



LGBTIQ+ COMMUNITIES AND COVID-19:

A REPORT ON THE IMPACTS OF COVID-19 ON AUSTRALIAN
LGBTIQ+ COMMUNITIES AND BUILDING A STRONG RESPONSE

INTRODUCTION

We are strong. We have weathered health crises before and emerged stronger together on the other side. We have also helped to build a more equal Australia in the face of adversity and discrimination against us, both in the past and present.

But the coronavirus pandemic (COVID-19) presents us with a new challenge. Recognising that challenge, Equality Australia assembled a roundtable of LGBTIQ+ and allied organisations to open the conversation about the specific issues facing LGBTIQ+ people in Australia due to COVID-19 and its impacts. This conversation is not over. We need the voices of other members of our communities to provide their input into this conversation. If your organisation wishes to join this conversation, please contact us at info@equalityaustralia.org.au. We especially encourage organisations representing the diversity of people in our communities to join this conversation, as we recognise the differing needs of LGBTIQ+ people with intersectional experiences and identities.

This report summarises our analysis of the current needs and vulnerabilities of LGBTIQ+ communities based on issues raised at the national online roundtable of 42 LGBTIQ+ and allied organisations held on 26 March 2020 and discussions and input received since that time.¹ This report is also informed by ongoing conversations with key agencies responding to the COVID-19 crisis. We recognise the current social and regulatory environment is rapidly changing in response to the threat posed by COVID-19. The analysis and recommendations in this report represent our current thinking, informed by the available evidence and information as at 31 March 2020.

While LGBTIQ+ people face many challenges from COVID-19 which are similar to others in the community, we are also likely to experience some unique and more acute impacts from COVID-19 as a result of discrimination, disparities and differences connected to our LGBTIQ+ status.

These include:

- health disparities which put some LGBTIQ+ people at greater risk of severe health consequences from contracting COVID-19;
- mental health disparities, particularly in rates of depression and suicide, which place LGBTIQ+ people at significant risk when faced with physical distancing measures and greater isolation, a sudden loss of community support and cultural spaces, barriers to finding comfort and connection with our chosen families, and the possibility for some of living in unsafe or unsupportive environments;
- historical and continuing experiences of discrimination which make accessing inclusive healthcare, support, services and information, and interacting with law enforcement, more challenging, while LGBTIQ+ organisations are themselves insufficiently supported to meet increased demand for their services.

This potentially devastating combination of impacts and consequences may be further compounded and magnified for those with additional needs based on other attributes, such as disability or age.

While LGBTIQ+ people have demonstrated their resilience, resourcefulness and creativity in the face of adversity before, there is an urgent need for government and mainstream services providers and agencies to stand with us and act swiftly in supporting our efforts by implementing substantive and practical measures to ensure no-one is left behind in Australia's response to COVID-19.

¹ The organisations represented in the online roundtable are listed at the back of this document.

GUIDING PRINCIPLES

Having regard to the issues raised by the LGBTIQ+ and allied organisations who shared their expertise and perspectives with us, we seek that government, policy and community responses to the COVID-19 crisis adopt and follow these guiding principles and recommendations.

PRINCIPLE 1

The response to COVID-19 must comply with Australia's human rights obligations, including with respect to LGBTIQ+ people in Australia or within our care and control.

At a minimum, this means that:

- public policy and health responses must not, whether directly or in practice, discriminate on the grounds of sexual orientation, gender identity or sex characteristics, or any other ground such as age, disability, cultural or linguistic diversity, marital or relationship status, citizenship status, line of work or socio-economic status;
- LGBTIQ+ people in Australia or within our care and control must have equal and ready access to the essential healthcare they need without discrimination, whether or not those health needs are related to COVID-19; and
- any incursions to civil liberties must be strictly necessary and proportionate to the legitimate purpose of responding to the COVID-19 crisis, and must not discriminate whether directly or in practice against LGBTIQ+ people in Australia or within our care and control.

PRINCIPLE 2

The response to COVID-19 must meaningfully take into account the specific needs and circumstances of LGBTIQ+ people and communities, especially people who may be socially or economically marginalised or at greater risk from COVID-19 or its impacts.

