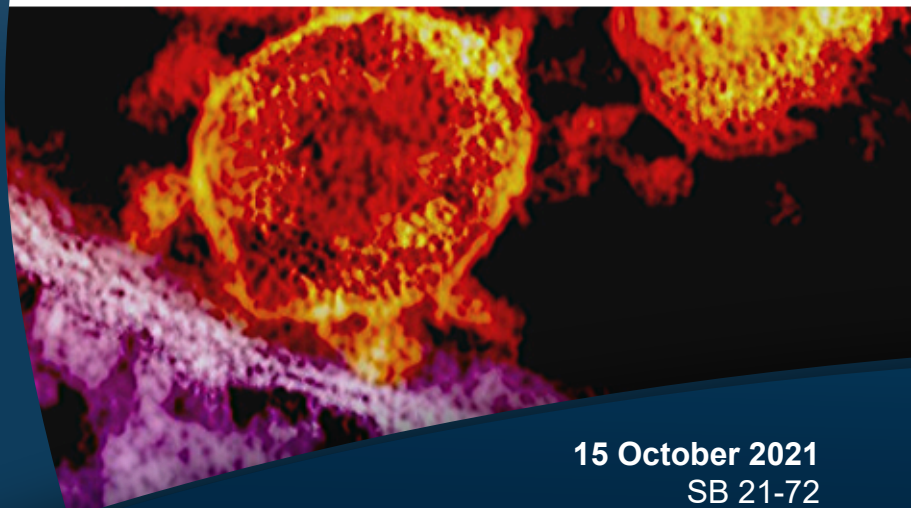**SPICe Briefing**
Pàipear-ullachaidh SPICe

COVID-19 and Lesbian, Gay, Bisexual, Trans (LGBT+) Life in Scotland

Professor Yvette Taylor

This briefing looks at the impact of COVID-19 on Lesbian, Gay, Bisexual, Trans (LGBT+) life in Scotland. It draws on current literature and qualitative research to describe intersecting impacts across social, cultural and economic life. Commitments to LGBT+ equality can be productively embedded in post-pandemic recovery plans.

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Summary

The effects of the COVID-19 on the LGBT+ population in Scotland merit attention. This group reports continued inequalities, including across health, educational, employment and social settings, and these are often compounded the pandemic.

In contextualizing LGBT+ lives in Scotland, the Equality Act 2010, enshrining 'protected characteristics', forms an important backdrop, necessitating attention to intersecting inequalities of sexuality, gender, age, disability, parental and partner status, race and religion.

Sexuality and gender often remain at the fore of public debates and are central to policy making, exemplified in the Scottish Government's commitment to LGBT inclusive education, the Hate Crime and Public Order (Scotland) Act, ongoing engagement around improving the Gender Recognition Act, and the banning of conversion therapy. Post-pandemic recovery plans should consider the continuation and resourcing of such plans and engagements, instilling confidence in a commitment to LGBT+ equality.

Divergences within and between LGBT+ individuals, as well as commonalities and differences from non-LGBT individuals, deserve more attention. While more LGBT+ research and policy making is increasingly speaking of adopting an 'intersectional' lens to inequality, often class and race receive less attention.

LGBT+ individuals should be central to the discussions of intersectional inequalities as they are able to inform policy-making and often act with resilience and creativity. There may be many things which can be learned from LGBT+-based forms of organizing and activism (including Mutual Aid initiatives, 'families of choice' networks etc.).

While taking full account of social, cultural and economic factors putting LGBT+ individuals 'at risk', care needs to be taken not to pathologize this group.

Specific social spheres present problems: across these, social benefits, visibility and recognition may be afforded to more normative identities. Post-recovery plans have a unique chance to consider what sort of 'normal' we want to go back to, or move away from, as an LGBT+ inclusive society.

This briefing is based on qualitative research, including 60 interviews and 30 postcard exercises with LGBT+ individuals across Scotland. It draws on international and Scottish based literature. More research is needed to diversify representations and understand realities of LGBT+ life in and beyond the COVID-19 pandemic.

Background

This briefing was written by [Professor Yvette Taylor of the University of Strathclyde](#), as part of a Fellowship exploring 'The intersectional impact of COVID-19 on Lesbian, Gay, Bisexual, Transgender (LGBT+) people in Scotland' with the Scottish Parliament Information Centre: read her SPICe blog '[Life in the pandemic for Lesbian, Gay, Bisexual, Transgender (LGBT+) people in Scotland](#) '. Yvette researches and teaches on intersecting social inequalities and is one of the Principal Investigators on a large EU funded project '[Comparing Intersectional Lifecourse Inequalities among LGBTQI+ Citizens in 4 European Countries](#)', including Scotland. The analysis and conclusions are made by the author. What follows are the views of the author, not those of SPICe or the Scottish Parliament.

Introduction

The World Health Organisation declared COVID-19 to be a global pandemic on March 12 2020. COVID-19 continues to significantly disrupt physical, mental and emotional wellbeing, both 'changing and ending' people's lives. [1] [2] Profound care consequences co-exist alongside educational and workplace impacts and inequalities, with regional, national and international variations, including restricted movement and social distancing. In 'returning to normal', there is an opportunity to re-visit the vulnerabilities exposed by the pandemic as intersectional equalities issues, where those with 'protected characteristics' under the Equality Act 2010 merit mainstream attention. It seems that COVID-19 '… discriminates in ways that mirror the discriminations that are fundamental to society'. [1]

The 'LGBT+' acronym is used when referring to lesbian, gay, bisexual, trans identities and experiences. The '+' denotes related minoritised and marginalised sexual and gender identities that may overlap and/or surpass 'LGBT'. The acronyms used throughout this report vary in the specific literatures discussed and are retained from their original source. Varied acronyms for denoting sexual, gender and sex minorities exist and usage is also contested, shifting across geographical context and different time periods. The terms 'cis' can be used to differentiate from 'trans' and to make explicit assumed neutral positions. Most Scottish Government documentation uses 'LGBT' as an acronym - the Scottish Government may wish to detail and expand upon usage, particularly in relation to other minoritised positions such as asexual, intersex, and non-binary identities. Academic and activist research often uses 'Queer' as an umbrella term encompassing non-heterosexual identities, and often highlighting broader non-normative positions.

