

# THE IMPACT OF COVID-19 ON 2SLGBTQ+ YOUTH EXPERIENCING HOMELESSNESS

The COVID-19 pandemic had a significant impact on the mental and physical health of 2SLGBTQI+ youth, including a rise in homelessness. This was related to the obligation to isolate in unsafe and unsupportive living environments, and a reduction in the availability of care services. Following this, Dr Abramovich explores the need for 2SLGBTQI+ oriented training in housing, employment, health care and social services, and a particular need for improved preventative mental health support and safe housing services.



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Two-Spirit, lesbian, gay, bisexual, transgender, and queer (2SLGBTQ+) youth experience significantly higher rates of homelessness and mental health issues compared to heterosexual and cisgender youth, due to stigma, discrimination, and identity-based rejection.<sup>1,2,3,4,5</sup> During the COVID-19 pandemic, 2SLGBTQ+ youth have experienced these stressors in both increased and new ways. For example, due to a lack of housing options resulting from the pandemic, many 2SLGBTQ+ youth were forced to isolate at home with unsupportive and abusive family members.<sup>3</sup> Countless youth also had difficulties receiving the support they rely on or accessing new support services as many crisis services had to close their doors or limit the number of clients they can serve due to COVID-19 restrictions. This is a devastating loss for anyone; however, for some 2SLGBTQ+ youth, this has been extremely dangerous.

Our research sought to examine the impact of the COVID-19 pandemic on 2SLGBTQ+ youth at risk of, and experiencing, homelessness in the Greater Toronto Area (GTA) and surrounding areas in Ontario, Canada.<sup>3,6,7</sup> This study aimed to understand the specific challenges, coping strategies, and mental health responses of 2SLGBTQ+ youth experiencing homelessness during the COVID-19 pandemic, as well as to provide evidence-based recommendations for how service providers, policy makers, and public health officials can appropriately address the needs of 2SLGBTQ+ youth during future waves of COVID-19 and in the aftermath of the pandemic. 2SLGBTQ+ youth (n=92) participated in three online surveys to assess mental health (e.g., depression, anxiety, suicidality), alcohol and substance use, health care access, and experiences of violence between 2021-2022, and 47 individuals (including youth, frontline staff, and management from youth serving organizations) participated in virtual one-on-one interviews.

- 1 Abramovich, A., & Shelton, J. (Eds.). (2017). Where am I going to go?: Intersectional approaches to ending LGBTQ2S youth homelessness in Canada & the U.S. Canadian Observatory on Homelessness. Available from: <https://www.homelesshub.ca/WhereAmIGoingtoGo>
- 2 Abramovich, I. A. (2012). No safe place to go LGBTQ youth homelessness in Canada: Reviewing the literature. *Canadian Journal of Family and Youth/Le Journal Canadien de Famille et de la Jeunesse*, 4(1), 29–51. <https://doi.org/10.29173/cjfy16579>
- 3 Abramovich, A., Pang, N., & Moss, A. (2022). Experiences of Family Violence Among 2SLGBTQ+ Youth At Risk Of, And Experiencing, Homelessness During the COVID-19 Pandemic. *Journal of Gay & Lesbian Mental Health*, 26(3), 265-288. <https://doi.org/10.1080/19359705.2022.2076759>
- 4 Choi, S. K., Wilson, B. D., Shelton, J., & Gates, G. J. (2015). Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness. The Williams Institute with True Colours Fund.
- 5 Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual and transgender youth who are homeless or at risk of becoming homeless. The Williams Institute with True Colors fund and the Palette Fund.

- 6 Abramovich, A., Pang, N., Moss, A., Logie, C. H., Chaiton, M., Kidd, S. A., & Hamilton, H. A. (2021). Investigating the impacts of COVID-19 among LGBTQ2S youth experiencing homelessness. *PLoS One*, 16(9), e0257693. <https://doi.org/10.1371/journal.pone.0257693>
- 7 Abramovich, A., Pang, N., Kunasekaran, S., Moss, A., Kiran, T., & Pinto, A.D. (2022). Examining COVID-19 vaccine uptake and attitudes among 2SLGBTQ+ youth experiencing homelessness. *BMC Public Health*, 22(122): <https://doi.org/10.1186/s12889-022-12537-x>

## HOW DID THE COVID-19 PANDEMIC IMPACT 2SLGBTQ+ YOUTH EXPERIENCING HOMELESSNESS?

2SLGBTQ+ youth reported higher rates of mental health and substance use issues since the start of the COVID-19 pandemic due to various reasons, including economic and service impacts (e.g., lay-offs), being forced to isolate with unsupportive or abusive family, limited access to health and social services, and losing access to safe community spaces and supports. There was a significant rise in 2SLGBTQ+ youth living in shelters, transitional housing programs, group homes, and public spaces since the start of the COVID-19 pandemic. For example, 12% of youth reported living in a public space (e.g., park, vehicle) prior to the pandemic, compared to 32% of youth since the pandemic began. Young people shared stories about pitching tents in cemeteries, due to a lack of safe housing options. One participant described the cemetery as a safe place where no one would bother them.

Youth spoke at length about being trapped inside with unsupportive, homophobic, and transphobic family members, with little ability to escape. Youth described feeling exhausted, sad, and disheartened by ongoing identity-based rejection in their homes and being unable to self-express in ways that were true to their core existence. For example, one youth shared: “You’re isolating 24/7 with your emotional and psychological and religious abusers. That has been pretty awful to say the least.”