At a minimum, this means ensuring that:

- LGBTIQ+ communities and organisations are, directly and to the extent possible, engaged with when formulating policy responses, so that no-one is left behind;
- information and services are inclusive and accessible to LGBTIQ+ people, regardless of disability, age, socio-economic status, cultural or linguistic background, citizenship status, line of work or personal circumstances;
- safeguards and alternatives are available for LGBTIQ+ people living in vulnerable situations, such as those who are homeless, in aged care facilities, in supported accommodation, in prisons, in immigration detention, who rely on receiving care or support at home (such as older people or people with disability), or people who are living in unsafe domestic arrangements (whether because of actual or threatened violence, or a lack of familial acceptance regarding sexual orientation, gender identity or sex characteristics);
- LGBTIQ+ families (including parents and caregivers who are not resident with their children) and LGBTIQ+ families of choice are given meaningful opportunities to maintain appropriate face-to-face contact and connection despite any domestic lock-down;

- any regressive measures that diminish existing protections or harm our community, such as the Religious Discrimination Bill, are not progressed; and
- the continuity of existing government programs and policies that support LGBTIQ+ communities is guaranteed and boosted to accommodate increased need for those support services.

PRINCIPLE 3

Economic stimulus must recognise the impact of COVID-19 on LGBTIQ+ people and communities in Australia, including our unique and few-in-number organisations, businesses and venues.

At a minimum, this means ensuring that:

- LGBTIQ+ people who are unable to rely on employment or other financial support are given adequate financial support and assistance to guarantee the necessities, such as food, shelter and healthcare, without discrimination and without moral judgement regarding their line of work;
- financial support measures take into account additional costs borne out of physical distancing measures, such as for people with disability or for organisations who need to adapt their ways of working to continue providing support;
- financial support and assistance is available and given to sustain our unique and few-in-number LGBTIQ+ organisations, businesses and venues into the future, so that there is a vibrant LGBTIQ+ community on the other side.

PRINCIPLE 4

Responses must work with us, and where possible, should be led by us.

At a minimum, this means:

- ensuring LGBTIQ+ voices are at the table and genuinely consulted in government-led COVID-19 policy and program development and delivery;
- supporting LGBTIQ+ and allied organisations to deliver services to our communities in a culturally appropriate and accessible way, and boosting funding and support where an increased need for services now demands it;
- ensuring meaningful and effective LGBTIQ+ inclusion as a mandatory requirement when distributing funding to mainstream service providers, such as those providing mental health services, aged care services, youth services, drug and alcohol services and disability services;
- collecting appropriate and inclusive data on LGBTIQ+ people, including specific groups within this cohort, in service delivery and health and wellbeing metrics so that the impacts of COVID-19 on all our communities are properly counted.

ISSUES FACING THE LGBTIQ+ COMMUNITIES DUE TO THE COVID-19 CRISIS

LGBTIQ+ people will face many of the same COVID-19-related issues which impact on all Australians, including health issues, economic hardship and social isolation. However, there are also some important differences.

Some LGBTIQ+ people will experience the impacts of the COVID-19 crisis in more acute ways because of circumstances associated with their LGBTIQ+ status and discrimination they face as a result of that status. Some LGBTIQ+ people will also experience unique issues because of their LGBTIQ+ status.

Insights from a new weekly survey conducted by Newgate Research suggest that LGBTIQ+ people are more likely than other Australians to have experienced a reduction in income or work hours, and to have been laid off from their job. They are also more likely than others to have experienced more mental health issues or tension at home compared to usual. In addition, LGBTIQ+ participants in the survey were more likely to find it hard to meet the costs of daily living, to be living with at least one physical or mental disability, to have or be living with someone with an immunodeficiency, and to be a carer for someone with a disability.²

IMMEDIATE ISSUES

Looking at the current public health and policy response to COVID-19, there are a number of immediate issues which arise from COVID-19 and its associated restrictions for LGBTIQ+ people.

