Trans in the Pandemic

Stories of struggle and resilience in the Australian trans community

The University of Melbourne
Austin Health
Trans Health Research Group

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Meet the Team

Members of the Australian transgender, gender diverse, and non-binary community were involved in every aspect of the development, implementation, and reporting of this project, with support from cisgender clinicians experienced in trans healthcare.

Sav Zwickl (they/them).
Sav is a queer non-binary researcher and educator living and working on Whadjuk Noongar Boodjar. They are passionate about improving the health and wellbeing of the trans community through research, and have been part of the Trans Health Research team since early 2019. Sav has a Masters degree in Sexology and is in the final stages of a PhD focused on non-binary genders. They also have extensive experience working in peer support roles with LGBTIQA+ young people, and sit on a number of trans health community advisory and directorial boards.

Alex Wong (he/him).
Alex is a junior doctor, researcher, and a proud LGBTIQ+ community member. He is part of the Trans Health Research group and believes that community perspectives are an integral part of advocacy to improve health outcomes. Originally from Singapore, he has chosen Melbourne to be his home. Alex is also a devoted cat dad of 3.

Teddy Cook (he/him).
Teddy has over 15 years of experience in community health and non-government sectors. Joining ACON in 2012, Teddy is currently acting as Director of Community Health where he oversees client services, LGBTQ community health programs, Pride Training and Trans Health Equity. Teddy specialises in community development, health promotion and program delivery, and is architect of TransHub. He is the Vice President of the Australian Professional Association for Trans Health and is Adjunct Lecturer at the Kirby Institute, UNSW. Teddy joins ACON's senior leadership team as a proud man of trans experience.

Jeffrey Zajac (he/him).
Jeffrey is the Head of the Department of Medicine at Austin Health and is a staunch ally of the LGBTI community, advocating to improve trans health for many years. His work has led to the establishment of the research group and Austin Gender Clinic as part of the Trans and Gender Diverse in Community Health consortium.

Ada Cheung (she/her).
Ada is an Endocrinologist at Austin Health and a NHMRC & Dame Kate Campbell Research Fellow at The University of Melbourne. Driven by community need and working with the trans community, she established the Trans Health Research group and is an unwavering ally. She has won a number of national and international awards for research excellence and outstanding community leadership, and is committed to training MD & PhD students and trans researchers.

Kalen Eshin (he/him).
Kalen is a neurodiverse, disabled, queer trans man living and studying on Wurundjeri Country in Naarm. He is working on a master's degree while parenting full-time and volunteering in his local community. He also contributes to the Trans Health Research team's work, as community-led research and knowledge production is vital for improving equity and access to social justice.

Tomi Ruggles (she/her).
Tomi is a Registered Nurse and proud queer Australian, who is currently completing a MA in social work. She works for a NFP supporting the elderly homeless population in Australia to access Aged Care and secure housing. Tomi has volunteered her time to work on this project as she is passionate about supporting the trans community throughout the pandemic, and contributing to research to address the disadvantages faced by LGBTIQA+ Australians.

Ariel Ginger (she/her).
Ariel holds a Bachelor of Health Science, with a major in Biomedicine. She works with the Trans Health Research team as a research assistant. Her specialties lie in data analysis and social media.

Eden Dowers (they/them).
Eden holds a Bachelor of Science/Psychology and is a current Master of Occupational Therapy student. They are interested in centering trans lives in trans-led research.

Lachlan Angus (he/him).
Lachlan is an Endocrinologist at Austin Health, Northern Health, and in private practice. He is a current PhD Candidate at the University of Melbourne, investigating the use of anti-androgen medications as part of feminising hormone therapy.

Shalem Leemaqz (he/him).
Shalem is a statistician with the Trans Health Research team. He is based at Flinders University, South Australia.

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Support Services

This report contains information and personal stories about mental health, suicidality, and other complex and difficult experiences. If you are feeling distressed and feel like you need some support, there are a number of avenues available to you. This includes talking to your doctors or contacting one of the following support services:

QLife is a national LGBTIQA+ hotline and webchat service.
Ph: 1800 184 527
W: qlife.org.au

Lifeline is a 24-hour service that supports people who are thinking about suicide, or experiencing emotional distress.
Ph: 13 11 14
W: lifeline.org.au

Beyond Blue is a national hotline and webchat service that supports people experiencing depression.
Ph: 1300 22 4636
W: beyondblue.org.au

1800RESPECT is a 24-hour services that supports people impacted by sexual assault, domestic or family violence, and abuse.
Ph: 1800 737 732
W: 1800respect.org.au

DISCHARGED is a peer support group for people experiencing suicidality to openly discuss their feelings. There are groups specifically for trans community members.
W: discharged.org.au

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We acknowledge the Wurundjeri people who are the Traditional Custodians of the land on which this research took place. We would like to pay respect to the Elders both past and present of the Kulin Nation, and extend that respect to other Aboriginal and Torres Strait Island people. Sovereignty was never ceded.

We acknowledge that prior to colonisation, diverse gender roles and presentations were practiced and celebrated on this land. Gender diversity has always been, and continues to be, a recognised and integrated part of First Nations cultures. Sistergirls, Brotherboys, and gender-diverse people are part of every Aboriginal nation in this country.

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Executive Summary

Background

Transgender (herein referred to as trans) is a broad and encompassing term for individuals who have a gender that is different from what was presumed for them at birth, including (but not limited to) binary identities, gender-diverse and non-binary gender identities, or a cultural gender identity different to man or woman. Prior to the pandemic it was well-established that the trans community face numerous health disparities, and is one of the most medically and socially marginalised groups in society. As the impact of the COVID-19 pandemic was increasingly felt in Australia from late March 2020, there was concern that the trans community may be disproportionately affected by social distancing restrictions, and healthcare and employment disruptions.

