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The experiences of UK LGBT+ communities during the COVID-19 pandemic

A review of evidence

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At **NatCen Social Research** we believe that social research has the power to make life better. By really understanding the complexity of people's lives and what they think about the issues that affect them, we give the public a powerful and influential role in shaping decisions and services that can make a difference to everyone. And as an independent, not for profit organisation we're able to put all our time and energy into delivering social research that works for society.

Consortium is the UK's umbrella body for LGBT+ voluntary and community organisations. Consortium provides support to approx. 420 LGBT+ organisations (www.consortium.lgbt).

The Intercom Trust is a community-led, LGBT+ provider of support for individuals, communities, and organisations in the South West (www.intercomtrust.org.uk).

LGBT Foundation is a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans communities (https://lgbt.foundation).

Stonewall is Britain's leading charity for lesbian, gay, bi and trans equality, working to create a world where every single person can be accepted without exception (www.stonewall.org.uk).

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Executive summary

The National Centre for Social Research (NatCen), with the support of Consortium, Intercom Trust, LGBT Foundation and Stonewall, is undertaking research to better understand what support can be provided to the UK LGBT+ voluntary and community sector (VCS) to address the impacts of the coronavirus (COVID-19) pandemic.

This report is the first output from the project and provides a synthesis of existing evidence on the experiences of UK LGBT+ communities. The methodology underpinning this report comprised two parts: a rapid evidence assessment (REA), and analysis of survey data collected by Intercom Trust, LGBT Foundation and Stonewall during April and June 2020.

This report synthesises evidence into nine key themes: mental health and wellbeing; self-harm and suicidal ideation; substance use; safety; homelessness and housing; health and access to health services; financial wellbeing; the experiences of LGBT+ services; and additional sub-themes identified via analysis of verbatim survey data.

Language and Terminology

Throughout this review the acronym LGBT+ is used. This is used as a collective term to represent lesbian, gay, bi and trans people, as well those who identify in other ways, such as such as asexual, intersex, pansexual, queer and questioning. Trans is also used as an inclusive umbrella term that includes binary trans people (trans men and trans women), as well as non-binary people. When citing research findings this review uses the language and terminology contained within original studies. This is to ensure findings are appropriately attributed.

Data Quality

The evidence base on UK LGBT+ communities' experiences of the COVID-19 pandemic is **methodologically limited**, with a distinct lack of statistically representative, comparative research. This means it is currently not possible to comprehensively compare the experiences (or impacts) of the pandemic between LGBT+ and non-LGBT+ people, or between different LGBT+ groups. This limits our understanding of both the scale and proportionality of the impacts of the pandemic on LGBT+ communities.

As it currently stands, available evidence on the UK LGBT+ communities' experiences of the COVID-19 pandemic largely comes in the form of **small-scale qualitative studies**, or from **survey research with non-representative, convenience samples**. Much of this work has been undertaken by LGBT+ voluntary and community sector organisations via their own networks and service users. This research provides rich and much-needed insight into the experiences of UK LGBT+ communities across a wide range of policy areas. It is, however, prone to self-selection bias and almost exclusively reflects the experiences of those already engaged with (or within the reach of) LGBT+ services.

Key Findings

The evidence identified by this review suggests that the COVID-19 pandemic has had a **negative impact on the mental health of LGBT+ people** living in the UK. This includes evidence of increased anxiety and depression, attributed to feelings of isolation and loneliness through the loss of safe, supportive, and identity-affirming peer-groups, communities and spaces.

Evidence suggests the **mental health of younger LGBT+ people** has been particularly negatively affected. This is in part attributed to younger LGBT+ people feeling the most unable to connect with those outside of their household during the pandemic. Some evidence identified by this review also suggests that the **mental health of LGBT+ people from Black, Asian and other minority ethnic groups has been disproportionately negatively affected.** Some evidence also suggests this to the case for **disabled LGBT+** people. Confidence in the validity of these findings is, however, hampered by small or unclear sub-sample sizes.

The findings of this review also consistently suggest that the **mental health of trans people** has been disproportionately negatively affected by the pandemic. This is attributed to the disruption of gender-affirming care and exacerbated experiences of gender dysphoria, in addition to heightened experiences of depression, anxiety and loneliness during lockdown(s).

The findings of this review suggest that **incidences of self-harm, suicidal ideation and suicide attempts** increased during the pandemic. This is particularly the case amongst younger LGBT+ and trans people of all ages. This is attributed to increased feelings of loneliness and isolation, compounded by difficulties accessing mental health support during lockdown(s).

The findings of this review suggest that LGBT+ communities **increased their consumption of alcohol, drugs and tobacco products during the pandemic**. This is attributed to increased stress, inactivity and boredom. The evidence also identifies concern amongst LGBT+ people regarding increased **substance and/or alcohol misuse** during the pandemic, as well as relapses from sobriety.

This review outlines several threats to the safety of LGBT+ people during the pandemic. Living in **unsupportive home environments** during lockdown(s) and having to conceal LGBT+ identities is identified as a key issue, particularly amongst younger LGBT+ people. This is described as compounding experiences of isolation and loneliness and having negative impacts of mental health.

Some of the evidence identified by this review also describes experiences of **domestic abuse** among LGBT+ communities, exacerbated by increased time spent with abusers in high-stress situations and limited opportunities to access support. Increased experiences of **harassment and violence outside the home** during the pandemic is also identified by this review. This is in part attributed to LGBT+ identities and relationships being considered more visible during lockdown(s). This review also identified evidence of **increased online harassment** during the pandemic, which is attributed to increased hostility toward LGBT+ people in the media.

Some evidence identified by this review suggests that **trans people are at greater risk of homelessness** than cis people during the pandemic. Some evidence also suggests **LGBTI migrants are at increased risk of homelessness** due to difficulties socially distancing in shared accommodation and experiences of homophobic and transphobic abuse in the places they are staying.[1] Evidence also identifies the pandemic causing financial difficulties for LGBT+ people, resulting in increased risk of eviction and homelessness.

Due to a lack of robust data collection on the experiences of LGBT+ people in the UK, the scale of the COVID-19 crisis and **rates of COVID-19 infection or mortality for this population are unknown**. Some evidence identified by this review suggests that LGBT+ people may delay accessing health services during the pandemic due to **fears and past experiences of discrimination**. There is also evidence of LGBT+ people not being able to access healthcare and medication, particularly trans people and LGBT+ disabled people. **Access to transition-related care** is identified as a particular issue, with the pandemic causing further delays to waiting times to access gender dysphoria clinics (GDC).

This review identified evidence of LGBT+ people experiencing **difficulties and reluctance accessing sexual health screening and treatment** during the pandemic. Difficulties accessing treatment is identified as a particular issue for those living with HIV. Reductions in monitoring of HIV-related medication and conflicting information on shielding requirements were also identified as concerns for LGBT+ people with HIV.

This review identified a small amount of evidence that suggests some LGBT+ people have experienced **financial hardship** during the pandemic. Some evidence also highlights limited hardship relief funding for LGBT+ asylum seekers and refugees, resulting in experiences of food poverty and being unable to afford medicine.

Evidence identified by this review suggests UK LGBT+ services have experienced **increased demand for their services** during the pandemic. This is attributed to increased isolation, decreased mental health, concerns around safety and difficulties accessing medication/healthcare amongst LGBT+ service users. LGBT+ services also report increased incidences of domestic violence, and homophobic, biphobic, and transphobic (HBT) abuse.

This review provides evidence of a **preference amongst LGBT+ people to receive support from LGBT+ services** during the pandemic. This is attributed to feeling better understood and better treated when compared to engaging with non-LGBT specific services, as well as support being considered quicker and valuable in helping LGBT+ people feel part of a community. There is, however, evidence that particular LGBT+ groups feel that LGBT+ services cannot address their needs. This includes LGBT+ parents, minority ethnic groups and people of colour, women, and disabled people.

Evidence identified by this review show LGBT+ services have **increased their online provision of support** during the pandemic. A range of barriers to successful provision

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[1] The research does not include reference to biphobic abuse.

of support online were however identified. This included concerns around online security and safeguarding, resistance from service users and/or trustees, as well as services lacking knowledge, skills and software/equipment.

Evidence identified by this review also suggests that the COVID-19 pandemic has had a financial impact on LGBT+ services, with a loss of earned income / donations, and a loss of income via contract services/grant funding, all of which were identified to **jeopardise LGBT+ services' long-term survival**. Some evidence also describes LGBT+ services being ineligible and/or unable to secure funding from Government support schemes.

Additional themes identified by this review include LGBT+ people feeling **pressured to 'come out'** while home working, concerns around the **rainbow flag being repurposed** to represent support for the NHS during the pandemic, and concerns that the pandemic has **diverted attention** away from recent threats to LGBT+ rights.

A key finding of this review is the identification of **significant evidence gaps.** These gaps relate to policy areas pertinent both to the experiences of LGBT+ communities during the pandemic, and to specific LGBT+ groups. In particular, there is a need to explore the experiences of **LGBT+ people from Black, Asian and minority ethnic communities** and **LGBT+ people of colour,** as well as **LGBT+ disabled people**; which are largely absent from the current evidence base. There is also a need to disaggregate the experiences of **lesbian women** and **bi people**, which are often subsumed under the 'LGB' umbrella. There is an under-representation of the experiences of the **youngest members of LGBT+ communities (under 18-year olds)**, and **LGBT+ migrants**. There are also groups whose experiences are absent from the existing evidence base, including **pansexual people, asexual people, and those who are intersex**. Finally, although there is some evidence regarding the general experiences of **trans and non-binary people**, further research is required to interrogate the specific manifestations of disadvantage and inequality experienced during the pandemic.

1 Introduction

The coronavirus (COVID-19) pandemic, and the Government and wider societal response, has brought the issue of inequality firmly into the spotlight in the UK. Increasingly, evidence has shown disparities between different groups of people's experiences of the pandemic, and the ways in which pre-existing discrimination and inequality on the basis of race, disability and gender have been compounded (Farah and Saddler 2020; Shakespeare *et al.* 2021).

Early on in the pandemic warnings of the likely disproportionate impact on lesbian, gay, bi and trans (LGBT+) communities began to emerge (Madrigal-Borloz, 2020).[2] These were made in acknowledgement of evidence that shows LGBT+ people experience poorer mental health outcomes, and are disproportionately affected by service discrimination, homelessness, societal rejection and violence (Hudson-Sharp and Metcalf, 2016). Soon after, UK LGBT+ organisations began to report unprecedented demand for their services, as well as evidence of the detrimental impact that the pandemic was having on the mental health and wellbeing of the LGBT+ people they support (Consortium 2020a; LGBT Foundation 2020).

Within this context, the National Centre for Social Research (NatCen), with the support of Consortium, Intercom Trust, LGBT Foundation and Stonewall, and funding from the Economic and Social Research Council (ESRC), are undertaking research to better understand the experiences of UK LGBT+ communities of the pandemic, and what support can be provided to the UK LGBT+ voluntary and community sector (VCS) to address their needs. This report is the first output from the project and synthesises existing evidence on the experiences of UK LGBT+ communities during the COVID-19 pandemic. This synthesis has two main objectives. First, to inform our subsequent research. This will be predominately through the identification of evidence gaps, which this project will seek to fill through qualitative research. Second, to consolidate evidence for the wider research, policy and service-providing community, in order to improve understanding on how the impacts of COVID-19 on UK LGBT+ communities should be addressed and understood.

1.1 Methodology

The methodology underpinning this synthesis is comprised of two parts. The first is a rapid evidence assessment (REA), undertaken to provide a synthesis of available evidence on the experiences of UK LGBT+ communities during the COVID-19 pandemic. The second is the analysis of survey data, collected by Intercom Trust, LGBT Foundation and Stonewall.

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[2] ONS (2021) estimates that, in 2019, 2.7% (1,400,000 million) of the UK population over the age of 16 identified as lesbian, gay or bisexual (LGB). There is currently no robust data on the size of UK trans population. Estimates however suggest there to be approximately 200,000 to 500,000 trans people in the UK (GEO, 2018).

1.1.1 Rapid evidence assessment

As outlined by Government Social Research Service (2014), the primary purpose of a REA is to provide a robust, systematic synthesis of evidence within a limited timeframe. REAs achieve this by restricting the scope of evidence included, as well as by shortening, simplifying or omitting steps that would be taken as part of a full systematic review. In line with this, this REA had four stages: a pilot search; an evidence identification stage; a screening and selection stage; and a synthesis and reporting stage. The REA design included the review of peer-reviewed journal and grey literature to ensure the widest range of relevant evidence was considered. The protocol also ensured that quality of evidence was assessed and reported as part of the review. The full REA methodology is provided in Appendix One.

Throughout this review the acronym LGBT+ is used. This is used as a collective term to represent lesbian, gay, bi and trans people, as well those who identify in other ways such as such as asexual, intersex, pansexual, queer and questioning. Trans is also used as an inclusive umbrella term that includes binary trans people (trans men and trans women), as well as non-binary people.[3]

The focus of this review is on primary evidence on the experiences of UK LGBT+ communities during the COVID-19 pandemic. Non-UK and secondary research are, however, also included where the findings are of direct relevance to the UK and/or alternative primary evidence was not identified.[4]

Table 1	Inclusion/exclusion criteria
Language	Published in English language only.
Country	Primary research evidence to focus on the UK only. Secondary research evidence from outside the UK may be included if of relevance to the UK and/or in areas of limited alternative sources.
Year	2020 onwards.
Access	Full texts of documents should be accessible to the research team.
Evidence type	Evidence will primarily be from either grey literature or peer-reviewed journal articles. Due to time constraints, books and monographs will not be included. Newspaper articles, blogs, and/or datasets without accompanying narrative/reports will not be included.
Methodology	Primary research (qualitative and quantitative) and reviews (REAs, systematic, meta-analyses) will be included. The review may also include commentary pieces in instances of limited evidence.

This review is largely comprised of non-peer-reviewed research. Much of the evidence also comes from survey research undertaken online with non-representative, convenience samples, which will be prone to self-selection bias. Some findings come

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[3] In order to accurately report findings, the language and terminology used within cited studies is reported throughout. This includes variation in the acronym used to represent UK LGBT+ communities.