Congregate living settings made it difficult to follow public health guidelines, and rigid rules within housing programs resulted in decreased accessibility (e.g., restricting outside social interactions, including seeing loved ones and going to work). Many services, including

specialized health care clinics, social services, and housing programs previously available to 2SLGBTQ+ youth, offered limited support during the pandemic, with increased wait-times, and a decrease in the frequency and level of support available. A major barrier described by transgender and non-binary youth was the cancellation and postponement of gender-affirming and inclusive care and interventions (e.g., access to hormones and transition-related surgery). Research has consistently reported that transgender individuals are medically underserved, and experience poor mental health outcomes and high rates of disease burden compared to cisgender individuals, including significantly higher rates of suicidality, substance use, depression, and anxiety.<sup>8,9,10</sup> Gender-affirming care leads to improved quality of life and psychological outcomes.

Youth reported long waitlists and a lack of resources, resulting in detrimental impacts to their mental health, including depression, anxiety, and suicidality. The majority of youth reported changes to their access to medical and mental health care, as well as social support services since the beginning of the pandemic. One participant stated: “Those immediate supports that you could have access to prior to COVID-19, because there were so many, are now almost obsolete.”

8 Vigny-Pau, M., Pang, N., Alkhenaini, H., & Abramovich, A. (2021). Suicidality and non-suicidal self-injury among transgender populations: A systematic review. *Journal of Gay & Lesbian Mental Health*, 25(4), 358–382. <https://doi.org/10.1080/19359705.2021.1955195>

9 Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: health at the margins of society. *Lancet*, 388(10042), 390-400. [10.1016/S0140-6736\(16\)00683-8](https://doi.org/10.1016/S0140-6736(16)00683-8)

10 Abramovich, A., de Oliveira, C., Kiran, T., Iwajomo, T., Ross, L.E., & Kurdyak, P. (2020). Assessment of Health Conditions and Health Service Use Among Transgender Patients in Canada. *JAMA Network Open*, 3(8):e2015036.

The COVID-19 pandemic resulted in numerous services being offered online. Participants reported varied experiences accessing virtual care. On one hand, virtual care created a more accessible service system for some youth, but on the other hand, it resulted in major privacy concerns, resulting in inaccessibility issues for others, particularly for youth living at home with unsupportive families, and for folks without reliable internet and/or devices. For example, one youth shared:

*I'm in my house and if I'm not in the lowest corner of my basement my family can hear me and I don't want that. So, the pandemic has made it harder to get help in the first place and then once I have it, it's harder to talk about it and to figure out things that work.*

An important component of this study involved the examination of COVID-19 vaccine uptake and vaccine attitudes among 2SLGBTQ+ youth experiencing homelessness. Although most participants had received or were planning to receive the vaccine, more than one third of youth were unsure or were not planning to receive a COVID-19 vaccine. Those who identified as Indigenous, Asian, Black, or Latinx were almost five times as likely to be hesitant about the COVID-19 vaccine compared to White participants. Mistrust in the health care system, previous traumatic experiences engaging with health care providers, barriers accessing the vaccine, and ongoing mental health issues were among the most common reasons cited by youth for not getting vaccinated. Youth described feeling dehumanised in their interactions with health providers and the health care system mainly due to multiple intersections of their identity (e.g., homelessness, race, 2SLGBTQ+ identity). In the context of engaging with service providers, one youth shared: "Homeless people are almost never viewed as actual human beings. We are almost always viewed as subhuman."

**Youth described feeling exhausted, sad, and disheartened by ongoing identity-based rejection in their homes and being unable to self-express in ways that were true to their core existence.”**

## WAYS FORWARD – TIME TO TAKE ACTION

The COVID-19 pandemic has significantly impacted the lives of 2SLGBTQ+ youth experiencing homelessness. Despite the already elevated rates of mental health and substance use concerns prior to the COVID-19 pandemic, our findings suggest that the pandemic has had a major impact on the mental health and wellbeing among 2SLGBTQ+ youth at risk of, and experiencing, homelessness. Our study also demonstrated an increase in detrimental health outcomes, including self-harm, and problematic alcohol and substance use. This is worrisome considering that most participants reported being unable to access the care they needed.

Housing, employment, health care, and social service systems are often not constructed for, or trained appropriately to meet, the specific needs of 2SLGBTQ+ individuals - especially those who navigate systems with multiple marginalized identities and experience multiple forms of oppression and stigma related to racism, transphobia, and homophobia. The systems that we currently have in place, which are meant to serve, protect, and support those in need, often perpetuate violence and discrimination against 2SLGBTQ+ people. Accessing housing and health care as a 2SLGBTQ+ identified person can be a challenging and stressful experience filled with many obstacles, especially since the pandemic.

There is an urgent need for preventive and longer-term 2SLGBTQ+ specialised mental health support and treatment, in addition to emergency/crisis services. Participants spoke directly to the need for 2SLGBTQ+ inclusive and affirming services and service providers. All staff should be trained and educated on the lived realities and needs of 2SLGBTQ+ youth. Efforts are required to ensure that services are more accessible to youth experiencing homelessness and to those unable to access services virtually. There is also an urgent need for 2SLGBTQ+ inclusive, affirming, and safe housing options because everyone deserves a safe place to call home and it is time we make this a top priority.