



# COVID 19 PANDEMIC: LGBTQ+ EXPERIENCES

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[www.drkarenblair.com/covid](http://www.drkarenblair.com/covid)

# KEY TERMS

## LGBTQ+

LGBTQ+ stands for lesbian, gay, bisexual, transgender, queer plus and is used to refer to individuals who identify their gender and/or sexuality as something outside the realm of heterosexual and/or cisgender. When we use LGBTQ+ in this report, we are referring to participants who indicated that they identified as:

Gay/Lesbian  
Bisexual  
Queer/Pansexual  
Asexual  
Transgender  
Non-binary  
Agender  
Genderqueer/Genderfluid

## Non-LGBTQ+

When we use the term Non-LGBTQ+, we are referring to anyone who does not identify as a part of the LGBTQ+ community. Participants who are part of the Non-LGBTQ+ group are heterosexual and cisgender.

## Trans/NB

When we use the term Trans/NB we are referring to those who identified as transgender or non-binary in this study. Someone who is transgender identifies with a gender that is different from the gender they were assigned at birth, while someone who is non-binary identifies outside the realm of binary gender (e.g. man or woman).

## Cisgender

When we use the term cisgender, we are referring to those who did not identify as transgender or non-binary in this study. People who are cisgender identify with the gender they are assigned at birth.

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researchNS



# CONTACT INFORMATION

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**More information about the COVID-19 Interpersonal Coping Study and access to other reports based on the study can be found at: [www.drkarenblair.com/covid](http://www.drkarenblair.com/covid)**

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## RESEARCH OVERVIEW

The current report summarizes the intake findings of the COVID-19 Interpersonal Coping study. The study surveyed 2266 Canadians about their mental and physical well-being, economic stability, COVID-19 related behaviours and concerns, help seeking behaviours, perceived social support and intimate partner violence experiences. The study examined LGBTQ+ specific concerns during this time, such as feelings of belonging to the LGBTQ+ and Trans community, identity outness and support, as well as access to gender affirming care.

Note: All statements marked with an asterisk (\*) are statistically significant ( $p < 0.05$ ).

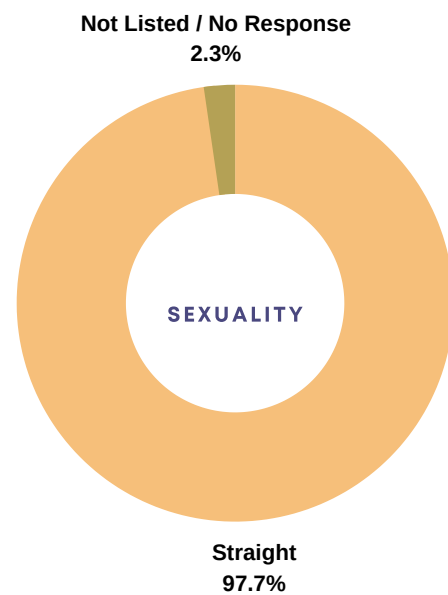
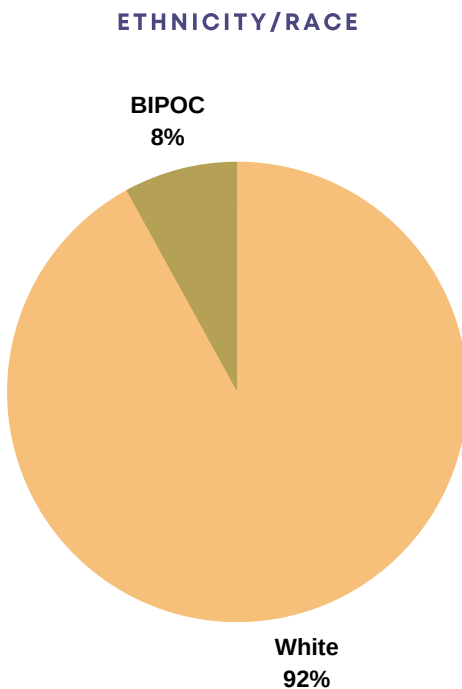
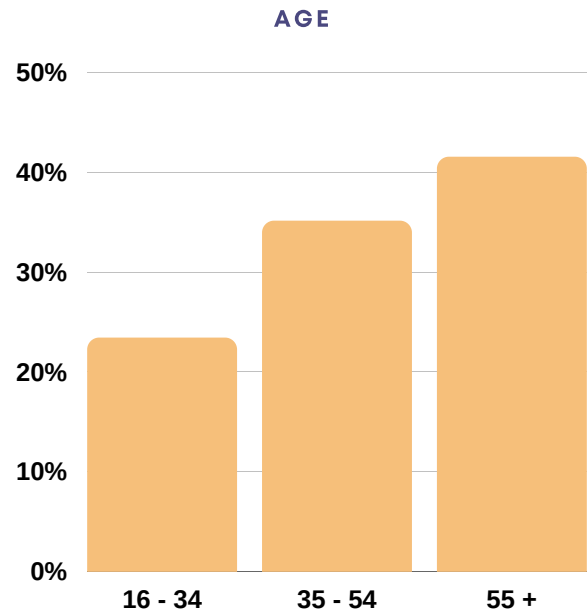
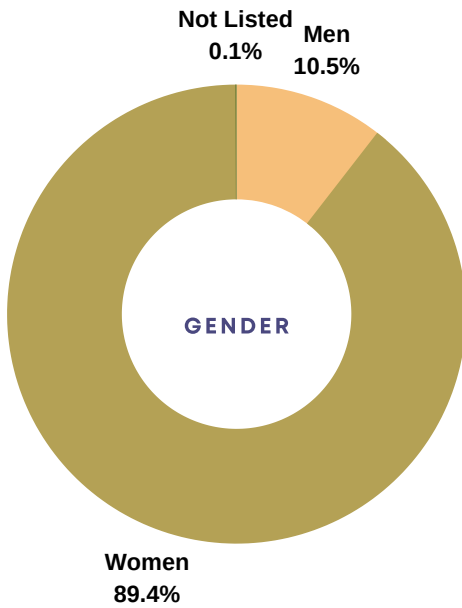
All statements marked with a caret (^) are no longer statistically significant when the analysis controlled for age, race and/or socioeconomic status.

## OBJECTIVES

- To examine LGBTQ+ Canadians' experiences during COVID-19; namely, what negative impacts are they experiencing during COVID-19 and, consequently, how are they coping?
- To determine the relative impact of COVID-19 on LGBTQ+ Canadians compared to heterosexual and cisgender Canadians.
- To explore experiences specific to Trans/NB Canadians, such as access to gender affirming care.
- To identify potential risk factors and/or problem areas for LGBTQ+ Canadians and highlight how LGBTQ+ organizations can work to support LGBTQ+ individuals during the COVID-19 pandemic.