[4] Prior to undertaking this study LGBT Foundation (2020), Intercom Trust (2020) and Stonewall (2020) produced outputs based on the COVID-19 LGBT+ survey data. To avoid the duplication of evidence these studies are not included in this review.

from small-scale qualitative studies, which provide detail insight into the lived experiences of LGBT+ communities throughout the pandemic. Other studies cited are editorials and/or commentary pieces, without primary evidence. The methodology of all cited evidence is reported throughout, including sample sizes where possible.

As a consequence of the types of evidence identified by this review, much of the research cited in this report is non-comparative. This means it is often not possible to compare the experiences between LGBT+ and non-LGBT+ groups, or between different sub-populations within UK LGBT+ communities. As a result, the findings of this review should not be taken as representative of the whole UK LGBT+ population, nor as a direct indication that the experiences of those within LGBT+ communities are similar or different to others, unless otherwise stated.

1.1.2 COVID-19 LGBT+ survey data

In addition to the REA, this review provides evidence from analyses of survey data collected by Intercom Trust, LGBT Foundation and Stonewall on experiences of UK LGBT+ communities during the COVID-19 pandemic. This data was collected between April and June 2020 by each organisation, using the same questionnaire (Appendix Three). The questionnaire includes questions on mental health, social connectedness, safety and service engagement. Questionnaires were disseminated via social media and respective organisations' networks. Survey respondents are therefore self-selecting. As a result, findings are subject to a high degree of self-selection bias, as individuals' propensity to respond will be correlated with their interest in the subject matter. In line with this, the survey data has not been weighted and should not be taken as representation of the UK LGBT+ population.

The analyses contained in this report are based on 1,745 survey responses. Figure 1.1 outlines the age profile of survey respondents, which shows 25-34 as the largest respondent age category (24%).

Of the 1,705 respondents who reported their sexual orientation, 1,062 (62%) identified as gay (646) or lesbian (416) (Figure 1.2). 346 (20%) identified as bisexual, and 86 (5%) identified as pansexual. 54 (3%) respondents identified as heterosexual/straight, 20 (1%) respondents identified as asexual and 90 (5%) identified as queer. Forty-three (3%) respondents identified as another sexual orientation (Figure 1.2). [5] Notably, bisexual respondents were generally younger, with 39% of respondents aged under 24 reporting as bisexual. This is compared to 15% of those aged 25+ and over.

Of the 1,709 respondents who provided their gender identity, 730 (43%) identified as men, 748 (44%) as women, and 189 (11%) identified as non-binary. Forty-two respondents (3%) identified in other ways (Figure 1.3).[6]

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[5] This included finsexual, demisexual, fluid, sapiosexual, abroromantic, among others, as well as those who were unsure or questioning.

[6] This included identities such as 'gender fluid', 'genderqueer', 'gender neutral', 'agender', and 'gender non-conforming', among others.

Figure 1:1   Age profile of respondents

Base: 1,722 respondents

Figure 1:2   Sexual orientation of respondents

Base: 1,701 respondents

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Base: 1,709 respondents

1,685 respondents provided information on their trans status. Of these, 1,281 (76%) identified as cis, while 404 (24%) identified as trans (Figure 1.4). Notably trans respondents were generally younger than cis respondents, with 42% of those under the age 24 self-reporting as trans (153 out of 367 respondents). This is compared to 19% of those aged 25 and over (249 out of 1,312).

Of the 1,823 respondents who provided their employment statuses, 1,032 (57%) were employed full- or part-time, with an additional 167 (9%) self-employed full- or part-time. 322 respondents (18%) were full- or part-time students. 158 (9%) were unemployed and 144 (8%) were retired.[9]

Of the 1,706 respondents that provided their ethnicity, 1,501 (88%) were white, 25 (2%) were Black, African, Caribbean or Black British, (29) 2% were Asian or Asian British and 49 (3%) were Mixed or Multiple Ethnic. 102 (6%) identified as 'another ethnic group'.

Figure 1:4   Trans status of respondents

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[8] This included identities such as 'gender fluid', 'genderqueer', 'gender neutral', 'agender', and 'gender non-conforming', among others.
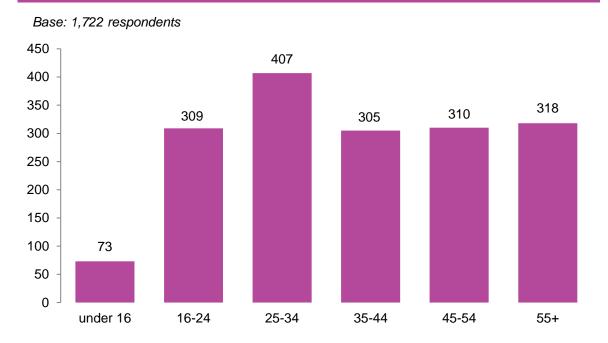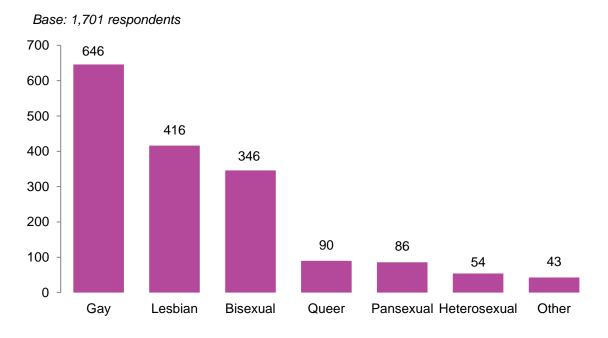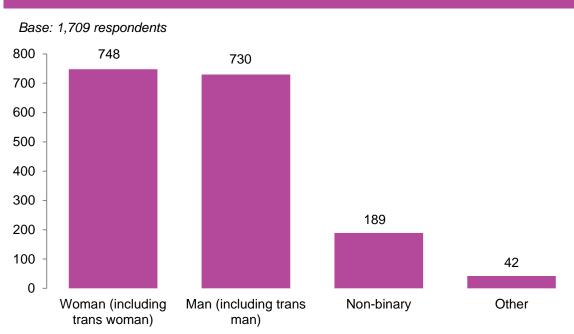[9] Multiple response question so total does not equal 100%

Of the 1,694, 420 reported as having some form of disability (24%). Of 1,715 respondents, 57 reported as HIV positive (3%). Of 1,688 respondents, 34 reported as intersex (2%). Finally, of the 1,745 respondents, 779 responded to the survey via Stonewall (45%), 574 via LGBT Foundation (33%) and 392 via Intercom Trust (23%)

Due to the methodological limitations of the survey data, this review only reports broad trends, and only compares the responses of different LGBT+ groups when differences are large. When differences between LGBT+ groups are reported, sample sizes are provided to contextualise findings. Due to small sample sizes, this review does not report comparisons on the basis of ethnicity, HIV status, intersex status, or, on the basis of minority-reported sexual orientations (including pansexual and heterosexual) and gender identities (including non-binary). This report does, however, report verbatim responses provided by respondents from these groups where possible, in order to explore their specific experiences of the COVID-19 pandemic.

1.1.3 Structure of the report

This report synthesises evidence into ten chapters.

- Chapter 2 synthesises evidence on **mental health and wellbeing.** This includes evidence of the impacts of COVID-19 on LGBT+ peoples' experiences of depression, anxiety, isolation and loneliness.

- Chapter 3 outlines evidence on experiences of **self-harm and suicidal ideation** among LGBT+ communities during the COVID-19 pandemic.

- Chapter 4 outlines evidence on **substance use** amongst LGBT+ communities during the COVID-19 pandemic.

- Chapter 5 synthesises evidence on **safety**. This includes evidence on LGBT+ peoples' experiences of hostile home environments, domestic abuse and harassment during the COVID-19 pandemic.

- Chapter 6 synthesises evidence on **homelessness and housing.** This includes evidence on both the risk and direct experiences of homelessness experienced by LGBT+ people during the COVID-19 pandemic.

- Chapter 7 synthesises evidence on **health**. This includes evidence on LGBT+ people's access to healthcare and medication (including access to transition-related care), sexual health, and the risks of COVID-19 infection during the pandemic.

- Chapter 8 synthesises evidence on **financial wellbeing**. This includes evidence on LGBT+ people's experiences of unemployment and loss of income during the COVID-19 pandemic.

- Chapter 9 synthesises evidence on the impact of COVID-19 on **LGBT+ services.** These relate to financial difficulties experienced by LGBT+ services, as well as the impacts on service provision and staffing.

- Chapter 10 synthesises **additional findings** on the impacts of the pandemic on LGBT+ as identified by the analysis of verbatim responses to the COVID-19 LGBT+ survey.

- Finally, Chapter 11 outlines the **evidence gaps** identified by this review.

Throughout, this review will synthesise evidence as it applies collectively to LGBT+ communities, as well as specifically to LGBT+ sub-populations where possible. This will include reporting the specific experiences of lesbian, gay, bi and trans people, as well as the experiences of LGBT+ people as they relate to their other identities, including on the basis of age, disability, gender identity, refugee status, race and ethnicity, trans status, and sexual orientation.

2 Mental health and wellbeing

Evidence identified by this review suggests that the COVID-19 pandemic has had a negative impact on the mental health of LGBT+ people living in the UK.

LGBT Hero (2020), through an analysis of 2,300 online survey responses from LGBTQ+ people, report 79% of respondents stated that their mental health had been negatively impacted by the pandemic and lockdown restrictions in March 2020. This research found 43% of respondents reporting being depressed and 50% to experience anxiety "very often" or "every day" during the pandemic. This is compared to 24% who reported being depressed and 34% experiencing anxiety "very often" or "every day" before the pandemic. Similarly, Kneale & Bécares (2020), through an analysis of 310 online survey responses from LGBTQI+ people, found 69% of their sample to exhibit significant depressive symptomology.[10] Similarly, Lancashire LGBT (2020), through the analysis of 187 online survey responses from LGBT people, report 72% of respondents being concerned about their mental health during the first national lockdown. Pink Saltire (2020), via an analysis of 927 survey responses from LGBT+ people living in Scotland, also identified deteriorating mental health as the biggest challenge faced by respondents; with an average self-rated mental wellbeing score of 2.3 out of 5.[11]

Some evidence identified by this review compared LGBT+ peoples' experiences of multiple coronavirus lockdowns in the UK. LGBT Hero (2021), for example, through the analysis of 2,273 online survey responses from LGBTQ+ people, report 49% of respondents had found the lockdown beginning in January 2021 harder than the first lockdown beginning in March 2020. This is compared to 24% who found both equally hard and 19% who found the first lockdown harder. This survey also reported 80% of respondents to state that the January 2021 lockdown had negatively impacted their mental health.

Evidence identified by this review suggests isolation and loneliness appear to be key aspects of LGBT+ people's experiences of the COVID-19 pandemic. LGBT Hero (2020), for example, reported that before the pandemic 21% of respondents said they experienced loneliness "very often" or "every day". During the pandemic, this more than doubled to 56%. LGBT Hero (2021) found the proportion of respondents stating that they experienced loneliness "very often" or "every day" to reduce during the second lockdown, down to 42%. This research also found that 14% of respondents had not had contact with another LGBTQ+ person for over a month. Similarly, Pink Saltire (2020), found that 66% of respondents were experiencing feelings of isolation and loneliness during the pandemic.

In their commentary piece on the possible impacts of COVID-19 social distancing measures, Jowett (2020) notes that LGBT+ people, who are generally considered at higher risk of experiencing mental health problems when compared to the general population, are particularly likely to experience distress, social isolation and loneliness

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[10] Using 10-item Center for Epidemiological Studies Depression scale (CES-D-10)

[11] Scale: 1 = very poor, 5 = excellent

during the pandemic. This is due to being kept away from friends, partners, and LGBT+ safe spaces. In line with this, Houghton and Tasker (2020), through an analysis of 345 responses to an online survey on the experiences of 18-35 year old LGBTQ* individuals during the COVID-19 lockdown, found 28% of respondents in relationships felt very or extremely isolated from their partner(s) during the pandemic. This report also found 59% of respondents to feel very or extremely isolated from their LGBTQ* friends. This was compared to 46% feelingvery or extremely isolated from heterosexual or cisgender friends. Tusker Haworth (2021), through 17 in-depth interviews with LGBTIQ+ individuals, reports similar findings, with participants describing feelings of isolation and heightened stress through the loss of safe, supportive, and identity-affirming spaces (such as community support groups and Pride festivals).

In the COVID-19 LGBT+ survey, respondents were asked to list their top three concerns related to the current COVID-19 pandemic. As shown in Table 2, "being unable to see friends and family" was the most commonly reported response (61%). This was followed by "worried about the health of friends and family" (50%), and "decreased mental wellbeing" (41%).

Table 2	Please list your top three concerns related to the current COVID-19 (coronavirus) crisis in the UK[12]
Being unable to see friends and family	61%
Worried about the health of friends and family	50%
Decreased mental wellbeing	41%
Increased isolation	28%
Worried about your own health	27%
Being able to support a loved one in the way you usually would	25%
Financial concerns	22%
Loss of job/reduction in employment	19%
Decreased access to health care	16%
Not feeling safe at home	4%
Unable to access confidential support	3%
Unable to properly self-isolate	3%

In the COVID-19 LGBT+ survey respondents were also asked: *"is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?"*. Analysis of verbatim responses to this question [n=572] show respondents feeling isolated from their LGBT+ friends and the wider LGBT+ community as key concerns. As part of this, some respondents discussed a lack of support from their biological families and the difficulties in maintaining close friendships with other LGBT+ people during lockdown(s).

> "as a queer person, I rely on close friendships and non-traditional forms of kinship… [lockdown] is so much easier for people who live in conventional relationships or family bonds."

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[12] Based on 1,733 respondents

> "a lot of LGBT+ people create their own families, support and community that is more important than for straight/cis people who take these for granted."

Some respondents also described feeling isolated when living with non-LGBT+ people.

> "I am bottling up my struggles because I don't have anyone to talk to in person who will understand what I am going through."

> "not being surrounded by other LGBTQ people feels isolating and at times almost invalidating of my own experiences."

Some respondents also reported struggling with being unable to see their partner(s) due to social distancing and lockdown rules. Some described experiencing mental health difficulties due to a lack of physical intimacy with others.

> "My partner and I live in different towns and due to illness have had to self-isolate separately. My partner is at high risk so we are taking the social distance very seriously but it means even when I have gone to see her we have to keep a distance, it is hard."