What do we already know about COVID-19 and Lesbian, Gay, Bisexual, Trans (LGBT+) life internationally?

In reviewing the emerging international literature, reports produced by LGBT+ organisations and media coverage, it is evident that LGBT+ people are vulnerable in specific ways. Common themes emerge around:

- health, stigma and wellbeing

- education and employment

- intimacy, relationships and family

- being online and offline.

It is important to explore the pandemic's impacts upon specific groups, while also being attentive against overly homogenising groups, or failing to explore resilience. LGBT+ people are diverse, with different 'protected characteristics', and are also able to inform positive policy development. In reviewing the literature, an overly negative depiction of LGBT+ lives can sometimes emerge as inequalities are depicted in terms of negative impacts, arguably entrenching a representation of LGBT+ lives as 'at risk'. There is a long history of framing LGBT+ community and individuals as more 'at risk'; a balance needs to be struck between representing vulnerabilities in their social context, and more medicalised or individualised accounts.

The United Nations report ' COVID-19 and the human rights of LGBT people ' highlights:

- reduced and delayed access to medical services

- discrimination

- stigmatisation

- unsafe living environments

- negative financial and employment impacts, which differ across, for example, age, race, class and gender.

At the same time, the unequal effect of the pandemic on LGBT+ individuals and community may not be fully documented, for example due to the lack of details gathered when tallying the trends of COVID-19's impact. [3] This moment represents a chance to consider LGBT+ people more systematically and specifically. In outlining the lack of protection and increased harm to LGBT+ people, Banerjee and Nair state that 'the COVID-19 pandemic might be yet another global eye-opener to include them in the public health system, protect them from the viral crisis, and improve their quality of life, before it is too late'. [4] Given the international impact and relevance, this report considers the international literature in relation to LGBT+ people and the pandemic, before moving to literature which specifically considers the Scottish context. Qualitative Scotland-based fieldwork is presented and discussed and some conclusions are offered in moving to post-

pandemic recovery plans.

Health, stigma and wellbeing

Evidence shows that LGBT+ people experience greater physical and mental health issues compared to non LGBT+ people, with higher rates of cardiovascular issues, chronic illness, autoimmune conditions, anxiety, suicidal thoughts and 'gender dysmorphia'. [5] [3] [6] Across international contexts, studies point repeatedly to harms related to health and wellbeing, discrimination, and stigma, with LGBT+ people more likely to suffer from 'minority stress', manifest in poor emotional wellbeing. [7] The ramifications of COVID-19 continue to impact on healthcare services. Although the literature demonstrates the impact upon LGBT+ people in similar and overarching ways, there are also differences within the LGBT+ grouping. Differences around mental health risks [8] and the management of these have been highlighted. [9]

The impact of medical changes is a dominant theme throughout the literature, especially the de-prioritisation of certain medical sectors causing treatments, appointments and surgeries to be cancelled or postponed. [10] Interruptions have occurred to non-urgent health care, causing distress and anxiety for many LGBT+ people. [11] Access to medications and routine health care has been interrupted: specific to transgender and nonbinary people, the cancellation and postponement of gender affirming treatments and surgery has had a substantial impact. [11] Since COVID-19 restrictions have been put in place in the UK, LGBT Foundation reported that 34% of participants have had medical appointments cancelled, 16% reported not being able to access healthcare for non COVID-19 related concerns and 23% of participants were concerned about access to medication. [8]

Framing health issues slightly differently, Banerjee and Nair suggest that the relationship between LGBT+ people and medical providers are often negative. [4] An already bad situation of mistrust, insecurity and risk, is deepened by pandemic conditions and restrictions. Negative relationships with healthcare workers include experiences of discrimination, stigma and microaggressions. [12] [13] OutRight Action International conducted 59 interviews with LGBTQI+ people from 38 different countries during March and April 2020 and found that participants were reluctant to seek medical care due to stigmatisation and discrimination. [14] Being 'othered' by the medical community may lead LGBT+ people to be less likely to seek help or testing for COVID-19 symptoms. [4] [15]

The sense of stigma, harassment and discrimination that LGBT+ people experience is interwoven throughout the literature, and includes attribution of blame for worsening and spreading COVID-19. LGBT+ people are being scapegoated and blamed for COVID-19 in many countries. [14] [16] The crossover of stigmatising rhetoric between the HIV/AIDS epidemic and the COVID-19 pandemic is reported within the literature and as poignantly felt by an older demographic. Banerjee and Nair recount the blame and discrimination that the LGBTQI+ people went through during the period where HIV/AIDS was labelled the 'gay plague'. [4] That a similar rhetoric has appeared around COVID-19 is causing people to experience hostility, isolation and grief. [17] [18] [8]

Education and employment

The closure of educational, employment and leisure space impacts the wider LGBT+ community in a variety of unique ways. These closures are experienced as a loss of support, safe space, community or network for people to express themselves without fear of harassment or discrimination. [8] Social and educational spaces are particularly important for LGBT+ youth in exploring identities and to build support systems. [19] Counter-culture spaces including annual Pride events, and LGBT+ groups and societies are increasingly conducted in schools, colleges and universities.

