphobia is annually celebrated on this date.

The new "equality" perspective had consequences for health- and other service providers. They had to abolish discriminatory legislation and practices and medical and psychological treatments. Moreover, service providers started to realize this was not enough and a change of professional attitudes and practices would also be needed. The term "gay affirmative therapy" (later LGBT affirmative therapy) was coined and defined by Alan K. Malyon in 1982 to refer to such more sensitive attitudes (Malyon, 1982).

1.5 Method

This review was started by searching online on keywords "LGBTIQ+" and "COVID-19". Based on the findings,

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new references were found and explored. Each resource was downloaded and checked, and each resource, a short description was made. In a second phase, the literature review was extended to get an overview studies of LGBTIQ+ discrimination, health and interventions. In a third phase, we also looked into good practices around dealing with COVID-19 and on how to deal with specific LGBTIQ+ challenges.
When we discovered that the original exploration of the UN Independent Expert on SOGIESC still seem to be a good overview of challenges LGBTIQ + were facing, we decided to model the report on these themes. However, we edited the original themes “shelter” to “housing and shelter”, “employment” to “employment and social security” and “education” to “education and youth work”.

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2 Literature Review

2.1 Stress and Isolation

The UN Independent Expert on SOGIESC stated in the beginning of the COVID-19 epidemic that stay-at-home directives, isolation, increased stress and exposure to disrespectful family members exacerbate the risk of violence, with a particular impact on older persons and youths. For the latter, being at home – possibly sharing computer equipment and small spaces – increases the risk of being "outed".
While research suggests that, in certain contexts, up to 40% of lesbian, gay and bisexual persons live alone, 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 (Madrigal-Borloz, 2020).

2.1.1 Being Stressed and Depressed

LGBTQ+ already experienced higher levels of stress and depression before the COVID-19 epidemic. Part of these are due to direct discrimination, but evidence also shows that "minority stress" – a continuous low-level negation, subtle exclusion and apprehension account for an important part of stress and depression among LGBTIQ+ people (Hoy-ellis & Fredriksen-Goldsen, 2016).

The preliminary findings of the Queerantine study in the UK showed that prevalence of depression and stress among LGBTQ+ during the first COVID-19 lockdown were both high, with the majority of the sample exhibiting significant depressive symptomology (69%) (Kneale & Bécares, 2020). In their final publication the researchers reported that perceived stress scores among their 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%) (Kneale & Bécares, 2021).

In a Dutch study among gay men, large numbers of gay men reported loneliness. 55% felt more lonely, 38% felt more anxiety and depressed, 75% was missing social contact, 71% missed physical contact, 66% missed intimacy and 59% missed sex (Man tot man, 2020).

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In a research report by the Scottish Transgender Alliance, depression was (pre-COVID-19) already the most commonly reported problem among transgenders with 88% feeling that they either currently or previously experienced it (MacNeil, 2012).

During the pandemic, 87% of the lesbian EL*C 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%). (EL*C, 2021; p.21).

Even if an overwhelming proportion of lesbian respondents to the EL*C survey felt depressed and anxious, lesbians found 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) (EL*C, 2021, p. 22).

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 (EL*C, 2021, p.23).

With 10.0% less than in 2020, only 9.9% of the gay and bisexual respondents of Planet Romeo 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 they were feeling bad. Unfortunately, in 2021, people feel worse than April 2020, the percentage increasing 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%. Planet Romeo predicts that mental health specialists should be prepared for a influx of gay and bisexual patients. 16.1% of the gay/bisexual Planet Romeo respondents indicated they were feeling worried about their health in 2021, while in 2020, only 9.3% were worried. The percentage of people who are feeling very worried in the current year raised with 2.7%, reaching 5.2% (Team Romeo, 2021; Delcea, 2021).

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The stress is also very apparent in the experiences of staff of LGBTIQ+ organizations, as was documented by the ILGA Europe report on funding of LGBTIQ+ organizations in the region. Organisations reported that their staff experienced stressors such as not being able to meet community needs and responding to COVID-19 and anti-LGBTI forces and external threats. More than eight in ten LGBTI organisations reported at least one source of stress for their staff that contributed to burnout. Specific stressors disproportionately impacted LGBTI organisations in Eastern Europe, including negative attention to their staff or volunteers, LGBTI community experiencing threats and having to respond to external threats from right wing, anti-LGBTI or anti-gender groups or individuals (Howe & Frazer, 2021; p. 8).

LGBTI organisations in Europe and Central Asia were also asked whether they did more, less or the same of each activity in March 2020-March 2021, as compared to the year prior to the onset of the COVID-19 pandemic. Two-thirds (67.8%) of organisations that did social and health services reported they did more social and health services than they did last year. The same was true for communications to support positive attitudes and/or counter negative beliefs or misinformation about LGBTI people (67.0%). More than half of the organisations that did legal services to support LGBTI people (51.4%) or strategic litigation or advocacy to improve laws and policies for LGBTI people (51.2%) reported they did more of this work than they did last year. More than two in five organisations reported organising fewer Pride events (46.0%) or doing less community organising of LGBTI people and allies (42.5%) than in the previous year individuals (Howe & Frazer, 2021; p. 27). Overall, 84.9% of survey respondents indicated at least one source of burnout. The most common cause of stress and burnout across Europe and Central Asia was not being able to meet the needs of LGBTI people coming in for help (49.7%), responding to COVID-19 (46.1%) and having to respond to external threats from right wing, anti-LGBTI or anti-gender groups or individuals (43.6%) (Howe & Frazer, 2021; p. 33).

2.1.2 Suicide and Suicidal Ideation

ZONMW states that Dutch 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 (ZONMW, 2017).

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EL*C reports that 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]. (EL*C, 2021; p.21).

TGEU's (pre-COVID-19) research 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 attempts in the 12 months preceding the survey, on average 10.8% of all respondents had attempted suicide (TGEU, 2017a).

In a large international study on trans people and COVID-19, every third participant had suicidal thoughts, and 3.2% have attempted suicide since the beginning of the COVID-19 pandemic (Köhler, 2020).

2.1.3 Discrimination-related Stress

The UN Independent Expert on SOGIESC stated in the beginning of the COVID-19 epidemic that 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 (Madrigal-Borloz, 2020).

Around one-in-six respondents in an UK survey 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. The researchers summarized they found high levels of stress and depressive symptoms, particularly among younger and transgender and gender diverse respondents. These

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associations were partially explained by experiences of discrimination which had a large, consistent and pernicious impact on stress and mental health (Kneale & Bécares, 2020; Kneale & Bécares, 2021).

According to the FRA II findings (FRA, 2020), 62% of intersex respondents, almost two thirds, felt discriminated against in at least one area of life in the 12 months before the survey (and before COVID-19). 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 (OII Europe, 2020).

2.1.4 Confinement in Heteronormative Environment

EL*C found that 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 (18.5%) 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) (EL*C, 2021, p.15).

TGEU also reported that isolation or cohabitation with abusive family members has led to increased anxiety and constant stress, which also negatively affected community members' mental health. This particularly affected trans children and youth (Fedorko, Ogrm & Kurmanov, 2021).

2.1.5 Online Discrimination

Due to lockdown and social distancing measures, lesbian used the internet in most of the cases (47.08%) to keep in contact with other lesbians. However, this also increased the risk of encountering discrimination, harassment, and violence online. For this reason, as mentioned above, 6.86% of the respondents declared

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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 (Forschungszentrum Menschenrechte & Weisser Ring Verbrechensopferhilfe, 2018) 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 (EL*C, 2021, p.16).

2.1.6 Sexuality Limited

This pandemic, and governments' social distancing measures, also restricts individuals' access to sex. Sixty-one per cent of the Hornet MSM (Men who have Sex with Men) 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. (Wallach et al., 2020).

In the first lockdown, 70% of ROMEO users reported not meeting for dates or sex. This number increased in countries with stricter rules, Italy and Spain (86%). Germany and Sweden rank lowest at 61% and 62% respectively. 48% of respondents are dating online only during the lockdown (Team Romeo, 2020).