Related to feelings of isolation, verbatim responses from respondents also described the negative impacts of losing queer spaces as result of lockdown, including the cancellation of LGBT+ events such as Pride. Respondents subsequently described missing connecting with LGBT+ people and safe LGBT+ spaces.

> "This might not seem like the biggest priority at the moment, but I really miss being able to be in definitively LGBT environments; I miss being able to fully express my LGBT identity by being amongst other LGBT people, in spaces that are sparkly and affirming and unmistakably 'gay'."

> "[…] it's been really isolating, not having the usual events and nights out that I can go to feel safe and at my most comfortable as a queer person."

Verbatim survey responses also identified how mental health conditions were exacerbated during lockdown and highlighted the negative impacts of losing mental health support from both professionals and within the community. These included increased feelings of depression, anxiety, eating disorders, sleep deprivation, self-harm and suicidal ideation. This is further discussed in Chapter 3.

> "My mental health was suffering before the lockdown, but since that time it's got considerably worse, to the point where it's now significantly debilitating."

> "I feel that negative and self critical thoughts seem more prevalent during the lockdown. Probably because I have more time to think... Living on my own does make it harder as there are very few others to 'bounce' off."

2.1 Younger LGBT+ people

Some evidence identified by this review explored the mental health of younger LGBT+ people during the pandemic. Kneale and Bécares (2020), through an analysis of 310 online survey responses from LGBTQI+ people, found younger respondents (18-24) [n=47] to experience higher levels of stress and depressive symptoms during the pandemic when compared to older respondents (aged 25+) [n=263]. Similarly, Pink

Saltire (2020), via the analysis of 927 survey responses from LGBT+ people living in Scotland, found that the average mental wellbeing score for young people (aged 30 and under) was 2 out of 5. This is compared to an average score of 2.3 across all respondents. Pink Saltire (2020) also reported 77% of under 19s [n=74] were feeling isolated and lonely. This is compared to 50% of those aged over 60 [n=65].

Similarly, LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, reports increases in the proportion of under-18s and 18-24 year olds reporting "extremely poor" or "poor" mental health as result of lockdown, increasing from 43% to 69% and 33% to 68% respectively.[13]This research also reports the proportion of under 18s feeling lonely "very often" or "every day" increasing as a result of lockdown from 28% before lockdown to 67% during lockdown. This is compared to 14% of 35-44 year olds who reported feeling lonely "very often" or "every day" before lockdown, which increased to 39% during. LGBT Hero (2021), through the analysis of 2,273 online survey responses from LGBTQ+ people, also reports 90% of under 18s [n=118] stating that the latest lockdown in January 2021 was damaging to their mental health. This is compared to 43% of those aged 65+ [n=68].
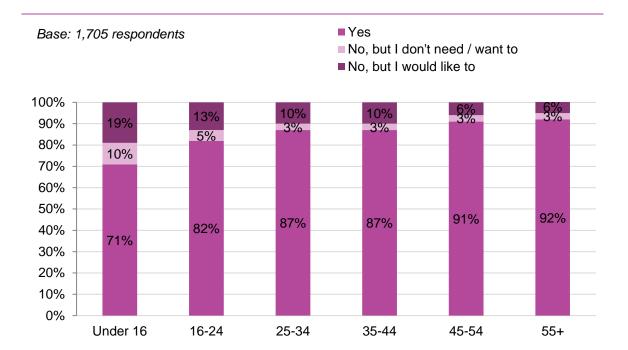
JustLikeUs (2021), through a comparative survey of 2,934 secondary school pupils (of which 1,140 were LGBT+), reports over half (55%) of LGBT+ young people worrying about their mental health daily during the pandemic. This compares to a quarter (26%) of non-LGBT+ young people. This study also reports LGBT+ young people to be twice as likely as their non-LGBT peers to have felt lonely on a daily basis during lockdown. In line with this, Jowett (2020), a commentary piece on the possible impacts of COVID-19 social distancing measures, suggests there to be an increased likelihood of young LGBT+ individuals feeling isolated during the pandemic if they are unable to talk to their household members about their sexuality or gender identity, and/or are separated from safe LGBT+ spaces. These findings are reinforced by DeMulder *et al.* (2020), a commentary piece outlining the need for sexual and gender minority (SGM) young people to be prioritised during the pandemic, which discusses how stay-at-home orders prevent access to non-familial support from peer groups and school health centres. Kirkham and Jayawickrama (2021), a study of six organisations in the Greater Glasgow and Clyde area, report similar findings, suggesting being a member of group and/or digital connection was essential for young people regarding their mental wellbeing in lockdown.

In the COVID-19 LGBT+ survey, respondents were asked: "*do you feel able to connect with others you don't live with e.g. phone, social media, video calls?*", 87% responded "yes"; 3% responded "no but I don't need/want to"; 10% "no but I would like to". Analysis of the responses of different age groups suggests younger respondents felt less able to connect with others they don't live with but would like to (Figure 2).

Figure 2	Do you feel able to connect with others you don't live with (e.g. phone, social media, video calls)?

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[13] Sub-sample sizes not reported

Legend:
- ■ Yes
- ■ No, but I don't need / want to
- ■ No, but I would like to

Age group	Yes	No, but I would like to	No, but I don't need / want to
Under 16	71%	19%	10%
16-24	82%	13%	5%
25-34	87%	10%	3%
35-44	87%	10%	3%
45-54	91%	6%	3%
55+	92%	6%	3%

2.2   Older LGBT+ people

Some evidence explored the mental health and wellbeing of older LGBT+ people during the COVID-19 pandemic. Opening Doors London (2020), for example, through the analysis of 103 survey responses of their members (aged 51 years old and above) and supplementary telephone calls with members who were digitally excluded, found over half of respondents to report lockdown having a negative impact on their psychological wellbeing. This report also found 37% of respondents feeling more lonely than usual. Similarly, Westwood *et al.* (2021), a web-based survey of 375 older self-identifying LGBT+ people (60 years old and above), found 48% of LGBT+ people reported a worsening of their mental health as a result of the pandemic. This compares to 42% who reported no change, and 9% who reported a positive impact.[14] Pink Saltire (2020), a survey on the experiences of LGBT+ people living in Scotland with 927 respondents, reports similar findings with just under 50% of older LGBT+ people [n=65] reporting loneliness as their biggest challenge during the pandemic. Lancashire LGBT (2020), through the analysis of 187 online survey responses from LGBT people, also report 70% of respondents over the age of 55 not keeping in contact with LGBT+ groups they attended before lockdown.

Murray and Rolston (2020), an evidence review assessing the impact of COVID-19 on those with protected characteristics and Greater London Authority (GLA) roundtable discussions with 275 organisations, suggests older LGBT+ people are likely to experience depression and anxiety during the pandemic due to being more likely to be single, living alone, and having less support from children and extended families. These are findings reinforced by Phillips (2021), an editorial on the impacts of COVID-19 on LGBT+ communities, and Almack *et al.* (2021), an editorial focused on care in later life

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[14] This study also reports 51% of the sample to live alone; suggesting the COVID-19 lockdown therefore made little difference to participants' feelings of isolation and loneliness.

for LGBT+ people, which both suggest older LGBT+ people are likely to rely on chosen families, to whom they may have lost access to during the pandemic. These studies also suggest older LGBT+ people would have likely lost crucial face-to-face social support from LGBT+ organisations due to the pandemic (Almack *et al.*, 2021) and maynot have the digital skills to take part in alternative, virtual forms of support (Rolston and Murray, 2020).

2.3 LGBT+ people from minority ethnic communities

Some evidence identified by this review explored the mental health of LGBT+ people from Black, Asian and minority ethnic communities and LGBT+ people of colour during the pandemic. LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, found self-reported poor mental health almost doubled for both Black and South Asian respondents during the pandemic; increasing from 35% to 67% and 28% to 55% respectively.[15] This study also reports Black respondents to experience higher rates of depression during lockdown when compared to white respondents (50% and 43% respectively). Self-reported rates of depression were found to double during lockdown among Black respondents, increasing from 26% to 50%. This study also reports respondents from ethnic minority communities to report increases in feeling lonely during the pandemic. This includes South Asian respondents reporting the biggest increase in feeling lonely "very often" or "every day", increasing from 23% before the pandemic to 61% during.

Similarly, Pink Saltire (2020), a survey on the experiences of LGBT+ people living in Scotland with 927 respondents, found that 65% of Black and minority ethnic LGBT+ respondents [n=69] had experienced isolation and loneliness during the pandemic. This study also reports 15% of minority ethnic respondents to state not having access to the internet via a device or other means. This is compared to 1.7% of overall respondents.

Jaspal (2021), through 15 qualitative interviews with British South Asian gay men during the COVID-19 lockdown, found having to conceal their identity while living in unsupportive home environments during the pandemic as key source of psychological distress. This is further discussed in Chapter 5.

In response to the question "*Is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?*" [n=572], respondents described feelings of isolation as a result of being apart from both the LGBT+ and ethnic communities they were part of.

> "I'm currently stuck somewhere very remote with no family, no friends, no black community and no gay community. Coming from London this feels very isolating."

Verbatim responses from respondents from Black, Asian and minority ethnic communities and people of colour also outlined compounded experiences of

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[15] Sub-sample sizes not provided.

discrimination during the pandemic, and feelings of isolation from within LGBT+ communities.

> "[R]acism, the intersection of being queer and a PoC [person of colour] and a migrant is a very specific and hard one. People treat differently white gay cis men than queer brown non binary afabs [assigned female at birth] who's first language is not English."

> "My reality as a PoC who is LGBT, disabled and Muslim is so different to many other LGBT people. The intersections of my identity mean that I'm fighting battles on many fronts. I wish other queer people truly understood the depth of it."

2.4 Disabled LGBT+ and LGBT+ people in supportive living

A small number of studies identified by this review explored the mental health and wellbeing of disabled LGBT+ people during the pandemic. Pink Saltire (2020), via an analysis of 927 online survey responses from LGBT+ people living in Scotland, found that the average mental wellbeing rating for those with a physical or sensory impairment was 1.8 out of 5, the lowest of any group in the survey.[16] Regard (2021), a commentary piece from Regard's Co-Chair, details the experience of care home residents, stating that LGBTQI+ care home residents are among those at higher risk of contracting COVID-19, as well as likely to have the least support from relatives.

Verbatim responses from disabled LGBT+ people to the COVID-19 LGBT+ survey also identified concerns around health and shielding negatively impacting on mental health. Some responses also raised concerns around home care provision being compromised during the pandemic, which increased experiences of isolation.

> "I'm shielding because of I'm at high risk of developing severe complications from coronavirus….I am afraid my existing care package may be reduced because of Covid 19 which would increase the isolation that I currently feel, and disregard my human and disability rights. Isolation due to covid 19 has affected [my] mental health and my care package."

Some disabled LGBT+ respondents also described concerns around their physical health due to the risk of contracting COVID-19 from their carers.

> "I live in sheltered housing, most are vulnerable because of age and health conditions. Carers coming in to support can bring the Covid with them."

2.5 Trans people

Several studies identified by this review explored the mental health and wellbeing of trans people during the pandemic. Pink Saltire (2020), via an analysis of 927 online survey

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[16] 185 out of 927 respondents to the survey reported having a physical or sensory impairment.

responses from LGBT+ people living in Scotland, reported 75% of trans respondents [n=185] as describing their mental health as "poor" or "very poor", with an average mental health score of 1.9 out of 5.[17] Similar findings were reported by Kneale & Bécares (2020) which, through an analysis of 310 online survey responses from LGBTQI+ people, found trans and gender diverse (TGGD) respondents [n=73] to have had the highest scores for stress and depressive symptoms across the sample.

LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, found 72% of TGGD respondents to rate their mental health as "extremely poor" or "poor". This is compared to 56% of cis people.[18] This was a trend also identified in LGBT Hero (2021) which, through the analysis of 2,273 online survey responses from LGBTQ+ people, found TGGD respondents [n=614] were 13% more likely to say that lockdown negatively affected their mental health than cis respondents [n=1,591]. This study also found TGGD respondents to report bigger increases in feeling isolated and lonely during the pandemic than cis respondents, increasing from 23% to 66% compared 20% to 51% respectively. Pink Saltire (2020) also found 74% of trans respondents [n=185] to report feelings of isolation and loneliness. This is compared to 66% of all respondents.

Studies reported several specific factors to impact trans people's mental health and wellbeing during the pandemic. Wang *et al.* (2020), a commentary on the challenges trans people are facing when accessing healthcare during COVID-19, reports trans people to likely suffer poor mental health as a result of cancelled hospitals appointments and the postponement of gender-affirming treatments. This is further discussed in Chapter 7. Tusker Haworth (2021), via 17 in-depth interviews with LGBTIQ+ individuals, of which eight were trans, also reports negative impacts on mental health due to reduced access to mental health support. This study also found trans respondents to report heightened experiences of gender dysphoria, as well as anxiety whilst home-working around preparing and presenting themselves to be recognised as their correct gender whilst using video-conferencing software.

Analysis of verbatim survey responses to the COVID-19 LGBT+ survey in response to the question *"is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?"* [n=572] provides further evidence on the mental health impacts of the pandemic on trans respondents. Trans respondents, for example, described lockdown exacerbating gender dysphoria. This was attributed to a lack of face-to-face gender-affirming support from LGBT+ friends, difficulties with gender presentation due to wearing masks, and a lack of distractions leading to a focus on fears around transition.

> "being in my own head without distraction for long periods giving me more time to mull over my dysphoria and fears around my transition."

> "This may sound silly, but I get misgendered constantly when I wear a face mask which means I have to choose between my physical and mental safety when leaving the house and going to the shops."

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[17] 185 out of 927 respondents to the survey reported being transgender.

[18] Sub-sample sizes not reported.

Verbatim responses from trans respondents also described how shifts in modes of communication as a result of lockdown impacted on their experiences of gender dysphoria. Examples included being more regularly misgendered whilst using the phone and video conferencing. Some trans respondents also described their dysphoria worsening during lockdown as result in changes to their personal appearance:

> "the lack of need to get up and get ready properly makes my dysphoria worse because of not putting my binder on or wearing masculine clothes."

> "I know this sounds trivial, but as a butch dyke being able to get my haircut is important and I [am] worried about what to do as my hair gets longer".