A prominent theme in the literature are the potential risks for younger LGBT+ people, especially in moving out of post-compulsory educational spaces and accommodations to return to their familial homes. For LGBT+ youth, family homes may be places of estrangement and hostility necessitating a 'closeting' of sexuality. In the context of campus closures and loss of part-time jobs for students, LGBT+ youth may have little choice but to return home even if this compromises their overall wellbeing. While literature reports on educational transitions as of heightened importance to marginalised groups, there is a gap in understanding the short and longer-term effects on interrupted transitions. Again, there is evidence that LGBT+ students may experience higher drop-out than their heterosexual counterparts; [20] [19] the pandemic may act to compound this effect, with longer personal and professional impacts.

A less prominent theme throughout the literature is the financial impact on LGBT+ people due to COVID-19. Some research suggests that LGBT+ are over-represented in industries affected by restrictions. [5] Salerno et al. outlines that 40% of LGBTQI+ people work within the service industry compared to 22% of non LGBTQI+ people: the closure and stalling of this sector has had a negative financial impact on LGBT+ people. [21] Moreover, working within the informal or service sector means LGBT+ people are less likely to have sick pay or the option to work safely from home, forcing people to make unsafe decisions in order to get paid. [6] OutRight Action International also highlights that globally many LGBTQI+ workers may be more vulnerable than their heterosexual counterparts, with a heightened risk of catching the virus as they rely on shorter budget plans or day to day income. [14]

Black members of the LGBT+ community are being made unemployed, or having their hours reduced (under-employed), more than other ethnic groups. [22] The Human Rights Campaign report documents that 28% of LGBTQI+ people and 23% of Black people have experienced a reduction in hours, while 31% of Black LGBTQI+ people experienced a reduction in hours. [22] Similarly Black LGBTQI+ people are 6% more likely to have been made unemployed due to COVID-19 when compared to the general population in the US.

Intimacy, relationships and family

The most prominent secondary impact of COVID-19 is the increased time spent at home or returning to live at a parental home after a period away, due to changes and closures in education and many employment sectors. A dominant message has been 'stay safe, stay at home'. However, domestic safety can be insecure and uncertain for many LGBT+ people, [23] with unsafe homes resulting in, for example, 'closeting', harassment, abuse, and homelessness. Many reports and research articles note the likelihood of LGBT+

people returning to unsupportive or unsafe environments, where they are not fully accepted and may be rejected. [6] [24] Returning or being unable to leave an unsafe household impacts younger LGBT+ people more so than other age groups. [25] [7]

The advice to move online has applied to intimate relationships. Hakim explores the use of online platforms for gay and bisexual men during COVID-19, with some participants beginning and maintaining relationships that are fully digital. [26] Use of online platforms was not uncommon prior to the pandemic. [10] Hakim found that three quarters of participants stopped hooking up in person during the first three months of pandemic restrictions and reported feeling 'touch starved'. [26] Nelson et al. suggest that rates of sexting and men-seeking-men websites remained similar pre-restrictions but found an increase in watching porn and masturbation, stating that sexting and increased porn consumption may have lasting ramifications for people's sexual risk taking behaviour. [27] Brennan et al. note that it is not clear if online connection can fulfil people's desire for long-term intimacy, [10] while Viney suggests that digital or virtual intimacy may lead to risky behaviour and decision making in the future (pointing to, for example, porn usage and non-usage of condoms). [24]

Hakim found that participants were stuck in a dilemma between abstinence and harm reduction when it came to making decisions about sexual intimacy. [26] A number of participants opted to create sexual bubbles and trusted people who would only interact with one another, in order to decrease their chance of coming in contact with COVID-19. But Sanchez et al. found that a substantial number of participants were not adhering to social distancing rules and were engaging in in-person sexual activity, arguing that the longer restrictions are in place the higher chance that people will break them. [28] Nelson et al. reach a similar conclusion, with people performing risk-reward assessments on their individual circumstances. [27] Much of the literature on managing intimacy focuses on male sexual behaviour and may be constrained by its own assumptions around what constitutes safer sex and risk. Any advice to abstain from physical sexual activity in order to protect health may negatively resonate with advice during the HIV epidemic, [26] resurrecting feelings of harm and stigma. Guidance on social restrictions seem to lack advice on how to navigate sex, particularly for single people or couples who are living apart together.

Being online-offline

Platforms for education, work and many other dimensions of social life exist. [29] [27] Many online resources have been created with evidence of a positive effect on the lives of young LGBT+ people. [30] Research into the use of social media for queer youth suggests much scope for positive engagement. [31] [32]

However, online platforms are not always safe spaces for LGBT+ people, many experience harassment and abuse online and may be at risk of using unsafe websites. [27] The *Out Online* survey explores the social media habits of 13-18 year olds in the US with LGBT youth significantly more likely to experience online bullying and sexual harassment than non-LGBT youth. [33] The UK Stonewall report found that 10% of LGBT people in Scotland, England and Wales had experienced online abuse or behaviour in the last month

with a higher figure for trans people (26%), and younger people between 18 and 24 years (23%). [34]

What do we already know about COVID-19 and Lesbian, Gay, Bisexual, Trans (LGBT+) life in Scotland?'

Much of the literature specifically including the Scottish context mirrors the international literature. Public Health Scotland has created a database of publications.

The Social Renewal Advisory Board set up by the Scottish Government published a Call to Action in January 2021 that emphases a fairer recovery from the pandemic. In contextualizing LGBT+ lives in Scotland before, during and post-pandemic, the Scottish Government's commitment to LGBT inclusive education, the Hate Crime and Public Order (Scotland) Act, ongoing engagement around improving the Gender Recognition Act, and the banning of conversion therapy, form important backdrops.