PUBLIC HEALTH

Everyone is susceptible to contracting COVID-19. Certain groups of people, such as people who are older and/or with certain chronic conditions, are at increased risk of serious illness from COVID-19.³

While our understanding of COVID-19 develops with further scientific research, we should remain mindful of the existing health disparities experienced by LGBTIQ+ people (such as in connection with certain cancers, asthma, obesity and smoking rates), and that this creates a disproportionate risk for LGBTIQ+ people who contract COVID-19.

Members of our communities also face **increased or specific barriers to accessing essential needs and medical treatment**. This can include barriers to

accessing food, shelter and treatment (such as antiretrovirals, hormone treatment and gender-affirming procedures, STI and blood borne virus testing, delays in surgeries or absence of support post-surgery) while there are restrictions on movement or mobility, requirements for face-to-face consultations that cannot be met, or due to overrun health and other essential care systems.

Access to medical treatment and screening for all health issues will remain essential to ensure meeting one public health priority does not compromise other public health priorities.

LGBTIQ+ people already face challenges and disadvantages in our health system and are often less able to access culturally appropriate and inclusive healthcare.⁴ These barriers can also be

² For more information on this COVID-19 tracking research, please contact Newgate's Research Director Philip Partalis at philip.partalis@newgateresearch.com.au.

³ Australian Department of Health, [Advice for people at risk of coronavirus \(COVID-19\)](#).

⁴ See e.g. Australian Human Rights Commission (2015) [Resilient Individuals: Sexual orientation, gender identity & intersex rights – national consultation report](#); Sydney: Australian Human Rights Commission, p.33; M Kang et al (2018) [Access 3: Young people and the health system in the digital age – final research report](#); Department of General Practice Westmead, The University of Sydney and the Australian Centre for Public and Population Health Research, The University of Technology Sydney, Australia, pp.54, 64; E Smith et al (2014) [From Blues to Rainbows: Mental health and wellbeing of](#)

compounded by other factors, such as disability, age or geographic location. **Existing barriers to and problems with accessing healthcare are likely to be exacerbated in a COVID-19 environment.**

There is also a concern that an overrun health system may deny care based on discriminatory criteria, such as age, disability or physicality. Care needs to be taken in ensuring ethical treatment guidelines do not discriminate.

Health care workers may, either consciously or unconsciously, make decisions to deny or delay treatment which in practice discriminates against persons on the basis of their LGBTIQ+ status, including because of prejudiced attitudes, unconscious bias or a failure to consider the specific health needs of particular LGBTIQ+ populations.

MENTAL HEALTH

LGBTIQ+ people experience disproportionately high rates of anxiety, depression, suicide and self-harm when compared to the rest of the population.

For a population already under stress, the response to COVID-19 prevents access to community and cultural spaces which provide a level of protection and connection for people seeking support.⁵

Coupled with this, many in our communities will face additional stress as a result of job losses, financial stress, or because of the situation they face at home.

Accessible and inclusive mental health services will be increasingly critical in connecting LGBTIQ+ people with the mental health support they need to stay healthy and safe.

ACCESS TO INFORMATION

Public health information needs to be accessible and relevant to members of the LGBTIQ+ communities.

There is **no one 'source of truth' for information** relevant to LGBTIQ+ people, including about public

health, connection and available economic and social assistance.

Social distancing guidance that refers to 'families' and 'households' are unclear in their application to non-nuclear households, partners who do not live together, or 'chosen' families split across multiple households. **The degree to which unrelated persons can connect with one another is unclear.** Materials must use inclusive language which speaks to our families and communities.

LGBTIQ+ communities include people who are D/deaf, Deafblind, blind or have low vision, or who need access to Easy Read resources. Information tailored for LGBTIQ+ communities must also be accessible for these people. Vital information should be available in Easy Read English and other languages.

DISCRIMINATION

As we face the prospect of people having to make medical and crucial end-of-life decisions for themselves and their loved ones, this is where discrimination against our partners and families has surfaced in the past.

LGBTIQ+ people need to know that they have strong protections and rights as partners and parents in medical settings, in next-of-kin decisions, and when dealing with service providers (e.g. funeral providers, counsellors etc.) and inheritance issues, whether or not they are married. **Service providers must be made aware of their legal obligations** to treat LGBTIQ+ people without discrimination and recognise our relationships and families.

