

LGBTIQA+ YOUNG PEOPLE

EXPERIENCES OF COVID-19

The following paper represents the experiences of young people consulted by YACWA between June and September 2020. While by no means comprehensive, it aims to provide a snapshot of the experiences of LGBTIQA+ young people across Western Australia through the COVID-19 pandemic and recovery. This paper was co-authored by the YACWA staff and the YACWA COVID-19 Youth Steering Group. This paper should be read in conjunction with the "[Framework for Young People's Recovery from COVID-19](#)" in Western Australia produced by YACWA in August 2020.

THANK YOU TO THE YOUNG PEOPLE WHO GAVE THEIR TIME AND SHARED THEIR EXPERIENCES WITH US TO PRODUCE THIS PAPER.

KEY FACTS



The Department of Health places the estimate of all LGBTIQA+ people in Australia at approximately 11% of the population¹



LGBTIQA+ young people are significantly more likely to experience medical or mental health problems than their peers, including:

Disproportionately high rates of depression and anxiety, as well as suicide and self-harm¹

Almost 80% of young trans people have self-harmed²

15.5% of young LGBTIQA+ young people have attempted suicide in their lifetime³

Higher smoking rates, particularly by lesbian and bisexual women⁴

Higher consumption of alcohol and other drugs.⁵

JASPER'S STORY⁷

Jasper is a 20 year old trans man who has recently started hormone replacement therapy as a part of his medical transition. When COVID-19 hit, he was let go from his casual job and was not eligible for JobKeeper, which impeded his plans to move out of home. Jasper has had a rough relationship with his parents for a while as they refuse to acknowledge him as a man, instead only referring to him by the feminine name given to him at birth and only using she/her pronouns. This relationship got worse during COVID-19 restrictions due to being confined in the same house as his parents for an extended period of time. Jasper no longer has an environment where he feels he can express himself, as his weekly support group has gone online, LGBTIQA+ community events have been cancelled, and he can no longer leave the house to see friends and avoid his family. This led Jasper to experiencing increased anxiety, depression, and gender dysphoria. He doesn't want to go to the doctor to seek help as he feels his mental health issues aren't worth the doctor's time, especially during a pandemic, and last time he went to the doctor to discuss his mental health he felt dismissed and was told some transphobic things. Jasper can't see a future now that his plans to move out have been cancelled. He can't find a new job, and is weighed down by his parents misgendering and threatening him more than ever. He wonders if this will ever end.

KEY THEMES FROM CONSULTATION

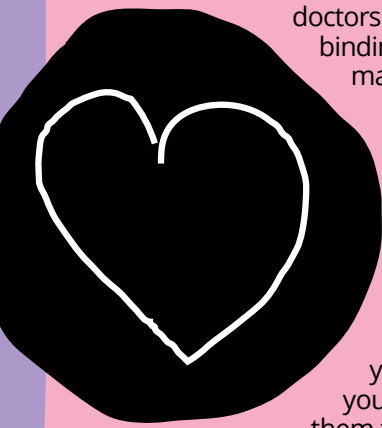
HEALTH

For LGBTIQ+ young people, pre-existing barriers to accessing and navigating medical services were exacerbated by the COVID-19 pandemic. Lockdown restrictions discouraged young people from pursuing in-person medical consultations, and unclear messaging after restrictions were lifted left many unsure as to whether it was safe to return to doctor's practices.

For trans and gender diverse young people, maintaining their health during COVID-19 was uniquely challenging. Many trans and gender diverse young people felt the devastating impacts of having gender affirming surgeries cancelled or rescheduled due to changes to elective surgeries procedures. For those who were planning to travel interstate to consult with surgeons, it is still unclear when they will be able to progress with this. Other trans and gender diverse young people discussed difficulties maintaining treatments such as hormone replacement therapy, either due to delays in shipments of medication from overseas or because they had delayed seeing doctors to get prescription renewals. Additionally, despite the fact that specific practices such as binding increased the risk of worsening any lung infections caused by COVID-19, there was no mainstream medical advice available on reducing this risk.

For many LGBTIQ+ young people, a lack of health literacy was compounded with the barriers unique to their cohort such as not having or not being able to find LGBTIQ+ inclusive health practitioners⁸. Due to changes in service availability, COVID-19 has forced many young LGBTIQ+ people to seek new General Practitioners (GPs) - a process which often involves intrusive questions about their gender and sexuality by the GP and increased pressure to self-advocate.