Health, stigma and wellbeing

The Time for Inclusive Education (TIE) explored the wellbeing of people living in Scotland aged 12-24, using an online questionnaire that gained 1,015 responses. [35] Prior to lockdown restrictions being put in place, 52% of participants described themselves as having a positive emotional wellbeing, while 26% reported negative emotional wellbeing. During COVID-19 restrictions, 43% of participants reported negative emotional wellbeing, with 69% of LGBTQI+ youth in this category. The closures of schools and higher education facilities negatively impacted 52% of participants, while 19% reported these closures as having a positive effect on their mental health and wellbeing. [35]

Anderson examined how COVID-19 is affecting LGBTQI+ young people in Scotland, including:

- spending more time at home and in their local community

- the de-prioritisation of trans and non-binary healthcare

- insecure housing

- digital poverty

- policing

- mental health. [25]

84% of participants and 96% of trans participants experienced mental health difficulties - once restrictions have ended these issues will endure. [25] NHS waiting lists are likely to remain long and the process of re-engaging with services will continue to impact upon LGBT+ people into the future.

Using online forum data of 159 participants during March-April 2020, Fish et al. found that young LGBTQI+ people expressed relief towards the closure of facilities, effectively allowing them a break from in-person everyday discrimination. [36] For people who have become part of and found support within LGBT+ social spaces, closure and restrictions

have also caused negative effects.

Education and employment

Going to further and higher education and moving out of home is a time of transition, exploration and independence, now unfortunately taken away from many young LGBT+ people. [37] This shift and reduction in freedom for younger people is likely to have a negative effect on their mental health, removing opportunities to develop and access to safe spaces, which may cause anxiety and isolation.

The Homeless Network Scotland report considers 'protected characteristics' as increasing vulnerability across, for example, sexuality, gender, age, ethnicity, disability, and states that procedures need to be put in place to mitigate the negative impact of educational and employment disruption into the future. [38] This report highlights the increased baseline of hardship experienced by LGBTQI+ people and exacerbated by COVID-19.

Intimacy, relationships and family

Anderson [25] reports that 1 in 4 LGBTQI+ people experience domestic abuse. Violence, verbal abuse, harassment and sexual abuse have all been documented as experiences of LGBTQI+ people within their home environment. [24] [6] There is a higher likelihood of young LGBTQI+ groups being at risk of domestic violence and homelessness. [38] [39] The LGBT Foundation carried out an online survey between April and May of 2020, with 555 LGBT participants in the UK. The survey found that 9% of BAME LGBT people, 15% of disabled LGBT people and 17% of both trans and non-binary people did not feel safe where they were staying at time the survey was carried out. [8] Reports from young people living with their families are suggestive of many negative and/or abusive circumstances.

The Scottish Government has highlighted that, even during times of relaxed social regulations, LGBT+ people may suffer due to unsupportive family members. The creation of extended social bubbles ensures only close contact with a fixed number of people. However, if a LGBT+ person is living in an unsupportive home their partner(s)/friends may not be welcome to enter the family home or join the extended social bubble. [37]

Being online-offline

In Scotland, the Time for Inclusive Education (TIE) Campaign notes the increasing time young people (13-24 years) are spending online, with reported upsurges in homophobia and transphobia. Negative impacts range from digital exclusion, harassment and exhaustion, to increased stigmatisation, curtailment of physical and sexual intimacy, and a 're-closeting' as LGBT+ people conceal their sexual identities and gender expressions.

That said, LGBT Youth Scotland emphasises some positives in creating 'digital youth work' to help young people feel less isolated and more supported. [30] Many online resources have been created with the aim to help and provide resources for LGBT+ people to enable

them seek assistance and support, with evidence of positive effects. [30]

The challenges for LGBT+ people in Scotland: what we've been told

The research involved qualitative interviews from 2019 to 2021 with a diverse group of 60 LGBT+ people aged 18-80 years, living in Scotland across urban and rural areas. Participants responded to a general call out and initial demographics were gleaned from survey completions. Select respondents were then invited to be interviewed in order to mediate over or under-representation within the LGBT+ category. Most interviews occurred in person (45) and others online (15). Interviews were followed by a postcard activity during lockdown periods, constituting a chance for respondents to write back with further thoughts post-interview: 30 postcards were received.

All names are pseudonyms and measures have been taken to preserve anonymity. Attributed demographics have been determined from interviewees' survey completions and interviews and are mostly how they would describe themselves. Some respondents did not identify themselves as cis gender but signalled that they could be described as such.

Respondents variously described themselves as lesbian, gay, bisexual, pansexual, queer, and asexual. Around a third of participants were trans, non-binary, intersex or gender diverse, and around two-thirds were cis gender.

Almost half of participants declared a long-term health condition, spanning physical disabilities, neurological and learning disabilities, chronic physical health conditions, and long-term mental health conditions.

The majority of participants (54) were of White ethnic backgrounds, including from Scotland and the rest of the UK, Western, Central and Eastern Europe, US, Canada and New Zealand. Six participants were of Asian, Black and other minoritised ethnic backgrounds, including South East Asian, North African, West African and mixed or dual heritages.

Interviewees were mostly university educated, having at least an undergraduate degree, and most were in full-time employment. Six participants were not employed: four were women, including two identifying as trans, and two were men, including one identifying as trans. Five out of the six unemployed participants reported disability or long-term health conditions including, for example, depression. One participant was an asylum seeker who was not permitted to work.

Data highlights challenges and changes in the context of pandemic life, and intersecting with socio-economic status, age, disability, ethnicity and gender. [40]

Research findings

Respondents offered views on being LGBT+ in Scotland through the pandemic and in the context of the Equality Act 2010 and reform (e.g. Proposed reforms to and public consultation around the Gender Recognition Act (2004); the Hate Crime and Public Order (Scotland) Act 2021; announced intentions around LGBT inclusive education; conversion therapy ban). The research suggests a need to attend to intersecting inequalities as a policy priority across health and social care, education, community resourcing and

employment.