LGBTIQ+ people who rely on services provided by faith-based providers are not adequately protected against discrimination in many states and territories. LGBTIQ+ people may face discrimination or fear it, presenting additional barriers to accessing support services such as housing, food and financial relief services.

[gender diverse and transgender young people in Australia](#), Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University, p.73.

⁵ M Carman et al (2020) [COVID-19: Impacts for LGBTIQ communications and implication for services](#), Australian Research Centre in Sex, Health and Society, La Trobe University, p. 2.

Experiences of discrimination may also be compounded by a range of attributes held by LGBTIQ+ people, such as ethnicity, gender, disability, age, socio-economic status, employment, citizenship status and the ability to speak English.

SOCIAL ISOLATION AND DISLOCATION

Physical separation is going to be difficult for everyone, but these **difficulties will be exacerbated for people in particular groups**, such as those:

- living on their own, or in self-isolation,
- living with families or in households which do not accept them for who they are or who they love,
- living with or at risk of violence or fear,
- who are homeless or at risk of homelessness,
- who have lost their income, or are poor,
- living under state control or care,
- who are disabled or have chronic illnesses,
- who are socially isolated or lacking in capacity to connect with others online,
- without broader support or familial networks, or who have lost access to regular disability and psychosocial services and supports,
- who have lost access or connection to community, culture or country,
- who use or are dependent on drugs and alcohol, and
- with mental health concerns such as depression or at risk of suicide, among others.

We know LGBTIQ+ people are represented in each of these populations, and may be overrepresented in some. For example, LGBTIQ+ young people face higher risk of homelessness due to rejection and violence within the family home.

Due to discrimination or a lack of acceptance, LGBTIQ+ people may be unwilling or unable to rely

on channels of support that are available to others for the care and connection they need to stay healthy and safe. **This impact is further magnified for LGBTIQ+ people because of the disappearance of community and cultural gathering spaces, whether that be community centres, clubs or licensed venues.**

LGBTIQ+ FAMILY VIOLENCE

The current pandemic will place increased pressure on strained familial relationships and will disproportionately impact on some LGBTIQ+ people in unsafe family situations.

The family home can be a hostile and unsafe place for same-sex attracted or gender questioning young people. **Without the ability to escape to a school environment, or to welcoming friends or other family members, LGBTIQ+ young people and others will be at increased risk** during this time of physical distancing.

Violence in LGBTIQ+ intimate partner relationships is generally thought to be as prevalent as in other intimate partner relationships (if not higher for some sections of our communities).⁶ These levels of violence, as with all forms of family violence, can only be expected to worsen over the coming months.

LGBTIQ+ people face significant barriers to accessing family violence services. For example, gay and bisexual men, and trans and gender diverse people, who are victims of family violence may not be accommodated in services. **Gaps in service delivery for LGBTIQ+ people will be further exposed as the strain on the family violence system increases.**

Action must be taken to ensure LGBTIQ+ victims (and perpetrators) can access timely services that meet their distinct needs, and specific strategies developed for particular at-risk cohorts such as LGBTIQ+ youth, people with disability and people who are homeless or at risk of homelessness.

⁶ Royal Commission into Family Violence (2016) [Final Report](#), p.35.

CARING FOR LGBTIQ+ OLDER PEOPLE

LGBTIQ+ elders grew up in particularly oppressive times, and continue to be impacted by stigma, discrimination and the trauma of losing loved ones during the HIV/AIDS epidemic. Many LGBTIQ+ people live alone and do not have family to care for them.

LGBTIQ+ older people, particularly those who live alone, who do not have children, or who have mobility or other restrictions on their movement, may be particularly isolated in the coming months.

Channels of support available to others may not be available in equal measure to LGBTIQ+ older people, who may be averse to or avoid accessing services, due to the risk of discrimination or the fear of it. For example, LGBTIQ+ older people may be reluctant for workers from faith-based charities to enter their home or fail to disclose crucial information for fear of discrimination.

Overall, LGBTIQ+ older people may have a greater need for support services during this time and also experience greater barriers to accessing these services from mainstream services providers.

LGBTIQ+ PEOPLE WITH DISABILITY

LGBTIQ+ people with disability may experience a range of compounding disadvantages associated with the impacts of COVID-19 in their lives.