2.6   Different LGB groups

Some research identified by this review explored the mental health and wellbeing of specific LGBT+ groups during the pandemic. Santos *et al.* (2020), for example, through the analysis of 2,732 online survey responses from men who have sex with men (MSM) across 103 countries, found that COVID-19 had had a substantial impact on the mental health of participants, with 31% reporting moderate to severe distress measured using the PHQ-4 scale. [19] [20] Holloway *et al.* (2021), through the analysis of 10,079 online survey responses from gay, bi and MSM via a social networking app, also found 62% of respondents to report feeling lonely since the COVID-19 crisis began. [21] [22] This study also identified several protective factors against participants reporting feeling lonely, including higher socioeconomic status, tertiary education, being employed, having healthcare coverage, being in a relationship, and cohabiting with a partner.

LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, reported lesbian and bi respondents to experience significant increases to feeling lonely "very often" or "every day" during the pandemic; going from 24% to 61% and 23% to 61% respectively.[23] This is compared to gay men whom reported 15% feeling lonely "very often" or "every day" before the pandemic, which increased to 43% during.

LGBT Hero (2021), through the analysis of 2,273 online survey responses from LGBTQ+ people, also reports a higher proportion of bisexual respondents to state lockdown has been damaging to their mental health (85%) when compared to gay respondents (71%).[24] Similar findings are also reported by Kneale and Bécares (2020), which show non-heterosexual respondents who are cisgender but do not identify as lesbian or gay as having elevated scores for stress and depressive symptoms.

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[19] 126 respondents were from the UK.

[20] Patient Health Questionnaire-4 (PHQ-4), a tool developed and validated by Kroenke, Spitzer, Williams and Löwe (2009) used to measure and screen for psychological distress, and particularly, depression and anxiety.

[21] 218 respondents from the UK (Rao *et al.* 2021).

[23] Sub-sample sizes not reported.

[24] 545 respondents reported as bisexual and 795 as gay.

2.7 LGBT+ migrants

Some studies identified by this review explored the mental health and wellbeing of LGBT+ migrants during the pandemic. Holloway *et al.* (2021), for example, through the analysis of 10,079 online survey responses via from gay, bi and MSM via a social networking app, found that feelings of loneliness were positively associated with being a migrant or having at least one parent who is a migrant.[25] Furthermore, Rocca (2020), via an account of the support provided by Micro Rainbow through the pandemic, outlines the extreme isolation and rejection LGBTI migrants often experience and how this has been exacerbated by the pandemic. This includes LGBTI migrants having no support and not being able afford the technology to stay connected virtually.

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[25] How these findings specifically relate to the UK sub-sample are unclear.

3 Self-harm and suicidal ideation

This review identified a small number of studies that explored LGBT+ communities' experiences of self-harm and suicidal ideation during the COVID-19 pandemic.
LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, report 9% of respondents stating that they self-harmed "very often" or "every day" during the pandemic, an increase from 6% before the pandemic. This study also found under 18s to report the highest rates of self-harming "very often" or "every day" during the pandemic (14%), as well as large increases among 18-24 year olds (from 2% before to 9% during the pandemic).[26] This study also reports a higher proportion of TGGD respondents to self-harm "very often" or "everyday" when compared to cis respondents, increasing from 8% to 15% and from 6% to 12% respectively.

LGBT Hero (2021), through the analysis of 2,273 online survey responses from LGBTQ+ people, reported 35% of respondents feeling suicidal in the last year. This included 47% of 18-24 year olds who responded to the survey [n=432]. This research also found 6% of respondents to have attempted suicide in the last 12 months. This included 14% of under 18s [n=818] who responded to the survey. This study also reported TGGD respondents [n=614] to be more likely to report a suicide attempt in the past year when compared to cis respondents [n=1,591], 12% compared to 4% respectively. Nazroo *et al.* (2020), an evidence review assessing the impact of COVID-19 on those with protected characteristics and those living in more precarious socioeconomic circumstances in London, also reported an increase in the number of LGBTQ+ people seeking suicide-prevention support during lockdown, citing the experiences of services such as MindOut.

Verbatim responses to the COVID-19 LGBT+ survey in response to the question *"is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?"* [n=572] showed respondents struggling with both self-harm and suicidal ideation during the pandemic. These are attributed to increased feelings of loneliness, isolation and disruption to their lives as a result of lockdown.

> "I might start self harming again because I have been becoming more lonely being unable to see my friends."

> "Used to self harm and have suicidal thoughts, being quarantined with my family after living in a different city made the thoughts come back".

Verbatim responses also demonstrate difficultly accessing community mental health services during the pandemic. This is further discussed in Chapter 7.

> "Needed to go to crisis mental health team as came close to committing suicide, but felt like I wasn't allowed to access help. All community mental health services have been stopped, and they've told me I've been taken off their list, and every time I try to ask them what's going on they won't tell me and won't give me an appointment"

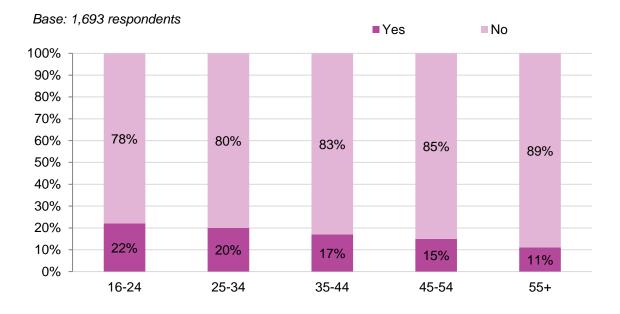
[26] Sub-sample sizes not reported.

4 Substance use

This review identified a small number of studies that explored LGBT+ communities' experiences of substance use during the COVID-19 pandemic. Pink Saltire (2020), a survey on the experiences of LGBT+ people living in Scotland with 927 respondents, reports one in five respondents stating that they were drinking more during the COVID-19 pandemic, and 7% to state they were misusing alcohol. Similarly, Viney (2020), an online survey of 146 LGBTQ+ people who live, work or socialise in Birmingham, report 30% of those who took drugs [n=30], 40% of those who drank [n=112], and 75% of those who used tobacco products [n=27] had increased their use during the pandemic.

LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, reported similar findings, with a third of respondents reporting drinking more than usual during lockdown. This study also found 9% of respondents drinking every day and 7% of participants taking more drugs than usual during lockdown.

In the COVID-19 LGBT+ survey, respondents were asked "*are you concerned the situation is going to lead to substance or alcohol misuse/trigger a relapse?*". 17% of respondents responded "yes" [n=285]. Comparison between different age groups show greater concern of misuse or relapse among younger respondents (Figure 3).

Figure 3   Are you concerned the situation is going to lead to substance or alcohol misuse/trigger a relapse?

Base: 1,693 respondents

Analysis of verbatim responses to the COVID-19 LGBT+ survey provide evidence of increased use of alcohol and drugs, as well as increased gambling, among respondents during lockdown. This was largely attributed to stress, inactivity and boredom during lockdown.

> "I am drinking regularly in the evening, by myself. This is not something I have done in the past."

Some respondents also described lockdown adding pressure to and/or causing relapse of their sobriety.

> "I'm a recovering alcoholic & it's adding pressure to my sobriety"

> "I am already a drug addict. Was getting on top of my addiction before this. But spending every day at home with nothing to do has driven me back to drug dependency."

5 Safety

Some of the evidence identified by this review explored the safety of LGBT+ communities during the COVID-19 pandemic. This evidence outlined experiences of living unsupportive home environments, harassment, violence and abuse (inside and outside of the home), and harassment online.

5.1 Living in unsupportive environments

This review identified evidence on the experiences of LGBT+ people living in hostile home environments during the COVID-19 pandemic. Pink Saltire (2020), a survey on the experiences of LGBT+ people living in Scotland with 927 respondents, reported 10% of respondents feeling that they had to hide who they were at home. LGBT Hero (2021), through the analysis of 2,273 online survey responses from LGBTQ+ people, also report only 32% of respondents feeling that they could express their identity "all the time". This study also reports 12% of respondents stating that they could never express their LGBTQ+ identity during lockdown. Similarly, Lancashire LGBT (2020), through the analysis of 187 online survey responses from LGBT people, report 34% of respondents feeling unable to be open about their sexual orientation or gender identity in their home/living environment all the time.

Houghton and Tasker (2020), through an analysis of 345 responses to an online survey on the experiences of 18-35 year-old LGBTQ* people during the COVID-19 lockdown, reported a quarter of survey respondents (26%) felt either "very uncomfortable" or "extremely uncomfortable" where they were living. A fifth of respondents (19%) also reported feeling very or completely "suffocated" due to not being able to express their LGBTQ* identity at home.

In the LGBT COVID-19 survey, respondents were asked *"do you feel safe where you are currently staying?"*. 6% of respondents stated "No" [n=103]. Analysis of verbatim responses to the COVID-19 LGBT+ survey show respondents feeling unable to be open about their LGBT+ identity as a result of living in unsupportive, hostile and/or abusive home environments during the pandemic. Some respondents, for example, described concerns around inadvertently 'outing' themselves while living in unsupportive home environments. This, in turn, raised concerns around having open conversations with friends online or over the phone whilst at home.

> "my dad has been talking loudly to people on the phone when I'm nearby to say that COVID-19 is the fault of LGBT people…I constantly walk on eggshells…I can't talk about queerness on the phone for fear of discovery".

> "My parents don't know that I'm lgbtq but my friends and peers at school do… With my friends I can talk about it and openly be myself and now that I'm around my family 24/7 it feels like I'm having to filter myself or I have something to hide?"

This was described by respondents as compounding experiences of isolation and loneliness, and as having negative impacts on their mental health.

> "having to pretend to be someone I'm not all the time is physically, mentally, emotionally and spiritually exhaust[ing]".

> "I have had to re-closet myself, which has had a pretty big impact on my mental health."

Other respondents described living in situations during the pandemic in which flatmates and/or family members were not supportive of their sexuality and/or gender identity. Analysis of verbatim responses to the survey outlined experiences like pronouns not being respected, a lack of understanding and/or empathy about their experiences, feeling uncomfortable being themselves, and being neglected by family who did not accept them – all of which had a negative impact of respondents' mental health.

> "Unable to be myself without risking being kicked out."

> "Parents are in clear denial about me being trans, and refuse to call me by my new name, or any name anymore. There's an atmosphere of serious tension 24/7."

Some of the evidence identified by this review explored the experiences of specific LGBT+ groups living in unsupportive home environments during the COVID-19 pandemic. Pink Saltire (2020), for example, a survey on the experiences of LGBT+ people living in Scotland with 927 respondents, reported 10% of all respondents feeling that they had to hide who they were at home. The figure was significantly higher, at 35%, among young people (under 18 years old) [n=74].

Jaspal (2021), through 15 qualitative interviews with British South Asian gay men during the COVID-19 lockdown, reports similar findings with accounts of participants having to conceal their identities whilst returning to their family home in order to avoid confrontation and homophobia.

Some of the evidence identified by this review outlines the experiences of trans people living in unsupportive environments during the pandemic. LGBT Hero (2021), for example, through the analysis of 2,273 online survey responses from LGBTQ+ people, report 32% of respondents feeling that they could express their identity "all the time". This reduced to 24% of TGGD respondents [n=614]. In line with this, analysis of the COVID-19 LGBT+ survey data show a higher proportion of trans respondents report not feeling safe where they were currently staying during the pandemic when compared to cis respondents (Table 3).

Table 3	Do you feel safe where you are currently staying?[27]	
	Yes	No
Cis respondents	97%	3%
Trans respondents	86%	14%

Analysis of verbatim responses to the COVID-19 LGBT+ survey from trans participants also provide accounts of living in unsupportive environments, which in turn are described as increasing feelings of isolation from friends and support networks.

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[27] Based on 1,658 respondents (1,268 cis; 390 trans)

"my parents are unsupportive of my gender which makes me feel extremely low as they use my birthname, which makes me want to just give up and I can't do anything about it because I have to stay at home."

"there's little space for me to feel seen and validated in my gender. I am going through spirals of dysphoria and internalised transphobia."

5.2   Violence and abuse in the home

This review identified some evidence that explored LGBT+ people's experiences of violence and abuse within the home during COVID-19 pandemic.

LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, report 15% of respondents had experienced violence or abuse during COVID-19 national lockdowns. Of these respondents, 85% said the violence was emotional, 1% said purely physical, and 13% said a mixture of both. Similar findings are reported by LGBT Hero (2021) which, through the analysis of 2,273 online survey responses from LGBTQ+ people, report 16% of respondents had experienced violence or abuse during the COVID-19 pandemic. Of these, 67% had experienced violence in the home.[28]

Several studies identified by this review explored the increased risk of LGBT+ people experiencing domestic abuse during the COVID-19 pandemic. Lancashire LGBT (2020), for example. through the analysis of 187 online survey responses from LGBT people, report 8% of respondents experiencing domestic abuse. Clark and Gruending (2020), a commentary piece on the impact of COVID-19 on those with health vulnerabilities and services, suggests increases in domestic abuse during lockdown (including that experienced by LGBT+ people) is likely due to increased time spent with abusers in situations of high stress, more limited opportunities for survivors to access support, and reduced ability for survivors to leave home as a consequence of restrictions on movement. Similarly, Jowett (2020), a commentary piece on the possible impacts of social distancing measures on the gender, sexuality, and relationships of diverse populations, suggests that LGBT+ people are at risk of experiencing specific manifestations of domestic abuse during the national lockdown. This includes household members restricting access to sources of LGBT+ affirmative support, forcing them to undergo conversion therapy, or preventing them from expressing their gender identity at home.

Some of the evidence identified by this review explored the risk of domestic abuse amongst specific LGBT+ communities. Rocca (2020), for example, via an account of the support provided by Micro Rainbow throughout the pandemic, outlines how lockdown conditions resulted in LGBTI migrants being subjected to homophobic or transphobic abuse by the people they were living with.[29] Rocca (2020) also provides evidence of LGBT+ people becoming homeless during the pandemic due to hostile home environments.

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[28] 46% had experienced violence or abuse in a public setting.

[29] Biphobic abuse was not reported.

An evidence review from the Equality and Human Rights Commission (EHRC) (2020) on the impact of coronavirus on human rights, also reports domestic abuse to disproportionately affect women, and suggests bi, gay, and lesbian women might be particularly affected during the pandemic. DeMulder *et al.* (2020), a commentary piece outlining the need for SGM young people to be prioritised during the pandemic, also suggests there to be an increased risk of domestic abuse and violence for SGM adolescents due to stay-at-home orders, particularly as safe places and support services are no longer available or more difficult to access.