Interviewees across the age range frequently reported similar experiences suggestive of generational continuations, rather than generational change. In a period of social crisis, it is useful to think about new vulnerabilities and embedded patterns. Formal legal progress and equality legislation, alongside diversity and inclusion initiatives in education and employment, may contribute to a sense of life 'getting better' for LGBT+ people, [41] yet lived experience of inequalities may contradict equality provisions. Similarly, policy and practice development at national and local levels can be uneven and may lack monitoring, consolidation, and mainstreaming.

Current funding structures and resourcing for LGBT+ organisations, programmes and projects potentially render the commencement or continuation of equalities work vulnerable. Past experiences of inequality and discrimination continue to impact upon LGBT+ people's present lives and thoughts about the future. Where LGBT+ populations have felt let down by services and providers, there may be a reluctance to invest hope or trust in these, with implications for the post-pandemic recovery period.

Research has shown that the LGBT+ community regularly engages with informal or 'DIY' networks, relying on extended friendship and community groups, rather than necessarily relying wholly on family of origin or biological kinship. These forms of activities (e.g. Mutual Aid, care beyond traditional heterosexual family formations etc.) often show LGBT+ people as active and empowered, resisting a medicalised framing as 'at risk'. [40] While these models of care and provision may inform mainstream welfare, there are resource implications when voluntary groups and individuals stand in for failed, reduced or incomplete welfare services.

The common themes represented in the literature are addressed here (health, stigma and wellbeing; education and employment; intimacy, relationships and family; being online and offline). Yet data surpasses this categorization, also highlighting LGBT+ people as critically engaged in managing COVID-19 and post-pandemic recovery, with opinions on social justice as an intersectional equalities issue. Specific themes from the qualitative data are highlighted.

Continued crises

The pandemic has resulted in a revisitation and re-opening of 'old wounds' faced by the LGBT+ community. Many interviewees made links to discrimination experienced during the HIV/AIDS crisis and ongoing social stigma. For some, the current state of crisis and stigma represented a continuation rather than a new moment:

> I hope this last year has acted as a reminder to the mainstream that a life lived with conditions and restriction and fear is not fun. And that LGBT+ people might have been aware of this for quite a long time.
>
> (Alice, 45, lesbian, cis woman)

On the anniversary of living with COVID under lockdown, I am angry. I am angry about the increasing resurgence of homophobia, biphobia and transphobia that our society has seen for a generation. I'm angry it has gotten so much worse under lockdown. I am angry that whilst the Government are trying to come to terms with this global pandemic, they've forgotten … that AIDS was classed both an epidemic and a pandemic but our communities were abandoned and stigmatised.

(Clio, 35, bisexual, cis woman)

Progressing equality

Many interviewees expressed a fear of how the pandemic would affect the progress, and the resourcing, of equality, diversity and inclusion (EDI) issues. This is important to return to in the context of post-pandemic recovery plans and new parliamentary composition, and in re-addressing what are seen to be enduring injustices in terms of LGBT+ recognition:

I look forward to the resumption of progress on the GRA [Gender Recognition Act] in Scotland.

(Jackie, 58, translesbian, trans woman)

Governments across the globe took advantage of the COVID pandemic to threaten LGBT+ rights? Both the Scottish Government and UK Government announced delays to gender recognition legislation. The on-going debates in Scotland around gender recognition and hate crime legislation are being used to target LGBT+ communities in a way that has not been seen since the Section 28 debates.

(Sue, 32, bisexual, cis woman)

All in all, massive progress has been made but I hope the pandemic shows that we can do, and I would say should do, more to achieve equality. Is this too much to ask? … Please, once this is all said and done, return some focus to the massive issues of inequality that the pandemic has thrown up.

(Devon, 25, bisexual, non-binary)

Why is it that … gay and bisexual men are still disproportionately affected by blood-borne viruses? Why does mental ill health still play such a major role in the lives of LGBTQIA individuals, despite relative legislative progress? How long will it take for everyone to understand the fundamentals of gender?

(Lachlan, 24, gay, cis man)

Home, support and care

A prominent theme was that of LGBT+ people either returning home to live with their families, or an increase in the time spent at home compared to pre COVID-19. The return to, or increased time in, unsupportive or even unsafe homes has been acknowledged as a concern, especially for LGBT+ youth, and younger participants frequently experienced this. People's need to relocate was often due to the closure of educational institutions, the closure of student accommodation and increased financial or work instability as a result of COVID-19. Other respondents spoke of being estranged from their families of origin and older trans men and trans women seemed to experience specific forms of estrangement. Older LGBT+ people are more likely to be ageing without children and thus may lack access to intergenerational forms of support and care. Evidence shows that LGBT+ populations experience greater loneliness and mandatory social isolation and lockdowns are likely to impact upon this:

> Lockdown has restricted visibility and peer-support. Many LGBT+ people continue to experience isolation and loneliness due to lockdown, others are self-isolating with people or family members they are not out to or feel unsafe with.
>
> (Alex, 58, gay, trans man)

LGBT+ community

LGBT+ people are often full and active members of their communities, neighbourhoods, workplaces and families, and expressed this in the context of experiencing added pressures. LGBT+ organisations have been lifelines for health and wellbeing, and neighbours, faith organisations and various voluntary groups provide much needed support. [32] Mainstream society may have much to learn from these forms of support, politicisation and mutual aid, which showcase LGBT+ people's active agency and investment in community and wellbeing (e.g. via Mutual Aid schemes whether formal or informal). Such forms of community support have been vital and in the context of anticipated and actual homophobia/transphobia impacting upon people's access to healthcare. Conversely, others felt that the crisis had prompted a 'now or never' approach to coming out and engaging with the LGBT+ community, which could then be mediated through, for example, remote advice services, weekly support calls, telefriending etc.

