



The New Normal:

Life After Lockdown for LGBTQIA+
People in England

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Acknowledgements

This document has been published by the National LGBT Partnership. Individual partners from the National LGBT Partnership and members of the VCSE Health & Wellbeing Alliance provided significant research support, and we were supported by the wider LGBT Partnership in promoting the research.

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Forward

The COVID-19 pandemic has both highlighted and exacerbated existing health inequalities for already marginalised and disadvantaged groups – and LGBTQIA+ communities are no different. Lockdowns had a significant negative impact on access to healthcare, mental health, alcohol and substance abuse, isolation, experiences of violence, homelessness and insecure housing and financial well-being.

As we start the recovery from COVID and settle into the ‘new normal’ of living in a world with COVID, it’s important that we both learn the lessons from the pandemic whilst also ensuring we increase our focus on addressing LGBTQIA+ health inequalities. We must also recognise, as this report demonstrates, that we are far from being where we were ‘pre-COVID’ and, although levels of anxiety, depression, stress, loneliness and isolation are improving, they are still worse than they were before the pandemic started.

This report highlights the importance of taking an intersectional approach when considering and addressing health inequalities for LGBTQIA+ people. As we see in many other surveys the experience of LGBTQIA+ people of colour, with disabilities, with caring responsibilities and those who are trans and non-binary report a worse experience overall. Perhaps most importantly, though, are the powerful quotes throughout this report that are a constant reminder that behind every statistic there is an individual who is struggling and whose needs are not being met. It’s to these individuals we need to say “you are not alone” and “help is out there” and I’m pleased to see a list of some of the organisations who provide great care and support to LGBTQIA people listed in the report.

There is a lot for policy makers, commissioners and service providers to take from these findings and this report serves as a reminder of both the existing health inequalities faced by

LGBTQIA+ communities but also the significant impact of the pandemic. With this in mind, we need to use data like this to ensure our services are truly inclusive, supportive and meet the wide-ranging needs of LGBTQIA+ communities in a holistic and meaningful way.



Dr Michael Brady

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Introduction

The New Normal looks at the ways that LGBTQIA+ people's mental health has been impacted by the lifting of COVID-19 restrictions, as well as the support that can be provided by communities, practitioners and services in response to these impacts. We carried out a survey to gain an insight into the experiences of LGBTQIA+ people during the period between July and November 2021, when lockdown restrictions were almost entirely eased for the first time since the start of the pandemic in March 2020.

The resource is split into a report section, which will examine those experiences, and a recommendations section, which will include recommendations for practitioners and for individuals.

The report section covers nine key aspects of personal wellbeing;

- general mental health and wellbeing
- community and isolation
- employment and experiences at work
- access to support
- self harm and suicide
- grief
- abuse, harassment and violence
- addiction and substance use
- new LGBTQIA+ identities

Within these sections, we'll also look at the differences in post-lockdown experience between marginalised groups within the LGBTQIA+ community, including People of Colour, Women, Disabled people, Carers, and Trans and Non-Binary people.

The recommendations section includes recommendations for

- Practitioners and service providers
- The general LGBTQIA+ population

The practitioner recommendations are based on the key aspects covered by the report. They identify needs in these areas and make suggestions to improve LGBTQIA+ experiences.

The LGBTQIA+ recommendations form a toolkit of resources and services that individuals can use to support their own mental health or the mental health of friends, family and members of their communities. These recommendations also address factors that might affect someone's mental health, like housing insecurity or addiction.



Who We Are

The National LGBT Partnership connects a group of thirty-eight LGBTQIA+ organisations across England, committed to reducing health inequalities and challenging homophobia, biphobia and transphobia within public services, improving access to health and social care for LGBTQIA+ people. The Partnership is led by LGBT Foundation and LGBT+ Consortium. To view a full list of the thirty-eight partners, visit <https://www.consortium.lgbt/nationallgbtpartnership/about-the-partners/>

The Partnership is a Sector Strategic Partner of the Department of Health, Public Health England and NHS England, collaborating with a wide range of organisations as part of the Health and Wellbeing Alliance, influencing policy, practice, and actions of Government and statutory bodies.

Laura Clarke (she/they), the editor and co-researcher of this report, is the Partnership Coordinator for the National LGBT Partnership. Laura is an expert in LGBTQIA+ identities, sex and relationships and holds an MA in Gender Studies from the University of Sussex.

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Ray Carter (they/them), the writer and co-researcher of this report, is a freelance writer, illustrator and workshop facilitator. Ray's work centres around queer, Black and neurodiverse ways of being. They hold a BA in Illustration from Falmouth University.

Background

After the COVID-19 pandemic began, research was undertaken to understand how the consequent social restrictions impacted those who identify as LGBTQIA+. This research found that the lockdowns had a profoundly negative impact on LGBTQIA+ people, in areas including alcohol and substance abuse, feelings of isolation, experiences of violence, mental and physical health, homelessness and insecure housing, and financial well-being (Hudson et al., 2021).

LGBTQIA+ people were concerned about attacks on Trans rights, experiences of homophobia and biphobia, being 'out' at home or at work, feeling isolated from queer communities, and being able to access LGBTQIA+ specific support. It was found that the mental health of Trans and Non-Binary people, young LGBTQIA+ people, LGBTQIA+ People of Colour, and Disabled LGBTQIA+ people was particularly negatively affected (Hudson et al., 2021).

As lockdowns ended and COVID-19 restrictions and protections began to ease, life was assumed to return to normal for many people in the UK. However, there remains a need to respond to the continuing challenges that LGBTQIA+ people face.

The pandemic brought to light existing social and structural inequalities, which compounded the impact of COVID-19 on many marginalised groups (Hudson et al., 2021). The negative impacts of the COVID-19 pandemic on LGBTQIA+ people could mean that a return to pre-pandemic life is a significant challenge, and the promise to return to a pre-pandemic status quo may be experienced by LGBTQIA+ people as frustrating, disappointing or a step backwards.

In lockdown, many people experienced shifts in their identity, newly identifying as LGBTQIA+ but lacking the opportunity to explore and

present these identities in public. While those with new identities have been less able to access LGBTQIA+ community spaces for support and identity formation during lockdown, online spaces may have given them unique tools of expression and community. The removal of lockdown measures likely had a further impact on the experiences of those with new LGBTQIA+ identities.

This research aims to identify any emergent challenges faced by those who identify as LGBTQIA+, particularly in terms of their mental health and factors that may affect their mental health. With this resource, we hope to provide recommendations for service providers, healthcare workers and other practitioners who are supporting LGBTQIA+ people, as well as a direct resource for those who identify as LGBTQIA+ and want support with their mental health.

Terminology

This report uses the acronym LGBTQIA+ to collectively represent those who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual as well as those with other non-heterosexual, non-cisgender identities, such as Unidentified, Pansexual, Questioning, Genderqueer or Agender.

‘Trans’ is used as general term that refers to anyone whose current gender identity is different from their gender assigned at birth, including binary and Non-Binary Trans people. We also recognise that some Non-Binary, Genderqueer or otherwise Gender-Diverse people may not identify as Trans; we hope to recognise this in the report by using the term ‘Trans and Non-Binary people’.

In the report, the term People of Colour is used to refer to people who are Black (including Black African, Black Caribbean or another Black heritage), Asian (including Indian, Pakistani, Bangladeshi, East Asian, Pacific Island or another Asian heritage), Latinx, mixed heritage, or of another non-white heritage.

We recognise the social model of disability, which understands that people are disabled by ableist structures and barriers in society, rather than by their personal impairment or difference. Therefore we use the term ‘Disabled People’ rather than ‘People with Disabilities’ throughout this report.

We acknowledge that people prefer a variety of different terms to describe their identities, and many find it hard to fit their experiences into a category. As language is fluid, the terms we use in this report may not remain the preferred terms of the group to which they refer. We hope to be respectful of all the groups mentioned by using person-first language.

A full glossary can be found at the end of the report.

Methodology

The report draws from a survey that we distributed between the 25th of January and the 18th of February, 2022. The survey received 314 responses from LGBTQIA+ adults (18+) who were living in England. We asked participants to reflect on the period between July and November 2021, when COVID-19 restrictions and protections were almost entirely eased for the first time since the beginning of the pandemic in March 2020.

A steering group met to inform the structure and the priorities of the report, attended by representatives from MindOut, Black Beetle Health, London Friend, LGBT Foundation, Complex Needs Consortium, Homeless & Health Consortium, and Barnardo’s.

It should be noted that certain demographic groups among the respondents had significantly small sample sizes; namely people over the age of 56 (n=19) , Parents (n=26), Carers (n=27) and People of Colour (n=30). These small sample sizes may mean that our insights are less able to reflect the general experiences of those groups. In some cases, we have chosen not to examine the responses of a particular group because the sample size was too small to provide meaningful insights. However, we recognise that the experiences of these missing demographics are just as important as those that have been included in the report.

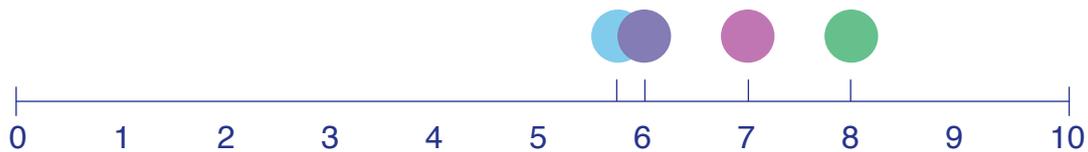
For further notes on demographics, please see page [41](#).

Key Findings

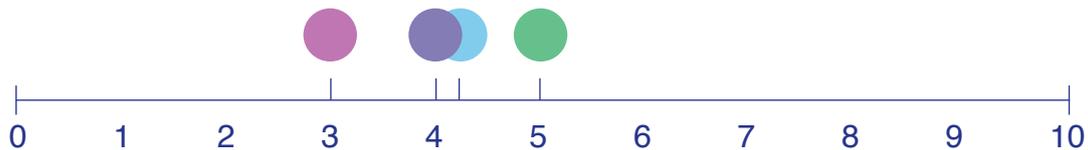
We asked participants to look back on how they felt before, during and after lockdown, and asked them to rate their mental health on a scale of 1-10 (1 being 'extremely bad' and 10 being 'extremely good'). General mental health scores decreased significantly during lockdown. After lockdown restrictions were lifted, mental health scores generally rose but **did not make a full recovery**.

This indicates that, although the ability to return to aspects of pre-pandemic life was somewhat positive, **there remains a need for support for LGBTQIA+ people to recover from the effects of the pandemic**. Respondents found that it was either more difficult than during the lockdown or just as **difficult to access support**, and generally **did not find it easier to manage their mental health**. People predominantly felt **anxious** about the lockdown lifting, as well as stressed, hopeful and wary.

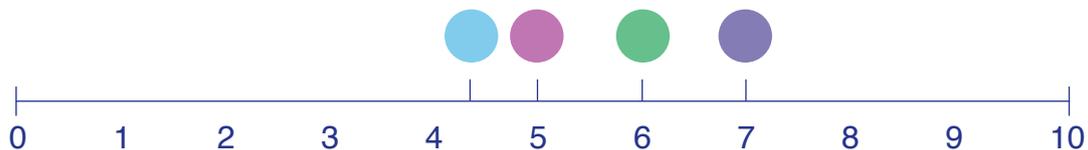
Before lockdown:



During lockdown:



After lockdown:

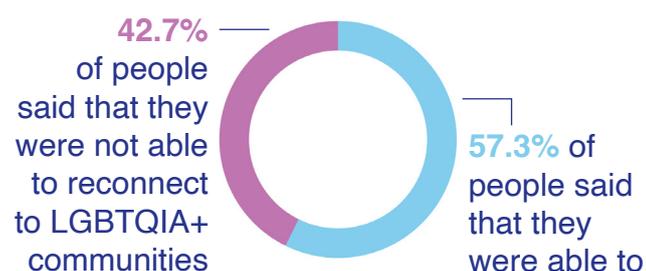


● = most commonly chosen score ● = second most commonly chosen score ● = third most ● = average score

“Online support [has] reduced and as I have moved back in with my family during the pandemic, rather than living with friends in another city for uni, I no longer feel able to access in-person LGBT meet-ups and support networks.”

Our evidence suggests that a majority of LGBTQIA+ people **did not feel less alone once restrictions were lifted**, and generally found it **harder to reconnect with LGBTQIA+ communities**. This may indicate that LGBTQIA+ services and community spaces were not able to recover from the impact of the pandemic. It also suggests that LGBTQIA+ people often **do not feel comfortable in the social spaces they used to use** because of continuing COVID-19 risks and a greater responsibility to take care of their own safety.

After restrictions were lifted:



Of the 180 people who said they were able to reconnect with LGBTQIA+ communities, 62.8% of people said it was harder than before the pandemic.

“COVID affected LGBTQ+ organisations, venues and events, and LGBTQ+ friendly venues. Places the community used to gather [are] now closed, such as the LGBT Foundation offices and Nexus Cafe in Manchester. Events I used to go to no longer exist. [I] feel upset by [the] loss of these venues. Where do we meet now? Where is safe to hang out now? I miss the events I used to go to. [It] will be a very long time before any replacements come into existence.”

“LGBT spaces felt very unsafe – clubs for example made very little effort to feel COVID safe and I was made to feel ‘boring’ or an outsider for wanting more COVID security.”

Research has shown that LGBTQIA+ people have disproportionately high rates of self-harm, self-harm ideation, suicidal ideation and suicide (Clayton, 2020). Our research reflects this;

58.6% of respondents self harmed or thought about self-harming during the 2020-21 lockdowns, and

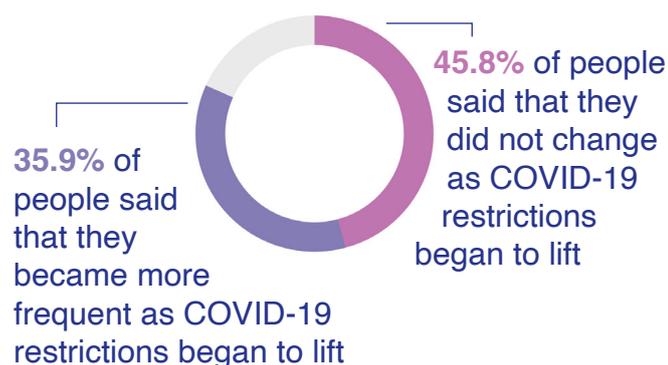
13.4% did so often

58.6% of respondents experienced suicidal ideation or attempted suicide during the 2020-21 lockdowns

11.8% did so often

2.2% had attempted suicide

Of those who had these experiences (n=157):



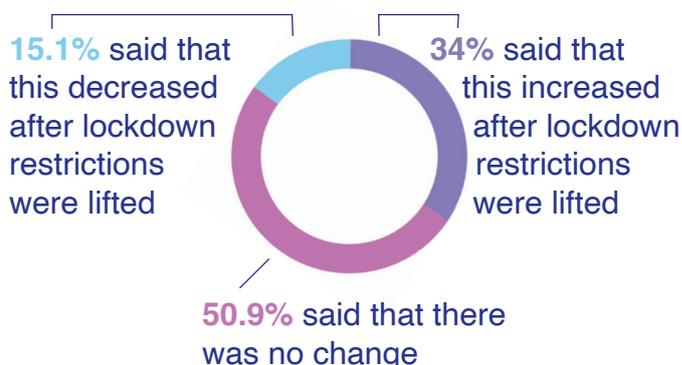
This reinforces that, as lockdown was lifted, many of those who were struggling during the pandemic experienced continuing challenges and were unable to access support. These figures indicate a continuing and significant mental health need among those who identify as LGBTQIA+.