Analysis of verbatim responses to the COVID-19 LGBT+ survey outline respondents' experiences of violence and abuse in the home during the COVID-19 pandemic. This included accounts of living with emotionally and/or physically abusive parents, partners, and/or children which, for some, was exacerbated by underlining mental health and substance misuse.

> "My partner has mental health and alcohol abuse issues, she can be abusive towards me."

> "my father is transphobic and has threatened me on a daily bases, refuses to use my name and always refers to me via my dead name and always misgenders or just refers to me as an it, thing or faggot in a dress."

Some responses to the COVID-19 LGBT+ survey also detailed how respondents with past experiences of violence were negatively affected by the pandemic, as feelings and experiences of isolation resurfaced past trauma.

> "The coronavirus has in some ways impacted me as someone who has experienced sexual violence in my home. I know that the isolation is necessary, but it does bring feelings of being trapped and being stuck like I was stuck before. My mental health has taken a nosedive, but I'm trying to take it one day at a time."

5.3 Harassment and violence outside the home

Some of the evidence identified by this review explored LGBT+ communities' experiences of harassment and violence outside the home during the COVID-19 pandemic.

LGBT Hero (2021), for example, through the analysis of 2,273 online survey responses from LGBTQ+ people, report 16% of respondents had experienced violence or abuse during the COVID-19 pandemic. Of these, 46% had experienced violence or abuse in a public setting. Similarly, Viney (2020), via an online survey of 146 LGBTQ+ people who live, work or socialise in Birmingham, reports 7% of respondents have experienced a hate crime since the start of the pandemic. Kneale and Bécares (2020), a web-based survey of 310 self-identifying LGBTQ+ people, also found that 1 in 6 respondents reported having experienced some form of harassment because they were LGBTQ+; the most common forms were verbal harassment including insults or other hurtful comments (8.7%), exclusion from events or activities (5.6%), and involuntary disclosure of LGBTQ+ identity (3.5%). Furthermore, Lancashire LGBT (2020), through the analysis of 187 online survey responses from LGBT people, report 7% of respondents experiencing hate incidents, with the highest report rates amongst trans women.

Analysis of verbatim responses to the COVID-19 LGBT+ survey outlined respondents' experiences of harassment and violence outside the home during the pandemic. This includes accounts of homophobic and transphobic verbal abuse, property damage and physical assault.[30] Some respondents suggested these experiences had increased during the pandemic, attributing this to LGBT+ identities and relationships being more visible during lockdown(s).

> "Violent neighbours who threaten us and other people and shout homophobic/transphobic abuse at us."

> "My neighbours already harassed me for being trans before this outbreak. I've been especially afraid to be seen leaving the house to shop and exercise…I haven't been outside for weeks now. I feel pretty bad."

Some verbatim responses from respondents also outlined experiences of being accused of breaking social distancing rules as others perceived them as friends across households rather than partners.

> "me and my partner have had very hostile looks from other members of the public. At first I was shocked thinking it was years since I'd experienced such homophobia. Then I realised it was more likely a "softer" homophobia, as the person doesn't realise we're a couple."

> "When we go out together or hold hands in public it feels more obvious and like you are a target."

Some of the evidence identified by this review explored the specific experiences of trans people being harassed outside the home during the pandemic. Tusker Haworth (2021), for example, through the analysis of 17 in-depth interviews with LGBTQI+ people, of which 8 were trans, describes trans respondents experiencing a double anxiety through the combination of the pandemic and the transphobic abuse that they received. Other trans participants in this study, however, reported that the COVID-19 lockdown had provided temporary respite from the harassment they receive when out in public.

Analysis of verbatim responses to the COVID-19 LGBT+ survey from trans respondents provides further insight into the levels of abuse experienced during the pandemic. This includes not being able to go shopping early in the morning as they would have done before the pandemic, as it was reserved for essential workers.

> "As a Trans woman I'm getting abuse when I go shopping. As shopping times mean I can't go early to miss everyone."

5.4   Harassment online

A small number of studies identified by this review explored LGBT+ people's experiences of harassment online during the COVID-19 pandemic. Nazroo *et al.* (2020) and Murry and Rolston (2020), two rapid evidence reviews assessing the impact of COVID-19 on those with protected characteristics and those living in more precarious socioeconomic circumstances in London, found the shift to online meetings during the pandemic led to new methods of harassment and discrimination aimed at LGBTQ+ people, including

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[30] Biphobic abuse was not reported.

intense trolling, 'Zoom-bombing', and 'Zoom-raiding'.[31] Nazroo *et al.* (2020) suggest this to be particularly traumatic for LGBTQ+ people of faith/religion and/or people who may not be 'out'.

Analysis of verbatim responses from the COVID-19 LGBT+ survey in response the question "*Is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?"* [n=572] also identified experiences of harassment online. Participants described intense experiences of cyberbullying and hostility on social media due to their LGBT+ identity, exacerbated by spending more time online.

> "Increased time online and in isolation means I see more hatred and bigotry."

Some respondents to the COVID-19 LGBT+ survey attributed an increase in online harassment to heightened online activity around LGBT+ rights, including consultation around the Gender Recognition Act (GRA) and trans healthcare.

> "during lockdown the social media abuse of LGBT people has become much louder, and the leaks from the UK government about their apparent plans to remove trans people rights and restrict our healthcare are fuelling that abuse."

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[31] This is described as unwanted and disruptive intrusion into video-conferencing calls.

6 Homelessness and insecure housing

Some evidence identified by this review explored LGBT+ communities' experiences of insecure housing and homelessness during the pandemic. LGBT Hero (2020), for example, through the analysis of 2,300 online survey responses from LGBTQ+ people, reported 8% of respondents feeling at risk of homelessness during the pandemic. Similar findings are reported by LGBT Hero (2021) which, through the analysis of 2,273 online survey responses from LGBTQ+ people, reports 9% of respondents feeling at risk of homelessness during the pandemic. In addition to this, LGBT Hero (2020) reports 1% had become homeless during pandemic. LGBT Hero (2021) also reports 6% of respondents having moved home in the last year due to fearing for their safety, wellbeing, eviction, or another reason beyond their control.

This review also identified evidence that explored specific LGBT+ groups' experiences of insecure housing and homelessness. LGBT Hero (2020), for example, reports a greater proportion of TGGD respondents feeling at risk of homelessness when compared to cis respondents (at 12% and 8% respectively).[32] This research also reports a greater proportion of Black LGBTQ+ respondents feeling at risk of homelessness when compared to South Asian and White respondents, with 15% of Black LGBTQ+ people reporting this, compared to 9% of both South Asian and White LGBTQ+ respondents. Some evidence identified by this review also suggests the housing security of migrant LGBTI people to be affected by the COVID-19 pandemic. Rocca (2020), for example, via a commentary on the impact of COVID-19, reports LGBTI migrants becoming homeless due to social distancing requirements, and homophobic and transphobic abuse.[33] Further evidence for homelessness increasing for LGBT+ people during the pandemic is given by service providers. LGBT Foundation (2020a), for example, report an increase of 88% for calls relating to homelessness or housing concerns (LGBT Foundation, 2020a).

Analysis of verbatim responses to the COVID-19 LGBT+ survey outlines various concerns from respondents around homelessness and insecure housing. This includes difficulties gaining council accommodation and needing to move to a new house due to safety concerns.

> "Homeless in precarious housing and am dependent on council to house me as I am unable to house myself in anyway."

Some respondents to the COVID-19 LGBT+ survey also described financial difficulties as a result of the pandemic, resulting in threats of eviction and potential homelessness.

> "I confide in my landlord explaining my furlough had not been transferred and it could be another month before I see the money, to which his response was I don't care. So now I'm having to house hunt in a pandemic because I can't afford my rent and the landlord wouldn't [accept] 80% instead of 100% of the rent."

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[32] Sub-sample sizes not reported.

[33] Biphobic abuse is not reported.

7 Health and access to health services

This review identified some evidence that explored health and access to health services among LGBT+ communities during the COVID-19 pandemic. This related to exercise and eating habits during lockdown, access to healthcare and medication (including gender affirmation treatment), sexual health, and experiences of COVID-19 infection and vaccination.

7.1 Exercise and eating habits

A limited number of studies identified by this review explored the exercise and eating habits of LGBT+ people during the pandemic. Viney (2020), an online survey of 146 LGBTQ+ people who live, work or socialise in Birmingham, reports almost 50% of respondents stating that their diet had become less healthy during lockdown. LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, report 44% of respondents describing how they are exercising less during lockdown. This was, however, contrasted with 30% of respondents reporting exercising more regularly during lockdown.

Westwood *et al.* (2021), a web-based survey of 375 older self-identifying LGBT+ people (60 years old and above), found 31% of respondents reporting that their physical health was either slightly worse (25%) or a lot worse (6%) than prior to the pandemic. This was however contrasted with 23% of respondents stating their physical health was slightly better (18%) or a lot better (5%) than before the pandemic.

7.2 Access to healthcare and medication

Evidence on LGBT+ people's experiences of accessing healthcare and medication during the COVID-19 pandemic was also identified by this review.

Clark and Gruending (2020), a commentary piece on the impacts of COVID-19 on those with health vulnerabilities and healthcare services, suggests LGBTI people may be dissuaded from accessing healthcare during the pandemic as a result of previous experiences and fear of discrimination. A similar argument is presented by Rosa *et al.* (2020), a paper providing policy and practice advice for practitioners providing healthcare to LGBTQ+ patients, which suggests LGBTQ+ people may delay seeking timely medical care after developing COVID-19 symptoms due to fears of discrimination. Similarly, Banerjee and Nair (2020), a commentary about the experiences of sexual minorities during COVID-19, suggest that stigma and discrimination faced by LGBTI individuals when seeking health services may lead to decreased virus testing and promote the concealment of symptoms.

Analysis of verbatim responses to the COVID-19 LGBT+ survey also identified respondents' concerns around discrimination when accessing health services.[34] This

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[34] In response to the question: "Is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?" [n=572].

included concerns about discrimination and homo-, bi- and/or trans-phobia, as well as of LGBT+ relationships not being recognised by staff during medical emergencies.

> "People feeling isolated, vulnerable, worrying if their relationships will be recognised by medical staff if they or a partner needs urgent care."

Evidence identified by this review also explored cancelled medical appointments as result of the pandemic. Viney (2020), for example, via an online survey of 146 LGBTQ+ people who live, work or socialise in Birmingham, reports 41% of respondents had medical appointments cancelled because of the COVID-19 pandemic. Similarly, LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, report 39% of respondents had missed medical appointments due to lockdown.

In response to the question *"is there any medication you have not been able to access/are worried you may not be able to access?"* in the COVID-19 LGBT+ survey, 22% of respondents stated "yes" [n=379]. Comparisons between groups show disabled respondents were twice as likely to have had difficulties or concerns around accessing medication compared to non-disabled respondents (Table 4.1).

Table 4:1	Is there any medication you have not been able to access/are worried you may not be able to access[35]	
	Yes	No
Non-disabled	17%	83%
Disabled	35%	65%

Analyses of the COVID-19 LGBT+ survey also show trans respondents were almost three times more likely than cis respondents to report being worried about accessing, or unable to access, medication due to the COVID-19 pandemic (41% vs 15%; Table 4.2). Analyses of verbatim responses from trans respondents show access to gender affirmation treatment and medication to be a particular concern. This is further discussed in Chapter 7.

Table 4:2	Is there any medication you have not been able to access/are worried you may not be able to access[36]	
	Yes	No
Cis respondents	15%	85%
Trans respondents	41%	59%

Some of the evidence identified by this review explored the experiences of LGBT+ people living with, or at risk of, HIV/AIDS during the pandemic and their experiences of not being able to access medication. Clark and Gruending (2020), for example, suggest that the strain on healthcare systems and limited mobility of individuals due to the COVID-19 pandemic posed specific challenges to people living with HIV/AIDS, limiting

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[35] Based on 1,691 respondents (1,271 non-disabled; 420 disabled).

[36] Based on 1,691 respondents (1,278 cis; 404 trans).

their access to life-saving anti-retroviral medication. Ruxton and Burrell (2020), an evidence review on the impact of COVID-19 on men, report similar findings, suggesting that, since LGBTQIA+ people are disproportionately impacted by HIV, they are more vulnerable to COVID-19 through having a compromised immune system and reduced access to the correct treatment.

7.3 Access to trans healthcare

Some evidence on LGBT+ people's experiences of accessing transition-related healthcare and medication during the COVID-19 pandemic was identified by this review. LGBT Hero (2020), through the analysis of 2,300 online survey responses from LGBTQ+ people, found that 47% of TGGD people have missed medical appointments due to the pandemic, compared to 35% of cis people.[37] Similarly Lancashire LGBT (2020), through the analysis of 187 online survey responses from LGBT people, report 62% of trans respondents [n=29] experiencing a delay in their care pathway.

Wang *et al.* (2020), a commentary on the challenges trans people are facing when accessing healthcare during COVID-19, Jowett (2020), a commentary on how COVID-19 has impacted LGBT communities, as well as Ruxton and Burrell (2020), an evidence review of the impact of COVID-19 on men, collectively report the COVID-19 pandemic resulting in the cancelling or postponement of transition-related care, including access to hormone replacement therapy and surgery. Similarly, Phillips (2021), a literature review on the impacts of COVID-19 on LGBT+ communities, reports delays to top surgery (gender mastectomy), a lack of access to gender-affirming hormone treatment, and the lengthening of already long waiting lists for GDCs during lockdown. This is reinforced by Banerjee and Nair (2020), a commentary about the experiences of sexual minorities during COVID-19, which reports trans healthcare being deprioritised and/or interrupted during the COVID-19 pandemic.

Some of the evidence identified by this review outlined the negative impact reduced access to transition related treatment and medication has had on trans people during the COVID-19 pandemic. Tusker Haworth (2021), via 17 in-depth interviews with LGBTIQ+ individuals, of which 8 were trans, reports transition-related treatments being delayed or halted completely during the pandemic, with negative impacts on individuals' mental health.

Verbatim responses to the question *"is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?"* [n=572] in the COVID-19 LGBT+ survey provides evidence on the difficulties experienced by respondents accessing transition-related healthcare, with negative impacts on their mental wellbeing. For some respondents these difficulties were presented in the context of already long waiting times for GDCs, which have been lengthened by the pandemic.