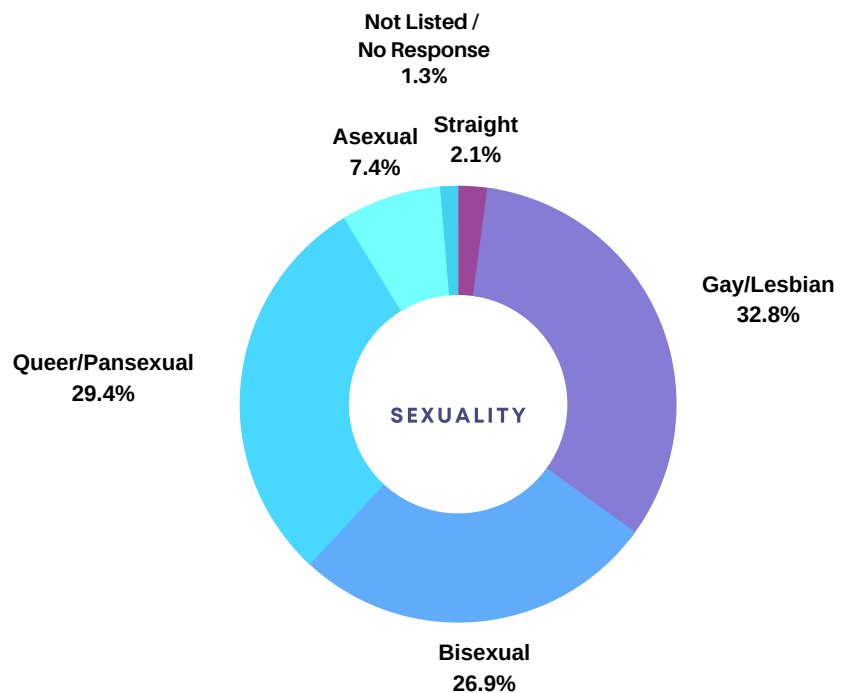
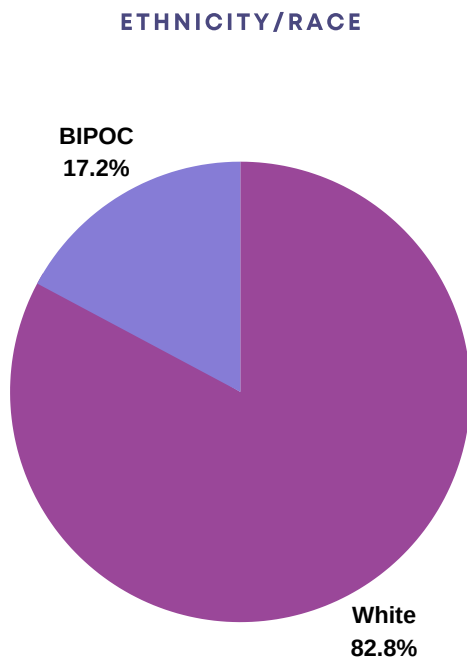
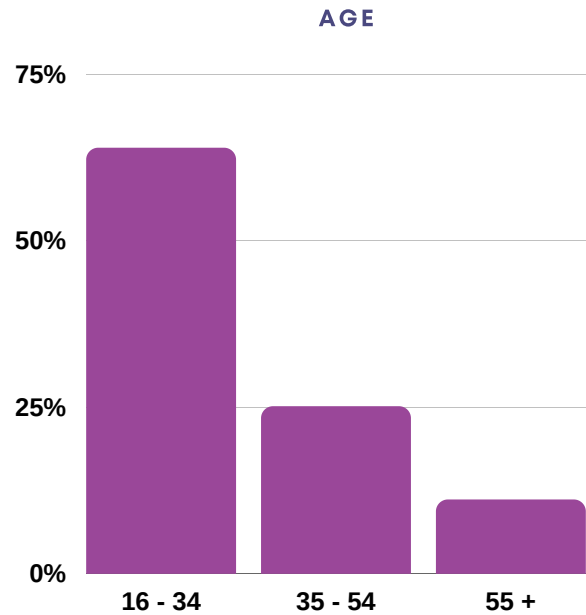
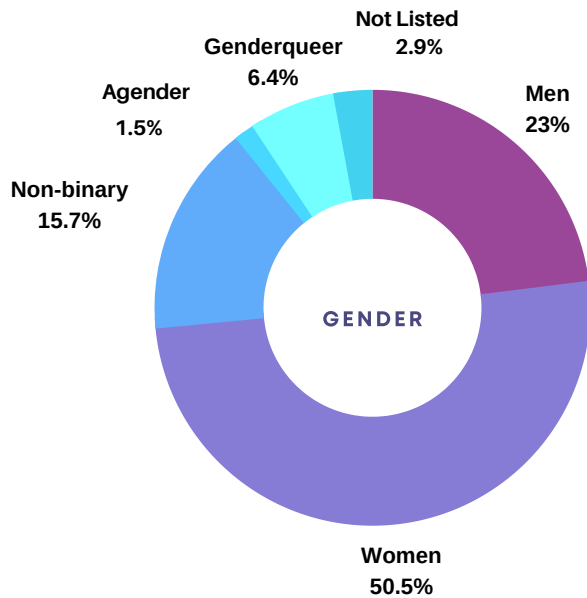
# DEMOGRAPHICS

## NON-LGBTQ+ PARTICIPANTS



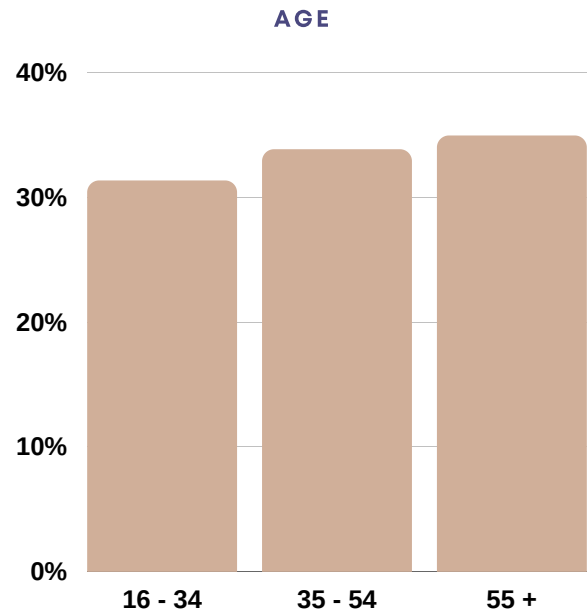
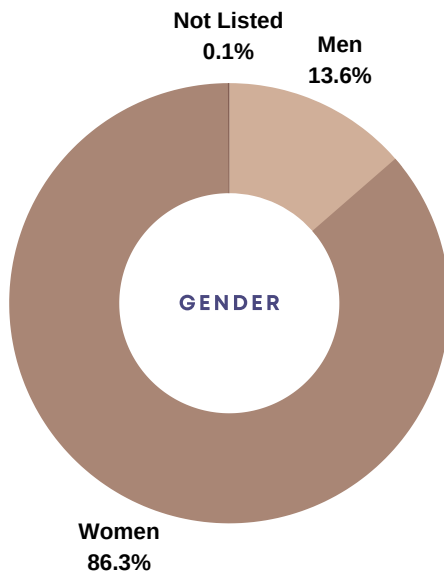
# DEMOGRAPHICS

## LGBTQ+ PARTICIPANTS

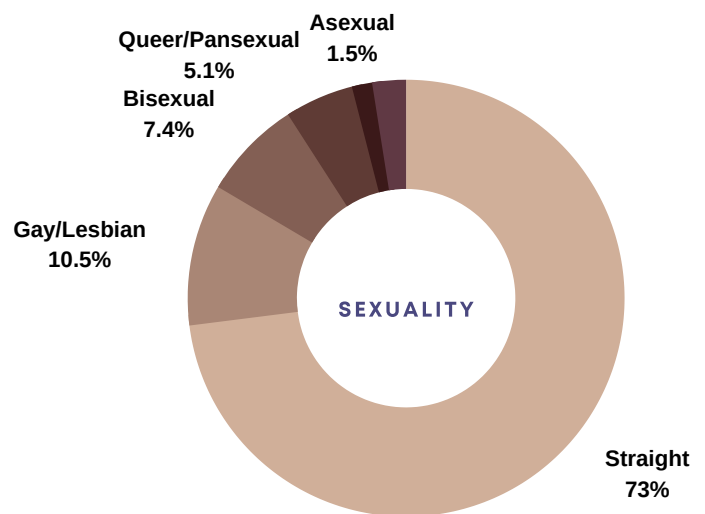
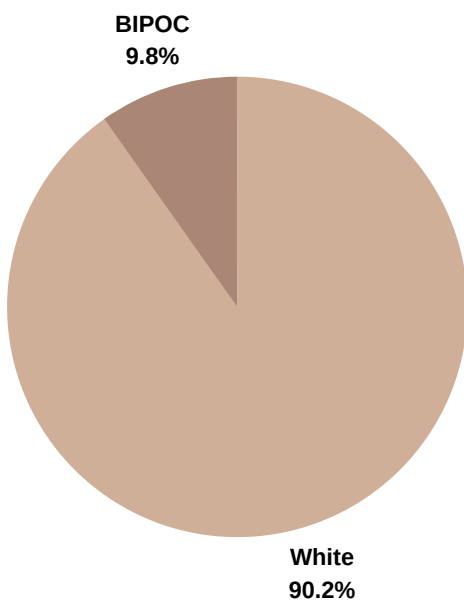