“I lost my support network and now feel much more isolated in my identity than I did before lockdown.”

After the lockdowns, there was a rise in homophobic and transphobic hate crimes recorded by police in the UK (Chao-Fong, 2021). There has also been an increase in hate crime based on race and disability (Home Office, 2021) which is likely to have had an impact on LGBTQIA+ People of Colour and

Disabled LGBTQIA+ People.

Of 314 respondents, 29.6% felt that they experienced harassment, domestic abuse, online abuse or other violence during the pandemic. Of these people (n=93);



These figures reflect free text responses that we received, which also indicate that **people experience greater levels of homophobia and transphobia** when returning to public life, as well as increases in **experiences of violence and harassment related to other marginalised identities** such as race or disability.

“Facing transphobia as well as Islamophobia, racism, and disablism, in public again now people (especially employers) are expecting me to come in person again, [which] I could avoid easier [by] working remotely.”

“Experienced a significant uptick in violent hate crime/being shouted at or threatened in the street.”

A significant finding of this research was the high proportion of people who were newly identified as LGBTQIA+, many of whom reported that they faced challenges in bringing this new identity out of lockdown and into the world.

Of 314 respondents;

14.6% newly identified with a marginalised sexual orientation in lockdown (Lesbian, Gay, Bisexual, etc)

22.9% newly identified as Trans, Non-Binary or otherwise Gender-Diverse in lockdown

Of the 158 Trans people who responded to the survey,

41.1% of them were newly identified

Of the 314 people who responded to the survey,

19.7% of people came out as LGBTQIA+ during lockdown

49.6% of people experienced challenges around their new identity

The types of challenges that LGBTQIA+ people experience around their identities can be very diverse- however, a lack of access to LGBTQIA+ spaces, a rise in experiences of abuse, and anxieties about returning to public life may all be significant contributors to these challenges.

Those with new identities may be more likely to look online for LGBTQIA+ organisations and feel eager to get their voices heard. Thus, the high proportion of newly identified LGBTQIA+ people, particularly Trans and Non-Binary people, responding to this survey may be due to self-selection bias. This still indicates a need for support in response to mental health struggles related to these new identities.

“I came to realise I’m genderqueer over the past two

years and it has been, and still is, an immensely difficult journey for me – but now it’s inherently more... public. More pressure to perform hyperfemininity as safekeeping; more focus on my appearance and presentation etc.”

“I had to reckon with feeling like a different person in a world which wanted to return to how it was before.”

At the end of the survey, respondents were given the opportunity to leave a free-text response that further describes their experience as an LGBTQIA+ person post-lockdown.

Some key themes that came up in the free-text responses were:

- A sense of disenfranchisement and distrust
- Isolation from LGBTQIA+ spaces and communities due to COVID-19 and other safety concerns
- Inability to access healthcare services, including sexual health, gender transition, and maternity care
- Trouble consolidating online and offline identities and experiences
- Homophobia, biphobia, transphobia and dysphoria

“When we entered COVID I looked to the BBC for information. Now that they are actively hostile to LGBT people

I can't trust them. So now we have nowhere to get information. The lack of trust makes things even more bleak."

"Further evidence of [the] government and public not caring or being actively hostile to minorities."

"Ability to have sex with multiple partners, but difficulty in accessing sexual health services/fear [that] going to [the] clinic could make me more vulnerable to COVID."



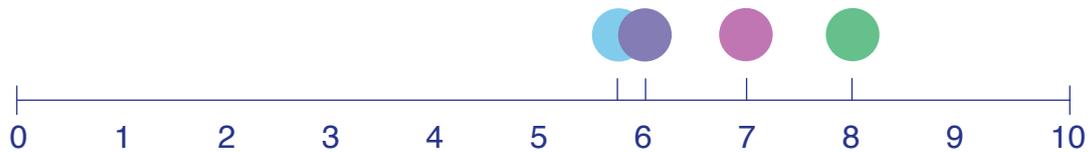


Survey Results

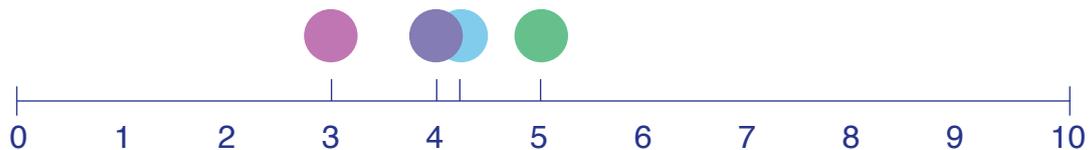
General Mental Health and Wellbeing

We asked respondents to rate their mental health on a scale of 1 to 10 before, during and after lockdown (1 being 'extremely bad' and 10 being 'extremely good'). We found that, as expected, general mental health ratings decreased significantly during lockdown. After restrictions were lifted, scores were higher but did not reach pre-pandemic levels, suggesting that LGBTQIA+ people still needed support to recover from the pandemic, in terms of their mental health.

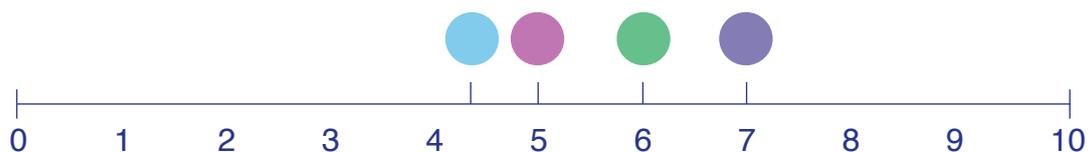
Before lockdown:



During lockdown:



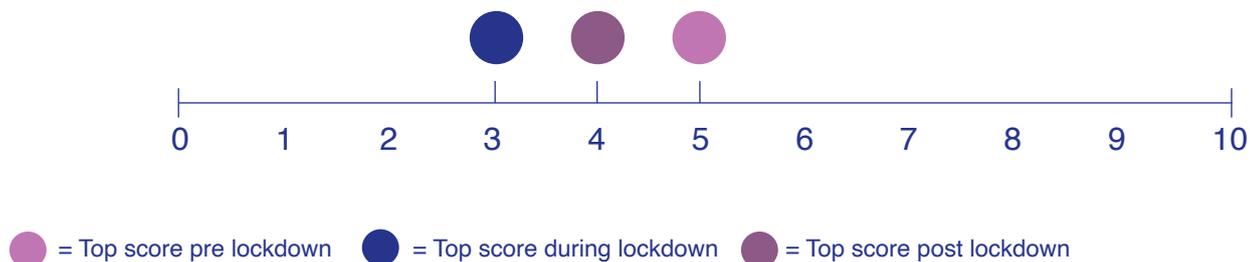
After lockdown:



● = most commonly chosen score ● = second most commonly chosen score ● = third most ● = average score

The return to pre-pandemic life may have been more difficult for some than for others. For People of Colour, the most common mental health scores were generally lower.

For LGBTQIA+ People of Colour



Among 30 LGBTQIA+ People of Colour who responded to the survey, 5 people rated their mental health as a 1 both pre- and post-lockdown. These figures indicate a similar fall and partial recovery of mental health scores to the general figures, but they also show that LGBTQIA+ People of Colour generally rated their mental health much lower through all stages of the pandemic. Another significant finding is that LGBTQIA+ Carers were the only demographic for which average mental health scores continued to decline post-lockdown,

Average score pre-lockdown: 5.44
Average score during-lockdown: 4.19
Average score post-lockdown: 4.10

In free-text responses, LGBTQIA+ Carers reported changes in caring responsibilities, continuing isolation and a lack of/ or difficulties accessing social support.

“During the pandemic I broke up with my long-distance partner whose country and culture doesn’t recognise gay rights: the pandemic and my increased caring responsibilities meant I couldn’t be with my partner, the lack of social support meant they couldn’t be with me. The lifting of restrictions was difficult because it was treated as if things were going ‘back to normal’ but none of the actual issues were fixed or would be fixed; it didn’t mean my relationship could resume or that I would actually be able to see my (ex-) partner again, because the disease still exists and my increased responsibility to protect people from it still exists.”

When asked what their concerns were about lockdown measures being removed, the majority of respondents reported that they were “worried about the safety of family and friends”, across all demographics. Although this is in the context of COVID-19, it’s important to be aware that these worries around safety may also concern people’s experiences of homophobic, transphobic, racist and ableist discrimination, inability to access medical care, financial insecurity and mental health

concerns in the aftermath of the pandemic.

The top 5 concerns for all demographics were

- Worried about the safety of family and friends
- Worried about my own safety
- Greater responsibility for own and others safety
- Concerns about my mental health
- Returning to social events

Other verbatim responses included:

“Anxiety about offending others when I was more apprehensive about returning to normal.”

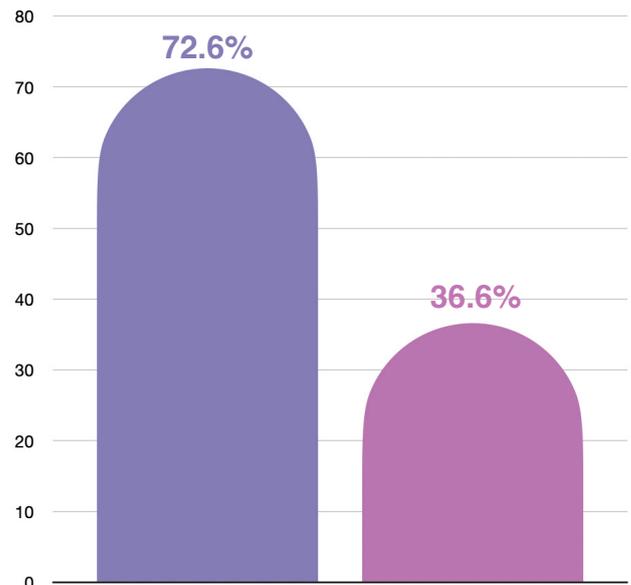
“Concerns about COVID & Trans-Facism.”

“Returning to existing in public generally.”

“Unhealthy behaviours developed during isolation.”

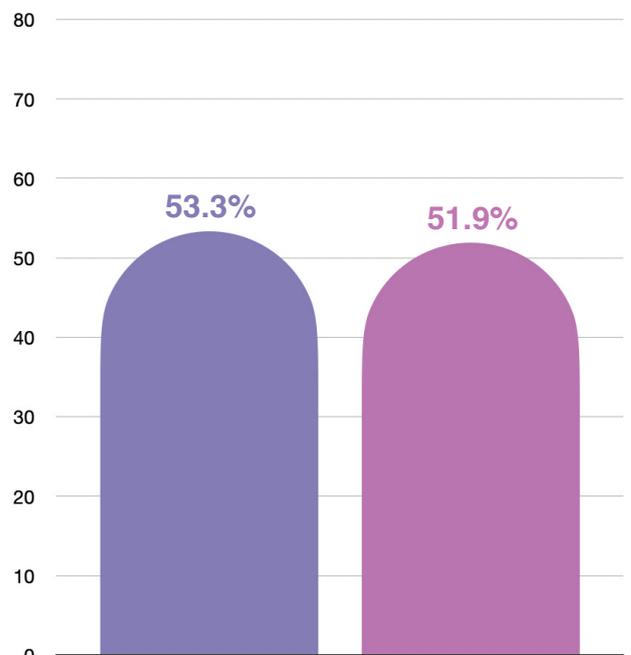
“Worried about the future of the country and how that will affect me, my friends and family, and the public at large (e.g. worrying that this will cause massive long term health problems).”

In addition to this



- 72.6% of people did not find it easier to manage their mental health after lockdown measures were lifted
- 36.6% found that it was more difficult to manage their mental health

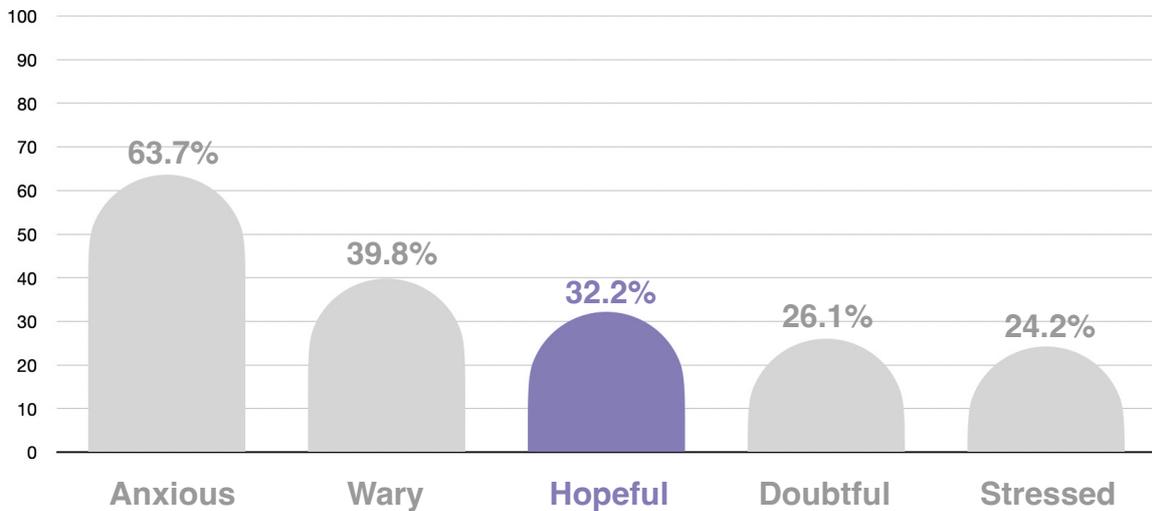
This rose to



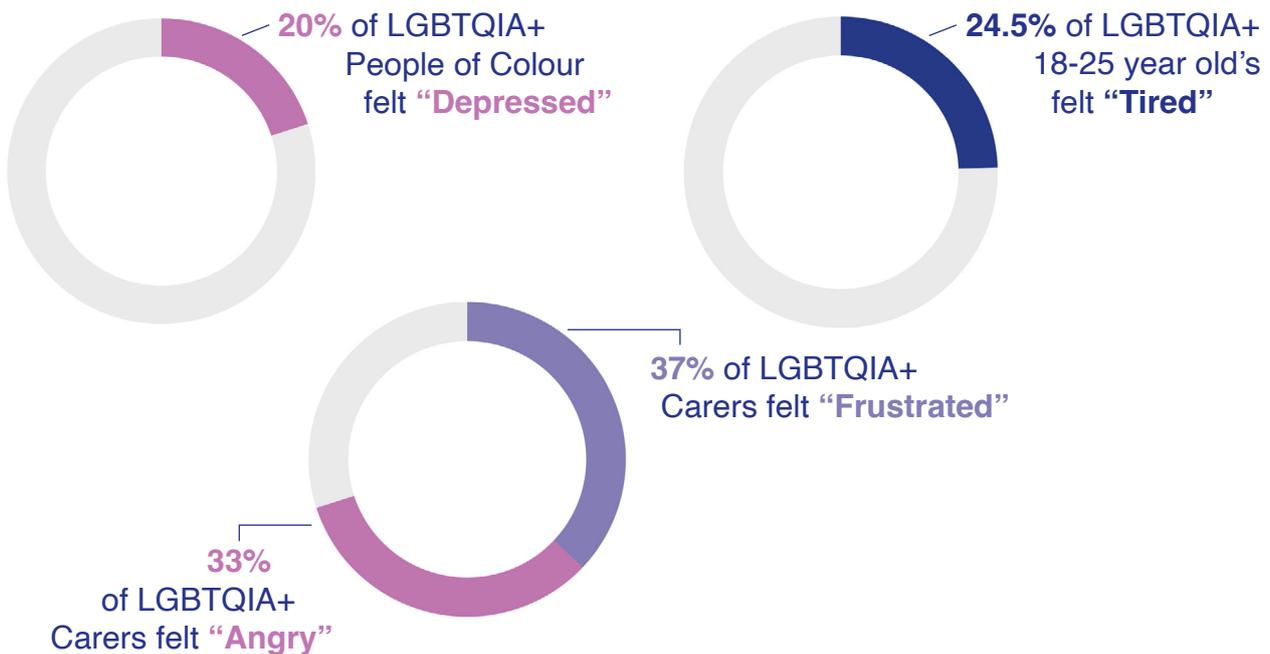
- 53.3% of LGBTQIA+ People of Colour found that it was more difficult to manage their mental health post-lockdown

- **51.9%** of LGBTQIA+ Carers found that it was more difficult to manage their mental health post-lockdown

When asked how they felt about lockdown lifting, respondents predominantly felt “anxious” across every demographic. For LGBTQIA+ respondents, the top five emotional responses to lockdowns were:



Other significant responses to lockdown measures lifting:



Free text responses included:

“Critical”

“Disappointed”

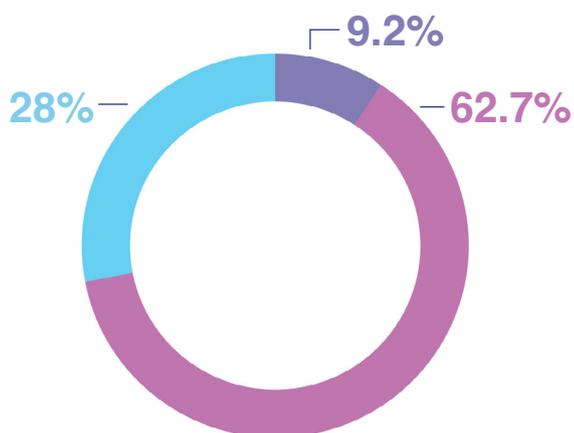
“Lonely”

“Terrified and hopeless as a disabled person who could die if I get [COVID-19] and the government is leaving me and my community to die so people can go [to] the pub.”