> "The waiting times for the GIC [Gender Identity Clinic] are only getting longer. Knowing this has made my dysphoria so much more unbearable. Life feels utterly hopeless."

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[37] Sub-sample sizes are not reported.

> "Uncertainty of waiting lists for adult gender services. Like not even an estimate. Like [I] don't know if I'll be wait[ing] 3 months for a transfer of care or 3 years.... An estimate of at least years would be helpful."

A number of respondents also described transition-related healthcare being put on hold, which had impacted on their mental health and left them feeling unable to move forward in their lives.

> "I don't feel I can really move on with my life until my lower surgery is completed, so I feel very much in limbo…I really hope they'll put me back towards the top of the list when this is all over. It's pretty depressing."

Some also describe the increased health threat when attempting to access regularly scheduled medication and treatment during the pandemic.

> "As a trans person I need HRT injections at my GP practice. The lockdown has made it more difficult to get the appointment and of course it is more dangerous to go into the practice to receive the injection."

Some respondents also described concerns that their worries around delayed access to trans healthcare would not be taken seriously in the context of the pandemic, despite the significant negative mental health impacts.

> "Knowing my gender surgery is going to be delayed, but unable to talk to anyone about it or even voice my concerns to anyone because people are dying and it's an emergency so why am I so selfish to care about 'cosmetic surgery'. I just feel desperate because the waiting lists are already so long and I've waited a decade already and I was finally on the list for lower surgery and now I'll be lucky to have it in the next five years and my life is just slipping away."

> "Dysphoria seems to be running my life again. Feeling that I'll never get to live my life without dysphoria. Physical transition put on hold. Afraid I'll die and have the wrong gender on death certificate."

7.4   Sexual health

Some of the evidence identified by this review explored the sexual health of LGBT+ communities during the COVID-19 pandemic. Hyndman *et al.* (2021), via a web-based survey of 814 HIV-negative MSM at high risk of HIV infection who attended 56 Dean Street (a sexual health and HIV clinic), reported 76% of respondents to state they were sexually active during the coronavirus pandemic, 76% of which reported having sex with people outside of their household [n=619]. Similar findings were reported by LGBT Hero (2021) which, through the analysis of 2,273 online survey responses from LGBTQ+ people, reported 33% of respondents as stating they have had sex since lockdown began in January 2021, 48% of which reported having sex with someone they did not live with [n=360].

García-Iglesias (2021), through an analysis of 84 online survey responses from service users of a Sexual Health Programme run by LGBT Foundation, reports 37% [n=31] of respondents stating that they stopped having sex during the first lockdown, either as a

precautionary measure or because lockdown restrictions prevented them from meeting their preferred partner.

Some of the evidence identified by this review explored the use of 'hook up apps' and 'dating apps' during the COVID-19 pandemic. Holloway *et al.* (2021), for example, through the analysis of 10,079 online survey responses from gay, bi and MSM via the social networking app Hornet, reported 75% of respondents using the app to 'hook-up', and 95% to ease loneliness. [38] Similar findings are reported by Jaspal (2021) which, through 15 qualitative interviews with British South Asian gay men during the COVID-19 lockdown, reports several interviewees engaging in casual sexual encounters in order to minimize the impact of the multiple stressors that they experienced during lockdown. Jowett (2020), a commentary piece on the possible impacts of COVID-19 social distancing measures, reports similar findings, suggesting LGBT+ people might use the apps to reduce social isolation and loneliness, and to stay connected with other LGBT+ people.

Analysis of verbatim survey responses from the COVID-19 LGBT+ survey show similar findings. In response to the question *"is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?"* [n=572], respondents described struggling with a loss of intimacy and physical/sexual contact during the COVID-19 pandemic. Some of these responses specifically referred to the impact of not being able to date and have casual sex, as well as receiving pressure from others when trying to adhere to lockdown rules.

Some respondents also described continuing to engage in casual sex during the COVID-19 pandemic. This was attributed to sex being considered a big part of their lives, as well as the difficulty abstaining during the long period(s) of time in which the UK was in lockdown and social distancing guidance had been in place.

> "I made a bad choice recently and met someone before lockdown was eased. It ended up OK but I think a lot of gay men have gambled really, because sex is a big part of our lives."

Some evidence identified by this review also explored LGBT+ people's experiences of accessing sexual health services during the COVID-19 pandemic. Hyndman *et al.* (2021), through a web-based survey of 814 HIV-negative MSM at high risk of HIV infection who attended 56 Dean Street (a sexual health and HIV clinic), report 28% of respondents testing positive for a sexually transmitted infection (STI) during lockdown. This study also reports 30% of respondents experiencing difficulties accessing testing or treatment for their sexual health during lockdown, and 9% being unable to access sexual health services due to lockdown.

García-Iglesias (2021), through an analysis of 84 online survey responses from service users of a Sexual Health Programme run by LGBT Foundation, also reports a lack of knowledge among respondents on the availability of sexual health services during the COVID-19 pandemic. This study, for example, reports 79% of respondents [n=66] were unaware that post-exposure prophylaxis (PEP) could still be obtained at accident and

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[38] 218 respondents from the UK (Rao *et al.* 2021).

emergency services (A&E) and sexual health clinics during the pandemic, as well as respondents [n=7] resorting to purchasing PEP online due to difficulty accessing it from NHS sources.[39] Similar findings are reported by Santos *et al.* (2020) which, through a global survey of gay men and other MSM with 2,732 respondents, report respondents having more difficulty in accessing HIV prevention services during the pandemic, with 23% of participants [n=111] living with HIV indicating that they had lost access to their treatment providers and 18% [n=44] of those who were taking anti-retroviral treatment reporting difficulty refilling their medication. [40]

Data obtained via the COVID-19 LGBT+ survey reinforce these findings. In response to the question "*is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?*" [n=572], respondents outlined concerns regarding a lack of sexual health services during the COVID-19 pandemic. This included concerned around a lack of HIV checks, lack of access to STI tests, and worries around renewing prescriptions.

> "I have felt unable to renew my PREP prescription which makes me anxious, even though I'm not having regular sex with anyone."

> "I've not had usual HIV checks done in face-to-face clinic and also that means I've not been able to access STI tests etc."

Some respondents also reported concerns around reduced monitoring of medication, such as blood tests to monitor liver or kidney function.

> "HIV medication - usually have a blood test but instead receptionist spoke over the phone and arranged for me to collect medication without contact."

> "I worry there is currently no monitoring of effects of [HIV] drugs on my liver & kidneys."

Some respondents also described being worried about the impact of contracting COVID-19 on long-term health conditions, as well as concerns around conflicting information regarding shielding when living with HIV.

> "[I]f I become infected my HIV medication adherence will suffer. Double whammy!"

Some evidence identified by this review also explored reluctance among LGBT+ communities to access sexual health services during the pandemic. Jaspal (2021), for example, through 15 qualitative interviews with British South Asian gay men during the COVID-19 lockdown, reports reluctance amongst participants to access sexual health screenings due to the stigma around non-adherence to social distancing guidelines, as well as the fear of involuntary sexual identity disclosure. Similar findings are reported by García-Iglesias (2021) which reports respondents' reluctance to access sexual health support from (A&E) due to fears of discrimination.

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[39] PEP is a combination of HIV medicines which can help people stop getting HIV after potential exposure.

[40] 126 respondents were from the UK.

7.5 COVID-19 infection and vaccination

Some of the evidence identified by this review explored LGBT+ communities' experiences of contracting COVID-19 and being vaccinated. Nazroo *et al.* (2020) and Murray and Rolston (2020), two rapid evidence reviews assessing the impact of COVID-19 on those with protected characteristics and those living in more precarious socioeconomic circumstances in London, note that, due to a lack of robust data collection on the experiences of LGBT+ people in the UK, the scale of the COVID-19 crisis and rates of infection or mortality will remain largely unknown.

LGBT Hero (2021), an online survey of the experiences of LGBTQ+ individuals in March 2021 with 2,273 respondents, report that 33% of respondents had received at least one dose of the COVID-19 vaccine, with 54% of gay men reporting they had received the first dose. Of those unvaccinated, 82% said they would take the vaccine if offered it, 12% said they were unsure if they would take the vaccine, and 6% said they would not.

Westwood *et al.* (2021), a web-based survey of 375 older self-identifying LGBT+ people (60 years old and above), found that 97% of male participants [n=197] reported multiple concerns about COVID-19; the most common were anxiety/fear of contracting and/or dying from COVID-19 (36%) and fear of a partner/spouse contracting and/or dying from COVID-19 (36%). For women [n=168], 98% of participants reported multiple concerns with 46% of respondents experiencing anxiety/fear of contracting and/or dying from COVID-19 and 14% reporting anxiety/fear of a loved one contracting and/or dying from COVID-19.

Rocca (2020), a commentary by the organisation Micro Rainbow outlining the impact of COVID-19 on LGBTI migrants based on their experience working with these individuals, reports that LGBTI migrants are at high risk from COVID-19 due to limited access to cleaning and washing facilities, living in overcrowded rooms and/or sofa-surfing.

Analysis of verbatim survey responses to the question *"is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?"* [n=572] showed respondents were concerned about discrimination in the healthcare system if they contracted COVID-19. This included concerns of inequitable treatment by medical staff, as well as fears of discrimination.

> "Fearful of hospital admission if infected if m[e] and spouse will be equally regarded in decisions about equipment allocation if there isn't enough and possibility of homophobic decision maker."

Verbatim responses from respondents from Black, Asian and minority ethnic communities and people of colour also show concerns around healthcare inequalities, and the risk of receiving poorer healthcare and worse health outcomes due to their intersecting identities.

> "I am queer, black and disabled and I am really worried about the health inequalities I will face if I get ill. I do not want to die because of structural oppressions."

> "Black people & people of colour are being disproportionately harmed by SARS-CoV-2. That is made worse for our Black LGBT+ siblings of colour.

It's vital that white LGBTIQA+ individuals, & white-dominated groups and organisations step up our anti-racism work urgently during this pandemic: we are already decades late with this work."

8 Financial wellbeing

A limited number of studies identified by this review explored the financial impacts of the COVID-19 pandemic on LGBT+ communities. LGBT Hero (2021), through the analysis of 2,273 online survey responses from LGBTQ+ people, report that, when asked why they had been worried during the lockdown beginning in January 2021, 20% said job security and 35% said money matters. Similarly, Viney (2020), an online survey of 146 LGBTQ+ people who live, work or socialise in Birmingham, found that nearly a third of respondents (32%) reported reduced household income. In line with this, Pink Saltire (2020), a survey on the experiences of LGBT+ people living in Scotland with 927 respondents, found that Scottish LGBT+ organisations have experienced extremely high demand for basic provisions such as food, masks, sanitiser, phone top-ups, utility bills, and prescriptions.

Some of the evidence identified by this review explored the financial wellbeing of specific LGBT+ groups. Pink Saltire (2020), for example, report that there has been limited hardship relief funding for asylum seekers and refugees during the COVID-19 pandemic. Rocca (2020), a commentary on the impact COVID-19, report similar findings, suggesting many LGBTI migrants who have lost their jobs have been ineligible for the government COVID-19 support schemes, which resulted in experiences of food poverty and being unable afford medicine.

In the COVID-19 LGBT+ survey, respondents were asked to list their top three concerns related to the current COVID-19 crisis in the UK. 22% of respondents reported financial concerns as a top three concern while 19% also reported loss of job/reduction in employment (Table 5).

Table 5	Please list your top three concerns related to the current COVID-19 (coronavirus) crisis in the UK
Being unable to see friends and family	61%
Worried about the health of friends and family	50%
Decreased mental wellbeing	41%
Increased isolation	28%
Worried about your own health	27%
Being able to support a loved one in the way you usually would	25%
Financial concerns	22%
Loss of job/reduction in employment	19%
Decreased access to health care	16%
Not feeling safe at home	4%
Unable to access confidential support	3%
Unable to properly self-isolate	3%

Analysis of verbatim responses to the COVID-19 LGBT+ survey provides insight into respondents' experiences of financial hardship during the pandemic. This includes experiences of struggling to find work, financial difficulty, being furloughed, having to close their businesses, and the impact this would have on future employment prospects.

> "My business has closed permanently and I worry about how easy it will be to get a job having been self-employed."

> "I lost my job just before the virus…there's literally barely any jobs to apply for, I have absolute years worth of customer service experience and I can't even get a job stacking shelves because thousands of people are also applying."

Verbatim responses also show how respondents have struggled to cover their living costs with the support provided by the Government.

> "The universal credit I receive is not even live able because my rent takes up 95% of it I'm expected to be able to pay all my bills and buy food for the month on £30... its not do able and so I have been selling all my belongings on ebay just to be able to get some money so I can afford to eat."

9 The impacts on LGBT+ services

This review identified evidence that explored the impacts of the COVID-19 pandemic on LGBT+ services. This included evidence on the impacts of increased LGBT+ service demand, change in service provision, and financial and staffing difficulties.

9.1 Service demand

Consortium (2020a; 2020b), through online survey research with 79 of their members, report that 46% of responding organisations experienced an increase in demand during the pandemic, of which 27% were LGBT+ mental health organisations and 23% were LGBT+ youth organisations. Organisations that reported increased demand attributed this to specific support areas, including services users experiencing increased isolation, decreased mental health, concerns around safety, and difficulties accessing medication/healthcare.

Similar findings are presented by Opening Doors London (2020) which, through analysis of 103 survey responses of their members (aged 51 years old and above) and supplementary telephone calls with members who were digitally excluded, report a substantial increase in the number of self-referrals to their Befriending Service. This study also reports an increase in the volume of safeguarding incidents during the pandemic, including for domestic violence, homophobic abuse from neighbours, and difficulties accessing care support. LGBT Foundation, cited in Gahan and Almack, (2020), also reported a significant increase in demand, particularly in relation to calls about biphobia and transphobia (an 450% increase and a 100% increase respectively) and an 88% increase in calls relating to concerns regarding housing and homelessness.

In response to the question "*would you rather receive support during this time from an LGBT specific organisation or from a mainstream service?*", 71% of respondents to the COVID-19 LGBT+ survey stated that they would prefer to receive support from an LGBT specific organisation [n=1,516]. Verbatim survey responses to the question *"why would you rather receive support during this time from an LGBT organisation?*" [n=549] gave a variety of reasons. They included respondents feeling better understood and better treated when accessing support via LGBT+ specific organisations, without risk of discrimination.