# DEMOGRAPHICS

## CISGENDER PARTICIPANTS

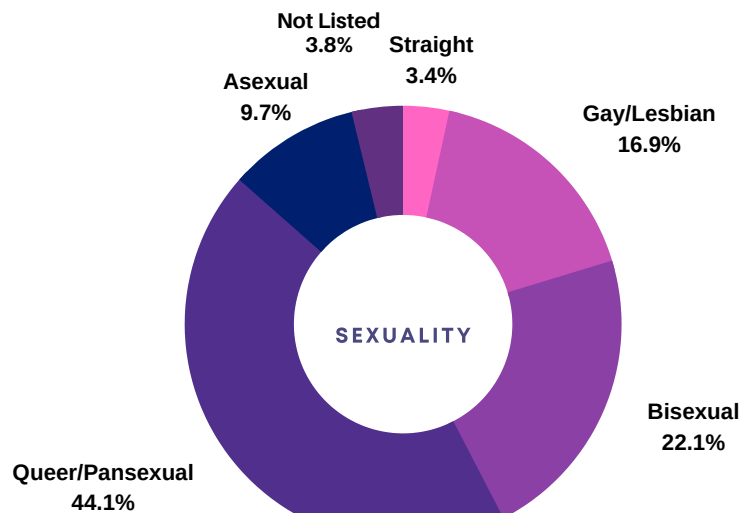
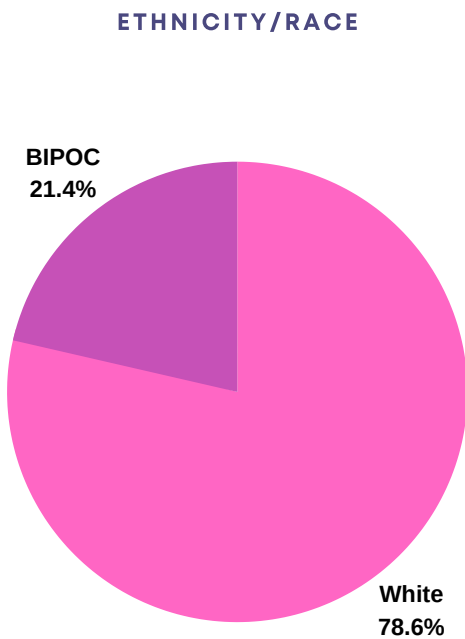
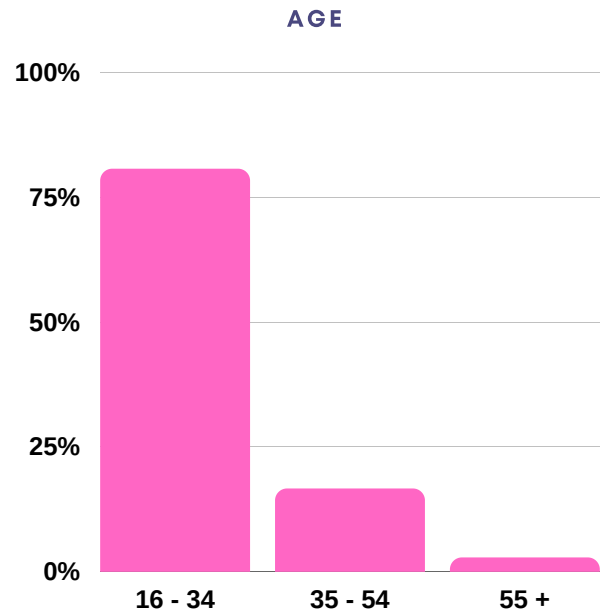
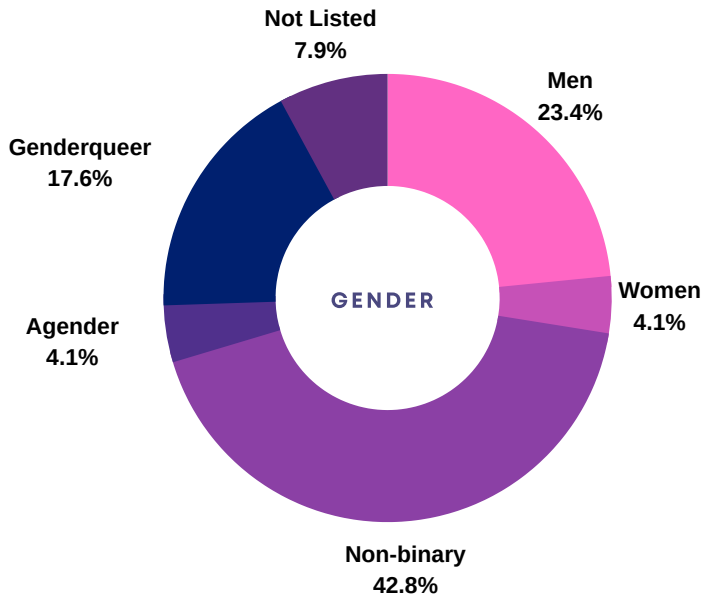


### ETHNICITY/RACE



# DEMOGRAPHICS

## TRANS/NB PARTICIPANTS





**INCOME,  
EMPLOYMENT  
AND LIVING  
SITUATION**

# INCOME

## INCOME LEVEL

**74.1%**

of Non-LGBTQ+  
participants

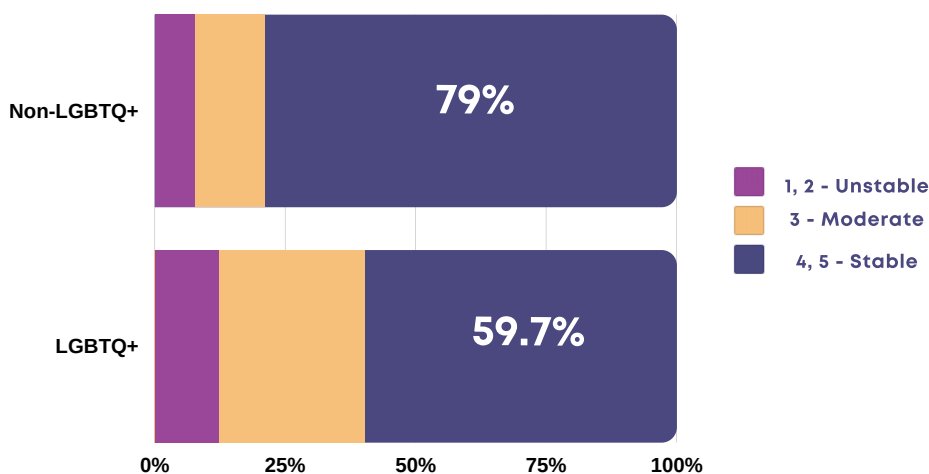


**59.5%**

of LGBTQ+  
participants

reported that their income  
allowed them to meet their  
basic needs with some left  
over. \*