Challenges in accessing equipment, technology, information, necessities, transport and/or a range of support are further compounded by a loss of work, further isolation, insufficient financial and social support and a lack of access to alternative options.

The physical and mental impacts of social isolation are likely to be more heavily felt by people with particular disabilities, while informal LGBTIQ+ disabled peer support networks are reporting a rising demand for help in people seeking access to basic needs, such as food, support and information.

LGBTIQ+ COMMUNITY ORGANISATIONS

The LGBTIQ+ sector is fragile, fragmented and underfunded.⁷ Many LGBTIQ+ organisations, offering services such as peer support, counselling and advocacy, rely on short term grants and volunteers to operate, if they have funding at all.

In the immediate term, LGBTIQ+ community organisations with capacity to do so (such as AIDS Councils in each state and territory) are moving towards the online delivery of services, but not all services can be delivered online (such as access to health services). **Some LGBTIQ+ community organisations may not have access to the funds and technology necessary to adapt to the COVID-19 environment.**

As with all organisations, LGBTIQ+ community organisations are also adjusting their service delivery while contending with the challenges of **maintaining productivity, staff engagement and morale.**

Funding arrangements have not taken account the possibility of such wide-scale disruption, nor the costs of dealing with it.

ESSENTIAL REFORMS ON HOLD, THREATS REMAIN

Members of our communities continue to need essential legal reforms, such as removing legal barriers to accessing gender congruent identification, and stopping forced or coercive medical practices towards intersex people.

While there is understandably less public and political bandwidth to progress essential reforms during the current crisis, **the adverse effect of these laws continue to be felt.** For example, trans and gender diverse people will still need to rely on identification documents that are difficult to change in order to access economic and social support from service providers, financial institutions and governments.

⁷ K Bradshaw and I Seal (2018) [National LGBTIQ+ Community Impact Project: Down the slippery slope to full equality for all](#), Collective Impact and Three for All Foundation.

Meanwhile, as our community confronts the daily challenge of living with the impacts of COVID-19, **threats to our human rights remain on the table.** These include the Religious Discrimination Bill, which undermines access to healthcare and threatens to roll back existing discrimination protections for LGBTIQ+ people and others, and concerted attempts and campaigns to undermine gender-affirming care models for trans and gender diverse people.

RELATIONSHIP WITH LAW ENFORCEMENT

As police and other law enforcement officers enforce social distancing, we will see greater interaction

between members of our LGBTIQ+ communities and law enforcement. **The historical legacy of violence at the hands of police looms large for many LGBTIQ+ people and is still a daily reality for some.**

Members of our communities who experience poor relationships with law enforcement, such as queer youth, trans people, people with cognitive and intellectual disabilities, First Nations peoples, sex workers, and illicit drug users among others, are concerned about how they will be treated by law enforcement who have strong powers to search, arrest and detain. **Uncertainty about the operation of new laws and police powers, and fear of unfair treatment, will add to the stress and anxiety experienced by LGBTIQ+ people during this time.**

MEDIUM AND LONG-TERM ISSUES

Looking beyond the current public health and policy response to COVID-19, there are a number of medium and longer-term issues which will arise in the aftermath of the immediate response to COVID-19.

LONGER TERM DIRECT IMPACTS

While distancing measures may be wound back over time, those at higher risk of infection may be required to continue physical distancing for a longer period or until a vaccine is available, compounding the effects of social isolation.

For those who lose loved ones due to COVID-19, the experience of grief and loss may well continue beyond the immediate aftermath of a person's death. LGBTIQ+ people will need culturally appropriate support avenues to deal with their grief and loss. So too will LGBTIQ+ first responders and healthcare workers who have been on the frontline of the public health response.

FINANCIAL DISADVANTAGE

Some cohorts of LGBTIQ+ people, particularly trans and gender diverse people, are already more likely to live in poverty or experience unemployment than others.⁸ It is likely that the impacts of the COVID-19 related economic downturn

will be felt by these disadvantaged cohorts sooner and more acutely than other population groups.

We suspect that there are **large numbers of LGBTIQ+ people working in the creative arts, tourism, retail and hospitality, some of the industries hardest hit by COVID-19.** Unemployment and financial disadvantage will place even greater strain on people who are already at risk.