> "It's helpful to know that your identity will be understood and you shouldn't need to fear prejudice/discrimination, or have to spend time explaining yourself and educating the people who are supposed to be supporting you."

As part of this, respondents detailed previous experiences and concerns of being discriminated against when accessing mainstream services, suggesting LGBT+ specific services were generally safer places to access to support.

> "If support was only available from a mainstream service I probably would not use it because I do not want to risk transphobia and I know it would happen as it does about 90% of the time when I use mainstream services."

Other responses suggested it was logistically easier and generally quicker to access support directly via LGBT+ services, rather than being eventually referred by mainstream organisations.

> "mainstream services just refer you to LGBT specific ones once they find out you're LGBT anyway so may as well start there and avoid the delay."

Respondents also described feeling more comfortable and open when accessing LGBT+ services. This was attributed to LGBT+ services having greater knowledge about LGBT+ lives and the increased likelihood that staff would be LGBT+ themselves.

"I do trust them more. I feel more safe since some people already know the more specific issues a gay person might find and probably have some specific solutions/answers. The first-hand experience makes us feel more "in the same boat""

Respondents also reported feeling more connected to LGBT+ services as they were viewed to be part of LGBT+ communities. This was viewed as particularly important during the COVID-19 pandemic to combat feelings of isolation.

> "I have been cut off from my entire queer support network, so contact with and support from people in the community keeps me sane."

Some respondents stated they would prefer to access mainstream services. Reasons included LGBT+ specific services not being available in their area, and a view that LGBT+ services often could not address their specific needs, such as dedicated support for parents, for minority ethnic groups, for women, and for disabled people.

> "[F]or most of my support needs it would be mainstream only because my needs are more related to being a parent with specific needs which are unlikely to be met by an LGBT service."

> "[I]t's hard to find frontline organisations supporting QTIPOC [Queer, Trans, Intersex People of Colour] or LGBT people of faith, so I worry that a mainly white LGBT organisation won't meet my needs. I spoke to [an LGBT+ support organisation] and they weren't helpful and made assumptions about my culture."

> "When I sought out advice from LGBT organisations […] they were unhelpful. It felt like they didn't care about disabled, housebound queers like me."

9.2 Changes to LGBT+ service provision and delivery

Some of the evidence identified by this review outlined how the COVID-19 pandemic has resulted in significant changes to the provision and delivery of LGBT+ services. Consortium (2020b), through a survey of 79 of their members, report 56% of responding organisations moving services online. Similarly, Pink Saltire (2020), through a survey on the experiences of LGBT+ people living in Scotland with 927 respondents, found that online support provided by LGBT+ services/organisations during the pandemic had increased by 72%. Opening Doors London (2020), through analysis of 103 survey responses from their members (aged 51 years old and above) and supplementary telephone calls with members who were digitally excluded, also describe significant

changes to service provision. This includes the shift of a face-to-face befriending service, social activities, and specialist support groups to online delivery.

Some of the evidence identified by this review described LGBT+ services experiencing barriers to moving services online during the pandemic. Consortium (2020b), for example, report 10% of responding organisations stating that they were unable to move online. Reasons included concerns around security/safeguarding, resistance from service users and/or trustees, as well as a lack of knowledge, skills and software/equipment. Similarly, a rapid evidence review by Nazroo *et al.* (2020), which included a consultation with voluntary, community, and social enterprise (VCSE) organisations in London, report significant technological barriers faced by smaller LGBT+ organisations and support groups to online delivery.

Some of the evidence identified by this review also outlined how a shift to online service provision may have resulted in the exclusion of certain LGBT+ groups from accessing support. Westwood *et al.* (2021), for example, via a web-based survey of 375 older self-identifying LGBT+ people (60 years old and above), described the likelihood of some older LGBT+ groups having limited skills or experience of accessing online support, as well as unequal online service provision due to issues such as poor connectivity in rural areas.

9.3   Financial difficulties and closures

Evidence identified by this review suggests that the COVID-19 pandemic has had a financial impact on LGBT+ services. Consortium (2020a) through online survey research with 79 members, report almost two-thirds (64%) of responding organisations had lost earnings since the onset of the pandemic. This includes 45% experiencing an immediate loss of earned income and/or donations, 27% experiencing an immediate loss of grant funding and 14% experiencing an immediate loss of contract funding; all these were identified to jeopardise LGBT+ services' long-term survival (Consortium 2020b). Similar findings were presented in research by Kaleidoscope Trust International (2021) which, using a rapid-response call and an online survey of 30 participants (across 37 countries, including the UK), report a decrease or dissolution of funding for LGBT+ organisations, with 81% of respondents reporting a loss in income.

As part of the funding difficulties experienced by LGBT+ services, some of the evidence identified by this review explored their inability to access financial support during the pandemic. Consortium (2020b), for example, report 83% of responding organisations as being unable to secure funding through Government support schemes. Similar findings are reported in Pink Saltire (2020) which, through an analysis of 927 online survey responses from LGBT+ people living in Scotland, suggest there is a substantial gap in funding for LGBT+ organisations through an inability to access Government emergency relief funds. This is reinforced by Drabble and Eliason (2021), a review of existing evidence on the effects of the pandemic on LGBT+ people, which suggest the LGBT+ sector is in urgent need of funding to provide the support and services necessary to address the impacts of the pandemic. Related to this, Murray and Rolston (2020), an evidence review assessing the impact of COVID-19 on those with protected characteristics and GLA roundtable discussions with 275 organisations, illustrated how

a lack of national data on LGBTQ+ experiences of the pandemic has prevented organisations from demonstrating need and therefore accessing funding.

9.4   Impact on the LGBT+ service workforce

Some of the evidence identified by this review outlined the impact of the pandemic on the LGBT+ service workforce. Consortium's survey of 79 Consortium members, for example, reported 14% of organisations furloughing staff, and 20% experiencing a loss or reduction of volunteers (Consortium, 2020b). This is a finding reinforced by Westwood *et al.* (2021) which, via a web-based survey of 375 older self-identifying LGBT+ people (60 years old and above), report LGBT+ organisations being faced with significant staffing challenges during the pandemic as a result of staff illness, requirements to self-isolate and additional caring responsibilities. Kaleidoscope Trust International (2020), a rapid-response call and an online survey of 30 participants (across 37 countries including the UK), found that 88% of responding organisations identified the wellbeing of their staff and volunteers as one of the most pressing concerns. Consortium (2020a), via a survey of 79 Consortium members, report similar findings, with over 40% of respondent organisations reporting the wellbeing of staff and volunteers as a key concern going forward.

10 Additional evidence

This section outlines additional findings on the impacts of the pandemic on LGBT+ communities, as identified by the analysis of verbatim responses to the COVID-19 LGBT+ survey.

In response to the question "*is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?*" [n=572], some respondents described increased pressure to 'come out' while home working during the pandemic, which had a negative impact on the mental health and relationships of those living together.

> "Working from home has led to a lot of questions about whom I am living with and having to come out to some team members that I would not usually have shared this info with."

> "Partner isn't out at work and it's hard hearing him talk to his colleagues via video call about 'living alone'. I live here too and it's hard to hear."

Some respondents also described concerns around the rainbow flag being repurposed to represent support for the NHS during the pandemic. This was described as not only potentially erasing the experiences and struggles of LGBT+ people, but also making it more challenging to identify allies and safe spaces.

> "I am finding it really difficult to process that the Pride flag is (inadvertently) being used in support of the NHS. It has made me feel invisible, unimportant and erased."

> "I proudly wear my NHS Rainbow Badge but now people associate it with COVID-19 and not as a way that I can demonstrate my commitment to providing a safe space for the LGBT community."

> "I think it is harder to know where the safe spaces and allies are when there are rainbow flags everywhere."

Analysis of verbatim responses to the COVID-19 LGBT+ survey also showed concerns that the pandemic was diverting attention away from recent threats to LGBT+ rights, both in the UK and internationally. Threats to trans rights were of particular concern, specifically the Gender Recognition Act (GRA)which respondents felt was resulting in increased hostility towards trans people within Government, the media, and the general public.

> "…with news stories being dominated by COVID, people aren't discussing recent government changes that will negatively impact the lives of queer individuals."

> "It feels like trans rights are currently being attacked - which is certainly leading to an increase in public hostility. Comments, poor treatment etc is certainly on the rise."

11 Data quality and evidence gaps

This report provides a synthesis of existing evidence on the experiences of UK LGBT+ communities during the COVID-19 pandemic. Throughout, this review has synthesised available evidence as it applies collectively to LGBT+ communities, as well as specifically to LGBT+ sub-populations where possible. It has also provided methodological summaries for each study cited, with sample sizes when available.

11.1 Data quality

As it currently stands, the evidence base on UK LGBT+ communities' experiences of the COVID-19 pandemic is methodologically limited. There is a distinct lack of statistically representative, comparative research within the evidence base. This means it is currently not possible to compare the experiences (or impacts) of the pandemic between LGBT+ and non-LGBT+ people, or between different LGBT+ groups. This in turn limits our understanding of the scale of impact of the pandemic, as well as the likely disproportionate impacts on and within UK LGBT+ communities.

In lieu of statistically representative, comparative research, available evidence on the UK LGBT+ communities' experiences of the COVID-19 pandemic largely comes in the form of small-scale qualitative studies, or from survey research with non-representative, convenience samples. Much of this has been undertaken by LGBT+ organisations via their own networks and service users. This research provides rich and much-needed insight into the experiences of UK LGBT+ communities across a wide range of policy areas. It is, however, prone to self-selection bias and almost exclusively reflects the experiences of those already engaged with (or within the reach of) LGBT+ services. This, in turn, has reinforced many of the pre-existing evidence gaps that have long persisted in the UK on the experiences of LGBT+ communities.

11.2 Evidence gaps

A key finding of this review is the identification of significant evidence gaps. These gaps relate to both policy areas pertinent to the experiences of LGBT+ communities' during the pandemic, as well as to specific LGBT+ groups.

11.2.1 Evidence gaps for policy areas

Currently, the most populated area of research on the UK LGBT communities' experiences of the COVID-19 pandemic is mental health. This research identifies wide-ranging negative impacts during and as a result of the COVID-19 pandemic. These impacts are attributed to the UK LGBT+ community collectively, but also specifically to particular groups, especially younger LGBT+ people and trans people.

The evidence base on the safety of LGBT+ communities throughout the COVID-19 pandemic is also relatively well-populated. This evidence is, however, largely driven by the identification of several different risks to safety (such as within the home, in public, and/or online) as opposed to detailed insight into the experiences of different LGBT+ groups.

There is also a relatively large evidence base on the health of LGBT+ communities during the pandemic. The evidence base, however, does largely focus on certain topics, such as barriers to accessing services and sexual health. There is also a disproportionate focus on particular groups within these specific topic areas. The evidence on sexual health, for example, largely focuses on the experiences of MSM, with little specific consideration of other groups, such as lesbian, bi, and trans (LBT) women.

Generally, there is limited evidence across all remaining policy areas contained in the review. This is particularly the case for substance use, where the evidence base suggests the COVID-19 pandemic may pose some risk to misuse and sobriety. This research, however, again provides limited insight into the experiences of specific LGBT+ groups. The evidence on homelessness and insecure housing as well as financial wellbeing are both significantly limited, and further evidence is required. Finally, a key feature of the current evidence base is a lack of consideration of the relationship between different policy areas, such as that of safety and housing or mental health and substance use, for example.

11.2.2 Evidence gaps for LGBT+ groups

Another key limitation of the current evidence base is a distinct lack of understanding of the experiences of specific sub-populations within UK LGBT+ communities. The tendency for research to focus and collect data on LGBT+ people as a collective, in combination with small sub-population sample sizes and a lack of in-depth qualitative research, continues to reinforce a lack of insight into the experiences of particular groups. The evidence base is therefore in need of significant disaggregation. This is particularly the case for LGBT+ people from Black, Asian and minority ethnic communities, LGBT+ people of colour, and LGBT+ disabled people; these groups' experiences are largely absent from the current evidence base and the qualitative research contained in this review suggests intersectionality is a crucial component of their experiences of the pandemic. This is also the case for lesbian women, bi people and, albeit to a lesser extent, gay men, whose experiences are often subsumed under the 'LGB' umbrella. There are also groups which the limited evidence base suggests are at high risk during the pandemic, such as LGBT+ migrants. Additionally, there are groups whose experiences are absent from the existing evidence base, including pansexual people, asexual people, and those who are intersex.

The findings of this review collectively suggest that younger LGBT+ people have been disproportionately affected by the pandemic, experiencing the most negative mental health outcomes, higher rates of self-harm and suicidal ideation, and greater concerns for their safety. There is however currently an under-representation of the experiences of the youngest members of LGBT+ communities (under 18) in the evidence base, for which further research is required. Future research is also required for older LGBT+ people, for which the evidence base presents particular risk factors for poor mental health and loneliness.

Finally, entirely as a result of the efforts made by the LGBT+ organisations whose research is contained in this report, the *general* experiences of trans people during the COVID-19 pandemic are relatively well understood, with the evidence collectively

demonstrating some of the most negative experiences across all policy areas where evidence is available. Further research is, however, required to move beyond a general understanding and to interrogate the specific manifestations of disadvantage and inequality experienced by trans people in the UK during the pandemic.