In the Netherlands, based on a via social media disseminated survey, it was estimated that the number of men who had sex with men (MSM) decreased during the first partial lockdown from 82% tot 64%. The number of casual partners dropped with 40%. Men who still had casual contacts, mainly had these contacts with people they knew in their own network. This study also showed that before the first lockdown, gay men rated social contacts higher than sex of their health, while during the lockdown, their rating of health became most important, while their rating of sex decreased. Almost all gay men found it important to talk with their partners about recent symptoms that could be related to COVID-19 and were willing to put their sex life on hold if necessary (Man tot man, 2020).

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2.1.7 Shrinking Civil Society

Several submissions to the UN Independent Expert underlined deep concern as to the continued ability of civil society to carry out fundamental work on supporting LGBTIQ+ communities. In contexts 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;

(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 expressed concerns about the redirection of funding towards response and recovery activities (Madrigal-Borloz, 2020; p.18)

2.1.8 Coping Mechanisms and Good Practices

The importance of chosen families and friendship is also shown by the fact that a majority of the lesbian respondents of EL*C (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. (EL*C, 2021, p.23)

OII Europe asked their respondents how they can support the intersex movement during the COVID-19 epidemic. It was found that priorities should focus 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 need for more support resources in general, and for ongoing exchange with other intersex people, e.g., through intersex peer group calls. Good practices are the weekly virtual campfire which OII Europe has offered since the beginning of the pandemic, or intersex peer support

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groups. This need is even stronger for intersex children, who are more affected by isolation. One child from South-Eastern Europe 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" (OII Europe, 2020; p.24).

The USA Trevor project published guidance for individual LGBTQ youth on how to 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.

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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!" (Dole, 2020)

2.1.9 Good Practices on Community Development and Support

LGBT civil society has been extraordinarily effective in transitioning to online meeting models. 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. (p.15)

- The creation of online resource hubs 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. 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 (Madrigal-Borloz, 2020; p.15).
- 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.
- A Swedish NGO organized safe outdoor activity for older LGBT people on a weekly basis
- Campaigns have also been deployed to underscore certain general messages among the LGBT community, including campaigns that encourage people to date online but to postpone dating in person; dating applications have proven to be excellent platforms for dissemination (Madrigal-Borloz, 2020, p. 15-16).
- 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. (Madrigal-Borloz, 2020; p.17)
- The Dutch health research institute ZONMW is developing a web-based intervention to prevent suicidality among LGBT youth in collaboration with healthcare professionals and volunteers, LGBT youth and their parents, based on existing effective online and face-to-face modules. It is expected that the intervention will enable LGBT young people to better cope with stress about their sexual

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and gender identity, thereby reducing suicidal thoughts and improving mental health (ZONMW, 2017).

2.2 Lack of Adequate Political Response and State Violence

Several studies point to increased political violence towards LGBTIQ+ people during the COVID-19 epidemic. On one hand there is historical evidence that minorities are regularly scapegoated for natural events and epidemics. On the other hand, the world has seen an increased polarization around LGBTIQ+ issues, with some countries becoming gradually more supportive, while other countries have become increasingly more negative and oppressive. In the denying countries, minorities and especially LGBTIQ+ people have been blamed of "importing" Western the debauched practices, which are often labelled "gender ideology" and "wokeness", which are supposed to destroy traditional family values and therefore a threat to the stability of the state.

On the other hand there as numerous signals that the epidemic is used by denying authorities to further criminalize and marginalize sexual minorities.

2.2.1 Legal backtracking

In 2020, amidst the COVID-19 crisis, the Eastern European 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 (Fedorko, Ogrm & Kurmanov, 2021).

2.2.2 State Repression

OutRight Action International found that in countries that criminalize same-sex relations or transgender lives, the risk of detainment and imprisonment may be a continuous threat. 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 (Bishop, 2020).

The gay community dating website Hornet shows how 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. The South Korean government used cellular phone GPS, transportation history, and credit card transactions to "contact trace," seemingly targeting the LGBTQ+ community. After COVID-19-

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related restrictions were relaxed, and supposedly gay nightclubs reopened, this community was blamed and harassed for an increase in new cases. Similar incidents were reported in Belize, Uganda, and the Philippines. Hornet researchers state:

> "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 in the Hornet survey 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 (Wallach et al., 2020).

According to TGEU, 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 (United Nations High Commissioner for Human Rights, 2017; Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, 2018).

TGEU 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 (Fedorko, Ogrm & Kurmanov, 2021).

2.2.3 Reduced public safety

EL*C concludes that 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

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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. Lesbian 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) 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. As mentioned above, almost one in six respondents to the EL*C 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 second FRA LGBTI Survey, 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 (FRA, 2020). 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. 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, nonbinary 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 colour or belong to an ethnic minority, are asylum seekers or have refugee status (31% vs 24% of the other respondents) (p.14) (EL*C, 2021).

Hostile police attitudes towards trans people are prevalent across Europe and manifest in arbitrary targeting of trans people in everyday situations or in orchestrated efforts. In Russia and Turkey for instance, there

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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 (Fedorko, 2018).

2.2.4 Intersectional Discrimination

Both black gay organizations and black 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 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 (Akoro, 2021).

LGBTIQ+ elderly were already more at risk for health problems and isolation before the epidemic. These challenges were exacerbated Jen, Stewart and Woody, 2020). Like elderly people in general, LGBTIQ+ elderly are more at risk for hospitalization (CDC, 2021). The HRC Foundation and SAGE published a brief on the need for specific attention for LGBTQ elderly in the context of COVID-19 (HRC Foundation & SAGE, 2020).

2.2.5 Hate Speech

The EL*C survey found a significant spread of lesbophobic statements and hateful rhetoric. 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. (EL*C, 2021; 1. 17)

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2.2.6 Blaming Marginalized Groups for the Epidemic

The UN Independent Expert on SOGIESC stated in the beginning of the COVID-19 epidemic that 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." 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. To give just a few examples, the Independent Expert received information on such statements in at least 12 European countries[32] including Ukraine and Georgia, in Turkey and Iraq, Ghana, Liberia and Zimbabwe and in the United States of America. The Independent Expert also mentions the role of social media. 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 (Madrigal-Borloz, 2020).

In a joint statement to the Human Rights Council, a large number of global LGBTIQ+ organizations stated that 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 Asia, Africa, Central[9] and North America and Europe (Human Rights Council, A/HRC/44/NGO/X, 4 June 2020; p. 4).

The UN High Commissioner of Human Rights cited "an increase in homophobic and transphobic rhetoric" (International Bar Association's Human Rights Institute, 2020, p. 5).

The UN Independent Expert on SOGIESC also states says 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 to express its concern over a legal amendment that prohibits trans persons from legally changing their gender. Certain major legislation, utilizing the excuse of

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the pandemic, has included provisions increasing penalties for HIV exposure, non-disclosure and transmission – thereby exacerbating stigma against persons living with HIV (Madrigal-Borloz, 2020).

2.2.7 Lack of Legal Recognition

The UN Independent Expert on SOGIESC says there is significant consensus that the consequences of the pandemic are exacerbated in the case of trans persons, 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. It was reported in one submission 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 (Madrigal-Borloz, 2020).

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. (EL*C, 2021; p. 18)

2.2.8 Lack of Government Control over Policy Implementation

A problem that is often overlooked is that governments may make decisions about measures, but do not implement them properly. The (international) Legislative Responses to COVID-19 Tracker found that almost a third of monitored legislatures had no direct oversight and almost a quarter legislatures 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 (Gordon & Cheeseman, 2021). This is a general challenge that will work out more negatively for vulnerable populations.

2.2.9 Lack of Sensitivity in the COVID-19 Strategy

Almost all authors on LGBTQ+ and COVID-19 report that LGBTIQ+ people (and other minorities, but also young people and elderly) were not involved in the policy making process and their needs were ignored

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(Madrigal-Borloz, 2020**;** Bishop, 2020; EL*C, 2021; Fedorko, Ogrm & Kurmanov, 2021; OII Europe, 2020; Wallach et al., 2020; Akoro, 2021; Simmons-Duffin, 2021; INEE & ACPHA, 2021; Plasencia, Giamello & Manuel Gómez, 2021).

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," 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 (Madrigal-Borloz, 2020).