ABSENCE OF RELIABLE DATA

With the absence of Census data on the LGBTIQ+ population, we **do not have reliable and comprehensive national data** on LGBTIQ+ people: where they live, what they do for work and their care needs. The particular impact of the COVID-19 crisis on LGBTIQ+ people economically and socially is hard to predict, plan for and respond to.

We know there will be large scale job losses in the tourism, hospitality, retail and creative sectors, but **we cannot confirm that LGBTIQ+ people are**

⁸ Leonard, W., Lyons, A. & Bariola, E. (2015) *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay,*

bisexual, and transgender (LGBT) Australians. Monograph series No. 103, La Trobe University (2015), p 24.

overrepresented in industries facing this economic downturn.

VIABILITY OF LGBTIQ+ INSTITUTIONS

There are very few LGBTIQ+ organisations, businesses and venues in Australia. These are important cultural and commercial institutions that provide a place for connection, support, pride and community. They are also sites for spreading important community information, such as safe sex information. Many of these institutions rely on events income or opening their doors to patrons, and give LGBTIQ+ organisations platforms to meet, fundraise and host events. They are our

community's town halls and squares, our places of congregation, and our cultural and sporting gathering grounds.

Additionally, many LGBTIQ+ community organisations rely on income from events and gatherings to fundraise and support their work. While COVID-19 shuts down these income streams, community organisations face uncertain economic futures during the COVID-19 'fundraising freeze'.

The ongoing financial viability of these institutions, and whether they will make it through to a post-COVID-19 world, is unclear.

ABOUT US

Equality Australia is a national LGBTIQ+ organisation dedicated to achieving equality for LGBTIQ+ people. Equality Australia has been built from the Equality Campaign, which ran the successful campaign for marriage equality, and was established with support from the Human Rights Law Centre.

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We acknowledge that our offices are on the land of the Kulin Nation and the land of the Eora Nation and we pay our respects to their traditional owners.

Cover image: C. Moore Hardy, Equality Green, Prince Alfred Park, Sydney, 15 November 2017.

APPENDIX: ROUNDTABLE ATTENDEES

A national online roundtable of LGBTIQ+ and allied community organisations was hosted by Equality Australia on 25 March 2020. The following organisations attended or have since provided input to this paper.

1. ACON
2. ACT LGBTIQ Ministerial Advisory Council
3. Advocacy Tasmania
4. AIDS Action Council of the ACT
5. Aleph Melbourne
6. Amnesty International, NSW LGBTQI Network (GLYN)
7. Australian Federation of AIDS Organisations (AFAO)
8. Australian GLBTIQ Multicultural Council (AGMC)
9. BFriend
10. Bisexual Alliance
11. Council of the Ageing (COTA)
12. Equal Voices
13. Equality Australia
14. Equality Project
15. Gender and Sexuality Commissioner, Victorian Department of Premier and Cabinet
16. GLOBE Melbourne
17. GLTBI Rights in Ageing Inc (GRAI)
18. Intersex Human Rights Australia (IHRA)
19. Intersex Peer Support Australia (IPSA)
20. Liberty Victoria
21. LGBTIQ Legal Service (St Kilda Legal Service)
22. LGBTI Rights Australia (Facebook community)
23. Midsumma
24. Queerspace, Drummond Street Services
25. National LGBTI Health Alliance
26. NSW Gay & Lesbian Rights Lobby
27. Northern Territory AIDS & Hepatitis Council (NTAHC)
28. Public Interest Advocacy Centre (PIAC)
29. Queensland Council for LGBTQI Health (formerly Queensland AIDS Council)
30. Rainbow Families Victoria
31. Rainbow Health Victoria
32. Rainbow Territory
33. South Australian Rainbow Advocacy Alliance
34. Sydney Gay and Lesbian Mardi Gras
35. Thorne Harbour Health
36. Transfamily Inc
37. Transforming Tasmania
38. Transgender Victoria
39. Uniting NSW
40. Victorian Gay and Lesbian Rights Lobby
41. Victorian Pride Centre
42. WA AIDS Council