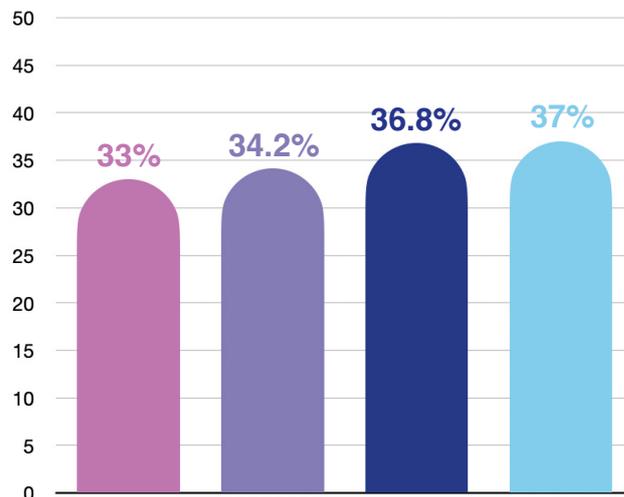
These results may reflect that LGBTQIA+ individuals recovering from the impacts of the pandemic find it difficult to access support. When asked whether they experienced a change in their ability to access support, including financial support, mental health support, healthcare, community support, support with addiction or any other kinds of support;

Of 314 respondents,

- Only **9.2%** of LGBTQIA+ people said they had more access to support post-lockdown
- **62.7%** of LGBTQIA+ people said that their access to support was about the same as during the pandemic
- **28.0%** of LGBTQIA+ people said that they had less access to support post-lockdown



- **33%** of LGBTQIA+ people who were 18-25 said that they had less access to support post-lockdown
- **34.2%** of Trans and Non-Binary people said that they had less access to support post-lockdown
- **36.8%** of Disabled LGBTQIA+ people said that they had less access to support post-lockdown
- **37%** of LGBTQIA+ Carers said that they had less access to support post-lockdown



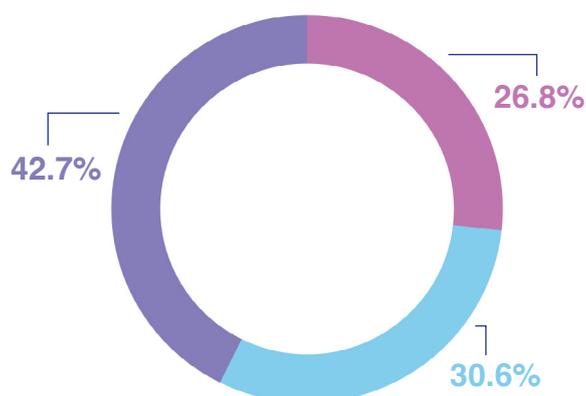
Additionally

- **0% of LGBTQIA+ Carers said that they had more access to support than during the pandemic**

“Support groups are fragmented, harder to find as many are not meeting up due to COVID.”

Community and Isolation

When asked how their sense of isolation post-lockdown compared to their experience during lockdown, out of 314 respondents,



- **26.8%** felt less alone than during the lockdown
- **30.6%** felt more alone than during the lockdown
- **42.7%** felt 'about the same' as during the lockdown

From this, we can see that the lockdown measures being lifted didn't always have a positive effect on LGBTQIA+ people's senses of isolation. This may be linked to the pandemic's impact on LGBTQIA+ support groups and community spaces. It might also reflect the experiences of those who were clinically vulnerable, or anyone who continued to shield or limit their social interactions after the legal restrictions on doing so were removed.

Our results indicate that some people struggled to rebuild their connections and social circles after the period of lockdowns. Respondents reported anxieties about returning to their social lives and lacking social confidence post-lockdown. Those who were newly identified as LGBTQIA+ may have experienced difficulty rebuilding their social links after a change in identity and/or presentation.

Compared to the general 30.6%;

- 38.1%** of Disabled people felt more alone after lockdown lifted
- 37.3%** of Trans and Non-Binary people felt more alone after lockdown lifted
- 40.7%** of LGBTQIA+ Carers felt more alone after lockdown lifted

“Fears of returning to being in public and being ‘out’ or visible.”

“As a trans woman I found my confidence to go out decreased during lockdown. So I was more anxious about going out.”

“Being in public presenting as a different gender for the first time after a period of isolation was doubly stressful.”

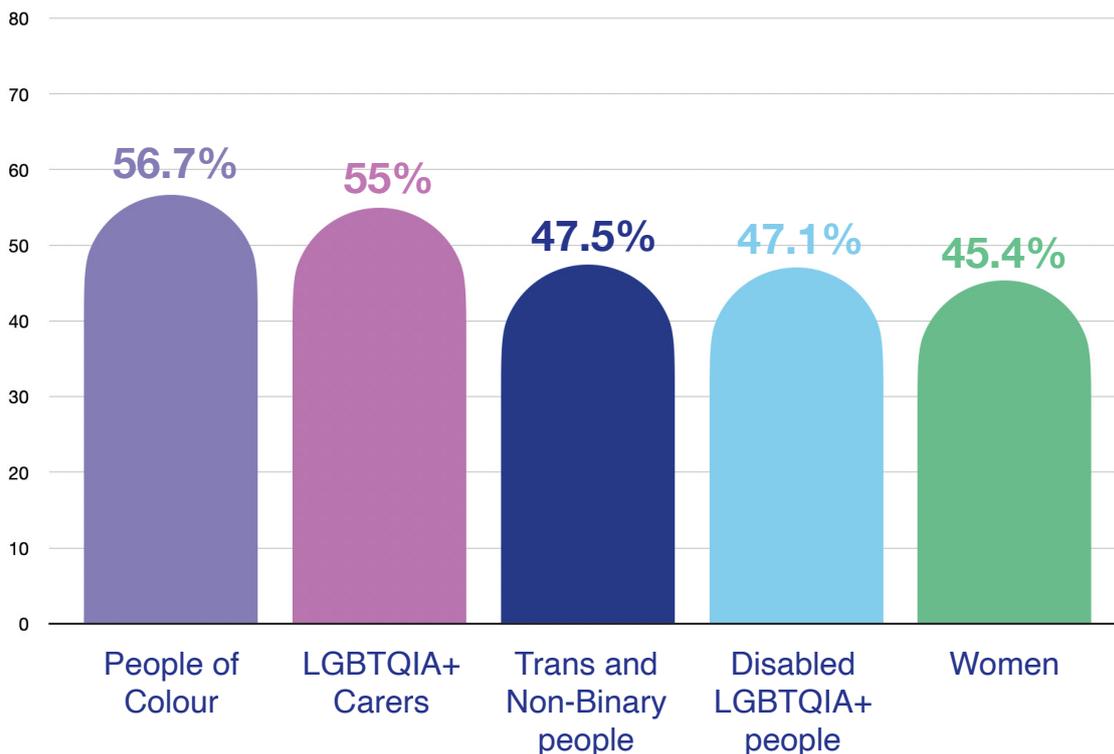
42% of people told us that they were not able to reconnect to LGBTQIA+ communities

Although 57.3% of people did feel that they were able to reconnect to LGBTQIA+ communities,

36% of people found it more difficult than before the pandemic.

This further indicates a need for support to rebuild communities, connections and confidence for LGBTQIA+ people.

This 42% of people who said they were unable to reconnect to LGBTQIA+ communities rose to



This suggests that those with intersecting marginalizations experience greater barriers to engaging with LGBTQIA+ communities, and might further indicate that people with these experiences feel alienated within LGBTQIA+ spaces.

“Increased disconnection from the community.”

“Lack of support and guidance for clinically extremely vulnerable people in connecting with our communities.”

“Access and attendance to queer safe spaces hasn’t recovered.”

However, it is notable that LGBTQIA+ people between the ages of 18 and 25 experienced more positive outcomes here:

41.5% of LGBTQIA+ people who were 18-25 said they felt “less alone” post-lockdown

27% of 18-25s did not feel that it was harder to reconnect to LGBTQIA+ communities post-lockdown

However, the specific challenges in reconnecting to LGBTQIA+ communities faced by younger LGBTQIA+ people is also reflected in free-text responses.

“The summer [that] COVID restrictions were lifted was the summer after my A Levels so I felt finally able to engage with the community as an adult but also felt immature as I had not had a lot of experiences other people had, such as a first kiss/relationship, especially because of COVID.”

Employment and Experiences at Work

We were interested in the post-lockdown impacts on LGBTQIA+ people's experiences of employment, whether they were key workers, working from home, unemployed, unable to work or otherwise out of work. Although the general population will have experienced changes to how they work which may have affected their mental health, high levels of anxiety among the LGBTQIA+ population around lockdown lifting may mean that workplaces need to provide LGBTQIA+ employees with particular support. We found that this perspective gave us specific insights into LGBTQIA+ experiences through free-text responses.

25.5% of respondents were key workers

11% of respondents worked in a healthcare setting

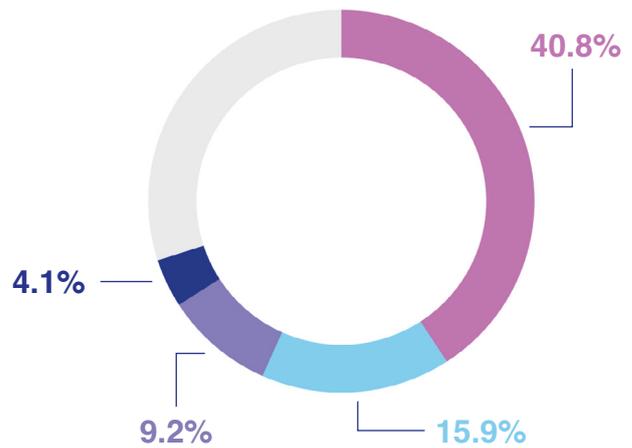
49.7% of respondents were working from home

Notably, free text responses included:

“Forced to go to work.”

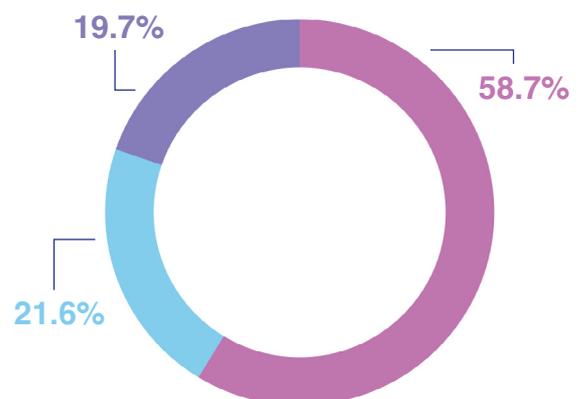
“I became a sex worker.”

Although these were one-off responses, they indicate the perspectives and experiences of some LGBTQIA+ people. It's particularly important to consider the proportion of LGBTQIA+ individuals who may have become sex workers during the pandemic and the further risks this may pose to their safety and wellbeing.



- **40.8%** of respondents experienced changes to their employment situation after lockdown lifted
- **15.9%** returned to the workplace after working from home
- **9.2%** went back to work after being unemployed
- **4.1%** became unemployed

Of those who experienced changes in their employment:

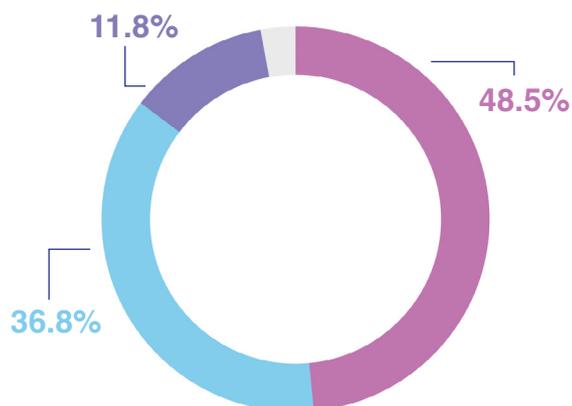


- **58.7%** said that these changes had a negative effect on their mental health
- **21.6%** said that these changes had a positive effect on their mental health
- **19.7%** said that these changes did not affect their mental health

Additionally,

- **51.5%** of people in employment said that they did not feel supported to respond to changes in lockdown restrictions by their employer

For people who were going out to work because they were key workers, healthcare professionals or for another reason (n=136)



- **48.5%** found that their work was more difficult post-lockdown
- **36.8%** found that there was no change
- **11.8%** found that their work was easier post-lockdown

This rose to 50% of Trans and Non-Binary people who were going out to work and found it to be more difficult post-lockdown, and only 6.1% who found it easier.

This means that more than half of LGBTQIA+ respondents who experienced changes in their employment situation experienced negative mental health consequences and did not feel supported to respond to changes by their employers. It is likely that these outcomes are linked and that better support in the workplace could have an effect on these mental health outcomes. LGBTQIA+ employees may have felt that challenges they faced post-lockdown were not well anticipated or understood by their employers.

“Worried about going back to work in person as a trans man who is not out to my employer.”

“Being expected to go into public spaces especially the

workplace as a trans woman. Transphobia seemed to shoot through the roof during the pandemic and has only got worse as time has gone on.”