TGEU notes that 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. 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. Trans civil society were mostly not included in the design of measures to respond to the pandemic trans people in Europe and central Asia (Fedorko, Ogrm & Kurmanov, 2021).

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 (Akoro, 2021).

2.2.10 Good Government Practices

The UN Independent Expert states 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.

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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 – and processes of consultation reported by several States, including Argentina and Spain, gathered specialized input from civil society organizations (Madrigal-Borloz, 2020; p. 14).

2.3 Poverty

Salerno et al (2020) found that a higher proportion of LGBTQ+ individuals (22%) than their non-LGBTQ+ peers (16%) face poverty (Salerno et al., 2020).

The UN Independent Expert on SOGIESC also recall that LGBT and gender-diverse persons are disproportionately affected by poverty, and will as a consequence experience an equally disproportionate burden during the pandemic. For example, he mentions a recent survey carried out by a civil society organization in Bangladesh found that 86% of respondents had no savings and 82% had earned no income in the weeks before the survey. Other sources document that trans persons are commonly trapped in the multiple loaning systems, with money borrowed from private money lenders (Madrigal-Borloz, 2020).

2.3.1 Financial Insecurity because of the COVID-19 Epidemic

In the US, LGBT adults reported living in households with higher rates of food and economic insecurity than non-LGBT Americans. In 2021, the US Census Bureau started asking questions about sexual orientation and gender identity in the Household Pulse Survey (HPS). 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. 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 (File & Marshall, 2021; United States Census Bureau, 2021).

Similar to other minority groups, the LGBTIQ+ community have reported experiencing discrimination, prejudice, financial insecurity, and lack of healthcare insurance. These problems pose challenges to obtaining healthcare information, diagnosis, and treatment, all of which are more critical during the pandemic (Sachdeva et al., 2021).

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Increased poverty during the pandemic prevented some trans people from affording hormones and medicine (Fedorko, Ogrm & Kurmanov, 2021).

A quarter of the intersex respondents on the OII survey felt that their economic status (25%) and their sexual orientation (25%) increased their vulnerability during the COVID-19 epidemic (OII Europe, 2020; p.13).
OII Europe cites the FRA LGBTI Survey II, which showed intersex people are among the most vulnerable group in regards to their financial situation: 51% of intersex respondents of the (pré-COVID-19) 2019 FRA LGBTI Survey II (FRA, 2020) 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.
The findings of the OII Europe own COVID-19 survey show that the situation of intersex people 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 (OII Europe, 2020; p.28).

Gay and bisexual members of the Planet Romeo dating app indicated worries regarding their financial future. In March 2021, there 11.2% respondents who claimed that they are very worried about their money, in comparison to 2020, when 10.6% answered affirmative. 22.3% and 29.2% respectively answered that they are neutral or not worried about their financial future. Overall, people seem to be less worried about their financial future in 2021 than in 2020 (Team Romeo, 2021; Delcea, 2021).
According to the results of the Planet Romeo survey, 18.7% of the respondents from the developing countries are feeling worried and 26.6% feel *very* worried about their financial future. This is 5.2% and 16.8% more than the percentages from Europe (Team Romeo, 2021; Delcea, 2021).

Akoro found that black gay men worldwide were negatively impacted in their access to food, shelter, healthcare, employment, and other means of livelihood due to the loss of basic means of livelihood (Akoro, 2021).

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US LGBT respondents 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 colour, and non-LGBT people of colour respondents. LGBT people of colour 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 (Sears, Conron & Flores, 2021).

2.3.2 No or Insufficient Insurance

The UN Independent Expert on SOGIESC reports that, even before the pandemic, in certain contexts one in three LGBT persons experienced food insecurity at any given time, with 66% of those identifying as female. Poverty also lies behind the generally poorer outcomes for LGBT persons in all sectors interacting with pandemic response and recovery. 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 States 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% of LGBT persons in the USA did not have any kind of health insurance coverage, compared with 12% of the general population; while 23% of LGBT adults of colour, 22% of trans adults, and 32% of trans adults of colour have no form of health coverage. The same study found that one in five LGBT adults in the USA have not seen a doctor when they needed to because they could not afford it. Black LGBT adults (23%), Latinx LGBT adults (24%) and transgender women (29%) are most likely to have avoided going to the doctor because of costs (Madrigal-Borloz, 2020).

2.3.3 Lack of a Supportive Social Network

For trans people, 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 (Winter, 2009; REDLACTRANS, 2013).

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2.3.4 Less Access to Protective Items

Due to poverty, 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 (Sachdeva et al., 2021).

2.3.5 Overburdened LGBTQI Communities

EL*C found clear indications that lesbian organizations where overwhelmed with request for help and support, but were not able to ap in to funding to assist them. In the contrary, many donors switched their funding for LGBTIQ organizations toward “immediate need” funding that was not available for specific groups (EL*C, 2021).

Similar findings were reported by other explorations of the situation of LGBTIQ+ groups costs (Madrigal-Borloz, 2020; Bishop, 2020).

The gay and bisexual respondents of Planet Romeo were more worried about the future of their local gay community, 26.1% in February 2021 against 12.7% in April 2020 (Team Romeo, 2021; Delcea, 2021).

TGEU thinks the limited response from their membership to their COVID-19 exploration 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 (Fedorko, Ogrm & Kurmanov, 2021).

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. (Akoro, 2021).

In 2020, the Global Philanthropy Project did a study on funding for combating the COVID-19 epidemic in LGBTIQ+ communities and found that out of 4,467 resource mechanisms, there was only one available for specific LGBTIQ+ funding. GPP concludes that the scale of the need facing LGBTI communities means that LGBTI organizations are stretched between protecting the rights of their communities in the face of rising conservative attacks and working to improve their access to food, medicines, and shelter. GPP states that the existing global LGBTI funding infrastructure alone is not equipped to provide LGBTI organizations with all the resources and capacity needed to meet the demands of this moment. Donors and implementers leading

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the global humanitarian response to COVID-19 can and must follow the lead of the UN Global Humanitarian Response Plan in recognizing that LGBTI people face particular vulnerabilities in the pandemic and integrating their needs in humanitarian responses going forward. In this task, donors and implementers can draw on a global LGBTI movement that over decades has built a sophisticated, nimble ecosystem of actors advancing rights, building community resilience, and meeting the challenges facing LGBTI communities (Global Philanthropy Project, 2020).

2.3.6 Good Practices on Poverty

Later into the epidemic, a range of financial donors have recognized the need for specific support for LGBTIQ+ organizations, and started COVID-19 emergency funds. The Global Philanthropy Project keeps an overview of the available funds for this: https://globalphilanthropyproject.org/covid19/ (Global Philanthropy Project, 2020).

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 (Madrigal-Borloz, 2020; p.17).

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2.4 Health

LGBTIQ+ people are at increased risk for a number of health threats when compared to their heterosexual peers. 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 (Mayer et al., 2008; Wolitski, Stall, & Valdiserri, 2008; Clements, Marx, Guzman & Katz, 2001; Meyer & Northridge, 2007; Solarz, 1999, Sandfort et al., 2014, Fillip & Rodde, 2019; Beusekom & Kuyper, 2018).

The UN Independent Expert on SOGIESC mentions that a 2017 Centre for American Progress survey found that in the United States 65% of LGBT people had a pre-existing health condition, such as diabetes, asthma, heart disease and HIV (Madrigal-Borloz, 2020).

Many studies point to challenges of access to health services. Some point to specific services. For example, shortly before the COVID-10 epidemic, Ross & Setchell found that LGBTIQ people experienced challenges when attending physiotherapy, which included erroneous assumptions by physiotherapists, discomfort, explicit and implicit discrimination, and a lack of knowledge specific to their health needs (Ross & Setchell, 2019).

Already before COVID-19, it was clear that LGBTIQ+ people cannot be seen as a coherent group in terms of health. Intersectional challenges play an important role. Bisexuals are more at risk than gays and lesbians and the challenges of transgender and intersex persons outweigh the challenges of LGB.

In a US research, 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 concerns about cost beyond their insurance status. 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. These health disparities correspond with models of minority stress, with nonbinary persons having distinct health/health access patterns (Feldman et al., 2021).