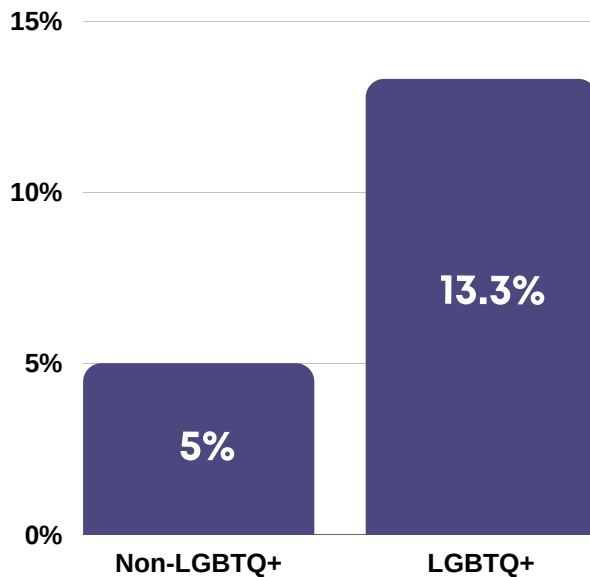
## INCOME STABILITY



LGBTQ+ participants  
reported less stable  
income pre-COVID-19 than  
Non-LGBTQ+ participants.\*

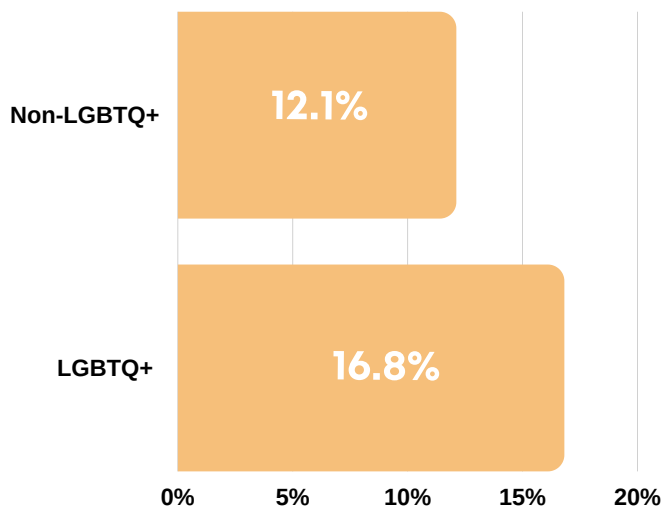
# EMPLOYMENT

## PRE-COVID-19 EMPLOYMENT: UNEMPLOYED AND SEEKING WORK



LGBTQ+ participants were more likely than Non-LGBTQ+ participants to report being unemployed and seeking work prior to the COVID-19 pandemic.^

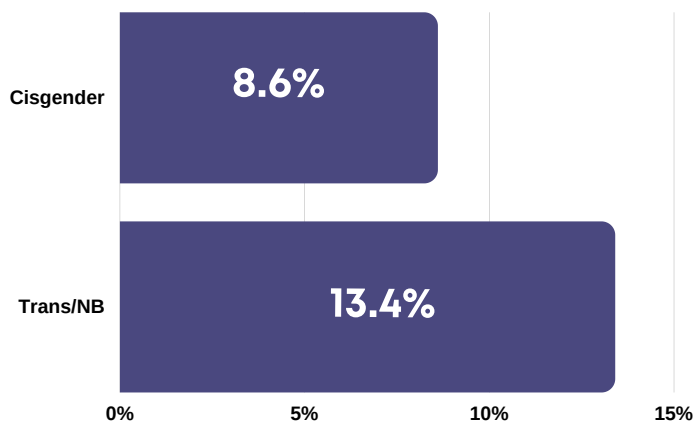
## CURRENT EMPLOYMENT: WORKING IN A JOB THAT STILL REQUIRES ME TO LEAVE THE HOUSE



LGBTQ+ participants were more likely than Non-LGBTQ+ participants to report that their current job requires them to leave the house.^

# EMPLOYMENT

## CURRENT EMPLOYMENT: WORKING IN A JOB THAT MAKES IT DIFFICULT OR IMPOSSIBLE TO AVOID CLOSE CONTACT WITH OTHERS



Trans/NB participants were more likely than Cisgender participants to be working in a job that makes it difficult to avoid close contact with others.^

# LIVING SITUATION

## LIVING SITUATION

**30.9%**

VS

**12.4%**

LGBTQ+ participants were more likely than Non-LGBTQ+ participants to be living with their own or their partner's parent(s).<sup>^</sup>

**14.8%**

VS

**3.3%**

LGBTQ+ participants were more likely than Non-LGBTQ+ participants to be living with roommates.\*

**21.5%**

VS

**15.8%**

LGBTQ+ participants were more likely than Non-LGBTQ+ participants to be living with someone with a pre-existing health condition that puts them at risk for COVID-19.\*



**8.4%** VS **3.1%**

LGBTQ+ participants were more likely than Non-LGBTQ+ participants to report that they were uncertain if they would have to move in the next 2-4 weeks due to COVID-19.\*

A close-up photograph of two surgical masks resting on a solid blue surface. One mask is teal with a white dotted border, and the other is white with a teal dotted border. Their white elastic straps are visible, looping across the lower half of the frame.

# COVID-19 SPECIFIC BEHAVIOURS AND EXPERIENCES

# COVID-19 SYMPTOMS AND TESTING

**20.5%**

of **LGBTQ+** participants

vs

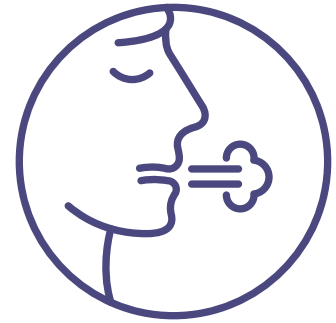
**12.9%**

of **Non-LGBTQ+** participants

**were experiencing at least one symptom of COVID-19\***

Q: "Are you currently experiencing any of the following symptoms, whether you suspect them to be related to COVID-19 or not? Dry cough; Fever; Muscle aches and pain; Shortness of breath."

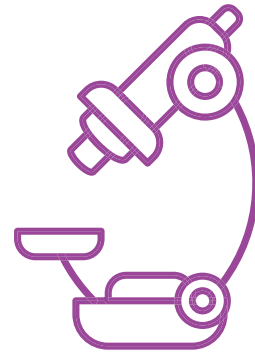
Please note: the symptoms included in this question reflect information provided by the WHO at the time of survey design.



**24.2%**

of **LGBTQ+** participants  
(vs 21.7% of **Non-LGBTQ+**)

**knew someone who had COVID-19**



**8.7%**

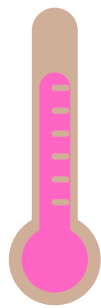
of **LGBTQ+** participants  
(vs 7.3% of **Non-LGBTQ+**)

**were tested for COVID-19**

# COVID-19 PREP BEHAVIOURS

On average, **Trans/NB** participants (**3.80**) engaged in fewer COVID-19 prep behaviours than **Cisgender** participants (**4.18**) did.^

Such as making sure they had:



a body  
temperature  
thermometer.



enough food  
for 2 weeks.



enough  
household  
supplies for 2  
weeks.



a will or  
created a will.



taken extra  
precautions  
regarding the  
safety/security  
of their  
family/home.



medical  
directives or  
created medical  
directives.

