

Sexual and gender minority adolescents must be prioritised during the global COVID-19 public health response

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Since the onset of the COVID-19 pandemic, governing bodies across the world have implemented policies that forced millions of students worldwide to grapple with the impact of school closures and stay-at-home orders. For example, in the US alone, at least 55.1 million students have been asked to wait out the pandemic at home. The implications of such orders for vulnerable youth such as sexual and gender minority (SGM) adolescents have been largely overlooked. This commentary uses the phrase “sexual and gender minorities” for adolescents whose biological sex, sexuality, gender identity, and/or gender expression does not conform to majority heteronormative social norms, including gay, lesbian, bisexual, transgender, queer, and intersex (LGBTQI) adolescents. Vital access to non-familial social support for SGM adolescents, such as supportive peer groups and school health centres, has been abruptly cut off in response to the COVID-19 pandemic. Moreover, many SGM students have been forced to stay at home with family members who reject them, or are even openly hostile toward them, because of their identity. Within current and future COVID-19 public health responses, it is critical to recognise that sexual and gender identities matter, and that SGM adolescents are more vulnerable and impacted differently than their cisgender and heterosexual peers.

Existing research demonstrates that the health and wellbeing of SGM adolescents are heavily impacted by entrenched discrimination and social-structural inequities,^{1,2} that is, conditions derived from long histories of deeply rooted oppression and discrimination. Researchers have also established that existing social-structural inequalities are being exacerbated due to the COVID-19 pandemic,

compounding the already disproportionate suffering of marginalised racial, sexual, and gender minority populations around the globe.^{3,4} However, there is a general lack of reliable data on the size and characteristics of SGM populations because, historically, demographic questions regarding sexual orientation and gender identity have been excluded from public health surveillance; this renders the physical and mental health needs of SGM populations around the globe largely unknown.⁵ Although international researchers and advocates have been calling for the investigation of gendered dimensions of stay-at-home orders, current surveillance data systems continue to focus almost exclusively on cisgender women, men, girls, and boys and sexual orientation continues to be excluded.⁵ With the unique challenges facing SGM adolescents during this pandemic largely absent from current COVID-19 related conversations, their need for support remains unfulfilled.

Even before the pandemic, SGM adolescents were at disproportionately higher risk for experiencing bullying, truancy, violence, unstable housing, substance abuse, cyber bullying and suicide.⁶ Research shows that pandemics, globally, exacerbate risk factors that lead to increased violence at home.⁷ Therefore, these and other vulnerabilities are presumably being exacerbated by stay-at-home orders. For SGM adolescents living in homes where violence already exists, stay-at-home orders could be dire, increasing their risk of abuse at a time when safe places and supportive services are no longer available or are severely constrained.

It is critical to understand how prolonged stay-at-home orders are affecting the mental health of SGM adolescents as well, and without focused

research on the SGM community during the pandemic, that investigation has not been possible. It is likely that with school and college closures, and the possibility of their continued closure throughout the next school year, SGM adolescents have lost access to critical in-person supportive peer groups, which have been shown to protect against mental health problems for SGM adolescents who lack support from their family of origin.⁸ Without in-person peer support during stay-at-home orders, SGM adolescents are forced to grapple alone with continuous negative parental influences and family rejection. On the other hand, for some SGM adolescents, school closures may be a respite from the bullying, violence, or discrimination that over 69% of SGM adolescents experience based on their sexual orientation or gender expression.⁹

More work has long been needed to improve data, resources, and public policy on SGM physical and mental health, but there has perhaps never been a time when that need was made so evident. As governments across the world tackle the COVID-19 pandemic, local governments, human services workers, researchers, public health professionals

and teachers have a unique opportunity to improve social-structural inequalities by advocating for and meeting the distinct needs of SGM adolescents – this is unprecedented.

Recommendations for change include actively working to broaden the cisgender and heteronormative frameworks that prevail in international public health and policy to be inclusive of SGM adolescents, so we can finally be accounted for.² We also need advocacy supported by well-designed studies to better understand the specific needs and vulnerabilities of SGM adolescents in a post COVID-19 world. We need to develop innovative approaches to support SGM adolescents in making social connections as well as providing mental health support while schools are closed. SGM adolescents have been found to be significantly more likely to connect with SGM communities online than in-person.¹⁰ Online platforms, such as those provided by the Trevor Project in the US, offer a promising start.

Together, these actions would begin to ensure that SGM adolescents are prioritised and accounted for not just now, but during all future public health responses.

References

1. Wilson C, Cariola LA. LGBTQI+ youth and mental health: a systematic review of qualitative research. *Adolesc Res Rev*. 2020; 1–25. doi:10.1007/s40894-019-00118-w.
2. Garcia J, Vargas N, Clark J, et al. Social isolation and connectedness as determinants of well-being: global evidence mapping focused on LGBTQ youth. *Glob Public Health*. 2020;15:1–23. doi:10.1080/17441692.2019.1682028.
3. Yaya S, Yeboah H, Charles CH, et al. Ethnic and racial disparities in COVID-19 related deaths: counting the trees, hiding the forest. *BMJ Global Health*. 2020; doi:10.1136/bmjgh-2020-002913.
4. Bishop A. (2020). Vulnerability amplified: the impact of the COVID-19 pandemic on LGBTQI people. OutRight Action International. Available from: <https://outrightinternational.org/content/vulnerability-amplified-impact-covid-19-pandemic-lgbtqi-people>
5. Patterson J, Jabson J, Bowen D. Measuring sexual and gender minority populations in health surveillance. *LGBT Health*. 2017;4(2):82–105. doi:10.1089%2Ffgbt.2016.0026.
6. Toomey RB, Russell ST. The role of sexual orientation in school-based victimization: a meta-analysis. *Youth Soc*. 2016;48(2):176–201. doi:10.1177/0044118X13483778.
7. Peterman A, Potts A, O'Donnell M, et al. (2020). Pandemics and violence against women and children. Center for Global Development Working Paper, 528. Available from: <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>
8. Parra LA, Bell TS, Benibgui M, et al. The buffering effect of peer support on the links between family rejection and psychosocial adjustment in LGB emerging adults. *J Soc Pers Relat*. 2018;35(6):854–871. doi:10.1177/0265407517699713.
9. Kosciw JG, Greytak EA, Zongrone AD, et al. (2018). The 2017 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools. Gay, Lesbian and Straight Education Network (GLSEN). 121 West 27th Street Suite 804, New York, NY 10001. Available from: <https://www.glsen.org/sites/default/files/2019-10/GLSEN-2017-National-School-Climate-Survey-NSCS-Full-Report.pdf>
10. McInroy LB, McCloskey RJ, Craig SL, et al. LGBTQ+ youths' community engagement and resource seeking online versus offline. *J Technol Hum Serv*. 2019;37(4):315–333. doi:10.1080/15228835.2019.1617823.