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2.4.1 Mental Health

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, Rosario & Tsappis, 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) (Sachdeva et al., 2021).

Three-fourths of US 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%) (Dawson, Kirzinger & Kates, 2021).

Fish et al. were able to use data from a general survey on the consequences of COVID-19 to compare heterosexuals with other sexual identities. 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. Their 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 (Fish et al., 2021).

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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. Thirty-one per cent of Hornet MSM 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 (Wallach et al., 2020).

In a large international study on trans people and COVID-19, 35% of the participants reported at least one mental health condition (Köhler, 2020).

Out of all intersex people respondents on the OII survey, an average of 35% stated that their gender identity and gender expression amplified their vulnerability during the COVID-19 epidemic on a range of issues (OII Europe, 2020; p.13). The respondents 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 (OII Europe, 2020; p.14).

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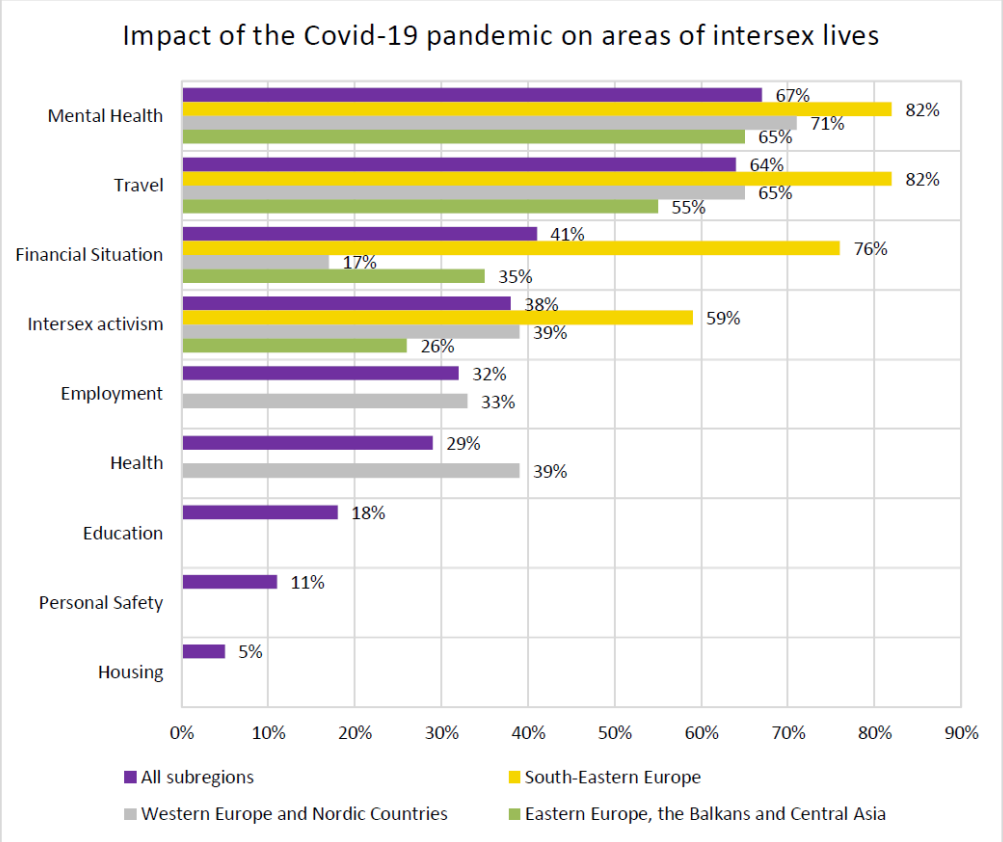

OII Europe, 2020

When RAD Australia was (pre-COVID-19) studying the needs of LGBTIQ young people to better connect to mental health services (2017), they found the following:

- 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.

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- 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.

RAD Australia intended to develop new methods to support LGBTIQ young people in finding mental health support. In connection to this goal, this is what they found:

- 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 LGBTIQ friendly 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 (Byron et al., 2017).

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2.4.2 Increased Risk of COVID-19 Infection

The signals about risk of LGBTIQ+ people for COVID-19 infection are mixed.

A large international study on trans people showed that 50% of the participants had risk factors for a severe course of a COVID-19 infection (Köhler, 2020). But among those who tested for COVID-19 in the USA, 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 colour (14.5%) and non-LGBT people of colour (10.6%) had higher positivity rates than non-LGBT White people (7.3%). Further, LGBT people of colour (32.1%) and non-LGBT people of colour (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 (Sears, Conron & Flores, 2021). It seems that the combination of being LGBTIQ+ *and* at risk because of another factor poses the most serious challenges.

In a joint statement to the Human Rights Council, a large number of global LGBTIQ+ organizations stated LGBTI persons suffer from higher rates of underlying health conditions than the general public, which have shown to exacerbate the morbidity and mortality rate of those contracting COVID-19. Of grave concern are older LGBTI people who fall under multiple risk categories, so it is presumed they 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 (Human Rights Council, A/HRC/44/NGO/X, 4 June 2020; p. 3).

A rapid survey in Indonesia found that 90% 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 (Madrigal-Borloz, 2020).

Lack of financial resources has 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 (Sachdeva et al., 2021).

2.4.3 Increased Risk for HIV+ People

The Global Action for Gay Men's Health and Rights (MPact) reported to the UN Indendent Expert on SOGIESC that throughout the world access to HIV care and services have been impacted: a recent global survey

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involving 2,732 respondents from 103 countries revealed that 23% 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% reported that they were able to communicate with their providers via telemedicine. Disruptions in service were reported to the Independent Expert from all regions of the world. Multiple submissions documented the concern, even before COVID-19, about stock-outs of antiretroviral drugs and HIV services, which have been intensified. 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, or deprioritized (Madrigal-Borloz, 2020).

In a New York 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 (Tesoriero et al., 2020).

2.4.4 Worrying about Infection and Hospitalization

Considerable numbers of LGBTIQ+ worry about COVID-19 infection and hospitalization.

One-third (34%) of US 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 (Dawson, Kirzinger & Kates, 2021).

US LGBT respondents were more likely to report being concerned about getting sick from COVID-19 (85.1% v. 75%), wearing a mask outside of the home (94% v. 89.9%), and practicing social distancing (80% v. 75%) than their non-LGBT counterparts. White LGBT people, LGBT people of colour, and non-LGBT people of colour 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

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people of colour reported wearing a mask all or some of the time outside of the home compared to 86.7% of non-LGBT white respondents (Sears, Conron & Flores, 2021).

Drawing upon data collected by Ipsos from a USA nationally representative sample of over 12,000 adults between August to December 2020, the USA Williams Institute concludes 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 colour 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 (Sears, Conron & Flores, 2021).

2.4.5 Attitudes to vaccination

While LGBT people report wanting to get vaccinated at a similar pace as non-LGBT people (in the USA), 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%) (Dawson, Kirzinger & Kates, 2021).

A smaller percentage of US non-LGBT people of colour (40.3%) report that they intend to get the first generation of COVID-19 vaccines than LGBT white (54%) and non-LGBT white respondents (49%) (Sears, Conron & Flores, 2021).

A recent analysis of survey data on 22,000 adults in the USA 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 (Human Rights Campaign Foundation, 2021).

2.4.6 Smoking

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

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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).

The UN Indendent Expert on SOGIESC mentions that 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 (Madrigal-Borloz, 2020).

2.4.7 Delayed Services due to COVID-19 Caseloads

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. WHO and UNAIDS warn that a resurgence of the epidemic is likely. Ignoring this threat will have potentially deadly consequences for MSM and the global HIV response (Wallach et al., 2020).

The UN Independent Expert on SOGIESC stated in the beginning of the COVID-19 epidemic that an Eastern European organization reported increased demands for psychological assistance, that such demands in some cases were doubling in the Republic of Moldova, the Russian Federation and Georgia. In the Islamic Republic of Iran more than 85% of the respondents to a survey reported deteriorating mental health and a service providing mental health support. In Belgium a four-fold increase in instances in which the caller was contemplating suicide reported (Madrigal-Borloz, 2020).