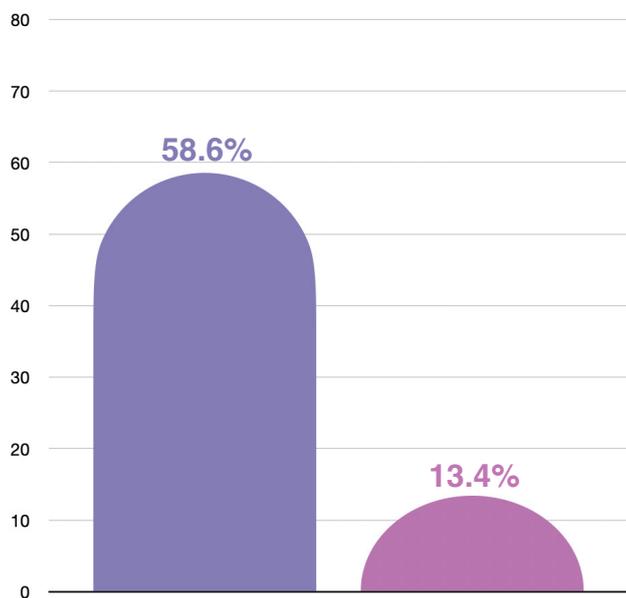
“I didn’t feel able to talk about being able to see my (non-cohabiting) partner because I am not out at work. I couldn’t discuss my needs in terms of remote working or visiting my partner so easily because I’m not out at work.”

Self-harm and suicide

There has been research to show that LGBTQIA+ people experience disproportionately high rates of self-harm, self-harm ideation, suicidal ideation and suicide (Clayton, 2020). These high rates are particularly experienced by young LGBTQIA+ people.

Our research showed very significant levels of self-harm, suicide and ideation across all demographics.

During lockdown...



- **58.6%** of respondents self-harmed or thought about self-harming during lockdown
- **13.4%** did so often

These figures rose to even more concerning levels among LGBTQIA+ People of Colour, Disabled LGBTQ+ people, Trans and Non-Binary people, LGBTQIA+ Carers and people who were 18-25.

63.3% of LGBTQIA+ People of Colour self-harmed or thought about self-harming during lockdown

30% did so often

72.3% of Disabled LGBTQIA+ people self-harmed or thought about self-harming during lockdown

18.7% did so often

75.3% of Trans and Non-Binary respondents self-harmed or thought about self-harming during lockdown

18.4% did so often

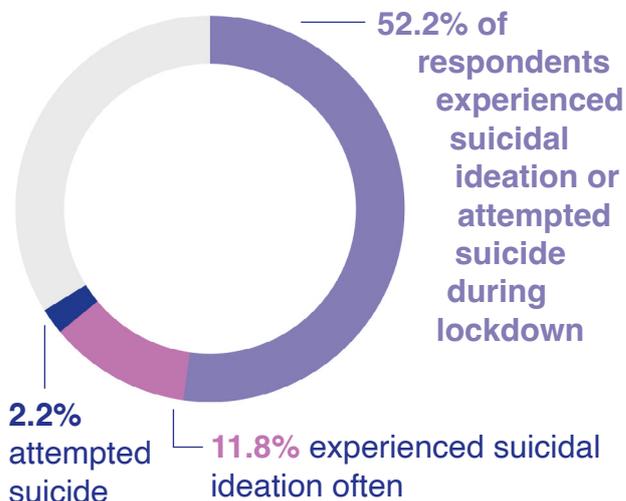
70.4% of LGBTQIA+ Carers self-harmed or thought about self-harming during lockdown

14.8% did so often

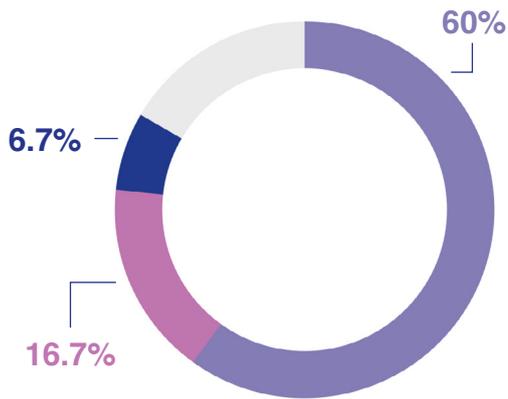
73.4% of respondents who were 18-25 self-harmed or thought about self-harming during lockdown

19.1% did so often

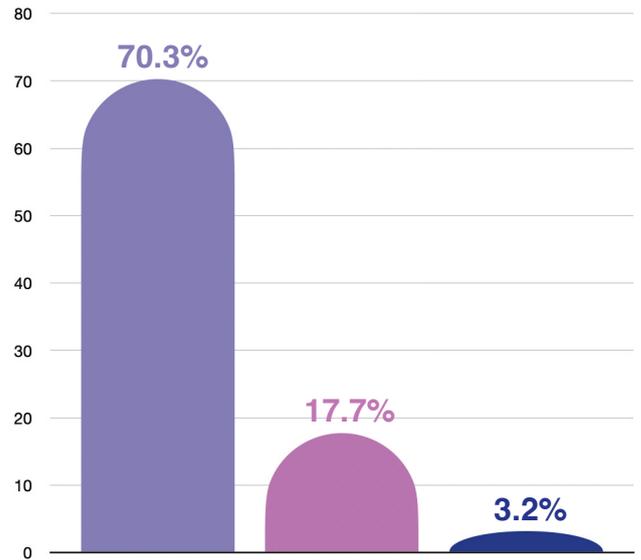
Suicide and Suicidal Ideation during lockdown



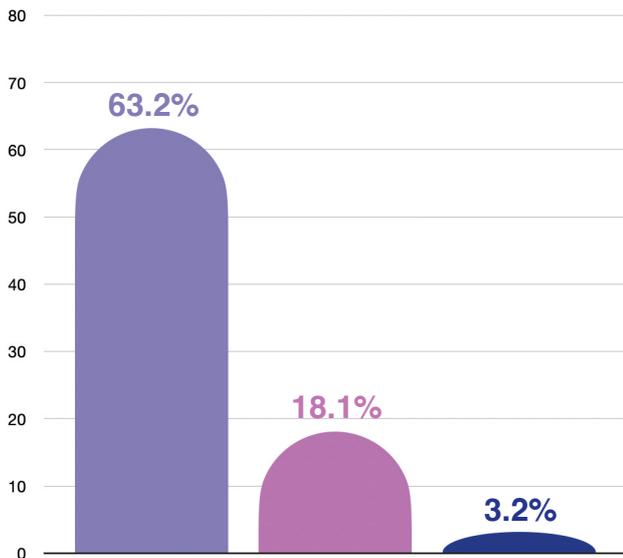
These figures rose for LGBTQIA+ People of Colour, Disabled people, Trans and Non-Binary people and people under 25.



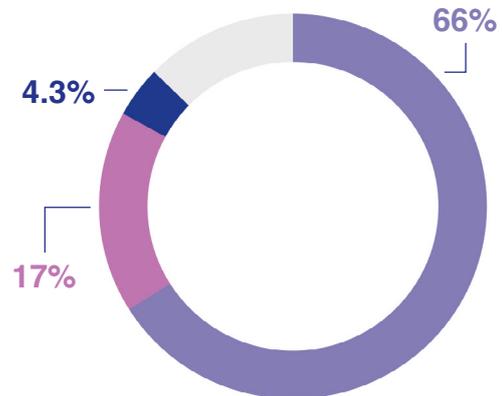
- **60%** of LGBTQIA+ People of Colour experienced suicidal ideation or attempted suicide during lockdown
- **16.7%** experienced suicidal ideation often
- **6.7%** attempted suicide



- **70.3%** of Trans and Non-Binary people experienced suicidal ideation or attempted suicide during lockdown
- **17.7%** experienced suicidal ideation often
- **3.2%** attempted suicide

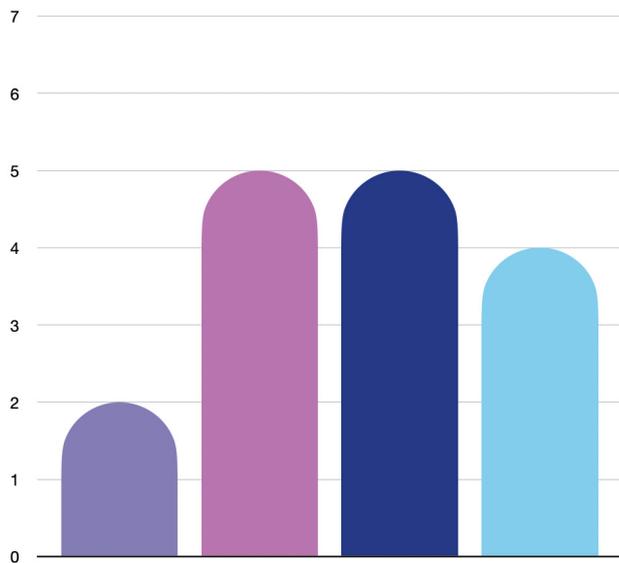


- **63.2%** of LGBTQIA+ Disabled people experienced suicidal ideation or attempted suicide during lockdown
- **18.1%** experienced suicidal ideation often
- **3.2%** attempted suicide



- **66%** of respondents who were 18-25 experienced suicidal ideation or attempted suicide during lockdown
- **17%** experienced suicidal ideation often
- **4.3%** attempted suicide

These figures were particularly striking. Of the 7 people who attempted suicide during the pandemic:

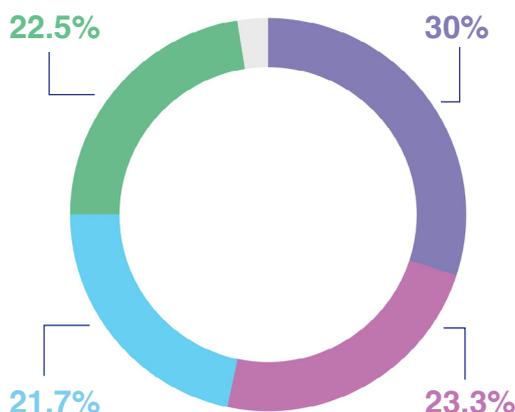


2 were LGBTQIA+ People of Colour
 5 were Disabled LGBTQIA+ People
 5 were Trans or Non-Binary People
 4 were LGBTQIA+ People who were 18-25

When asked whether these experiences changed post-lockdown:

- 45.8%** said that there was no change
- 35.9%** said they became less frequent
- 18.2%** said they became more frequent

However, this rose to



- **30%** of LGBTQIA+ People of Colour said these experiences became more frequent post-lockdown
- **23.3%** of Disabled LGBTQIA+ people said these experiences became more frequent

post-lockdown

- **21.7%** of Trans and Non-Binary people said these experiences became more frequent post-lockdown
- **22.5%** of respondents aged 18-25 said these experiences became more frequent post-lockdown

The post-lockdown ability for some to escape isolation and reconnect had a positive effect on some, as a majority of people said that these experiences decreased post-lockdown. However, a significant amount of people still said that these experiences increased. For these people, increases may be linked to rising levels of hate crime against LGBTQIA+ people, Trans people, Disabled people and People of Colour post-lockdown, the continued isolation of those who are clinically vulnerable, or the inability to access appropriate support.

Grief

During the COVID-19 pandemic, people of all identities experienced the deaths of friends, loved ones, family and community members. The lifting of lockdown measures likely had an impact on the way people were able to process their grief.

For LGBTQIA+ people, experiences of grief were not limited to COVID-19, but to comparatively higher rates of suicide (Stonewall, 2018), statistically worse health outcomes and experiences of healthcare (LGBT Foundation, 2020) and high levels of fatal violence against Trans and Non-Binary people on a global scale, which increased significantly in 2020 and 2021 (Transgender Day of Remembrance, 2022).

Additionally, LGBTQIA+ people may find it difficult to find grief support that meets their specific needs, experience social, legal and financial barriers in bereavement or may be discouraged from accessing these services for fears of discrimination (Bristowe, Marshall and Harding, 2016).

Our research showed that

43% **43% of LGBTQIA+ people had experienced the deaths of friends, family or community members during the pandemic**

This rose to

46.5% **of Disabled LGBTQIA+ people**

Of those who said that they had experienced this kind of loss during the pandemic (n=137),

73.7% **said it had a negative effect on their mental health**

This rose to

75.5% **of Disabled LGBTQIA+ people**

76.7% **of Trans and Non-Binary people**

Additionally,

81.1% **of people who had experienced this kind of loss (n=132) said that changes in lockdown restrictions made it harder to process their loss**

This rose to

84% **of Disabled LGBTQIA+ people**

88.2% **of LGBTQIA+ Women**

The majority of LGBTQIA+ people who experienced the deaths of friends, family or community members experienced a negative impact on their mental health. The fact that lifting lockdown restrictions did not have a positive impact on most respondents suggests that those experiencing grief faced barriers in connecting to appropriate support, and might have found the expectation to return to normal pre-lockdown life more challenging while grieving.

Abuse, harassment and violence

LGBTQIA+ people are at a high risk of experiencing violence and abuse (LGBT Foundation, 2020). During lockdown, many LGBTQIA+ people experienced further threats to their safety, including isolating at with people who were homophobic, biphobic or transphobic, experiencing domestic abuse, or being subject discriminatory violence outside of their homes. Often, LGBTQIA+ people find that domestic abuse services don't account for their particular experiences and identities and experience barriers to accessing available support (LGBT Foundation, 2020).

Research by LGBT Hero into the impact of lockdown suggests that the pandemic made LGBTQIA+ people even more vulnerable. This 2021 report found that increasing amounts of people who experienced abuse were experiencing it in public rather than in private, compared to the first lockdown in 2020 (LGBT Hero, 2021).

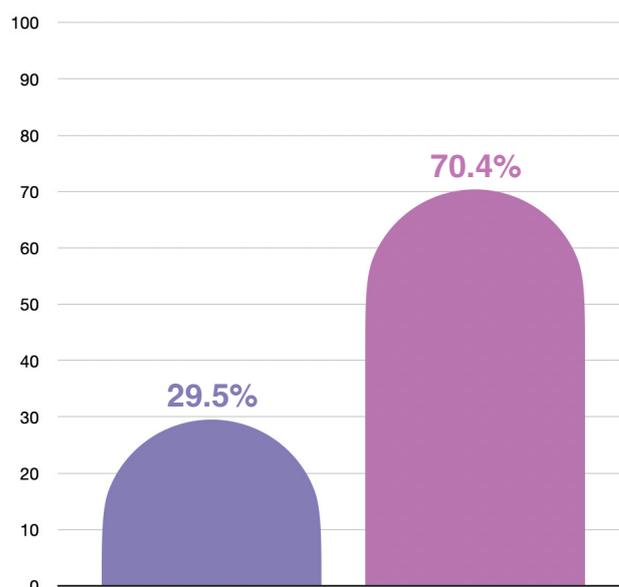
As lockdown measures eased, these figures suggest that the amount of violence that LGBTQIA+ people experience outside of the home would continue to increase. This is even more likely when considering increases in homophobic, biphobic and transphobic hate crime post-lockdown. The Government's official statistics for hate crime committed in England and Wales, 2020 to 2021 reports rises in levels of hate crime based on race, disability, sexual orientation and trans status (Home Office, 2021).

Free-text responses reported that:

“Cis[gender] people are more hateful.”