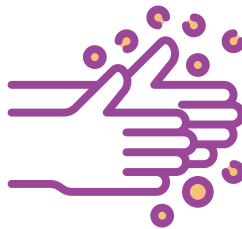
# WHO RECOMMENDATIONS

**LGBTQ+** participants (4.24) reported less engagement in WHO recommendations regarding COVID-19 than **Non-LGBTQ+** participants (4.48).<sup>^</sup>

Responses were indicated on a scale of 1 to 5



Avoiding  
physical  
contact



Regular hand  
washing



Staying at  
home

**Non-LGBTQ+** participants (4.46) were more likely than **LGBTQ+** participants (4.18) to report that following these recommendations was feasible for them.<sup>^</sup>

Responses were indicated on a scale of 1 to 5

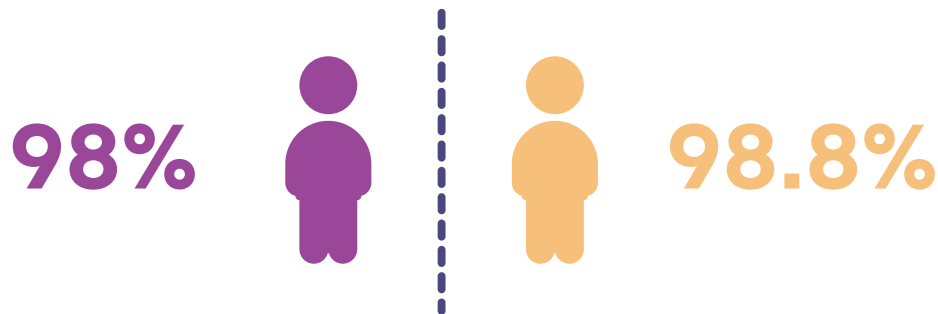


However, **LGBTQ+** participants (3.97) reported more agreement than **Non-LGBTQ+** participants (3.83) with statements regarding the seriousness of the COVID-19 pandemic.\*

Responses were indicated on a scale of 1 to 7

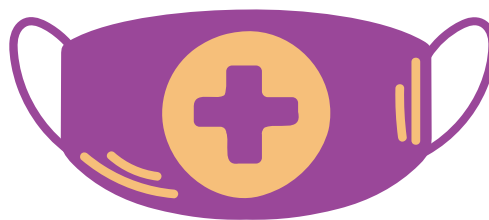
# SOCIAL DISTANCING BEHAVIOURS

**LGBTQ+** participants and **Non-LGBTQ+** participants were just as likely to report that they have been engaging in social distancing.



**LGBTQ+** participants were more likely than **Non-LGBTQ+** participants to agree that wearing a mask in public should be mandatory.\*

51% vs 44.7%



**Trans/NB** participants reported wearing a mask in public more often than **Cisgender** participants.\*

74.1% vs 59.6%

# PERCEIVED IMPACTS OF THE COVID-19 PANDEMIC

**LGBTQ+** participants reported weaker agreement than **Non-LGBTQ+** participants with the statements:



"In the end, everything will be fine."\*

**5.00 vs 5.61**

Responses were indicated on a scale of 1 to 7



"I will not experience lasting harm as a result of this pandemic."\*

**4.14 vs 4.76**

Responses were indicated on a scale of 1 to 7



**LGBTQ+** participants were more likely than **Non-LGBTQ+** participants to have been experiencing a stressful period in their life prior to COVID-19.\*

**4.99 vs 3.93**

Responses were indicated on a scale of 1 to 7

# HELP SEEKING BEHAVIOURS AND EXPERIENCES



# MEDICAL AND MENTAL HEALTH SERVICES



**23.8%**

of **LGBTQ+** participants

**vs**

**9.5%**

of **Non-LGBTQ+** participants

were seeing a counsellor or therapist prior to COVID-19.\*



**LGBTQ+** participants were less likely than **Non-LGBTQ+** participants to have a family doctor with

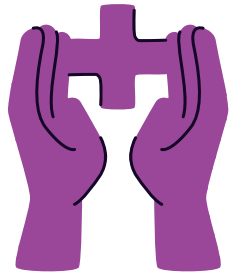
**17.9%**

reporting they did not have one.^

**11.5% Non-LGBTQ**

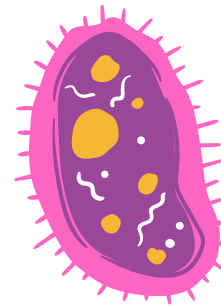
# MEDICAL AND MENTAL HEALTH SERVICES

On average, **LGBTQ+** participants said they were less likely than **Non-LGBTQ+** participants to:



seek medical help right away for a medical condition other than COVID-19 during the pandemic.\*

33.8% vs 49.7%



seek medical help right away if they thought they had COVID-19.^

85.5% vs 91.1%

On average, **Trans/NB** participants said they were less likely than **Cisgender** participants to:



seek medical help right away for a health problem that was worrying them prior to COVID-19.\*

52.2% vs 66.3%

# CONCERNS SEEKING MEDICAL HELP DURING COVID-19

We asked participants to

"Please describe your greatest concern with respect to interacting with the healthcare system within the context of COVID-19."



**29.9%**  
of **LGBTQ+** participants

**VS**

**24.5%**  
of **Non-LGBTQ+** participants

described concerns related to the impact COVID-19 has had on availability and quality of services.\*

Participants spoke about overwhelmed healthcare staff and system.

"Not sure how to get treatment for non-serious moderate health issues. Worried that there is a huge healthcare backlog now that will last for years."

"The healthcare professionals might be under more than normal stress."

Participants also remarked on their inability to access healthcare services...

"My doctors have stopped seeing patients and I have run out of essential medications"

or lower quality of healthcare for issues unrelated to COVID-19.

"I have been holding a requisition for bloodwork since late December, it is not considered essential that it gets done quickly, but I have had cancer so to me, bloodwork IS essential."

# CONCERNS SEEKING MEDICAL HELP DURING COVID-19



**56.1%**

of all participants

described personal concerns related to COVID-19.

Nearly **half** of participants said that one of their greatest concerns was catching COVID-19.

"Contracting COVID-19 within the healthcare system."

Some participants described concern about spreading COVID-19.

"Catching it in a waiting room or spreading it."

Other concerns described included testing inadequacy...

"Waiting times for tests, false positive tests."

Fear of going into the hospital alone...

"Being isolated from family in a time when love and support are paramount."

And dying from COVID-19.

"I worry that they would not be able to save me if I had a bad case of COVID-19."

# CONCERNS SEEKING MEDICAL HELP DURING COVID-19



**15%**

of all participants

**described being concerned about experiences they anticipated having with the healthcare system.**

**Some participants spoke about avoiding interactions with the healthcare system altogether.**

"I don't wanna clog up any lines [...] or waste any time or resources on non- pandemic related issues.."

**Some **LGBTQ+** and **Trans** participants described being concerned about being misgendered or deadnamed while seeking health services.**

"I am concerned that I will face some discrimination for my gender expression."

# MENTAL AND PHYSICAL WELL-BEING



# MENTAL HEALTH

**LGBTQ+** participants (**29.79**) scored higher than **Non-LGBTQ+** participants (**20.69**) on a scale measuring the experience of PTSD symptoms related to the COVID-19 pandemic.\*

PTSD symptoms were measured using the PTSD Checklist (PCL-5) and scores range from 0 to 80

**Some of the symptoms measured included:**



Repeated, disturbing and unwanted thoughts/dreams about the pandemic.



Feeling very upset/having a strong physical reaction when reminded of the pandemic.



Having strong negative beliefs, feelings about yourself, other people or the world.



Trouble falling or staying asleep.



Being super alert or watchful and on guard.



Having strong negative feelings such as fear, horror, anger, guilt or shame.

# MENTAL HEALTH

**LGBTQ+** participants (**22.15**) scored higher than **Non-LGBTQ+** participants (**13.62**) on a scale measuring depression, anxiety and stress.\*

Depression, anxiety and stress was measured using the Depression, Anxiety and Stress Scale (DASS-21) and scores range from 0 to 84

Some of the items on this scale included:



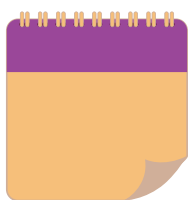
I couldn't seem to experience any positive feeling at all.