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TGEU reports that trans-related healthcare was 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. 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.
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.) (Fedorko, Ogrm & Kurmanov, 2021).

40% of the intersex respondents in the OII survey reported that their doctor appointments were postponed and 22% of all intersex respondents had their appointments cancelled during the crisis (OII Europe, 2020; p.16).

2.4.8 Surgery and Hormone Therapy

In a joint statement to the Human Rights Council, a large number of global LGBTIQ+ organizations stated that 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-harm[4]. 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 (Human Rights Council, A/HRC/44/NGO/X, 4 June 2020; p. 3).

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

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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 (Sachdeva et al., 2021).

Between 62% and 49% of the intersex respondents to the OII Europe survey were subjected in the past to surgeries and other medical treatments without prior consent (OII Europe, 2020).

Many intersex people need to follow a medicine taking regime or take hormone replacement therapy on a regular basis. 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 (OII Europe, 2020; p.19).

2.4.9 Travel Restrictions are Barricades to Health Access

Trans people often need to travel within their country or abroad to buy their necessary hormones, however, with restrictions on movement made this impossible (Fedorko, Ogrm & Kurmanov, 2021).

2.4.10 Unavailable Sexual Health Services

Challenges have arisen in sexual and reproductive healthcare (especially for trans people 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 (Fedorko, Ogrm & Kurmanov, 2021).

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) (Fedorko, Ogrm & Kurmanov, 2021). There have also been challenges for trans people to get their name and gender changed on vaccine cards (Rummler, 2022).

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Of gay men in the Netherlands, 21% reported to delay their regular STD testing, and 39% did not catch up with this after the lockdowns (Man tot man, 2020).

2.4.11 Insensitive Service Provision and Not Seeking Help

The UN Independent Expert on SOGIESC stated in the beginning of the COVID-19 epidemic that older LGBT and gender-diverse persons 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, or because of costs that are prohibitive (Madrigal-Borloz, 2020).

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. (..) 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 (Sachdeva et al., 2021).

Outright Action International found that 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 (Bishop, 2020).

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)

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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 (FRA, 2020). The research available (EL*C, 2020), 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 (Wells & lang, 2016). 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 Wells & Lang, 2016; Moegelin, Nilsson & Helstrom, 2010; World Bank & ERA 2018; Hutchcraft et al., 2021) (EL*C, 2021; p.21).

Already before the COVID-10 epidemic, more than half of all trans survey respondents in a survey from 2017 (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 (TGEU, 2017a; p. 11).

Key obstacles to realising ideal health outcomes include pathologizing 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 (TGEU, 2017a; p. 9).

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34 % of trans respondents of the EU-LGBTI II Survey reported discrimination in the past 12 months when using healthcare or social services (FRA, 2020).
Gender-affirming healthcare services operate with long waiting times and low numbers of competent and sensitive staff. (TGEU, 2017a; p. 11).
Despite state obligations, trans people are routinely refused cost coverage for hormones and surgeries. 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 (TGEU and ILGA-Europe, 2008).

A large international study on trans people showed trans people 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 (Köhler, 2020).

Already before the COVID-19 epidemic, 35% of intersex people faced discrimination from health services when trying to access help for their mental or physical health ((OII Europe, 2020; p. 12). 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 (OII Europe, 2020; p.18).
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. (OII Europe, 2020; p. 16)

In general, US 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 (Gonzalez et al., 2021).

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2.4.12 Good Practices on Health

- A data scientist in the USA, 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, Massachusetts, he documented more than 50 breakthrough cases that ultimately led the CDC to changing its guidance on masking (Simmons-Duffin, 2021).

Given limitations in access, organizations have put together resources to facilitate people's access to advice and medicine.

- A Russian Federation organization, for example, reported having organized online space for free-of-charge endocrinologist consultations on hormonal therapy for transgender people
- Civil society organizations can provide mental health support in contexts (examples from France, Slovenia, Greece, the Russian Federation, the Netherlands, Nigeria and Bulgaria)
- 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
- Organizations in all regions of the world have released guides on how LGBT individuals can protect themselves, also including helplines for psychological support. These include the provision of psychosocial support, but also hotlines for persons experiencing loneliness (Madrigal-Borloz, 2020; p. 15).
- The University of Toronto develops an LGBTQ+ focused health curriculum for medical residents. The curriculum covers hormone therapy and sexually transmitted infections. A developer, Ms. Schreiber, says it wants 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; 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. But if you're working to solve health disparities that are caused by social forces, that medical model is going to be insufficient." (McGowan & Sparrow, 2020).
- Christopher Walsh developed a (pre-COVID-19) compendium of 347 pages with 20 articles on good practices in offering HIV-prevention and care for marginalized communities (Walsh, 2015). 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

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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

- Sprik & Gentile criticize cultural *competency* trainings for clinicians of medical institutions and certifying bodies to support LGBTQ health. They say that 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). Instead, they propose 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. They suggest practical components of successful cultural humility trainings including leadership buy-in, appropriate outcome measurements, multiple training sessions, and fostering a safe reflection space (Sprik & Gentile, 2020).
- The RAD Australia project developed a user-driven online directory to support both LGBTIQ young people's mental health wellbeing and the referral processes of health and community workers. The user-led online directory invites young people to share details of supportive services and community spaces with their peers, which 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 therefore includes 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 (Byron et al., 2017).
- The Dutch national institute on well-being MOVISIE developed 30 minute e- courses for care-givers on how to sensitively support LGBT clients (https://www.movisie.nl/training/online-training-hoe-ondersteun-je-lhbt-clienten-hulpvragen), LGBT elderly clients,

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(https://www.movisie.nl/training/online-training-hoe-ondersteun-je-lhbt-ouderen-hulpvragen) and transgender clients (https://www.movisie.nl/training/online-training-hoe-ondersteun-je-transgender-clienten-hulpvragen).

- MOVISIE also developed short e-modules on "Coming In for LGBT with a Bicultural Background" (for professionals and for volunteer supporters (https://www.movisie.nl/training/online-training-coming), contact with transgender persons in public service organizations – on how to address them properly (https://www.movisie.nl/training/online-training-contact-transgender-personen-publieke-dienstverlening).
- The Dutch LGBT 50+ platform developed and maintains a large network of LGBTIQ+ "Pink 50+" Ambassadors, volunteers who stimulate and support the quality of LGBTIQ+ elderly care (https://www.roze50plus.nl/).

2.5 Housing and Shelter

The UN Independent Expert on SOGIESC stated in the beginning of the COVID-19 epidemic that living alone, less outreach to health care and rejection by families or because of their same-sex family structure 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.

The loss of shelter is a cause of particular concern for LGBT and gender-diverse persons. 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, 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 (Madrigal-Borloz, 2020).

2.5.1 Housing Difficulties

The FRA II findings (FRA, 2020) show intersex people are the group with the highest rates of difficulties in the area of housing and economic stability already before COVID-19: 29% of intersex respondents experienced

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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 (OII Europe, 2020).

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) (INEE & ACPHA, 2021; p. 30).

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% of non-LGBT adults (File & Marshall, 2021; United States Census Bureau, 2021).

Research from the USA, Canada, and the United Kingdom confirm that homelessness among trans people is very prevalent (already before the COVID-19 epidemic (Whittle, 2014; Totaljobs, 2016). 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 (Fedorko, Ogrm & Kurmanov, 2021).

2.5.2 Dangerous Shelters

In a joint statement to the Human Rights Council, a large number of global LGBTIQ+ organizations stated that 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 violence[16]. 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 (Human Rights Council, A/HRC/44/NGO/X, 4 June 2020; p. 5)

Trans people staying at new accommodation has led to situations of bullying, blackmailing, physical, and psychological violence of trans people (Fedorko, Ogrm & Kurmanov, 2021).

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A comparative analysis of FEANTSA, ILGA-Europe, True Colors United, and the Silberman Center for Sexuality and Gender at Hunter College revealed pervasive institutional and social discrimination against transgender people, as well as LGBIQ people, that needs to be addressed and eliminated in local communities through legislation and social campaigns to prevent homelessness. Countries, governments, communities, homeless services organisations, and individuals could all benefit from more education and increased visibility of issues that face transgender individuals and communities, LGBTIQ youth and LGBTIQ youth experiencing homelessness. This education and visibility must be met with more funding, more research, and more direct services to advance solutions to LGBTIQ youth homelessness in all regions of the world, including within each local community.