> We're seeing the LGBT helpline has had so many coming out calls. And that's during the pandemic. We had folk, they were isolated, but we also had all these people who are suddenly like '… I'm done when I come out of this, like year long struggle, I'd rather be a more authentic self'.
>
> (Lewis, 32, pansexual, gender-queer)

A lot of the people that I knew, they were living in the same circumstances but they had somewhere else to go. Like if they lost a job or they got kicked out they knew they had a safety net … it was putting more pressure even on people that were already under strain because, you know, when I didn't have money I'd be like, 'can I come and eat at your house because I can't afford to eat?' And similarly hosting people for, you know, weeks on end in your house and stuff, where we had to be each other's support network … But in a way I think it's also like good. I think it's given me … quite a lot of like hope …

(Daria, 28, bisexual, cis woman)

The church I grew up attending was rightly allowed to restart its services of worship and I know this will have been a great reassurance to the many elder members of the congregation, for whom even pre-pandemic a Sunday morning was the social highlight of their week.

(Ann, 28, lesbian, cis woman)

Online impacts

LGBT+ people across all age groups can become digitally invested *and* disinvested. LGBT+ youth and elders gave specific examples of meaningful online spaces, particularly relevant to those in more rural communities (activities included baking, gaming, singing and art). Participants reported restrictions such as poor connectivity and loss of access to libraries: this impacted upon online shopping, including for essentials, as well as socially connecting. Questions of 'digital divides' could usefully consider the quantity as well as quality of access, provision and knowledge/skills, and engage users with what makes digital space safe and enjoyable:

I live by myself and I have found so much welcome and needed community during the pandemic with fellow LGBTI+ Elders while participating in the … Social Dance club sessions and the spin-off activity meetings.

(Morag, 64, lesbian, cis woman)

Apart from seeing three friends at the end of last summer, I have either spent all of my time since last March in lockdown with family, or working in Aberdeen during varying levels of restrictions either blocking transport out of the North East, or into the central belt. I've been thankful during this time for online connections – voice notes on Facebook Messenger, Zoom calls, Thursday evening post-Drag Race catch ups being the most exciting and grounding activity to make us feel like there's something going on in our lives. One of the most fun nights since March 2020 was a virtual birthday party with a playlist that would be the envy of most queer bars.

(Gary, 30, gay, cis man)

I know there's been huge life changes for lots of us in this last year – engagements, graduations, relocations – and it hurts that we haven't been able to share most of that together. Virtual connections have been so vital in the last year but in other ways feel like I've stepped directly back into my formative years marked by confusion and isolation. I had learned before the pandemic that loneliness and isolation wasn't just something reserved for older people, but I feel like we have been uniquely left out of discussions.

(Nneka, 23, pansexual, trans woman)

Pride events & LGBT+ spaces

The LGBT+ community is often associated with specific formalised spaces and networks. The cancellation of annual Pride events brought a sense of loss not only of physical and community space, but also of political and symbolic space. Several respondents spoke about the opportunity to revisit the meaning and organisation of, for example, Pride events, as often confined to the summer months and as commercialised and increasingly expensive outlets. Others spoke of developing a sense of community connection in everyday public spaces such as libraries and schools as safe venues where LGBT+ life need to be represented:

The one LGBTI+ venue in [Highlands] closed its doors for the foreseeable future, regulations around music and licensing making it not viable to stay open.

(Douglas, 46, gay, cis male)

The change has meant that I've been able to be more politically active with a couple of LGBT+ campaign groups but at times it can all feel so serious with no chance to let off steam. I suppose that is what Pride was good for – getting to have a (kinda) political protest by day then getting to let yourself go by evening … Hopefully we'll finally get to go to a Pride together by the end of this year!

(Gary, 30, gay, cis man)

Libraries are a solace for the LGBTQ+ community as well. The librarians in Glasgow aim to stock up on as many fiction and non-fiction books for the community. There is even a dedicated 'LGBTQ+' section in [Glasgow] library. The librarians are aware that for some members of the community they are not out to their friends/families so it is not safe to approach this section therefore the majority of libraries in Glasgow have LGBTQ+ books incorporated into their fiction/non-fiction shelves … A lot of vulnerable people visit libraries, including members of the queer community, as libraries are often a safe space for them. The pandemic has stalled the opportunity for people to relish all the amenities of their local library.

(Erin, 27, queer, cis woman)

Rainbow flag to progress flag

Many interviewees commented on the use of the rainbow flag to acknowledge NHS efforts, often feeling uneasy about the wider public usage where LGBT+ content or signification risked being displaced. All respondents expressed an awkwardness around this, often in full support of the NHS, while fearing a displacement of an important community sign:

The visibility of LGBT+ communities is unintentionally reduced further by the re-purposing of the rainbow flag for the NHS. That flag meant something. It was our symbol of hope first. Our symbol of solidarity and community; of knowing we rally when called. Our symbol of defiance. The rainbow flag is a reminder of the journey of hard-fought rights won and maintained, and of the work still left to be done for those who do not yet have access to those rights around the world. Under the rainbow flag, LGBT+ communities come together to celebrate, protest, support, heal, console and empower each other. It is a talisman for all those who face discrimination that reminds them that they are loved and supported, that they are not alone and that we are a community even if in distance we are far apart. It was a trusted indicator of safe welcoming spaces across the world; of a home away from home. Now I can't trust what a rainbow flag signifies flying outside a café or a pub. It has lost its reassurance and returned us to a place of ambiguity and risk. The re-purposing of the flag is also problematic within a medical context.

(Clio, 35, bisexual, cis, woman)

I'm angry that you've repurposed our flag without even pausing to consider what the consequences of doing so might mean.