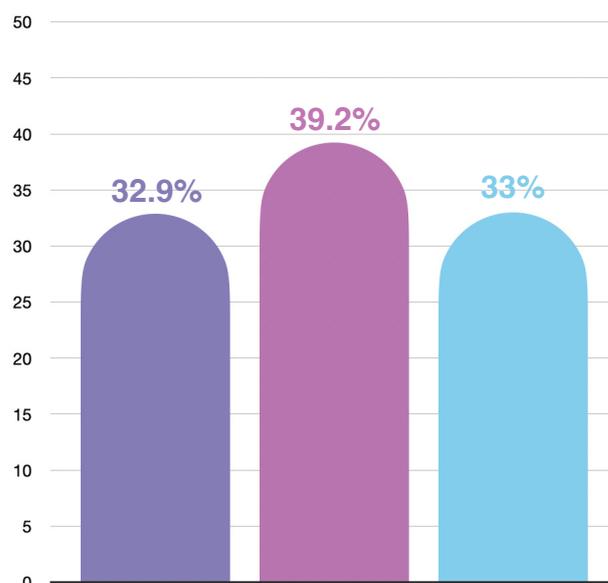
“More aggressive bigots around.”

When we asked respondents whether they felt that they experienced harassment, domestic abuse, online abuse or other violence during the pandemic



- 29.5% said yes
- 70.4% said no

This rose to

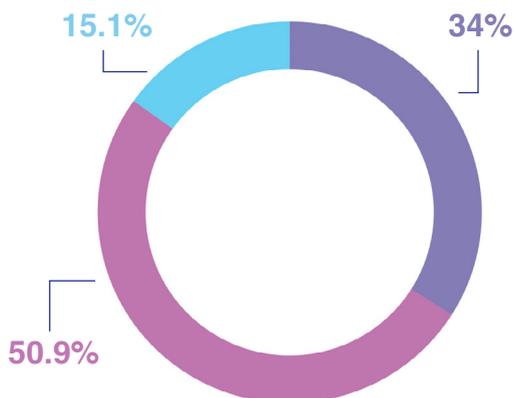


- 32.9% of Disabled LGBTQIA+ people felt

that they experienced abuse or violence during the pandemic

- **39.2%** of Trans and Non-Binary people felt that they experienced abuse or violence during the pandemic
- **33%** of respondents aged 18-25 felt that they experienced abuse or violence during the pandemic

Of those who experienced harassment, domestic abuse, online abuse or other violence during the pandemic,



- **34%** of respondents said that this increased post-lockdown
- **50.9%** of respondents said that there was no change post-lockdown
- Only **15.1%** of respondents said that this decreased post-lockdown

Unfortunately,

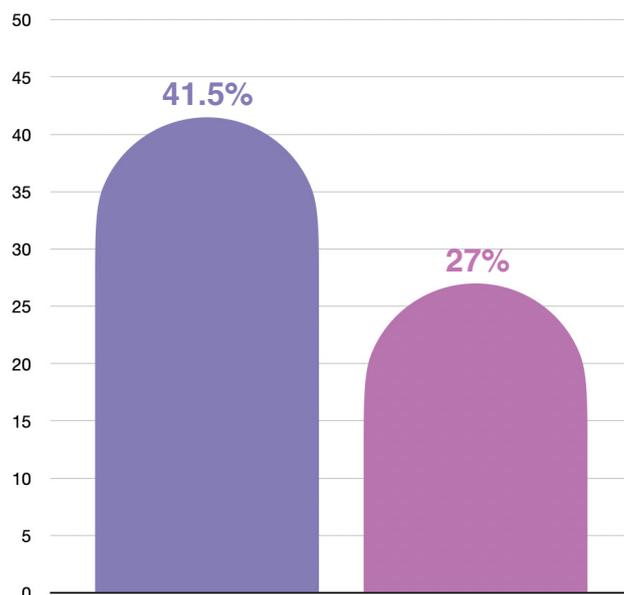
36.4% of Trans and Non-Binary people said that their experiences of harassment, domestic abuse, online abuse or other violence increased post-lockdown

36.5% of Disabled LGBTQIA+ people said that their experiences of harassment, domestic abuse, online abuse or other violence increased post-lockdown

However, respondents who were aged 18-25 had a more positive outcome;

26.5% of respondents aged 18-25 said that their experiences of harassment, domestic abuse, online abuse or other violence decreased post-lockdown

This may be because 18-25s might have been more likely to be isolating with and dependent on LGBT-phobic family members during lockdown (Barnardo's, 2020) (LGBT Foundation, 2020), or because 18-25s have been more able to return to LGBTQIA+ friendly or community spaces than other demographics post-lockdown.



- **41.5%** of LGBTQIA+ people who were 18-25 said they felt "less alone" post-lockdown (compared to 26.8% overall)
- **27%** of 18-25s did not feel that it was harder to reconnect to LGBTQIA+ communities post-lockdown (compared to 21.3% overall)

"Aggressively transphobic discourse in social media and news outlets made me feel less safe."

**“I feel more exposed,
vulnerable.”**

**“Being expected to go into
public spaces especially the
workplace as a trans woman.
Transphobia seemed to shoot
through the roof during the
pandemic and has only got
worse as time has gone on.”**



Addiction and Substance Use

“Socialising socially distantly in safe spaces without alcohol is/was NON-EXISTENT. There are no places to meet people and chat without booze. The LGBTQIA+ scene, particularly [the] gay male scene, is fueled by booze and drugs. Completely alienating. People that are p*ssed aren’t considerate of space, safety or other people’s needs.”

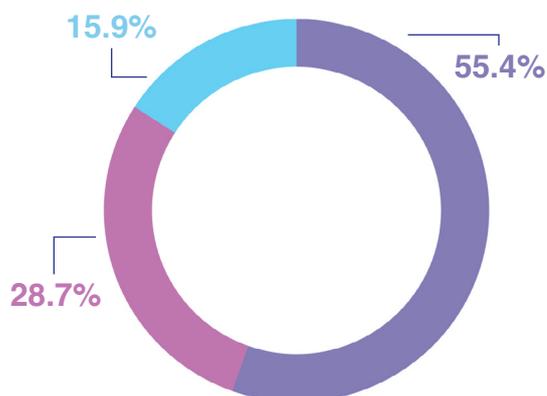
LGBTQIA+ people are more likely to use substances including alcohol, cigarettes, legal highs and illegal drugs, and are also more likely to drink alcohol or smoke every day (Stonewall, 2018).

LGBT Foundation’s Hidden Figures report finds that many LGBTQIA+ people self-medicate with smoking, alcohol or drugs to cope with feelings and experiences of discrimination, homophobia, biphobia or transphobia (LGBT Foundation, 2020). Stress, inactivity and boredom experienced during the pandemic may have increased this likelihood, and LGBTQIA+ people who were recovering from addiction reported that they were concerned about this triggering relapses (Hudson et al., 2021).

Removing lockdown restrictions may have given LGBTQIA+ people the opportunity to alleviate these feelings of loneliness and boredom without using substances — however, our results show that many people did not feel that they were able to reconnect to LGBTQIA+ communities post-lockdown,

and that some people felt more isolated than before. The opportunities that LGBTQIA+ people did have to reconnect with their social lives were likely to rely on recreational substance use (Adfam, 2019).

When we asked whether their use of substances (including drugs, cigarettes and alcohol) increased or decreased post-lockdown;

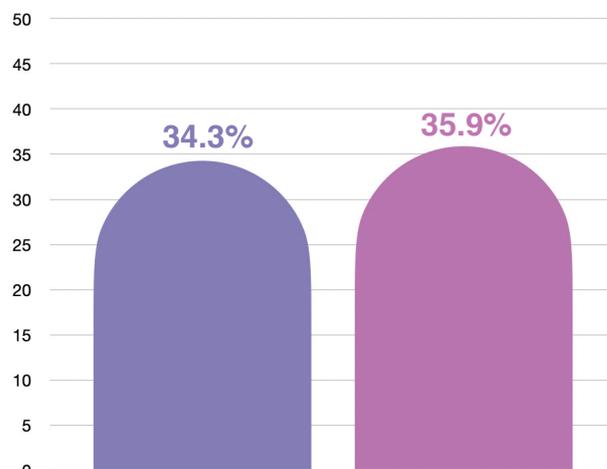


- 55.4% of people said their use of substances stayed the same post-lockdown
- 28.7% of people said their use of substances increased post-lockdown
- 15.9% of people said their use of substances decreased post-lockdown

Of those who said it increased (n=90),

30% of people who said their substance use increased said it increased significantly

This rose even higher;



- **34.3%** of Disabled LGBTQIA+ people whose substance use increased post-lockdown said it increased significantly
- **35.9% of Trans and Non-Binary people whose substance use increased post-lockdown said it increased significantly**

Free text responses indicate an inability to access sober or non-nightlife spaces. This suggests that increases in substance use is tied to LGBTQIA+ People’s ability to reconnect to their social lives and communities.

Higher substance use increases among Disabled LGBTQIA+ people and Trans and Non-Binary people indicates respondents may also be using alcohol to “self-medicate” in response to mental health challenges and rising levels of discrimination and abuse experienced by these groups post-lockdown.

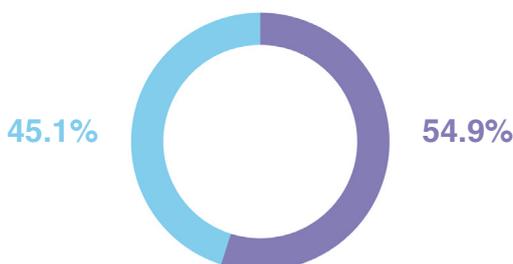
- **54.9%** said it had a negative effect on their mental health
- **45.1%** said it had a positive effect on their mental health

Changes in substance use among LGBTQIA+ may be linked to people’s ability to reconnect and enjoy their social lives in LGBTQIA+ friendly nightlife spaces. However, more than half of respondents said that changes in their substance use negatively affected their mental health. These figures may suggest a lack of other mental health support and a need to self-medicate among LGBTQIA+ people.

“Lack of non-nightlife spaces meant that [I] felt I needed to go to clubs/bars to meet LGBT+ people, but was too nervous about risk of [catching] COVID there to feel secure.”

High levels of substance use is also linked to mental ill-health, and the impacts of substance use on people’s finances, physical health, and relationships can also contribute to mental health challenges (Mental Health Foundation, 2008).

Of those whose use of substances changed post-lockdown (n=82),



New LGBTQIA+ Identities

A significant finding of the report was the amount of respondents who began to identify as LGBTQIA+ or came out as LGBTQIA+ during the pandemic. Those who experienced changes in their identity may have new and developing needs for support from services, LGBTQIA+ organisations and communities.

Those with new LGBTQIA+ identities might experience changes in the levels of discrimination and harassment they face post-lockdown. Public spaces, workplaces and their homes may become newly unfriendly or unsafe for their changing identities. Those with new identities may also need more support connecting to existing LGBTQIA+ communities and social spaces, or additional tools to explore and define their own identities.

14.6% of people newly identified with a marginalised sexual orientation (e.g Gay, Lesbian, Bisexual, etc) during the pandemic

Among LGBTQIA+ 18-25 year olds, this rose to 19.1% who newly identified with a marginalised sexual orientation.

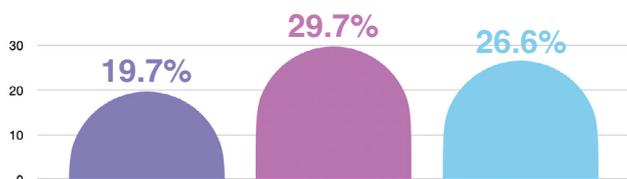
22.9% of people newly identified as Trans, Non-Binary or otherwise Gender-Diverse

Of the LGBTQIA+ people who were 18-25, 29.8% of them were newly identified as Trans or Non-Binary.

Of the Trans and Non-Binary people who responded to the survey,

41.1% of them were newly identified

We asked whether respondents had come out as LGBTQIA+ during lockdown. We found that,



- 19.7% of LGBTQIA+ people came out as LGBTQIA+ during lockdown

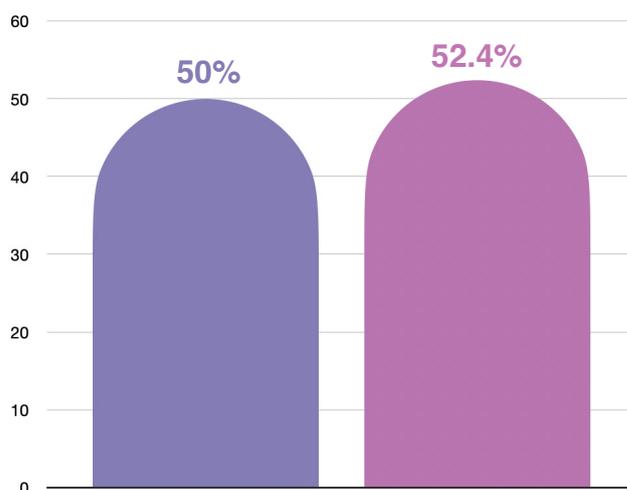
Rising to

- 29.7% of Trans people came out as LGBTQIA+ during lockdown
- 26.6% of LGBTQIA+ people who were 18-25 came out as LGBTQIA+ during lockdown

Of those who began to identify as LGBTQIA+ during the pandemic,

49.6% said that they faced challenges around their new identity

This rose to



- 50% of Disabled LGBTQIA+ people
- 52.4% of LGBTQIA+ people who were 18-25

Many of the newly identified LGBTQIA+ respondents were between the ages of 18 and 25. This may be because this age group are generally more likely to be exploring their identities and connecting with the LGBTQIA+ community for the first time.

Additionally, more people began to identify as Trans or Non-Binary during the pandemic than with a marginalised sexual identity. Lockdown may have provided people with a break from gendered social expectations and given them the space to experiment without judgement. More time in isolation may have been a period of self-reflection and self-discovery for some, resulting in these new

identities. It is also possible that these high figures represent a significant need for support among those with new LGBTQIA+ identities, particularly Trans and Non-Binary people, who may be more likely to self-select to take part in this research and engage with LGBTQIA+ organisations.

“Being in public presenting as a different gender for the first time after a period of isolation was doubly stressful.”

“[I’m] confident in [my] new gender identity online but not in person.”

“I came out as non-binary but was not able to come out in the workplace.”

“I went from the relative safety of passing as cis (as I thought I [was]) to having to worry about transphobia when wearing the clothes in which I’m comfortable.”

“Revealing my new identity to others.”

“Introducing myself in person to people who knew me pre-COVID.”

Additional findings

Through free-text responses, we were able to gain insight into some LGBTQIA+ people's experiences that didn't fit under the above categories.



Experiences of healthcare

LGBTQIA+ people reported difficulties accessing healthcare, including sexual health services, transition care, and maternity care. These responses suggest that a healthcare system burdened by COVID-19 holds unique barriers to access for LGBTQIA+ people, and a general lack of information about which services remained open and accessible.

“Ability to have sex with multiple partners, but difficulty in accessing sexual health services/fear [that] going to [the] clinic could make me more vulnerable to COVID.”

“Accessing trans healthcare/appointments to discuss hormone dose changes, monitoring blood tests, etc.”

“Due to my transition, I have found it harder to access services since I can't go to the location in person, a lot of services relied on phones and I suffer anxiety around those.”

“It became far more difficult and insecure as to whether or not I could continue to get hormone replacement therapy for transition. I lost my support network and now feel much more isolated in my identity than I did before lockdown.”

“We had our first baby and faced multiple issues with the fertility clinic and hospitals due to COVID restrictions.”



Differences in online and offline experiences

During the pandemic, many face-to-face interactions were replaced with online video calls, phone calls and text interactions. These free-text responses indicate that this has had unique positive and negative impacts on LGBTQIA+ people, increasing isolation and dissociation, but also allowing for greater comfort, more ease communicating pronouns and more control over gender expression. Lifting lockdown measures, therefore, also had an impact on LGBTQIA+ people, some of whom found the return to in-person interactions daunting and challenging.