On one hand, homeless service organisations identified a need for more knowledge/training in how to best serve LGBTIQ youth experiencing homelessness - something that LGBITQ-focused organisations may be able to provide. On the other hand, many LGBTIQ-focused organisations indicated that they are unaware of places to refer LGBTIQ youth experiencing homelessness - an area of expertise that could be provided by homeless services organisations. Both sectors have unique expertise to offer and tackling LGBTIQ homelessness can only be done successfully when these sectors come together to address the needs of LGBTIQ homeless communities (Ritosa et all., 2021).

Tierney & Dean Ward (2017) studied homeless LGBTIQ+ students and offered three key areas of policy development to better serve students by (1) increased training, (2) more comprehensive outreach, and (3) more inclusive policymaking.

Increased training can help students and staff alike. Tierney and Dean Ward suggest that homeless liaisons not only increase training on legislation and regulations, but also undergo sensitivity training for LGBT homeless youth. These students are unaccompanied and may be less inclined to self-identify; LGBT students also show more school engagement when they have access to a safe adult. Concern with this should include specific training in how to foster resiliency so school officials can better support students. Additionally, more comprehensive training in rural areas may be beneficial as school officials in these districts may underestimate the severity of their homelessness rates.

Tierney & Dean Ward also echo other scholars' recommendations that schools increase their community outreach efforts. The most effective way to combat the issues associated with homelessness is to provide students with a stable home. While schools are often not designed to handle such needs, they do have resources to assist students and can play a functional role in bringing together other resources. By forging

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connections in the community with shelters, homeless organizations, and community services, school officials can increase access to supplemental services for their students as well as create additional opportunities to identify homeless students and offer them shelter and financial assistance.
Finally, Tierney & Dean Ward say that school and district policies should rely on research to effect change in LGBT homeless students' lives. One way to ensure the needs of these students are being met is by including representatives from this community in the policymaking process. Better policy also requires better data; counts of homeless students in general need to improve for the community to be properly served. Accurate counts of LGBT homeless students can help determine what services for this subgroup are needed (Tierney & Dean Ward, 2017).

2.5.3 Good Practices on Housing and Shelter

The UN Independent Expert states that most organizations that operate locally have dedicated themselves to providing food for persons in need, money to pay for their shelter and other basic goods, both directly and through the creation of physical and virtual meeting spaces to cater for supply and demand.

- Ritosa et all suggests intersectoral cooperation between homelessness shelters and LGBTIQ+ community organisations (Ritosa et all., 2021).
- In Brazil a "solidarity map" 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.
- 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.
- In El Salvador, an organization is monitoring and tracking LGBT individuals who have been incarcerated to provide support to them where possible.
- In Mexico and Kyrgyzstan, shelters were created for LGBT persons facing violence and discrimination in their households during the pandemic (Madrigal-Borloz, 2020; p. 14).

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2.6 Employment and Social Security

LGBTQI people were, at average already challenged in the area of employment before the COVID-19 epidemic.

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, 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% reported losing their employment as a result of the pandemic and 40% anticipated a reduction of 30% or more in their income; and in Georgia about one third of respondents in a survey reported having lost their jobs. Many LGBT and gender-diverse persons rely disproportionately on the informal sector for income. Many submissions underlined the particular concerns of trans women, carrying out sex work or other types of informal work, who will therefore experience an extreme impact from the crisis, while remaining at risk of harassment and violence (Madrigal-Borloz, 2020).

In a joint statement to the Human Rights Council, a large number of global LGBTIQ+ organizations stated that 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 (Human Rights Council, A/HRC/44/NGO/X, 4 June 2020; p. 4).

According to the US Census Bureau, 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 (File & Marshall, 2021; United States Census Bureau, 2021).

A larger share of US LGBT adults compared to non-LGBT adults report that they or someone in their household has experienced COVID-era job loss (56% v. 44%) (Dawson, Kirzinger & Kates, 2021).

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The high levels of severe psychological stress reported by MSM in the Hornet survey were positively correlated with loss of employment (Wallach et al., 2020).

TGEU reports – based on the EU LGBT Survey - that 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. These 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 (FRA, 2020).

Many trans employees were already before the epidemic 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 (Whittle, 2014).

Almost half of the lesbian respondents on the EL*C survey (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 (EL*C, 2021; p. 18).

US 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%). US LGBT people of colour were over twice as likely to have been

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laid off or temporality furloughed from work when compared to non- LGBT white adults (Sears, Conron & Flores, 2021).

Initiated by a research organization in Australia, a study explored whether mainstream programs for social security allowance provision meet the needs of LGBTIQ+ people internationally and more specifically in a range of countries like Bangladesh, Fiji, Indonesia and Uruguay. The study showed that:

- LGBTIQ+ people faced challenges registering into systems
- community engagement strategies and the role of diverse SOGIESC CSOs (Civil Service Organizations) as intermediaries; they are undertaking data collection, providing cash, food and shelter, and psycho-social support within their communities; but this 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
- lack of 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
- 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

(Edge Effect, 2021).

2.6.1 Good Practices in Employment

Some organizations have dedicated their efforts to the creation of entrepreneurship platforms, self-employment opportunities or linkages with corporate jobs (Madrigal-Borloz, 2020, p. 15).

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

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recognise you've been neglected of all human rights, that we're now doing something to change. It was really so important (Edge Effect, 2021).

2.7 Education and Youth Work

2.7.1 School lockdowns and Distance Learning

According to the United Nations Educational, Scientific, and Cultural Organization's (UNESCO) COVID-19 global monitoring of school closures, half of the world's students were still affected by partial or full school closures, impacting 198 613 483 learners as of June 2021 (UNESCO, 2021).

Dier-Palomar, Pulido and Villarejo show how the COVID-19 pandemic and transition from face-to-face to distance education has affected the students from 20 EU Member States. 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 also showed 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. The researchers also noted 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 (Dier-Palomar, Pulido & Villarejo, 2021).

Two international associations signal that 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 (INEE & ACPHA, 2021; p. 8).

Between July 18 and August 23, 2021, the Spanish organization Educo did a survey on the impact on COVID-19 on young people, which got 7,538 responses in 12 countries in Asia, Africa, Europe and America. The

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results show that 85% were able to continue their studies in different ways, while 11% could not. Girls and boys mostly prefer to study at school. The reasons are that the school allows to learn more and better, they value 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 face-to-face learning and playing with other alternatives. There is a smaller group that prefers to study from home. 12-18 years old indicate the school should be improved after COVID-19, while the 6 and 11 years olds think the school, is OK like it was before the epidemic. A "better" school would include: a place where you can learn more and better, that allows educational experiences where relationships, play, leisure and enjoyment of school experience are combined. Only 48% of the students feel they have been listened to and taken into account (Plasencia, Giamello & Manuel Gómez, 2021). This research only distinguished boys and girls and did not ask for sexual orientation or gender identity.

2.7.2 Young LGBTIQ+ People being Confined at Home

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 (INEE & ACPHA, 2021; p. 21)

There is some evidence of a rise in GBV (Gender Based Violence), sexual abuse, and exploitation of queer youth (UNESCO, 2020) 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) (INEE & ACPHA, 2021; p. 30).

2.7.3 Decrease of Bullying

The prevalence of bullying of LGBTIQ+ young people in schools has been well documented (UNESCO, 2016). Again, gender nonconforming and transgender students are targeted even more than LGB students. According to a TGEU community survey, 61% of trans children experience bullying in Turkey, while this ratio is 50% in Serbia (Baltzer & Hutta, 2015). Although the lockdowns had serious disadvantages for many

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students, studies in the USA also show a dramatic *decrease* of both in-person bullying and cyberbullying during the school years affected by the pandemic in the USA. That both forms of bullying decreased is consistent with prior evidence that cyberbullying rarely occurs independently of in-person bullying (Bacher-Hicks et all., 2021). At the World Anti Bullying Forum in Stockholm, in November 2021, studies were presented that showed the same trend in Europe. This trend has not yet been documented for LGBTI youth and it remains to be seen how the balance will be between the expected reduction of bullying and the expected increase of isolation and loneliness and vulnerability at home.