(Emma, 37, queer, cis woman)

When having this conversation, which I have done with many friends and family since I started to notice the new use of rainbows and rainbow flags, I am always worried I come across as unsupportive of the NHS and key workers. This is, of course, not the case. I have been a key worker myself throughout the pandemic, and have friends and family working in the NHS. My concern is that now I ask myself a question whenever I see a rainbow symbol, or a rainbow flag: is this support of LGBTQ+ people or support of the NHS? … I still find myself spotting a Rainbow flag and getting excited that it's a new queer café or bar, only to see it's some office showing their NHS support.

(Sandra, 28, lesbian, cis woman)

There is some silver lining to this that the use of the Progress Flag has become more prominent within the LGBTQ+ community as a means of creating separation from a flag which now offers ambiguity rather than sanctuary. The Progress Flag includes colours symbolising the active inclusion of trans and POC [People of Colour] within the LGBTQ+ community, certainly something to celebrate.

(Quinn, 23, gay, gender non-binary)

Health and social care

Some groups of older LGBT+ people, such as those living with HIV, are at increased risk from COVID-19 and may be subject to more social restrictions. Some trans women and men, including those currently negotiating gender transitioning, face interruptions during the healthcare crisis. Those wanting to access fertility services may experience increases in already lengthy waiting lists. LGBT+ people often do not feel certain or confident in everyday health and social care settings and often have specific concerns about ill health and end of life decisions. Such tensions have come to the fore in the pandemic period and have implications for the post-pandemic recovery period. Nonetheless it is important to acknowledge the LGBT+ community as also workers, including as NHS staff and other keyworkers, and as parents/guardians etc., who also come into contact with health services through a range of other identities and positions as well as via LGBT+ status:

Many NHS staff don't feel they have the knowledge or confidence to provide for or stand up for LGBT+ patients and colleagues who might need it. Despite improving social attitudes, LGBT+ people still face challenges accessing healthcare. Many feel that healthcare providers don't have a good understanding of specific health needs of LGBT+ people.

(Clio, 35, bisexual, cis, woman)

[In February 2000] … there was already information about COVID-19. We weren't wearing any masks yet and people were still going out. In March it became a bit alarming … We only had limited masks and aprons … there was a point when I didn't want to go to work because I think the procedures in place are not enough and it's likely to cause more infections. It's been scary, now it's a bit better but I hope it's not too late. There are people in self-isolation, some are symptomatic so they have to stay at home … that means there are less people at work, so it adds to the stress.

(Jen, 41, lesbian, cis woman)

… And then in December they said 'great, now that you've had all of that [tests] you can now join the twelve month waiting list'. And we were so angry and upset, and one of the NHS staff treated us quite poorly throughout the process. We felt that she, this could've been inaccurate but we felt that she didn't think that we should be eligible for access to NHS funded treatment … So we were so angry and frustrated, and we have got friends who are lesbian parents and they went through a clinic that they recommended to us. So now we're going through that clinic and seeking private treatment.

(Jess, 33, lesbian, cis woman)

Families of choice

LGBT+ intimacy can already sit outside social expectations and traditional families and relationships. Many LGBT+ people speak of having 'families of friends', while policies often privilege family of origin/biological family over other chosen relationships. [42] Many spoke of feeling pressure in terms of socially distancing and negotiating new conditions, including domestic arrangements and intimacy. The instruction to 'stay at home' can feel alienating for those living in alternative family arrangements, such as couples living apart together (LAT). Although restrictions have included exemptions around caring responsibilities etc., some interviewees expressed a degree of anxiety around whether their relationships and domestic arrangements, including within and between households, local authorities, and national jurisdictions, would be questioned or validated. These concerns crossed multiple spheres, including leisure, health care and the workplace:

… government enforced monogamy with individuals who live in our own assigned zones – such a strange concept! Who knows what a possible reconnection will look like at the other side of this.

(Amy, 31, lesbian, cis woman)

Guidelines prioritise work, then families, but what happens for those of us who find more comfort in chosen families than our direct blood relatives?

(Jasbir, 39, lesbian, cis woman)

I spent the initial lockdown with my parents and have been at their house again since November 2020. I'm grateful for the relationship I have with my family, but the real salvation has been going for a walk around the local park with my only queer friend at home who I've known since school. That openness and affirmation that exists in our friendship is what I miss– I understand we might not be able to dance in a night club in a hurry, but I just can't wait to be able to see everyone, and be seen by everyone.

(Erin, 27, queer, cis woman)

Surveillance and visibility

Many spoke about what 'safe space' and 'visibility' means for LGBT+ people in times of pandemic, and how rules and regulations might be mobilised to justify or enact hostilities and/or unconscious bias. For example, one couple, who described themselves as an inter-racial queer, lesbian couple spoke of being asked in service and public encounters if they were 'one household' and suggested these questions would not be asked of heterosexually presenting couples ('We still like are misread or are misunderstood and create confusion'). Others spoke about the pressures to be visible and the need for other diverse forms of LGBT+ recognition:

> I've been thinking a lot about visibility, about what is lost and what is gained with the ever-increasing push towards visibility. How does this impact on how lives are lived, how does this intersect with things like age, disability, race, gender and class? How does this also intersect with capitalism and why do I feel like I am often being sold my lifestyle or queer choices wrapped in a mainstream bow? … As a queer woman I think a lot and particularly in this pandemic have thought a lot about the questions 'is my lifespan counted if I'm not visible, not online with rainbow emojis in my profile description, not visible and counted if I don't assimilate in certain ways?' What does it mean to want to be seen and want to be quietly and invisibly contributing to my communities without all the noise? When is invisibility also complicity in silence and bias? How is quiet pride appreciated?
>
> (Laura, 36, lesbian, gender-queer)