I felt I was close to panic.



I found it difficult to relax.



I felt that I had nothing to look forward to.



I was aware of the action of my heart in the absence of physical exertion.



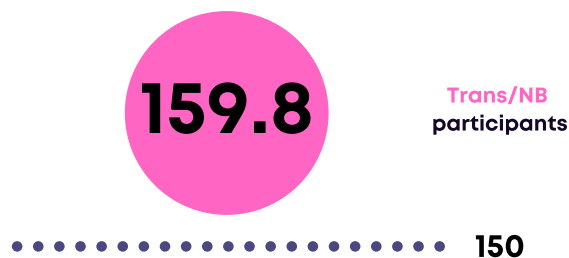
I felt that I was rather touchy.

# PHYSICAL HEALTH



**LGBTQ+** participants (56.26) had lower scores than **Non-LGBTQ+** participants (65.67) on a scale measuring general physical health.\*

Responses were indicated on a scale of 0 to 100



**LGBTQ+** participants had higher scores than **Non-LGBTQ+** participants on a scale measuring stressful life events that had occurred prior to COVID-19.\*

On average, **Trans/NB** participants' scores were above a clinical cut off point of 150, indicating an increased likelihood of health breakdown in the next 2 years.

# SOCIAL SUPPORT



**LGBTQ+** participants reported lower levels of perceived social support than **Non-LGBTQ+** participants.\*

**3.29 vs 3.48**

Responses were indicated on a scale of 1 to 4

**LGBTQ+** participants reported that they had fewer friends to call for help if they needed to than **Non-LGBTQ+** participants.\*

**3.83 vs 4.24**

Responses were indicated on a scale of 1 to 6

**LGBTQ+** participants and **Non-LGBTQ+** participants both reported that they felt more socially isolated now than prior to COVID-19.

**5.57 vs 5.52**

Responses were indicated on a scale of 1 to 7



**LGBTQ+** participants and **Non-LGBTQ+** participants reported similar levels of closeness to their friends.

**5.29 vs 5.33**

Responses were indicated on a scale of 1 to 7

However, **LGBTQ+** participants reported lower levels of closeness to their family compared to **Non-LGBTQ+** participants.\*

**4.64 vs 5.65**

Responses were indicated on a scale of 1 to 7

# COPING STRATEGIES

**LGBTQ+** participants (2.29) engaged in more avoidant coping than **Non-LGBTQ+** participants (1.99).\*

Responses were indicated on a scale of 1 to 4

Which includes behaviours such as:



Turning to work or other activities (e.g. watching movies, reading books) to take my mind off things.



Giving up trying to deal with it.



Using alcohol or other drugs to make myself feel better.

**LGBTQ+** participants (2.50) and **Non-LGBTQ+** participants (2.56) engaged in a similar amount of approach coping.\*

Responses were indicated on a scale of 1 to 4

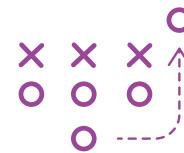
Which includes behaviours such as:



Taking action to try and make the situation better.



Looking for something good in what is happening.



Trying to come up with a strategy for what to do.

# INTIMATE PARTNER VIOLENCE

Rates of psychological aggression victimization and perpetration, as well as sexual aggression victimization, were similar among **LGBTQ+** participants and **Non-LGBTQ+** participants.

**60.8%** vs **64.7%**

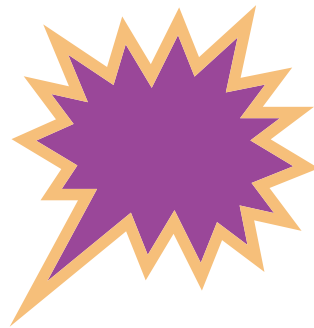
experienced psychological aggression from their partner

**64.2%** vs **71.9%**

perpetrated psychological aggression against their partner

**8.2%** vs **8.4%**

experienced sexual aggression from their partner



**52.1%** vs **71.3%**

However, **Cisgender** participants reported higher rates of psychological aggression perpetration than **Trans/NB** participants.\*

Rates of physical violence were measured but not reported, as the rates were too low to include in analyses.

# LGBTQ+ EXPERIENCES DURING COVID-19



# BEING LGBTQ+ DURING COVID-19

We asked participants

"Has your identity as an LGBTQ+ person been relevant during the pandemic in any way? If so, please explain how."

## 39.6%

said their LGBTQ+ identity has not been relevant during the pandemic.

In comparison to those who said their identity was relevant, these participants tended to...



Be older



Have more social support



Experience less belonging to the LGBTQ+ community



Experience more support for their sexual identity with whom they are living

# BEING LGBTQ+ DURING COVID-19



## 19.1%

**spoke about how they felt their access to social support relevant to their LGBTQ+ identity had changed during COVID-19.**

"Limited to no access to identity related resources and community."

**With most mentioning experiencing a loss of community during the pandemic...**

"My support system was at school...It's hard to connect with them without the potential risk of accidentally outing someone. So we have not been communicating much at all."

"My support network of friends and mentors at university feel very far away right now."

**and a loss of school-provided resources such as LGBTQ+ community groups.**

"I only just came out and was hoping to use the resources that my university offers and maybe become part of the community. [...] I feel like I have lost an opportunity. "

"I think in some ways that my access to identity related resources has increased because where many events were inaccessible before due to my disability, now that they are occurring online, I can participate.."

**Although a handful mentioned their positive experiences with online communities during COVID-19.**

"Support groups and GSAs have moved online, making them more accessible because I don't have to tell my parent where I'm going."

# BEING LGBTQ+ DURING COVID-19



15.3%

spoke about how they felt their LGBTQ+ identity was relevant in some way while seeking healthcare.

Such as...

"I had to go to the ER for appendicitis and that led to some discrimination."

discrimination from  
healthcare professionals

"I've been unable to progress in terms of bottom surgery."

influence of COVID-19 on  
Gender Affirming Surgeries  
and Hormone Replacement  
Therapy

"My family health provider is in New Brunswick where they are more willing to treat LGBT issues and I am unable to see them [...] because I can't travel to the province."

access to healthcare

# BEING LGBTQ+ DURING COVID-19



11%

**spoke about how they felt their ability to be out about their LGBTQ+ identity had changed as a result of COVID-19.**

"My father is extremely homophobic [...] I'm worried I'll get 'caught.' It's my worst fear getting kicked out in all of this."

**Some mentioned feeling as though they have to hide their true selves in their new home environment.**

"I shut down my level of outness to protect my temp job. I feel shitty."

**Others mentioned being less out outside of the home, such as at work, during COVID-19.**

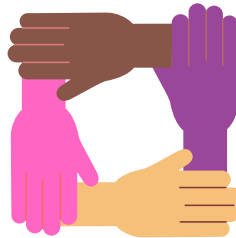
"During the pandemic, I had time to myself to figure out my sexual identity."

**While some spoke about how the pandemic has given them an opportunity for self-discovery or expression.**

# BEING LGBTQ+ DURING COVID-19

We asked participants

"If you've had to move locations due to the virus, how has this influenced your ability to be comfortable as an LGBTQ+ individual?"



44.2%

said that the amount of interpersonal support they receive for their LGBTQ+ identity has changed due to their move.

1/4

of LGBTQ+ participants remarked that they were now living with people who are supportive of their LGBTQ+ identity.

"My partner came with me and my family is supportive, so it hasn't influenced my level of comfort."

However, some others spoke about how they felt disconnected from the LGBTQ+ community...

"I feel very disconnected from my friends from school who fit into the LGBTQ community and friends who are allies."

or how they have moved to living with family members who are unsupportive of their LGBTQ+ identity.