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Appendix A: COVID-19 LGBT+ sample demographics

Table A1.1	Age of respondents
Age	**Unweighted base**
Under 16	73
16-24	309
25-34	407
35-44	305
45-54	310
55+	318

Table A1.2	Sexual Orientation
Sexual orientation	**Unweighted base**
Lesbian	416
Bisexual	346
Gay	646
Heterosexual/Straight	54
Asexual	20
Queer	90
Pansexual	86
Other	43

Table A1.3	Gender Identity
Gender identity	**Unweighted base**
Man (including trans man)	730
Woman (including trans woman)	748
Non-binary	189
Other	42

Table A1.4	Trans Status
Trans status	**Unweighted base**
Same gender as birth	1281
Transgender	404

Table A1.5 Intersex

Intersex	Unweighted base
Yes	34
No	1654

Table A1.6 Religion

Religion	Unweighted base
Buddhist	29
Christian (including all denominations)	340
Hindu	5
Humanist	30
Jewish	27
Muslim	14
Sikh	2
Agnostic	199
No religion/Athiest	868
Other	36

Table A1.7 Ethnicity

Ethnicity	Unweighted base
White British	1374
White Irish	50
Other White Background	80
Mixed White & Black Caribbean	16
Mixed White & Black African	8
Mixed White and Asian	15
Other Mixed Background	19
Chinese	1
Asian or Asian British Indian	5
Asian or Asian British Pakistani	9
Any other Asian or Asian British background	7
Black or Black British Caribbean	9
Black or Black British African	6
Any other Black or Black British Background	1
Any other ethnic group	106

Table A1.8 Disability

Disability	Unweighted base

Table A1.8	Disability
Yes	420
No	1274

Table A1.9	Employment Status
Employment status	**Unweighted base**
Employed (full time)	811
Student (full time)	272
Unemployed (eligible for benefits)	115
Employed (part time)	221
Student (part time)	50
Unemployed (ineligible for benefits)	43
Self Employed (part time)	85
Self Employed (full time)	82
Retired	144

Table A1.10	Caring Responsibilities
Caring responsibilities	**Unweighted base**
I'm a full time carer	49
I'm a part time carer	156
I'm not a carer	1509

Table A1.11	Relationship Status
Relationship status	**Unweighted base**
Single	690
In a relationship (not co-habiting)	272
In a relationship (and co-habiting)	334
Married	311
Civil Partnership	79
Widowed	17
Divorced/ Dissolved	55

Table A1.12	Parent/Guardian Status
Parent/Guardian status	**Unweighted base**
I have a child/children over the age of one	195
I have a child/children under the age of one	3
I'm pregnant	5

Table A1.12 Parent/Guardian Status	
None of the above	1508

Table A1.13 HIV Status	
HIV Status	**Unweighted base**
Yes	57
No	1632
I don't know/ I'm not sure	26

Table A1.14 Organisational Source	
Organisational Source	**Unweighted base**
Intercom Trust	392
LGBT Foundation	574
Stonewall	779

Appendix B: Rapid evidence review methodology

The rapid evidence review (REA) undertaken for this project comprised of four stages: a pilot search; an evidence identification stage; a screening and selection stage; and a synthesis and reporting stage.

Stage 0: Pilot search
The purpose of the pilot search was to test the strength and capabilities of the search strings (provided below), the inclusion/exclusion criteria, and the volume of returns. It also provided a layer of quality assurance and reflexivity. The steps and processes outlined below were first carried out on a single database to test the strengths and limitations of the methodology and specific search strings.

Stage 1: Evidence identification
Evidence identification was undertaken using the search strings below. Depending on databases' search technology, appropriate and proportionate approaches were used to reduce the number of irrelevant hits (e.g. eliminating historical and literary literature). Search processes therefore took an iterative approach, working within the confines of each search engine/database and their technology to find the most effective approach.

(TITLE-ABS-KEY (lgb* OR lesbian* OR gay OR homosexual* OR bi* OR sexual AND minorit* OR sexual AND orientation OR gender AND identity OR queer OR trans* OR intersex* OR asexual*)) AND (COVID* OR coronavirus OR pandemic OR lockdown) AND (LIMIT-TO (PUBYEAR , 2021) OR LIMIT-TO (PUBYEAR , 2020)) AND (LIMIT-TO (LANGUAGE , "English"))
LGB* OR OR OR Lesbian* OR OR OR Gay OR OR OR Homosexual* OR OR OR Bi* OR OR OR Sexual OR minorit* OR OR OR Sexual OR orientation OR OR OR Gender OR identity OR OR OR Queer OR OR OR Trans* OR OR OR Intersex* OR OR OR Asexual* "COVID19"

Peer-reviewed journal articles were identified via Scopus and Google Scholar. This was then supplemented by the manual scoping of pre-identified peer-reviewed journals with a track-record in covering LGBT+ issues. Grey literature was identified via Google Scholar, as well as through the manual scoping of pre-identified LGBT+ specialist organisations' websites, and departments, institutes, and research centres. The manual review of pre-identified peer-reviewed journals, LGBT+ specialist organisations websites, and departments, institutes and research centres was undertaken using smaller 'summary' terms broken down from the larger search strings.

Stage 2: Evidence selection, screening and weighting
Once relevant literature has been identified, a two-staged sift process was conducted. The first sift assessed relevance to the overarching research questions, based on title and abstract/summary using Abstrackr software.

Once the documents had been screened, the second stage comprised of key information being extracted into spreadsheets. The spreadsheets systematically organised the data in tabular form and included:

- Information on the authors
- Year of publication
- Full reference
- Evidence type
- Methodological approach
- Brief summary of the document/article
- Summary of key findings/content in relation to the aims of the REA

The evidence extraction was undertaken using a 'Framework' method[41] to facilitate a systematic approach to interpreting the evidence. This approach links summaries explicitly to the research areas, enables the evidence for a single research objective to be easily viewed and interpreted, and enables reviewers to return to the original sources if summaries are unclear or more information is needed.

Stage 3: Synthesis and reporting
When synthesising the evidence, a thematic analysis approach was undertaken. Extraction was guided by the overarching research question of the experiences of LGBT+ communities during the pandemic. In the process of synthesis, the coherence of the findings across studies, relevance with respect to the REA's focus, and strength of the evidence were considered.

Table A1:15 Peer-reviewed journals with a track-record in covering LGBT+ issues
Clinical Child Psychology and Psychiatry
Differences
Ethics and Behaviour;
Feminist Theory
Feminist Studies
Frontiers: a Journal of Women's Studies
Gay and Lesbian Issues and Psychology Review
Gay and Lesbian Review Worldwide
Gender and History
Gender and Society
Gender, Place and Culture
Gender Technology and Development
GLQ: A Journal of Gay & Lesbian Studies
International Journal of Interdisciplinary Social and Community Studies
International Journal of Sexuality and Gender Studies
International Journal of Trans Health

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[41] Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers.* London: Sage.

International Journal of Transgenderism
International Review of Psychiatry
Journal of Bisexuality
Journal of Feminist Studies in Religion
Journal of Gay and Lesbian Mental Health
Journal of Gay and Lesbian Social Services
Journal of Gay and Lesbian Psychotherapy
Journal of Gender Studies
Journal of GLBT Family Studies
Journal of Homosexuality
Journal of the History of Sexuality
Journal of Lesbian Studies
Journal of LGBT Issues in Counselling;
Journal of LGBT Health
Journal of LGBT Youth
Journal of Women's History
Law & Sexuality: A Review of Lesbian, Gay, Bi, and Trans Legal Issues
Journal of Psychiatric Mental Health Nursing
LGBT Health
LES Online: Digital Journal on Lesbian Issues
Psychology and Sexuality
Psychology of Sexual Orientation and Gender Diversity
Queer Studies in Media and Popular Culture
Sexualities
SGP: Sexuality, Gender and Policy Journal (Policy Studies Organization)
Sexuality Research and Social Policy
Signs: Journal of Women in Culture and Society
Trans Health
Trans Studies Quarterly
Women's History Review

Table A1: 16: UK LGBT+ organisations
Akt
Allsorts Youth Project
Anchor LGBT Advisory Group
Avant-Gardening
Avon Trans People
Bi Community News
Bi Pride UK
BiPhoria
Birmingham LGBT
BiUK
Black Trans Foundation

BLKOUT UK
Brighton & Hove LGBT Switchboard
British Asian LGBTI
Campaign for Homosexual Equality
Cara-Friend
Centre for Transforming Sexuality and Gender
Chrysalis Transsexual Support Groups
cliniQ
Club Kali Network (CIC)
Coming Out UK
Consortium
Courageous Leaders
Deaf Rainbow UK
Derbyshire LGBT+
Diversity Role Models
Educate & Celebrate
ELOP: LGBT Mental Health & Wellbeing
Equality Network
FFLAG
Focus: The Identity Trust
Forum for Sexual Orientation and Gender Identity Equality
Freedom Youth (OTR Bristol)
Galop
Gay Men's Health Collective
Gay West
Gender Agenda
Gendered Intelligence
GIRES - Gender Identity Research and Education Society
GMI Partnership
Greater Manchester Pride Network
Hidayah
HouseProud
Intercom Trust
Intersex Equality Rights UK
Just Like Us
Kaleidoscope Trust
Lancashire LGBT
LCR Pride Foundation
Leicester LGBT Centre
LGB&T Dorset Equality Network
LGBT Archive UK
LGBT Foundation
LGBT Health & Wellbeing

LGBT HERO (Health Equality and Rights Organisation)
LGBT History Month
LGBT Youth Scotland
LGBTed
LGBTQ Review
Liberate
London Friend
Mermaids
METRO Charity
MindOut Lesbian, Gay, Bi, Trans and Queer (LGBTQ) Mental Health Service
Misery
Mosaic LGBT Young Persons Trust
Naz and Matt Foundation
New Family Social
Norfolk LGBT+ Project
North East LGBT Federation
Norwich Pride
Opening Doors London
out but in
Out For Sport
OutStories Bristol
Paradise Press
People's Pride Southampton
Pink Saltire
Pink Times
Proud 2 b Parents
Proud2Be
'Queer' Asia
Queer Zine Library
Rainbow Head
Rainbow Line Support Network
Rainbows Across Borders
Regard
ReportOUT
Safe Ageing No Discrimination
Schools Out United Kingdom
Space Youth Project
Spectra CIC
Staywell Derby CIC
Stonewall Equality Limited
Stonewall Housing Association Ltd
Success Capital
Switchboard - LGBT+ Helpline

The Diversity Trust
The IARS International Institute
The Outside Project
The Proud Trust
The Rainbow Project
Tonic Housing Association
Trans Actual
Trans Media Watch
Trans Mutual Aid Manchester
TransActual UK
UK Pride Organisers Network
UKLGIG
University of Cambridge LGBT+ Alumni
Wipe Out Transphobia
Wise Thoughts
Women for Refugee Women (Rainbow Sisters Group)

Table A1:17 Government Departments, Institutes and Research Centres
British Association of Gender Identity Specialists
British Psychological Society
Care Quality Commission
Centre for Interdisciplinary Gender Studies - Leeds
Centre for LGBTQ Research at De-Montfort University
CILLIA LGBTQ+ Study, University of Surrey
CIPD
ClinicQ
Department for Education
Department for Work and Pensions
Department of Health
Department of Health and Social Care
Equality & Human Rights Commission
General Medical Council
Government Equalities Office (including GEO observatory)
Healthwatch
HM Inspectorate of Prisons
HM Inspectorate of Probation
Home Office
Houses of Commons Library
Information Governance Alliance
Jessica Kingsley Publisher
KCL – LGB&T Mental Health Research Group

Leeds Gender Identity Service
LGB&TQ Research at UCL
LGBT+ Queers Lives at University of Brighton
LGBTQ UCL Network
Local Government and Social Care Ombudsman
Local Government Association
London Gender Identity Clinic for Adults
Ministry of Justice
National Offender Management Service
National Police Chiefs' Council
NHS England
ONS
Parliamentary Office of Science and Technology
Prisons and Probation Ombudsman
Public and commercial services union
Public Health England
Royal College of GPs
Royal College of Nursing
Royal College of Physicians
Royal College of Psychiatrists
Senedd Research
Sheffield Gender Identity Service
The Nottingham Centre for Trans Health

Appendix C: COVID-19 LGBT+ survey

1. Please list your top three concerns related to the current COVID-19 (coronavirus) crisis in the UK
   a. Being unable to see family and friends
   b. Worried about the health of family and friends
   c. Decreased mental wellbeing
   d. Worried about your own health
   e. Increased isolation
   f. Being unable to support loved ones in the way you usually would
   g. Financial concerns
   h. Loss of job/reduction in employment
      i. Please describe how COVID-19 has affected your employment/work situation?
   i. Decreased access to healthcare
   j. Unable to access confidential support
   k. Not feeling safe at home
   l. Unable to properly self-isolate
   m. Other

2. Are you living with others during this isolation period?
   a. Yes
   b. No

3. Do you feel that you are still able to connect with others that you don't live with e.g. through phone, social media, video calls? [Free text box]
   a. Yes
   b. No but I would like to
   c. No but I don't feel isolated as I lived with people
   d. No but I don't need/want to

4. Do you feel safe where you are currently staying?
   a. Yes
   b. No

5. Are you concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse?
   a. No
   b. Yes [Free text box]

6. Is there any medication that you have been unable to access, or that you are worried you might not be able to access?
   a. No
   b. Yes

7. Have you been able to access healthcare for non-COVID 19 related issues?
    a. No, I haven't needed to
    b. Yes
    c. No, I was unable to access healthcare

8. Have you had any medical appointments cancelled?
    a. No
    b. Yes [Free text box]

9. Have you accessed any of [ORGANISATION] services since 18 March 2020?
    a. No, I have accessed neither
    b. I have accessed [ORGANISATION] services

10. Have you accessed support from anywhere other than [ORGANISATION]?
    a. No
    b. Other [Free text box]

11. Would you rather receive support during this time from an LGBT specific organisation, such as [ORGANISATION], or from a mainstream service?
    a. An LGBT organisation
    b. A mainstream organisation

12. Please feel free to comment further on why you would rather receive support during this time from… [Free text box]

13. Due to COVID-19, many LGBT organisations (including [ORGANISATION]) have moved most services online. After the COVID-19 pandemic, would you prefer to access services remotely or face-to-face?
    a. Remotely
    b. Face-to-face

14. Please feel free to comment further on why you would prefer to access services…[Free text box]

15. What kind of remote services would you like to see from LGBT organisations like [ORGANISATION] during this time? (Tick as many as necessary)
    a. Online information
    b. Helpline support
    c. Online support groups
    d. Phone/video chat
    e. Email support
    f. Webchat function

g. Check in calls for people on waiting lists
h. Phone-based befriending
i. Other [Free text box]

16. Have you received financial support from the government?
    a. Yes [Free text box]
    b. No
    c. No, but I need financial support

17. Is there any support that you are not currently receiving that you would like to receive?
    a. Mental health support e.g. phone counselling
    b. Support to reduce isolation, e.g. befriending service
    c. Financial support
    d. Support collecting essential items such as groceries and medication
    e. Support accessing financial support provided by the government
    f. Substance misuse support
    g. Domestic abuse support
    h. Other

18. Is there anything else related to your identity as an LGBT person that you feel is making this time particularly difficult?
    a. No
    b. Yes (please specify) [Free text box]

19. Is there anything else that you would like to add related to your experiences and needs at this time?
    a. No
    b. Yes (please specify) [Free text box]