Employment

International organisations have highlighted that many LGBT+ workers are susceptible to employment insecurity, including via forms of precarious and pandemic-impacted employment, and facing fewer workplace protections (e.g. unpaid leave). [6] [14] Most respondents in this study were in various forms of employment (including full-time, part-time, zero hours and self-employed) and only six were unemployed. Nonetheless many experienced financial hardship, particularly in more rural areas. There was an increase in caring responsibilities and a 'care gap' often bridged by women, with gendered employment impacts. Conversely others spoke of a degree of financial privilege as a buffering 'safety net' and as beneficiaries of equality legislation allowing them to get ahead and financially plan for the future, while some respondents with disabilities spoke of the positive impact working from home had allowed:

But I suppose for me being here and being in the Highlands and, although I kind of will go off and do contract, like short-term contracts here and there, it's not really sustainable. I mean we're on quite a, I guess we'd call it an austerity drive, at the moment, but that's very much about trying not to get into debt rather than trying to save for anything. But I think so much is uncertain for so many people now anyway that it's not, I don't know, I mean nothing feels very secure, you know? … I suppose everything feels a bit kind of short-term at the moment. Now I don't know if that's to do with like where I'm at or the geography or, you know, the kind of, the wider political kind of climate. I mean I feel, you know, I certainly feel that I need to do something that, to get like some kind of skill or profession so I've got something to kind of like, you know, fall back on. But I kind of feel a little bit insecure now. I mean I've got a lot of project management experience, I've got a project management qualification, but, you know, it doesn't feel enough, and there's not really enough of that kind of work any more in the public sector. It's like everything's kind of being cut back. But I think that's quite typical of anyone that works in the public sector at the moment. There's just no, there's no money and everybody's overworked and pissed off, you know?

(Heather, 37, lesbian cis woman)

I think although I'm a gay man my, as I was saying earlier … people might view me as more heteronormative than many straight people as well, just because I'm married and I have a house and all of these things. So actually the risks that historically would've been there for gay people maybe aren't currently as present for me, because there is more of a safety net around. And not facing discrimination in employment, not being able to legally marry somebody of the same sex, all of these things that would've created problems for pensions and saving money and things like that I don't think will be as much of an impact on me as, which is a real positive. Quite a boring change but a really positive change that.

(Fergus, 29, gay, cis man)

Education

Education and employment opportunities are inter-related and the research respondents were mostly university educated. Research shows that more middle-class groups tend to participate in LGBT+ research and more effort is needed to reach under-represented groups. [43] [42] [44] That said, many interviewees had both positive and negative experiences of both school and university/college education, and reflected on some of the key equalities drives instigated pre-pandemic (e.g. LGBT+ inclusive education) fearing these to be interrupted. In the context of interrupted schooling – including periods of home schooling – it is important to return to the Scottish Government's commitment to embedding LGBT inclusive education throughout schools. In reflecting back on their own educational experiences, interviewees across the age-range shared opinions about the ongoing lack of LGBT inclusion and representation, with sex education often reinforcing normative expectations:

And I think for the person I was at that time, that young small terrified queer person, it was all really like, 'I can't cope with any of this'.

(Kai, 35, queer, gender-diverse)

Conclusions

Within the LGBT+ community there are a range of different needs and concerns, intersecting with socio-economic status, disability, age, ethnicity, and gender. These intersectional positions can in turn impact on opportunities, choices, degrees of support, connectedness to both formal and informal care structures, isolation, family estrangement and sense of safety. More research is needed to diversify 'go-to' voices and representations, even within LGBT+ research, particularly in terms of race and class.

Equality legislation, which formally recognises 'protected characteristics', may not be felt in everyday experiences and encounters. Equality, diversity and inclusion efforts, policies and provisions need to be sustained to counter the weight of historical and contemporary injustice. Listening to LGBT+ lived experience can complicate and texture the simple story of risk and victimhood, where LGBT+ perspectives can also offer learning opportunities, examples of resilience and stories of survival. To protect populations, policies may need to expand social and financial safety nets, and attend to precarious work and regionalised inequalities. There could usefully be more developed guidance and moderation policies for online platforms, with insights coming from the LGBT+ community as social media remains important in their lives despite the potential for hostility and discrimination.

Moving forward, it is important to include diverse LGBT+ voices within COVID-19 recovery plans. Much has been learned and provided in this time, including creative LGBT+ community responses, the reality of alternative family formations, including as 'families of choice', online Pride events and Mutual Aid schemes. These ad hoc emergency provisions come with questions around access and sustainability, with more research needed in thinking through long-term investment. The context of NHS backlogs and catch-up, raises questions about priority and supports, with LGBT+ people often feeling at the back of the queue.

More generally, there is an opportunity to reconsider what inclusive 'safe space' could be, where people have felt more subject to surveillance in public and private spaces. Everyday spaces, including in the street, online and at home, are often not taken for granted as safe for LGBT+ people and efforts to highlight the unacceptability of homophobia and transphobia should be sustained. Discussions of LGBT+ inclusion beyond schools, and across age ranges, might ensure that questions of intimacy and relationships extend beyond compulsory sex education and beyond questions of 'sexual risk'. Policies may need to better recognise the variation and importance intimacy and sexuality has in the lives of individuals where restricting sexual encounters comes with particular histories and moralities which have fuelled discrimination against the LGBT+ community.

The new commitment to LGBT+ inclusive education seems urgent in the context of interrupted schooling, including periods of home schooling: respondents demonstrate that experiences and memories of both compulsory and post-compulsory education are impactful emotionally and materially. There is a need to attend to both the short and long-

term impacts of educational interruption and the consequences for employability, where LGBT+ people often fare worse than their heterosexual counterparts.

As we return to normal, we may need to think hard about what constitutes a normal life, where LGBT+ people often still feel on the outside of this, even at a point when rainbow flags appear highly visible, albeit sometimes uncomfortably removed from their initial association.

Ultimately, LGBT+ people must be a part of ongoing post-pandemic recovery processes and conversations as a diverse rather than a homogeneous group.

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