"My mom is incredibly supportive but my dad is homophobic and transphobic."

# BEING LGBTQ+ DURING COVID-19



42.1%

said that their move impacted their level of outness as an LGBTQ+ person.

Over  
1/4

of LGBTQ+ participants said that they currently experience less freedom to express themselves openly and honestly.

"I have to dress more like a straight girl and cover up my tattoos."

"I am not able to truly be myself."

Participants also spoke about living with family who don't understand them and their LGBTQ+ identity...

"My mom doesn't understand what I'm going through or my sexuality and is very uncomfortable when I bring it up..."

or how they have had to switch to living in the closet.

"I'm not out to my family as trans [...] Being home I have had to return to the closet and start using a name I no longer use while being misgendered."

# BEING LGBTQ+ DURING COVID-19



17.9%

said that their feelings of safety and security have changed as a result of their move.

While more participants mentioned moving to a less LGBTQ+ friendly area....

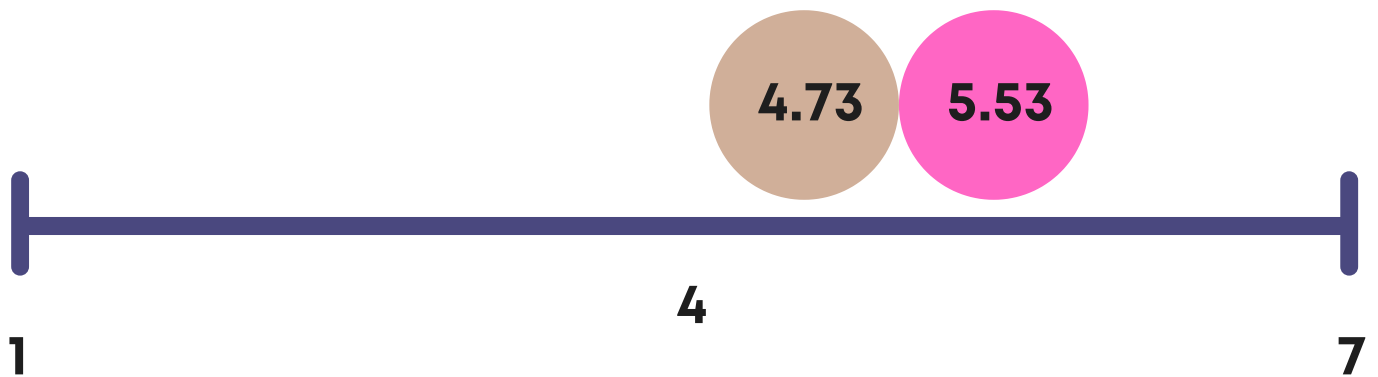
"I had to move from Ottawa which is a very accepting city [...] to [a small town] where my mayor refuses to walk in the Pride parade."

Some spoke about moving to a more LGBTQ+ friendly area.

"I am actually more comfortable as an LGBTQ+ individual because where I was in Australia was not a good environment for me."

# LGBTQ+ BELONGING

**Trans/NB** participants felt more belonging to the LGBTQ+ community than their **Cisgender** LGBTQ+ counterparts,\* with both groups feeling moderate-high levels of belongingness.

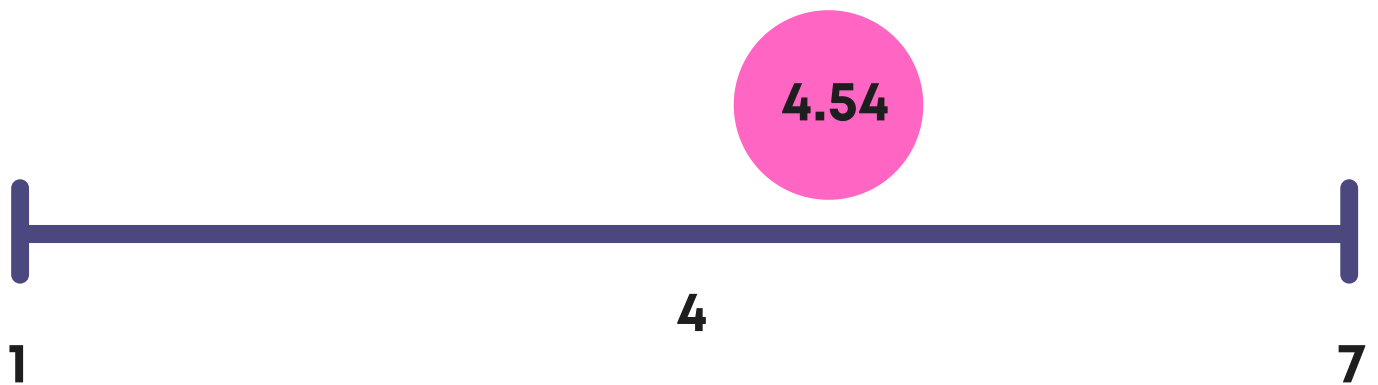


When asked to rate how their feelings of belonging have changed since COVID-19, **LGBTQ+** participants reported that they felt the same level of belonging to the LGBTQ+ community as they did before the pandemic.



# TRANS BELONGING

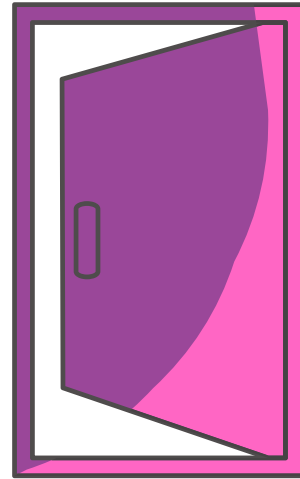
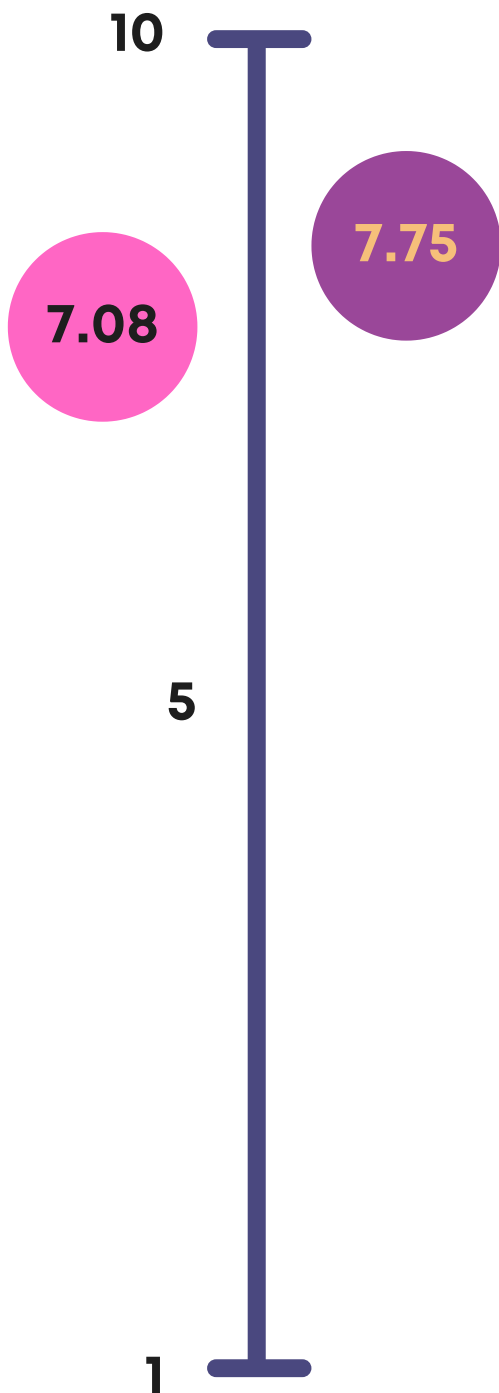
**Trans/NB** participants reported moderate feelings of belonging to the transgender community.