The increased job losses, unemployment, and financial insecurity that COVID-19 has caused means that the out of pocket costs of health services is also a barrier for LGBTIQ+ young people seeking to access treatment. It is important to note that for some LGBTIQ+ young people, especially in regional areas, found that increased access to telehealth allowed them to access specialist services like endocrinologists located in Perth for the first time.



MENTAL HEALTH

The COVID-19 period has resulted in significant fear over infection, job losses, financial insecurity, and general uncertainty. Existing mental health issues have been further exacerbated by COVID-19 related stress and fear. Many young people who were engaged in LGBTIQ+ support groups or services lost access to these as they shut down or moved online. This was particularly challenging for young people who were confined to home environments that were non-affirming, unsupportive, or hostile and no longer had the option of escaping to queer community spaces that provide safe and inclusive environments or accessing them online in their home. This was especially problematic for young people in regional areas who had previously travelled to Perth to access supportive services and were no longer able to due to regional border closures.

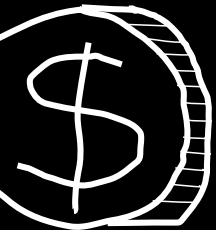
Young people who were forced to return or remain in abusive households were concerned about the heteronormativity and cisnormativity of family and domestic violence service providers and were not confident that these services would be able to support them with the unique types of abuse that LGBTIQ+ people face.

Cost barriers for mental health services have also been a significant issue for many LGBTIQ+ young people, with the ten Medicare rebated sessions already deemed to be insufficient pre-COVID-19. Additionally, as services adapted online, some services were not sensitive to the unique needs of LGBTIQ+ young people. For example one youth mental health service sent a care package to a young person at home that clearly stated their chosen name and that they attended an LGBTIQ+ support group. This "outed" the young person to their family who subsequently had to deal with the consequences of this for the remainder of lockdown. The LGBTIQ+ phone support line Qlife had to reduce hours of operation during the pandemic due to reduced volunteer capacity.



FINANCIAL INSECURITY

The majority of LGBTIQ+ young people consulted indicated they found the Centrelink process confusing and exhausting to navigate. For those who had access to Centrelink payments, there was anxiety around when the payments would be reduced back to pre-COVID-19 levels and many chose to save money to prepare for this decrease. LGBTIQ+ young people described the unique barriers that they faced accessing Centrelink, such as being unable to be classified as “independent”, even if they were unable to live at home due to a discriminatory home environment. Many LGBTIQ+ young people were not able to have the unique forms of abuse they face recognised by the Centrelink system or were too scared of exacerbating that situation to try. Trans and gender diverse young people also faced the difficulty of often having different gender markers on various forms of identification, or having non-binary gender markers, which are currently not supported by Centrelink. This led to some young people being classed as ineligible or having payments cut. Furthermore, young LGBTIQ+ people who lost their job are more likely to struggle to find a new job, especially if they are trans or gender diverse.⁹



RECOMMENDATIONS TO START OUR RECOVERY

WHAT

WHO

Fully resource the WA LGBTI+ Health Strategy to work towards an affirming health system for all Western Australians	Department of Health
Fund additional and existing LGBTIQ+ specific peer support services, with a focus on filling regional gaps. This should include specific programs for Aboriginal and Torres Strait Islander, multicultural, and disabled LGBTIQ+ young people, as well as provide funding for existing unresourced programs, such as those from Transfolk of WA.	Mental Health Commission
Ensure that family and domestic violence services are accessible and responsive to LGBTIQ+ young people's needs, and provide funding for dedicated awareness raising campaigns targeting LGBTIQ+ young people.	Department of Communities
Fund a dedicated awareness raising campaign educating LGBTIQ+ young people to identify, recognise and respond to family and domestic violence, that is co-led by LGBTIQ+ communities.	Department of Communities
Advocate via the National Cabinet to immediately extend the Coronavirus Supplement payment and JobKeeper in light of the emerging second wave in other parts of Australia threatening to extend the economic impacts of COVID-19.	Department of Premier and Cabinet
Advocate via the National Cabinet to permanently raise the JobSeeker payment to the level of the Coronavirus Supplement.	Department of Premier and Cabinet



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6. Australian Institute of Health and Welfare (2020) Alcohol, Tobacco and Other Drugs in Australia, Retrieved from: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-identifying-as-lesbian-gay-bisexual-transgender-intersex-or-queer>
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