“As a trans person with a dissociative disorder, my attachment to my name has always been a bit loose — it’s changed before, it can change again. During lockdown I have mostly been communicating online, where I have been using a pseudonym rather than my real name. This is fine. But my name has become detached from my identity, and I don’t want to change it, but I no longer recognise it when people I know in person address me. I’m sure in time this will ease, but it’s made this very difficult.”

“Confident in new gender identity online but not in person.”

“Face to face interactions make it harder to express my gender how I wish to, e.g. other people are more aware of my body shape. This causes me more gender dysphoria.”

“I’m getting constantly misgendered and it really wears me down. Online is a lot easier.”

“Online I can give my pronouns (they/them) and online interaction etiquette means they are respected and/or I don’t overhear people misgendering me. Outside of lockdown instances of ‘in person’ misgendering increased hugely.”

“Pronoun use is a lot easier in a virtual space where it can be added to your name for reference.”

“Misgendering when wearing [a] mask.”



Feelings of disenfranchisement and distrust

For some respondents, the pandemic and series of lockdowns sparked feelings of distrust and disenfranchisement. The lifting of the lockdown made some LGBTQIA+ people feel concerned about themselves and their communities as the challenges they faced before and during the pandemic continued or worsened.

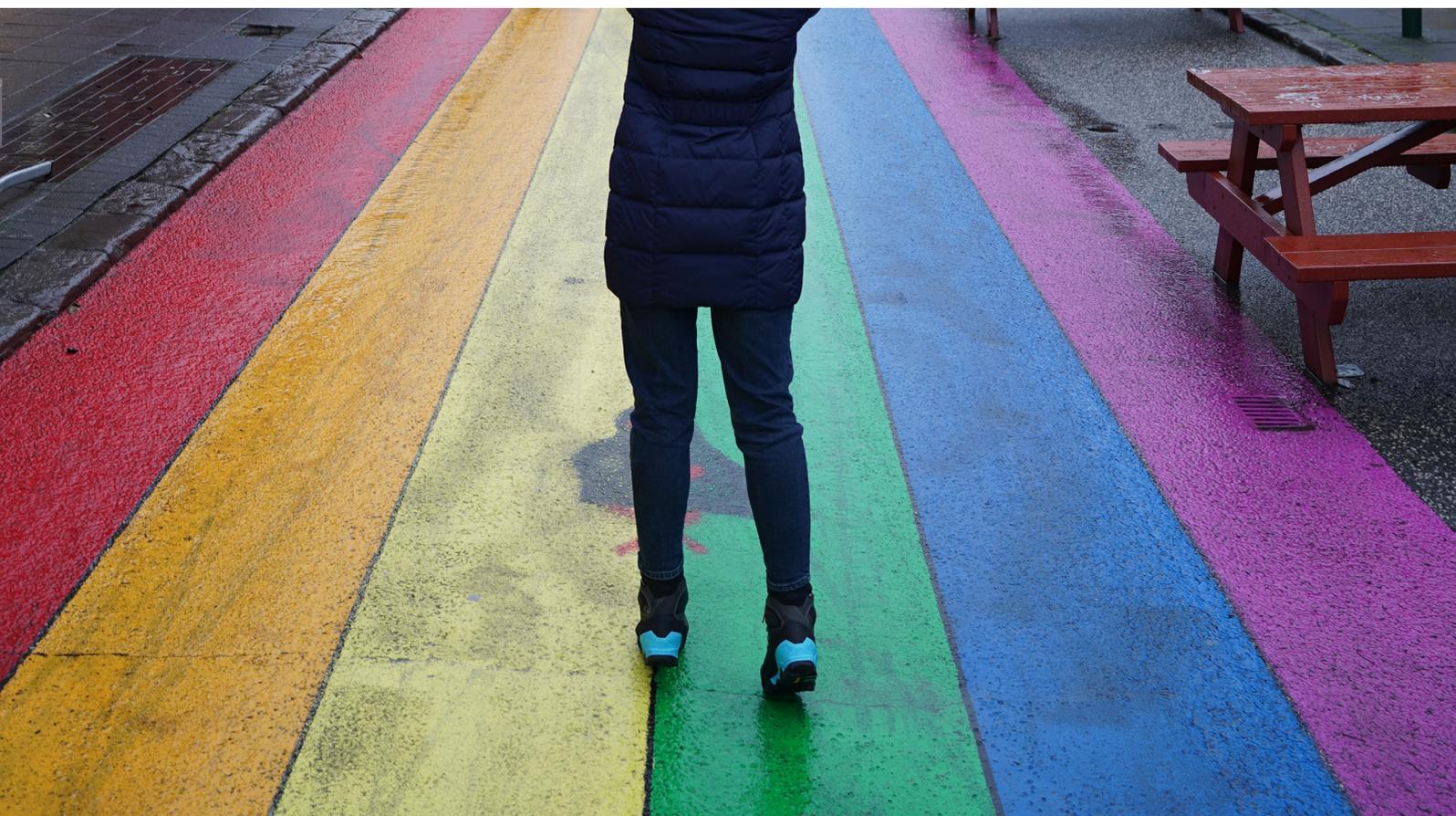
“Being childless and non-mainstream made me feel even more invisible and worthless in the eyes of the government and societal norms.”

“Further evidence of [the] government and public not caring or being actively hostile to minorities.”

“I felt frustrated that we had to return to normal without acknowledging any of the structural failures and inequalities that were exposed during the pandemic — it felt like everyone wanted to ignore issues like queerphobia, transphobia and racism.”

“Seeing everyone arguing about the restrictions etc. while anti-trans legislation got secretly pushed through. Having to see my family more again and the misgendering.”

“When we entered COVID I looked to the BBC for information. Now that they are actively hostile to LGBT people I can't trust them. So now we have nowhere to get information. The lack of trust makes things even more bleak.”



Recommendations & Further Information

Key Recommendations

1. Post-Lockdown Support

LGBTQIA+ organisations should have additional funding to implement specific lockdown recovery support services to address the issues identified in this report.

2. Continuation of Online Services

Support services should continue to offer some form of online/telephone support, alongside returning to face-to-face services to ensure accessibility for those who feel unsafe in public, those living in remote areas and clinically vulnerable or disabled LGBTQIA+ people.

3. Suicide Prevention

Additional financial support and training should be provided to services that work with LGBTQIA+ people who are at risk of suicide and/or self-harm.

4. Supporting New LGBTQIA+ Identities

Additional financial support should be provided to increase capacity in LGBTQIA+ services to enable them to adequately support the increase in the number of people identifying as LGBTQIA+.

5. Grief Support

LGBTQIA+ organisations should be supported to provide services to LGBTQIA+ people who are experiencing grief and bereavement following the pandemic. These services should specifically acknowledge those who have lost loved ones to COVID-19, as well as those who have experienced a loss as a consequence of the pandemic (such as losing a loved one to suicide).

6. Preventing Suicide

More support should be provided to members of the LGBTQIA+ community who have experienced the death of a loved one to suicide during the pandemic. This should extend beyond grief support and actively engage with the person to keep them safe from dying by suicide, if this is deemed to be a risk.

7. Financial Support

The £26 monthly allowance to homeworkers should be increased to support LGBTQIA+ homeworkers to have more flexibility over their working environment. LGBTQIA+ services should also be supported by the government to signpost LGBTQIA+ people to the relevant financial support, including tax relief, Universal Credit and Personal Independence Payments (PIP).

8. Homophobic, Biphobic & Transphobic Abuse Prevention and Recovery

Further provisions should be made to keep LGBTQIA+ people safe in public spaces, and LGBTQIA+ hate crime and domestic violence services should be supported in increasing their capacity to support survivors.

9. Reintegration

Services must be supported in helping LGBTQIA+ people reintegrate into society, post-lockdowns. This might involve increased funding to LGBTQIA+ services that provide social prescribing, community meetings and counselling services to assist those with anxiety about being out in public once again.

10. Media Crisis Support

We recommend the implementation of an LGBTQIA+ Media Crisis Helpline, within mental health or LGBTQIA+ services, that would support those who are impacted by negative reporting of LGBTQIA+ issues in the mainstream and social media.

Services & Helplines for LGBTQIA+ People

If you are an LGBTQIA+ person who has experienced any of the difficulties we've addressed throughout this report, it's important to remember that there are plenty of places you can seek help. We've compiled a number of LGBTQIA+ support services below, who have helplines, web chats and meet-up groups across the UK to help people like you. They also have plenty of resources on their websites to help you manage your mental health and wellbeing. If you're struggling, please reach out.

MindOut

MindOut is a mental health service run by and for lesbians, gay, bisexual, trans, and queer people. MindOut's services are for LGBTQ people aged 18+ who are based in Brighton and Hove, with the exception of their Online Support service which is available globally.

Telephone: 01273 234839

Website: <https://mindout.org.uk/>

Galop

Galop works directly with thousands of LGBT+ people who have experienced abuse and violence every year. They specialise in supporting victims and survivors of domestic abuse, sexual violence, hate crime, and other forms of abuse including honour-based abuse, forced marriage, and so-called conversion therapies.

Domestic Abuse Helpline: 0800 999 5428

LGBT+ Hate Crime Helpline: 020 7704 2040

Website: <https://galop.org.uk/>

Mindline Trans+

Mindline Trans+ is an emotional and mental health support helpline for anyone identifying as Transgender, Non-Binary, or otherwise Gender-Diverse. They also offer support to support family members, friends, colleagues and carers.

Helpline: 0300 330 5468

Website: <http://mindlinetrans.org.uk/>

LGBT Foundation

LGBT Foundation exists to support the needs of the diverse range of people who identify as lesbian, gay, bisexual and trans. Throughout all of their work, they support LGBT people to increase their skills, knowledge and self-confidence to improve and maintain their health and wellbeing.

Advice Line: 0345 3 30 30 30

Website: <https://lgbt.foundation/>

Grief Encounters

Grief Encounters is a peer support group run by Brighton & Hove Switchboard for LGBTQ people who have experienced a bereavement. The group explores a particular theme each month, using a creative outlet, and is an opportunity to meet with others and explore grief.

Telephone: 01273 234009

Website: <https://www.switchboard.org.uk/what-we-do/grief-encounters/>

Gendered Intelligence

Gendered Intelligence is a registered charity that works to increase understandings of gender diversity and improve the lives of trans people. They are a Trans-led and Trans-involving grassroots organisation with a wealth of lived experience, community connections of many kinds, and a depth and breadth of trans community knowledge that is second to none.

Support Line: 0330 3559 678

Website: <https://genderedintelligence.co.uk/index.html>

Opening Doors

Opening Doors is the largest UK charity providing activities, events, information and support services specifically for Lesbian, Gay, Bisexual, Trans, Queer, Non-Binary or Genderfluid (LGBTQ+) people over 50.

Telephone: 0207 183 6260

Website: <https://www.openingdoorslondon.org.uk/>

The Proud Trust

The Proud Trust is an LGBT+ organisation that supports LGBT+ young people through youth groups, peer support, mentoring programs and the Proud Connections chat service.

Telephone: 0161 660 3347

Website: <https://www.theproudtrust.org/>

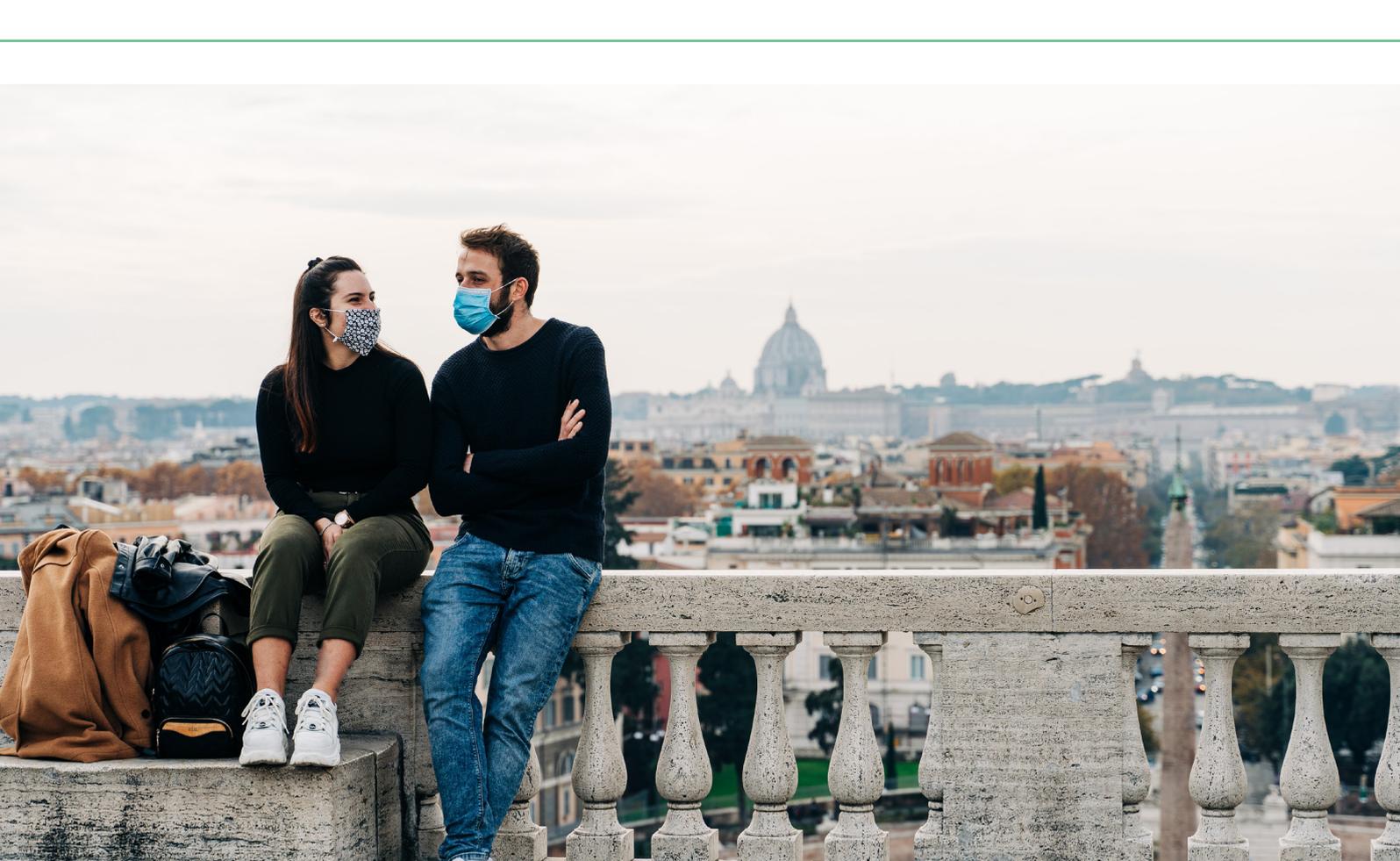
African Rainbow Family

African Rainbow Family is a registered charity that support Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ) people of African heritage and wider Black, Asian and Minority Ethnic groups.