2.7.4 Inadequate Coping of the Youth Work Sector

Like the education sector, youth work was affected by COVID-19 as well. In mid-2020, a European research on the impact of the Corona epidemic when youth work in Europe found that:

- 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

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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. (RAY, 2020; p. 6)

Some studies have indicated that LGBTIQ+ young people already face considerable challenges to access youth work. Although we did not find any studies about LGBTIQ+ young people in youth work during the COVID-19 epidemic, it can be expected that the situation in this sector deteriorated as well.

2.7.5 Good Practices on Education

There is a huge amount of good practices in the area of LGBTIQ+ and education. This literature review was made in the context of the RAINBO project, which is focused on vocational education and training. Therefore we limit our list of good practices to this sector, where good practices are much less common.

- The Dutch Sexual Diversity project in VET (2017-2020). This series of projects aimed to make VET institutions and trainings more sensitive to gender and sexual diversity. It consisted of needs assessment, a trigger theatre performance, a teacher training and consultancy for vet course teams (Dankmeijer, 2014; Dankmeijer, 2016; Dankmeijer, 2018).
- The SENSE / My-ID project: The SENSE project aimed to integrate sexual diversity sensitivity (a welcoming attitude to LGBTI clients) in VET studies in the social domain. The SENSE project developed 4 products to secure optimal integration of sexual diversity sensitivity in social domain VET courses:
    1. A trigger performance by students, which creates enthusiasm and interest
    2. A teacher training, which improves the pedagogic competences of VET teachers
    3. A curriculum consultancy manual, which provides guidance on how to structurally integrate sexual diversity sensitivity in a spiral course curriculum
    4. A competence framework, which describes the needed diversity competences of VET students

    The public title of the education modules will be: "My ID, my idea to be myself". The project ran from January 2019 until May 2021 (https://www.gale.info/en/projects/sense-project) (Dankmeijer, 2021).

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- The Unique project focuses on developing on training of VET teachers in Europe. This Erasmus+ KA3 project has 9 partners from Greece, the Netherlands, Poland, Cyprus, Croatia and Germany. The project will be implemented in 2021 and 2022 in Greece, Poland, Cyprus and Croatia. The project focuses on training VET teacher "ambassadors" are to openly discuss that are considered "sensitive" in the classroom issues. The project undertakes the following activities:

1. Mapping non-discriminatory educational strategies in VET, taking into account discrimination levels related with gender-based diversity in VET institutions
2. Developing e-learning training for VET teachers which promotes using gender-based diversity curricula
3. Pilot testing of the training material
4. A promotion campaign to advocate the use of the e-learning, using VET teacher and others as ambassadors

(https://www.gale.info/en/projects/unique-project).

Other interesting European projects than could be linked into, but did not focus on VET, are:

- The Transcare project did not focus on VET, but on sensitizing and educating health care providers regarding a safe and non-discriminatory access and provision of healthcare services for transgender individuals.
- The ETHOS project focused on training journalists and journalist students.
- The HOMBAT project developed training for primary and secondary school teachers and also developed an online training.
- The ARES: Film & Homophobia project researched how video could be used to teach about homophobia.
- The Voice OUT project developed a 6-week curriculum on media and heteronormativity (for high schools).
- The TRIANGLE project developed a manual with suggestions for teaching and counselling, which was mostly focused on high schools.

This is not an exhaustive list.

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2.7.6 Good Practices on Youth Work

- The Queer Youth Cultural Competency (QYCC) Scale was developed by Gandy-Guedes to measure the sexual and gender minority related cultural competence of direct care workers. It enables social workers to more robustly address the cultural competency of service providers as it relates to LGBT!Q youths receiving behavioural health treatment (Gandy-Guedes, 2018).

2.8 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, 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 (Madrigal-Borloz, 2020).

In a blog that was published around August 2021, Jacintha Astles gives an overview of challenges LGBT migrants may face.

- Many migrants flee unsupportive countries where sexual and gender diversity is criminalized. 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.
- 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

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be able to change their gender on their identification, depending on the laws in their countries of origin.

- 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.
- 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 (Astles, 2021).

In a joint statement to the Human Rights Council, global LGBTIQ+ organizations stated that 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 hard-line 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 (Human Rights Council, A/HRC/44/NGO/X, 4 June 2020; p. 4)

2.8.1 Increased risks for Discrimination and Violence

EL*C found that, while no statistically significant difference was found for avoidance behavior and feelings of unsafety, lesbians of colour, 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 colour, 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 colour, ethnic minority and refugee/asylum seekers experienced violence versus 0.56% of the other respondents) (EL*C, 2021; (p.13).

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2.8.2 Illegal Residence Status

TGEU states that 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. With limited options, this 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 (Fedorko, Ogrm & Kurmanov, 2021).

2.8.3 Criminalisation of Sex Work

The criminalisation of sex work (of for example trans people) across Europe and Central Asia within diverse legal frameworks exacerbates the vulnerabilities of sex workers, especially of trans women of colour (Fedorka & Berredo, 2017).

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 (TGEU, 2017c).

2.9 Other Good Practices

- Participatory, action-research fuelled by first-hand, ground-up narratives and experiences of youth (Asia South Pacific Association for Basic and Adult Education, 2021)

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3 Conclusions and recommendations

3.1 Conclusions

This literature review shows that LGBTIQ+ people were already vulnerable for isolation, stress, depression and health risks, while at the same time not being treated equally or sensitively when accessing services. The negative experiences with by service providers over a long period of time, create a hesitance among LGBTIQ+ people to trust service providers, which reduces their access to services even further.

Even before the COVID-19 epidemic, it was clear that the LGBTIQ+ "group" is not really one group. The different subgroups are affected by marginalization and discrimination in different ways. Both the way in which they are treated and the seriousness of maltreatment differs widely. A general trend is that gender nonconforming people are treated worse than others. Therefore any strategy to improve services needs to be sensitive to these differences.

Research before COVID-19 also showed that within LGBTIQ+ groups there are numerous intersections with other backgrounds and identities which tends to increase risk and reduced access to services. It is clear that black and bicultural LGBTIQ + people face more challenges than white LGBTIQ people, and that young people, disabled people, and elderly people are also affected in more serious and different ways. Poverty is a key factor in these intersectional challenges, but also the psychological burden of having to navigate between "identities" that may seem at odds with each other (for example the presumption one cannot be black and lesbian at the same time).

There is now ample evidence that all these challenges are exacerbated by the COVID-19 epidemic, both in the sense of risk for infection, risk of isolation and deprivation during lockdowns, and in some countries, increased social and political violence.

It must be noted that State policies mediate all these risks to high extent. In countries where the State already before COVID-19 implemented supportive and protective policies related to sexual orientation, gender identity and sexual characteristics, the risks of the COVID-19 epidemic were less than in States where the situation for LGBTIQ+ people was bad before the epidemic. In those cases, the epidemic and related measures seriously increased LGBTIQ+ challenges.

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One of the main issues is whether countries provide financial support during lockdowns and protect people against unemployment. When such general measures are in place, they are also very beneficial for LGBTIQ+ people. But when measures like that are not in place, and the epidemic is partly blamed on minorities like LGBTIQ+, the situation for minorities quickly deteriorates seriously.

3.2 Recommendations

During the study we found numerous good practices, partly dating from before the Covid 19 epidemic and partly developed during the epidemic. In the recommendations, we will focus on these good practices, but also on the recommendations many authors of the studies made.

3.2.1 Stress and Isolation

Because many LGBTIQ+ do not have support (any more) of their genetic family, or less than others, they often rely for their social but also economic support on their “chosen” family. This “chosen” family is often a rather loose network of friends and contextualized in a support infrastructure maintained by volunteer LGBTIQ+ community organizations. These friend’s circles and community organizations organize informal meetings and networks, and in some cases they also provide concrete support. During the COVID-19 epidemic, a range of LGBTIQ + community organizations shifted their focus from advocacy and education to more basic provision of food, shelter and psychosocial support.