When asked to rate how their feelings of belonging have changed since COVID-19, **Trans/NB** participants reported that they felt the same level of belonging to the transgender community as they did before the pandemic.

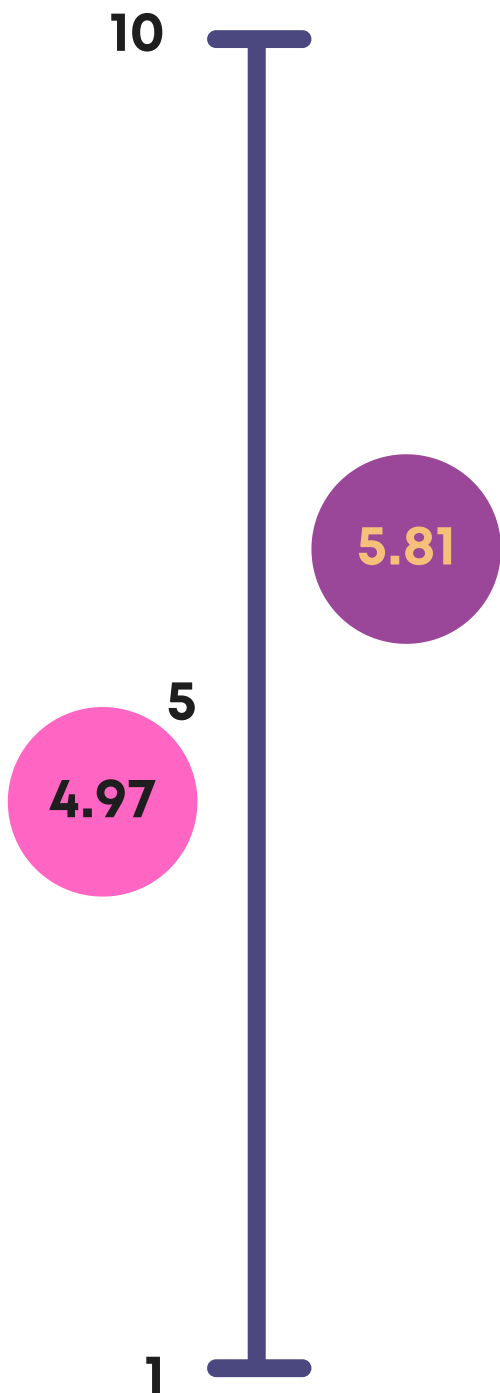


# SEXUAL AND GENDER IDENTITY OUTNESS



When asked to rate their levels of outness on a 1 - 10 scale, **LGBTQ+** and **Trans/NB** participants indicated that they were mostly out about their sexual and gender identities to the people with whom they live.

# SEXUAL AND GENDER IDENTITY SUPPORT



On average, **LGBTQ+** and **Trans/NB** participants reported that the people they live with are moderately supportive of their sexual and gender identities.

# CHANGES TO GENDER AFFIRMING CARE AND BEHAVIOURS



# CHANGES TO GENDER AFFIRMING CARE

25.8%

of **Trans/NB** participants were receiving hormone replacement therapy before the pandemic.



And...

40%

of these participants say that their access to HRT has changed since COVID-19.

"Loss of work means that HRT comes fully out of my own pocket."

"[...] the gender clinic closed down indefinitely until the end of quarantine because it's somehow not essential."

"I can't get a 3 or 6 month supply anymore from the pharmacy, they only give me 1 month (if that)."

7.9%

of **Trans/NB** participants were about to begin hormone replacement therapy before the pandemic.



And...

78.6%

of these participants say that their ability to start HRT has changed since COVID-19.

"I was about to start, but I haven't heard from the endocrinologists' office since December."

"I've had to put it (HRT) off for now."

# CHANGES TO GENDER AFFIRMING CARE

5.5%

of **Trans/NB** participants had a gender affirming surgery scheduled before the pandemic.



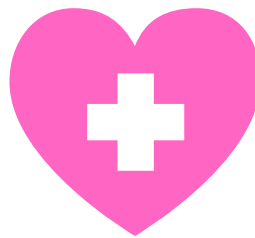
And...

All

of these participants say that their ability to proceed with gender affirming surgery has been influenced.

2.2%

of **Trans/NB** participants had recently undergone a gender affirmation surgery before the pandemic.



And...

All

of these participants say that their ability to receive surgical after-care has been influenced since COVID-19.

"I was going to travel to Ontario to get surgery, but that is not possible now."

"My surgery has been postponed to an unknown date."

"I had top surgery at the end of December. COVID-19 shut down the clinic and I did not get my post-op follow up appointment."

# CHANGES TO GENDER AFFIRMING BEHAVIOURS

## 43.4%

of **Trans/NB** participants said that their gender affirming behaviours (e.g. binding, packing, padding, tucking) have been interrupted or influenced by COVID-19.



## 50%

said they were binding less.

"I am binding less frequently, perhaps because I am concerned about lung function during the pandemic."

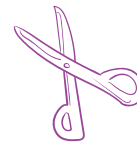
"I do bind significantly less now because I am not out in public, but that's not because I'm unable to."



## 25%

said they had decreased access to gender affirming clothing.

"I've been unable to buy clothes and binders that made me feel more comfortable with my identity."



## 16.3%

said they had limited access to haircare.

"I haven't been able to get a haircut which has greatly increased my gender dysphoria."

## 22.5%

said they were experiencing gender dysphoria due to their inability to engage in these behaviours.





## CONCLUSION

The findings of the current report suggest that LGBTQ+ Canadians are faring worse during COVID-19 than their cisgender/heterosexual counterparts. LGBTQ+ participants reported lower levels of social support, income, mental and physical well-being, as well as lower ability to engage in WHO recommendations and more engagement in avoidant coping. LGBTQ+ participants' responses to LGBTQ+ specific items suggest that LGBTQ+ Canadians are feeling disconnected from community and are facing other identity specific struggles, such as limited access to gender affirming care, that may play a role in their lower levels of mental well-being.

While it is possible that the gaps between LGBTQ+ and non-LGBTQ+ Canadians found in this report existed prior to COVID-19, there is reason to believe this gap will grow wider throughout the pandemic. LGBTQ+ participants indicated that they felt COVID-19 would have lasting impacts on their lives. The LGBTQ+ Canadians we surveyed were younger, were more likely to be racialized and reported lower income stability, all of which may put them in a precarious position to recover from a global pandemic. Additionally, LGBTQ+ individuals may continue to have difficulty accessing mental and medical health resources, as clinics and organizations they depend on continue to stay closed or experience difficulty transitioning to online services.

In order to support LGBTQ+ Canadians during the COVID-19 pandemic, organizations may want to focus their efforts on community building programming, providing access to gender affirming spaces and materials, as well as ensuring their services are accessible online. LGBTQ+ participants generally reported feeling disconnected from community, some specifically describing their inability to access LGBTQ+ community groups and services during COVID-19. Specifically, Trans and Non-Binary participants described feelings of gender dysphoria and being unable to access gender affirming services.

In the past, LGBTQ+ communities have found strength and resiliency in coming together to face adversity. The COVID-19 pandemic poses an unusual challenge where communities need to rethink how they gather and gain support from each other while also maintaining physical distance. In order to support the most vulnerable of the LGBTQ+ community, organizations must reconsider how to develop and provide effective programming via distance. Online spaces may be the most accessible setting for organizations to provide support during this unprecedented time.

A limitation of the current report is the difference on demographic factors between LGBTQ+ and non-LGBTQ+ participants. However, note that almost all group differences remained significant when analyses controlled for demographics.