Telephone: 07711 285567

Website: <https://africanrainbowfamily.org/>



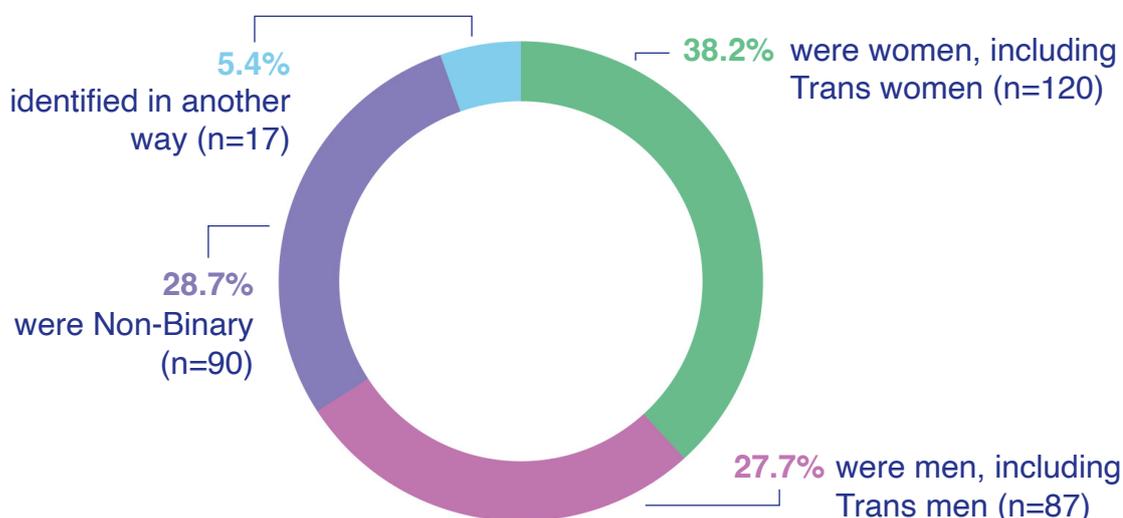


Appendices

Demographics

The report draws from a survey that we distributed between the 25th of January and the 18th of February, 2022. The survey received 314 responses from LGBTQIA+ adults (18+) who were living in England. We asked participants to reflect on the period between July and November 2021, when COVID-19 restrictions and protections were almost entirely eased for the first time since the beginning of the pandemic in March 2020.

Of the 314 people who responded to the survey:

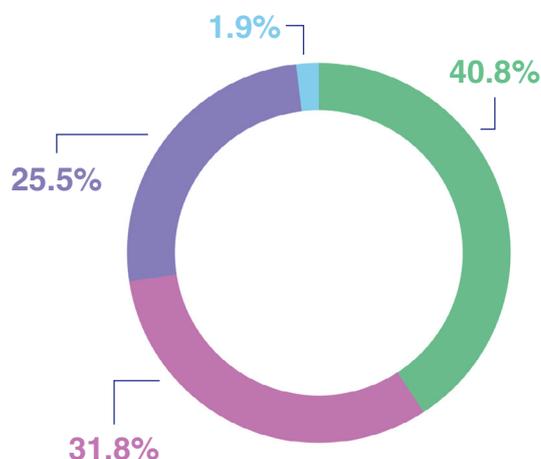


People who identified 'in another way' included answers such as 'Genderqueer', 'Demiguy', 'Transmasc', 'Butch', and answers from those who identified with multiple gender labels.

Within that,

- 50.3%** identified as Trans or Non-Binary (n=158)
- 49.7%** were Cisgender (n=156)
- 1.3%** would describe themselves as Intersex (n=4)

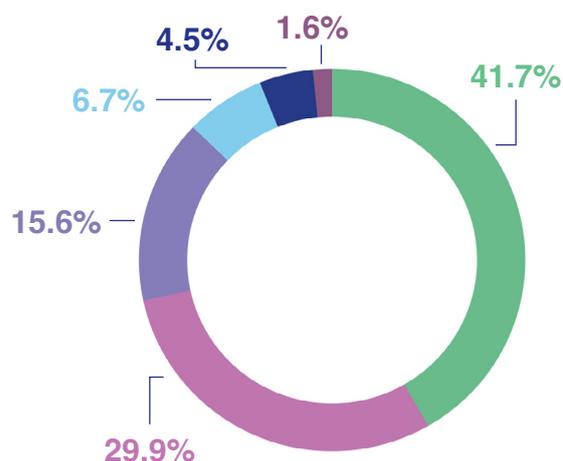
In terms of sexuality,



- **40.8%** identified as Gay or Lesbian (n=128)
- **31.8%** identified as Bisexual (n=100)
- **25.5%** identified in another way (n=80)
- **1.9%** were 'unsure' (n=6)

People who identified in another way gave answers that included 'Queer', 'Asexual', 'Pansexual', 'Omnisexual', 'Straight' and those who identified with multiple sexuality labels. Those who responded with 'Straight' may have Trans, Gender-Diverse or other non-Cisgender identities.

In terms of age,



- **41.7%** were between the ages of 26-35 (n=131)
- **29.9%** were between the ages of 18-25 (n=94)
- **15.6%** were between the ages of 36-45 (n=49)
- **6.7%** were between the ages of 46-55 (n=21)
- **4.5%** were between the ages of 56-55 (n=14)
- **1.6%** were between the ages of 66-75 (n=5)
- **0%** were 76+ (n=0)

The majority of respondents were between 18 and 35 years old; this is likely due to the distribution of the survey being online, mostly via social media.

In terms of racial identity and background,

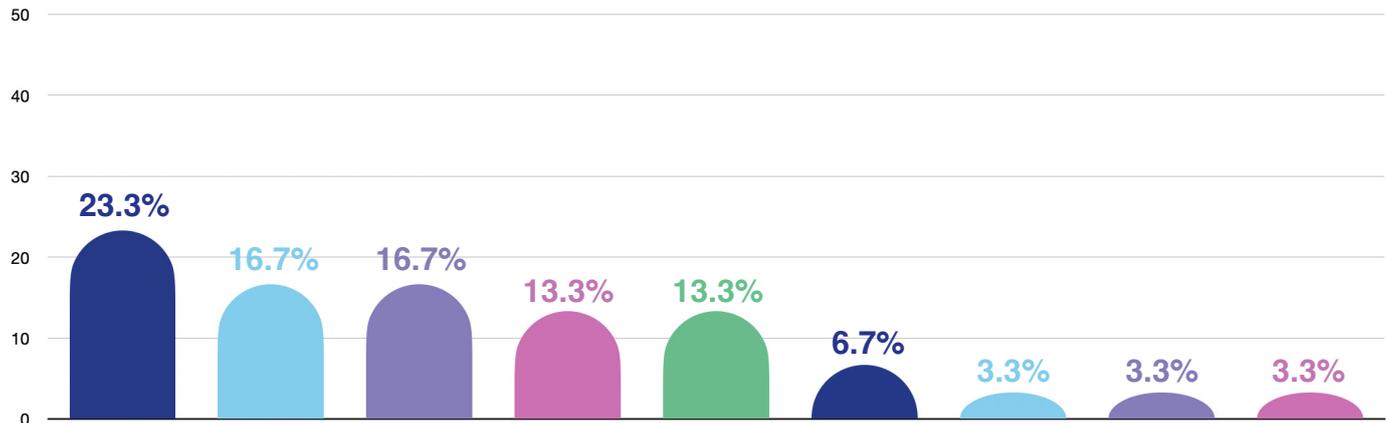


This included 'White British', 'White Irish', 'other White background' and some 'other ethnic group' responses including 'English/Irish'.



9.5% were of a different ethnic background (n=30)

Of those who did not identify as 'White British', 'White Irish' or 'other White background',



- 23.3% identified as 'any other ethnic group' (n=7)
- 16.7% were mixed White and Black Caribbean (n=5)
- 16.7% were mixed White and Asian (n=5)
- 13.3% were of 'another mixed background' (n=4)
- 13.3% were 'Asian or Asian-British Pakistani' (n=4)
- 6.7% were 'other Asian or Asian-British' (n=2)
- 3.3% were 'Asian or Asian-British Indian' (n=1)
- 3.3% were 'Black or Black-British Caribbean' (n=1)
- 3.3% were 'other Black or Black-British' (n=1)

Those who identified as 'any other ethnic group' included the answers 'Arabic', 'Half Latino', 'Jewish', 'Latinx', 'Romani', and 'South American Mixed White Black'.

Some people who responded with 'any other ethnic group' may not identify as People of Colour, but have a heritage that they would not describe as 'White British', 'White Irish' or 'other White background'. These respondents may also face additional challenges around those identities or consider those identities to be racially minoritized. For simplicity, they are included in the group referred to as 'People of Colour', but this diversity of heritage within the category should be kept in mind.

In terms of disability,



49.4% considered themselves to be disabled people (n=155)

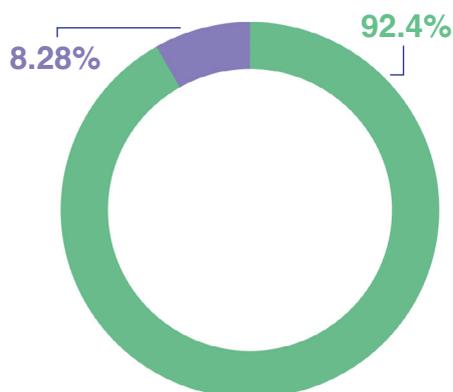
50.6% did not consider themselves to be a disabled person (n=159)

In our survey, we asked respondents “Do you consider yourself to be a disabled person? (This may also include long-term medical conditions)”, and respondents who self-identified as disabled may do so for many different reasons. However, we did not give respondents the option to further describe their disability.

It’s important to remember that there are many different types of disability and disabled people all have different experiences. Respondents who identified themselves as disabled people may have many different circumstances, including (but not limited to) multiple disabilities, long term medical conditions, invisible disabilities, limited mobility, autism, neurodiversity, learning disabilities, chronic health conditions, severe mental health conditions, blindness or partial sight, or be deaf or hard of hearing.

Parents and Carers

Of the 314 people who responded to the survey



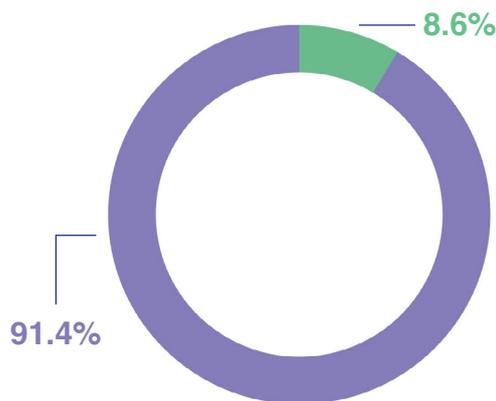
- **92.4%** were not parents (n=290)
- **8.28%** were parents (n=26)

Of those who were parents,



- **22** people had a child over 1
- **2** people had a child under 1
- **2** people were pregnant

Of those who were Carers,



- **8.6%** of people were Carers (someone who is looking after a family member, partner or friend who needs help because of illness, frailty or disability, and is not paid for this) (n=27)
- **91.4%** were not Carers (n=287)

21 people were part-time Carers and 6 people were full-time Carers.

While this data provides a much needed insight into the impacts of lifting lockdown protections on LGBTQIA+ individuals and communities, the distribution of this survey through social media and various voluntary and community sector organisations means that the resulting research is vulnerable to self-selection bias. Therefore, it is less likely to represent the full spectrum of experiences across those who identify as LGBTQIA+. This includes:

- Self-selection bias may have influenced the report, for example the ‘new identities’ figures
- Limited responses from those experiencing digital poverty
- Limited responses from those not already engaged with social media, the LGBT
- Partnership, or our partner organisations
- Limited responses from those with high speech and language needs

- Limited responses from People of Colour
- Limited responses from people over 55, even more limited responses from people over 65, and no responses from people over 75.



Glossary

Agender

An Agender person is a person who does not identify as any gender or consider themselves to have a gender identity. Some agender people identify as Trans or Non-Binary, while others do not.

Asexual

An Asexual person does not experience sexual attraction. For some Asexual people, their experience of sexual attraction varies depending on their circumstances, and there are many different ways to be Asexual. Many asexual people experience romantic attraction, and those who do might also identify as Lesbian, Gay, Bisexual, Straight, or Queer as well identifying as Asexual.

Biphobia

Biphobia is any intolerance or prejudice directed towards people who are Bisexual or perceived to be Bisexual, based on negative perceptions and stereotypes about Bisexuality.

Bisexual

Bisexuality is the sexual, romantic or emotional attraction to more than one gender- it is sometimes understood as an attraction to people of one's own gender and of a different gender, an attraction to multiple genders, or the potential to be attracted to multiple genders. There are many different ways to be bisexual and bisexual people may experience different types of attraction to different genders, or be equally attracted to all genders.

Butch

Butch is an LGBTQIA+ identity that is most often associated with masculine-presenting lesbians, but can be used by people of many different genders and sexualities to describe their identity or their presentation. Sometimes Butch is used to refer to a particular type of Non-Binary gender identity. Butch also sometimes refers to a person's style of presentation or expression as particularly masculine or masculine aligned.

Cisgender

A Cisgender person is a person who identifies as the same gender that they were assigned at birth.

Coming Out

Coming out refers to the process of telling someone else about an LGBTQIA+ identity, whether it is a romantic or sexual orientation or a gender identity. Coming out can be different for everyone, and is a continual process that may need to happen many times.

Demiguy

Demigender is a gender identity which someone may hold if they identify partially with an aspect of the gender spectrum, but not completely. Similarly to Non-Binary identities, Demigenders are an understanding of gender outside of the binary. A Demiguy might identify with some aspects of masculinity or being a man, but not all of them.

Digital Poverty

Digital poverty and Digital Inequality is defined as the inability to interact with the online world when and how a person needs to. Digital Poverty impacts people's abilities to access education, healthcare, social support and employment and is experienced by many vulnerable people in the UK.

Discrimination

Discrimination is an act of unfair or unjust treatment of a person because of characteristics they may have such as race, gender, class, age, religion or LGBTQ+ identities. Discrimination includes direct and indirect discrimination as well as harassment and victimisation.

Dissociative Disorder

Dissociative Disorder is a term that covers several different diagnoses and experiences. These experiences can include lack of continuity between identities or changes in identity; memory problems or amnesia; feelings of disconnection from yourself or your emotions; feeling as if the world around you is unreal; or other dissociative symptoms. Dissociation is defined as feeling disconnected from yourself and the world around you. Dissociative disorders often develop as a response to trauma.

Gay

Gay is a sexual orientation which is usually used to describe men who experience romantic or sexual attraction towards men. However, gay is also often used a generic term by those who don't identify as men and who experience attraction towards people of the same gender or that is other than heterosexual.

Gender Dysphoria

Gender dysphoria describes a strong feeling of incongruence, unhappiness, discomfort or distress in response to social or physical traits that are associated with a person's assigned gender. Gender dysphoria is not a mental illness or a mental health problem. Not all Trans, Non-Binary or Gender-Diverse people experience gender dysphoria.

Genderqueer

A Genderqueer person is a person whose gender identity is outside the binary of 'male' and 'female'. A person who identified as genderqueer might use the term to resist categorisation, or to acknowledge the fluidity of their gender identity. Some genderqueer people identify as Trans, but others do not.

Gender Identity

A person's gender identity refers to their sense of themselves as being a particular gender. Some people don't think of themselves as having any gender, and some people's perception of themselves as one gender may change over time to another gender.

(Gender) Transition

Gender transition involves the physical and social steps that a person takes in order to be more aligned with their gender identity. This can involve medical steps, such as Hormone Replacement Therapy or Surgery.

Hate Crime

A hate crime is a criminal offence that is motivated or perceived to be motivated by hostility or prejudice towards a person based on characteristics they possess such as race, sexual orientation, transgender identity, religion, or disability. Hate crime includes physical assault, verbal abuse, as well as actions that incite hatred towards a particular person or group.