The main recommendation from this literature review is that these informal networks need to be supported. Even when there are professional psychosocial support services available, it may be that LGBTIQ+ people cannot adequately access them because the professionals are not expert or sensitive enough, or because the LGBTIQ+ population has not yet built enough trust in them.

Another recommendation is that these community organizations need to be supported, and that financial donors and governments needs to avoid diverting funding from LGBTIQ+ purposes to generalized COVID-19 services. The support for LGBTIQ+ organization should not only the financial; by now it is clear that the few activists who are doing this work and getting overburdened and they need assistance in their work and psychosocial support.

3.2.2 Political Violence

In the past years we have seen increased political violence towards LGBTIQ+ people and other minorities. This is partly an effect of a polarization in attitudes and politics, but hostilities seem to have increased during

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the COVID-19 epidemic. This pattern is a repetition of previous historic epidemics, in which minorities have been used as scapegoats by angry populations and also by authorities who try to divert the blame for inadequate policies to groups that can easily be targeted.

The difference between the current epidemic and historic epidemics, is that we now live in a globalized world. The COVID-19 epidemic could only spread this fast because of the global interaction between countries. It should also be stopped by concerted global action and cooperation between governments. In this cooperation, proper attention for equal treatment and the reduction of marginalization of vulnerable groups needs to be a key issue. This is not only a question of human rights but also a key strategy to reduce infections and to reduce the development of new COVID-19 strains. The worldwide reduction of poverty and improvement of healthy environments should be key priorities, which ultimately will benefit minorities, like LGBTIQ+ people even more than mainstream populations.

3.2.3 Poverty

Poverty is clearly one of the most frightening aspects for all minorities, and contrary to public impressions about the LGBTIQ+ "group", it is clear that LGBTIQ+ at average are poorer and more risk at becoming poor than cisgender heterosexual people. The most important recommendation is to eradicate discrimination in employment, not only in legislation, but also by improving working environments to be more open to diversity, including sexual and gender diversity.

3.2.4 Health

LGBTIQ+ people experience a range of specific health challenges. These health challenges are often not recognized by health providers. Next to being trained on such specific challenges (informative training) health providers need to become more sensitive and how to address LGBTIQ+ clients by asking openly and without prejudice about their gender identities, where they want to be addressed and their relationships.

It is not enough that individual health providers improve their knowledge and adapt their attitudes. It should also be crystal clear to LGBTIQ people that health provider organizations are open to them. This requires visibility strategy and "niche" marketing of health provider institutions.

Of course, formal roadblocks to accessing healthcare - like mandatory gender registration based on birth certificates - should be removed.

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3.2.5 Housing and Shelter

Many marginalized minorities are lacking adequate housing, and public shelters are often not available to them or dangerous to stay because of harassment and sexual violence. General shelters should create a more safe environment, and they should be open to anyone. It could be challenging to open up women's shelters for abused women to lesbian women or shelters for homeless people to transgenders, but this needs to be done in order to alleviate the challenges of LGBTIQ+ people in this area. It is also recommended that shelters cooperate with school, both for prevention of homelessness and for quick referral and cooperation for re-housing.

3.2.6 Education

The already existing strategies to combat bullying should become more sensitive to LGBTIQ+ bullying. The recent suggested broadening of the formal definition of bullying at the World Anti Bullying Forum is a welcome aspect of this, but it also needs to be taken further into practice.

Currently there is insufficient knowledge about how LGBTIQ + young people are doing during the epidemic. Are they doing better than usual because there is less bullying because of lockdowns? Or is the loneliness and them being forced to be at home with potentially hostile families making the situation even worse? And what can be done about this. A good practice from the Netherlands is create online networks for LGBTIQ+ minors, which function as a first step two face-to-face social meetings, and eventually to safe spaces like Gender and Sexuality Alliances in schools. But safe spaces are not enough to make schools safe and welcoming in a structural way. School leaders need to take responsibility to integrate sensitivity for gender and sexual diversity in their school organizations.

3.2.7 Migrants

In the current globalized world, immigration has become a continuous phenomenon. The current adversity against immigration and refugees is handled badly by populations and by authorities. It is needed that LGBTIQ+ refugees have a good chance to apply for asylum, without immediately having to come out to immigration authorities - which they often see us dangerous and potential abusers.

The situation of illegal immigrants is also a concern. Illegal immigrants and usually not get a legal job, not get insurance and I easily targets of employment abuse and extortion. This forces them to do degrading jobs or sex work without adequate protections and without access to care when there are risks. State provisions to make sure that refugees and illegal immigrants are at least seen as human beings who have basic rights for

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food and shelter are also essential for LGBTIQ+ people. Here again, the services that already exist need to be open to LGBTIQ+ and sensitive.

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5 Annex: Abbreviations

ADT: Androgen-deprivation therapy (medication for transgender and intersex persons)

ARDS: Acute respiratory distress syndrome

AIDS: Acquired Immuno-Deficiency Syndrome (illness cause by HIV)

CSO: Civil Service Organization

COVID-19: Coronavrus Disease 2019 (Official name for the disease caused by the SARS-CoV-2 (2019-nCoV). Informal name: Corona. See Coronavirus Disease 2019 (COVID-19) for details.

EL*C: Euro Central Asian Lesbian Community

GBV: Gender Based Violence

HIV: Human Immunodeficiency Virus (virus that causes Aids)

ILGA: International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World has branches in different regions, ILGA-Europe is the federation that covers Europe and central Asia)

MSM: Men who have Sex with Men

LGBTIQ+: lesbian, gay, bisexual, transgender, intersex, queer and other sexual and gender identities

PLWH: People Living with Hiv

RAINBO: The RAINBO project; Raising the digital literacy of professionals to address inequalities and exclusion of LGBTQI community

OII Europe: Organisation Intersex International Europe (European federation of intersex organizations)

PEP: post-exposure prophylaxis (medication used to reduce the chance of HIV infection after an unsafe sexual contact)

PrEP: pre-exposure prophylaxis (medication used as prevention to reduce the chance of HIV infection)

SOGIESC: Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics (sexual characteristics refers to persons with intersex conditions)

TGEU: Transgender Europe (European federation of transgender organizations)

UNAIDS: United Nations Taskforce on AIDS

WHO: World Health Organization

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6 Annex: Full Recommendations by Authors

6.1.1 UN Independent Expert on SOGIESC (2020)

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)

Full recommendations: p.23-25. (Madrigal-Borloz, 2020).

6.1.2 EL*C

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

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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.

(Outright: Bishop, 2020)

Safety and experience of violence (p. 29)

Address the increased feeling of unsafety in the lesbian communities and its heightened 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.

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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, ethnic/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)

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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 training 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 rhetoric 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).
(EL*C, 2021)

6.1.3 TGEU (Europe)

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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.

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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.

6.1.4 Hornet

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 fulfil 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.

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- 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]

(Wallach et al., 2020).

6.1.5 Global Black Gay Men Connect (GBGMC)

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.

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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.

6.1.6 The Williams Institute

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 (Sears, Conron & Flores, 2021).

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6.1.7 Jacintha Astles on LGBT migrants

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. (Astles, 2021)

6.1.8 Edge Effect (Australia)

General 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.

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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

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provides guidance for policy-makers, CSOs and other actors on the protection of diverse SOGIESC communities in public health and economic crises. (Edge Effect, 2020).

6.1.9 Edge Effect (international, social security)

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, ostracization from families, lack of identification documents or low mobile phone ownership – makes cash based assistance inaccessible 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.

(Edge Effect, 2021).

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6.1.10 Ross & Setchell: Physiotherapy

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)
- open options for gender provided on forms

(Ross & Setchell, 2019).

6.1.11 Educo: better schools

- 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.
- 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.
- 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.
- A school where learning and quality relationships and without violence go together, either with their peers or with adults.
- A school where participation is natural, learning requires reasoning and it is impossible to do so meeting standards without question.
- 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.
- This school requires a more competent, stimulated, empathetic and capable teachers positive relationships.
- 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.
- 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

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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.

- 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.
- 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.

(Plasencia, Giamello & Manuel Gómez, 2021; translated from Spanish).

6.1.12 RAD Australia 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.

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