Homophobia

Homophobia is any intolerance or prejudice directed towards

Intersex

'Intersex' is a term that is used to describe a wide variety of natural variations in people's bodies that do not fit the typical understanding of 'male' and 'female' sexual characteristics. This can include variations in external genitalia, reproductive organs, chromosomes or hormones. Intersex babies are assigned a gender at birth, and may or may not continue to identify with their assigned gender.

Key Worker

Key Worker is used to refer to employees whose work is considered to be essential for society to run. They are required to continue working during times of crisis. Most people who went out to work (rather than being furloughed or working from home) during the COVID-19 pandemic and lockdowns were key workers.

Lesbian

'Lesbian' is a sexual orientation used to describe women who experience romantic or sexual attraction towards women. Some Non-Binary people will also use the term Lesbian to describe their sexual identity .

LGBTQIA+

LGBTQIA+ is used in this report to refer to people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, or Asexual, as well as those who identify in other non-cisgender non-heterosexual ways such as Pansexual, Questioning, Genderqueer or Agender, or those who choose to be unidentified in terms of their gender or sexuality. Other acronyms such as LGBT, LGBT+, LGBTQ+ are also used as umbrella terms for this group of identities.

Lockdown

During the COVID-19 pandemic, many different types and levels of restrictions on social contact were used to limit the effects of the virus. Lockdown is used to refer to the periods during the pandemic where the legal limits on people's social interaction were at their most restrictive, although there is no official government definition of Lockdown. Lockdown conditions varied during 2020 and 2021, but often included stay-at-home orders, the closing of non-essential businesses, requirements to wear masks, and limits on gatherings like weddings and funerals.

The first lockdown legally began on the 26th of March 2020, the second lockdown began on the 5th of November 2020, and the third on the 6th of January 2021. Lockdown measures fluctuated between these periods of lockdown, but were mostly removed by the 19th of July, 2021.

Marginalised

When a group or community is marginalised, they face structural, social, financial or political obstacles that mean they are excluded from society, face discrimination and do not have the same opportunities as other groups or communities. Marginalisation means that the needs of these groups are not met by society. Marginalised groups include (but are not limited to) Disabled people, asylum seekers and refugees, people in poverty, LGBTQIA+ people, and People of Colour.

Misgendering

Misgendering is when a person intentionally or unintentionally mis-labels a person's gender. This might be using a set of pronouns that the person does not use, or describing them with gendered words that do not fit their identity. The impact of misgendering is different for everyone, but can range from discomfort to distress. Misgendering is considered to be a microaggression- a subtle and often unintentional action that expresses prejudice towards a marginalised group.

Non-Binary

Non-Binary is a term that refers to any gender identity that is outside the binary gender categories of 'male' or 'female'. Not everyone who identifies with a gender outside of the gender binary uses the term 'Non-Binary' to describe their identity- other identities outside the binary might also include Agender, Genderqueer, Genderfluid, Neutrois, or Androgynous.

Omnisexual

Omnisexuality is the sexual, romantic or emotional attraction to people of all genders. Omnisexual is sometimes used interchangeably with the term Pansexual, or is used as an alternative term. However, some people who identify as omnisexual make the distinction that omnisexuality is not genderblind, but actively interested in different gender identities and presentations. For some Omnisexual people, gender is an important factor in the attraction they feel.

Pandemic

The World Health Organisation defines a pandemic as an epidemic that occurs worldwide, crossing international boundaries. An epidemic is the spread of a disease to a large number of people in a short period of time. The COVID-19 outbreak was declared a Pandemic in March 2020.

Pansexual

Pansexuality is the sexual, romantic or emotional attraction to people of any genders. Some people describe pansexuality as attraction without regard to gender. Pansexual is sometimes used as an alternative to the term bisexual. However, some people who identify as pansexual consider the term to be more deliberately inclusive of those who identify outside of the gender binary.

People of Colour

In this report, the term People of Colour is used to refer to people who are Black (including Black African, Black Caribbean or another Black heritage), Asian (including Indian, Pakistani, Bangladeshi, East Asian, Pacific Island or another Asian heritage), Latinx, mixed heritage, or of another non-white heritage.

Pronouns

Pronouns are words that we use to refer to items or individuals rather than using their names. When referring to people, the pronouns used will often depend on the person's gender — for example, he/his, she/her, they/theirs. Some people will also use newer pronouns, also called "neopronouns", for example xe/xer, ve/vis, ey/em.

Queer

Queer is a term that some LGBTQIA+ people use to describe their identity without using specific or pre-existing labels. Some people use Queer to mean that their sexuality or gender identity is other than the 'norm', to convey a sense of fluidity, to embrace the diversity of their identities or to connect themselves to wider LGBTQIA+ communities. Some LGBTQIA+ people consider queer to be a slur, but others have reclaimed the word and embrace its use.

Queerphobia

Queerphobia is any intolerance or prejudice directed towards people who are Queer or perceived to be Queer, based on negative perceptions about Queerness and Queer people.

Questioning

In the context of this report, questioning refers to any person who is unsure of their sexual identity, or who is questioning whether or not they identify as LGBTQIA+.

Relapse

A relapse occurs when an individual recovering from addiction or substance abuse returns to their use of substances, temporarily or permanently. Relapses are a very common part of the addiction recovery process.

Self-Medicating

Self-medication is when a person decides to take drugs, herbs or other remedies without the advice of a medical professional, to treat a condition which may be self-diagnosed. When a person struggles to access appropriate support or treatment for their mental or physical health, they might choose to self-medicate with substances.

Sexual Orientation

A person's orientation describes their attraction or type of attraction to other people, which might be sexual or romantic. Examples of different sexual orientations might be Heterosexual, Gay, Lesbian, or Bisexual. These terms also refer to a person's identity based on how they experience attraction to others.

Substances

The term substances refers to any intoxicating, mood-altering or mind-altering substances that a person might take recreationally, including alcohol, cigarettes, legal highs, and illegal drugs.

Suicidal Ideation

Suicidal ideation is when a person has thoughts, ideas, pre-occupations or ruminations about ending their own life. Suicidal ideation is not limited to making plans to take one's own life—someone who experiences suicidal ideation might also have thoughts of wanting to disappear, find it difficult to look forward to the future, feel that they don't want to live, or find life unbearable. Suicidal ideation doesn't always result in suicide, but it has an impact on how a person lives their every-day life and can result in self-neglect, isolation or risk-taking behaviour.

Trans/Transgender

A Transgender person is a person whose current gender identity is different from the gender that they were assigned at birth based on their body's characteristics. A transgender person might identify as a binary gender (as a man or a woman) or another gender outside the binary. Not all Non-Binary or gender diverse people identify as Trans.

Trans-Fascism

Fascism is a form of far-right authoritarianism and nationalism, the exact definition of which has changed over time in different contexts. Fascism is partly characterised by enforcing social hierarchies, which includes the limiting of LGBTQIA+ rights, women's rights, and reproductive rights. Trans-Fascism is used to refer to the beliefs of some 'gender-critical' activists who target Trans and Non-Binary people. Attacks on Trans rights are attacks on the rights of all LGBTQIA+ people, and detract from the fight for LGBTQIA+ equality.

Transmasculine

Transmasculine (short for transmasculine) is a term that covers various Transgender identities that are related to masculinity, including binary and Non-Binary Transgender identities. Transmasculinity can contain many different times of expression and presentation. Transmasculine people might identify as Trans men, Non-Binary, Butch, Genderfluid, Genderqueer, or in another way.

Transphobia

Transphobia is any intolerance or prejudice directed towards people who are Transgender or perceived to be Transgender based on negative perceptions of Trans people.

Trans Status

Trans status is the current state of an individual being or not being transgender.

The survey

This survey reflects on the period between July and November 2021, when COVID-19 restrictions were almost completely eased.

It was no longer compulsory to wear face masks in shops or on public transport, and limits on the attendance of events, including weddings and funerals, were removed.

Hospitality and entertainment venues including restaurants, theatres, cinemas and nightclubs were allowed to re-open at full capacity, and people were re-entering the workplace after having worked from home. For many people, this represented a return to normal life.

When answering the questions in this survey, please think about how you felt when restrictions were lifted, any challenges you faced and any changes you experienced.

General mental health and wellbeing

1- Out of 10, how would you rate your mental health just before the pandemic?

1-2-3-4-5-6-7-8-9-10

2- Out of 10, how would you rate your mental health during the series of lockdowns and COVID-19 restrictions?

1-2-3-4-5-6-7-8-9-10

3- Out of 10, how would you rate your mental health after COVID-19 restrictions were lifted?

1-2-3-4-5-6-7-8-9-10

4- Please select the top **three** concerns you had when COVID-19 restrictions were lifted.

- a) Worried about my own safety
- b) Worried about the safety of family and friends
- c) Feeling a greater responsibility for my and others safety
- d) Changes in my employment circumstances
- e) Returning to the workplace
- f) Returning to social events
- g) Concerns about my mental health
- h) Unable to access general healthcare services
- i) Unable to access LGBTQIA+ specific support
- j) Not feeling safe at home
- k) More difficult to social distance
- l) Continued isolation after lockdown

- m) Concerns about financial security
- n) Losing financial support that was available during lockdowns
- o) I had no concerns
- p) Other [free text box]

5- After COVID-19 restrictions were lifted, did you feel that you were more able to manage your mental health?

- a) Yes, I was **more able** to manage my mental health
- b) No, it was **more difficult** to manage my mental health
- c) No, it was **the same** as during the lockdown

Community & Isolation

6- After COVID-19 restrictions were lifted, how did you feel that your sense of isolation compared to how you felt during the lockdown(s)?

- a) I felt **more alone**
- b) I felt **less** alone
- c) I felt **about the same**

7- After COVID-19 restrictions were lifted, were you able to reconnect with LGBTQIA+ communities?

- a) Yes
- b) Yes, but it was be **harder than before** the pandemic
- c) No

Experiences at work

8- What was your employment situation during the 2020-21 lockdowns? (tick as many as apply)

- a) I was working from home
- b) I was going out to work
- i) I was a healthcare professional ii) I was another kind of key worker
- c) I was unemployed and looking for work
- d) I was unable to work due to my health or a disability
- e) I was furloughed
- f) Other

9- After COVID-19 restrictions were lifted, did your employment situation change?

- a) Yes, I went back to work after being unemployed
- b) Yes, I went back to the office/my workplace after working from home
- c) Yes, I am now unemployed or unable to work
- d) Yes, other [Free text]
- e) No

10- If you have been going out to work during the pandemic, how did your experience change after COVID-19 restrictions were lifted?

- a) I found my work to be **easier**
- b) I found my work became **more difficult**
- c) I found my work **neither easier nor more difficult**
- d) I was not going out to work during the pandemic
- e) Other [free text]

11- After COVID-19 restrictions were lifted, did you feel that the changes in your work affected your mental health?

- a) Yes, my mental health was **positively affected**
- b) Yes, my mental health was **negatively affected**
- c) No, my mental health was **not affected**
- d) I did not experience any changes in my work

12- After Covid-19 restrictions were lifted, did you feel like your workplace supported you enough to respond to changes?

- a) Yes
- b) No
- c) Not applicable

Access to support

13- After COVID-19 restrictions were lifted, did you feel like you had a change in your ability to access support? (e.g financial support, mental health support, healthcare, community support, addiction support, or other kinds of support)

- a) I had more access to support
- b) I had less access to support
- c) It was about the same

Self harm and suicide

14- Did you self-harm or think about self harming during the 2020-21 lockdowns?

- a) Yes, often
- b) Yes, sometimes
- c) Yes, rarely or once
- d) No

15- Did you experience suicidal ideation or attempt suicide during the 2020-21 lockdowns?

- a) Yes, I had suicidal thoughts **often**
- b) Yes, I had suicidal thoughts **sometimes**
- c) Yes, I had suicidal thoughts **rarely**
- d) Yes, I **attempted suicide**
- e) No

16- If yes, do you feel that these thoughts, feelings or behaviours changed when Covid-19 restrictions started to lift?

- a) Yes, they are **more** frequent
- b) Yes, they are **less** frequent
- c) No, they stayed **the same**
- d) N/A

Grief

17- Have you experienced the death of family, friends, partner(s) or members of your community during the pandemic?

- a) Yes
- b) No

18- Do you feel that this loss has negatively affected your mental health?

- a) Yes
- b) No
- c) I have not experienced the death of family, friends, a partner(s) or members of my community during the pandemic

19- How did the change in COVID-19 restrictions impact your ability to process your loss?

- a) It was **easier**
- b) It was **harder**
- c) I have not experienced the death of family, friends, a partner(s) or members of my community during the pandemic

Abuse, harassment and violence

20- Do you feel that you have experienced harassment, domestic abuse, online abuse or other violence during the pandemic?

- a) Yes
- b) No

21- After COVID-19 restrictions were lifted, did your experience of harassment, domestic abuse, online abuse or other violence change?

- a) Yes, it **increased**
- b) Yes, it **decreased**
- c) No, it **stayed the same**
- d) I **did not experience** harassment, abuse or violence during the pandemic

22- After COVID-19 restrictions were lifted, did you feel that you were able to ask other people to take steps to keep you safe? (e.g. asking people to take a lateral flow test, wear a mask, socially distance, etc.)

- a) Yes, and it was easy
- b) Yes, but I found it difficult
- c) No, but I wanted to
- d) No, and I didn't want to

23- If you found it difficult or were not able to ask other people to take steps to keep you safe, what kind of barriers did you experience? (Please select all that apply)

- a) I felt like it wouldn't be safe to ask
- b) Someone I've asked responded negatively
- c) I didn't feel comfortable asking
- d) I felt anxious or worried about asking
- e) I did not find it difficult/I didn't need to ask
- f) Other

Addiction & substance use

24- After Covid-19 restrictions were lifted, did you feel that your use of substances (alcohol, drugs, tobacco products, etc) increased or decreased?

- a) I think my use of substances **significantly increased**
- b) I think my use of substances **increased**
- c) I think my use of substances **decreased**
- d) I think my use of substances **significantly decreased**

e) I think my substance use **stayed the same**

25- How do you feel that the change in your substance use, if any, affected your mental health?

- a) It affected my mental health positively
- b) It affected my mental health negatively
- c) It had no effect on my mental health
- d) There was no change in my use of substances

Fears, hopes & expectations

26- Please pick the top **three** emotions that best represent how you felt about lockdown restrictions lifting.

- a) Hopeful
- b) Excited
- c) Happy
- d) Anxious
- e) Stressed
- f) Frustrated
- g) Angry
- h) Hopeless
- i) Depressed
- j) Encouraged
- k) Comforted
- l) Sad
- m) Doubtful
- n) Surprised
- o) Scared
- p) Relieved
- q) Tired
- r) Wary
- s) Other [free text]

27- During lockdown, did you newly begin to identify with a marginalised sexual orientation (Lesbian, Gay, Bisexual, etc.)

- a) Yes
- b) No

28- During lockdown, did you newly begin to identify as Trans, Non-Binary or otherwise Gender-Diverse?

- a) Yes
- b) No

29- Did you come out as LGBTQIA+ during lockdowns?

- a) Yes
- b) No

30- After COVID-19 restrictions were lifted, did you face any challenges around this new identity?

- a) Yes
- b) No
- c) Not sure
- d) I did not begin to newly identify as LGBTQIA+ during the pandemic

31- Is there anything related to your experience as an LGBTQIA+ person that you feel made the lifting of Covid-19 restrictions particularly difficult for you?

a) Yes- please specify [Free Text Box]

b) No

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