In response to these concerns, we developed a survey to explore and understand the impact of the COVID-19 pandemic on the trans community, with the intent to share the research findings as widely as possible and draw attention to priority issues. As staggering statistics came to light, we sent them to government, mental health and LGBTIQA+ organisations, and community leaders, in hope that they could help support requests for additional funding and resources to better support the community.

This project demonstrates that many trans community members have struggled significantly with job loss and financial strain, disruptions to their healthcare, social isolation from their support networks, and loss of usual coping strategies. Importantly, in the face of adversity, the community has shown tremendous resilience in seeking support and self-care, and in finding new and innovative ways to connect with and support one another.

Methodology

The COVID-19 survey, on which this report is based, was developed by a team of trans community members, with support from cisgender doctors specialised in trans healthcare, and who are allies to the community.

To ensure that this research was appropriate, inclusive, and safe, this project was examined by three independent ethics committees: Austin Health Human Research Ethics Committee, ACON Research Ethics Review Committee and Thorne Harbour Health Community Research Endorsement Panel. Once approved, the survey was posted on social media (Facebook and Instagram) and over 100 trans community support groups and organisations in Australia were directly contacted and asked to share the survey within their networks. Anyone currently living in Australia, aged 16 years or older and identifying as trans, was eligible to complete the survey, which was open during May and June 2020.

Key Findings

1019 trans community members completed the survey.

38.9% of respondents were women/trans women, 35.5% were men/trans men, and 25.6% were non-binary.

In the first three months of the pandemic:

- 27% had experienced a change in living situation.
- 11.7% had lost their job and a further 22% had their work hours reduced.
- Almost half reported experiencing financial strain.
- Of those who had planned gender-affirming surgery, over half had their surgery postponed or cancelled due to elective surgery disruptions.
- 61% experienced clinically-significant symptoms of depression in the prior two weeks.
- 49% experienced thoughts of self-harm or suicide in the prior two weeks.
- 38% had sought support from a mental health professional.
- 19% had sought support from an LGBTIQA+ organisation.

Recommendations

With over 60% of participants experiencing clinically-significant levels of depression and almost half reporting recent thoughts of self-harm or suicide, mental health support and structural reform is of utmost priority. Based on the findings from this report, it is recommended that:

- An urgent, targeted public health response co-designed with the trans community is required to address the alarmingly high rates of depression, and thoughts of self-harm and suicide, among trans people of all genders across Australia.
- Given mainstream services are not currently able to meet the urgent needs of the trans community, state and commonwealth funding is required to establish and bolster trans-affirming specialist trans and LGBTIQA+ community-controlled specific mental health services.
- Increased and improved trans-affirming mental health services, including bulk-billed telehealth, need to be expanded nationwide during and beyond the pandemic.
- All mainstream services, including primary, secondary, tertiary and allied health, require training to develop trans-affirming practice, and to ensure trans people can self-determine where, how, and when they access healthcare. All trans people should have a safe and affirming experience of healthcare, whether that be through mainstream, LGBTIQA+, or trans community-controlled services.
- Gender-affirming surgery, and related state and commonwealth policy, must be considered a priority following disruptions to elective surgery procedures. Improving access will aid in preventing suicide and suicidality in trans populations.
- Strategies to ensure the safety of trans people to live without discrimination, abuse, or violence are urgently needed, across private and public areas of life. This includes home environments, institutions and organisations, and public spaces.
- The immense diversity of the trans community must be recognised through co-design of any new program or policy development to ensure accessibility of services. This includes the needs of binary and non-binary trans people, as well as geographical, financial, and cultural accessibility, and applying a social determinants approach to the needs of trans people with disabilities, neurodiverse trans people, Sistergirls, Brotherboys and trans mob, and those of marginalised identities and experiences.

1 Project Background

1.1 Transgender Health and Wellbeing

Prior to the COVID-19 pandemic, the Australian trans community faced high rates of discrimination and violence, and multiple barriers to healthcare access and mental health support. For example, in a previous study involving 928 trans community members that was conducted by our research group in 2017,[1] some of the key findings included:

- A rate of unemployment more than 3 times higher than the general population (19% compared to 5.6%).
- Widespread discrimination because of their gender identity, with 33% reporting discrimination related to employment, 16% reporting discrimination in government services, and 10% reporting discrimination in housing.
- Widespread experiences of violence because of their gender identity, with 63% reporting verbal abuse and 22% reporting physical assault.
- Multiple barriers to healthcare access, with 26% reporting discrimination related to accessing healthcare.

As a result of such social marginalisation, the trans community experiences extremely high rates of depression and suicidality. For example, in The First Australian National Trans Mental Health Study,[2] 43.7% of trans adults experienced clinically-significant depression and 53.6% reported thoughts of self-harm or suicide in the preceding two weeks. Over 40% of trans adults[1] and young people[3] in Australia have attempted suicide.

1.2 The COVID-19 Pandemic in Australia

In Australia, the early months of the COVID-19 pandemic were characterised by relatively low positive cases and deaths (as compared to global statistics) due to strict social restrictions.[4]

On the 20th of March 2020, Australian international borders were closed to all non-residents, and non-essential travel within and between states and territories was limited. From 21st March 2020, state and territory governments began to implement social restrictions and the temporary closure of 'non-essential' businesses and services. Schools and universities transitioned to home- based online learning, and employees were required to work from home where possible. This also included closure of gyms, organised sport, and many community spaces with shared facilities (e.g., playgrounds and skateparks). Bars, cafes, and many restaurants were limited to serving takeaway food only.

Many allied health services, including psychology, were closed, or changed to an online model for service delivery (i.e., telehealth). All elective surgery was cancelled or postponed to conserve healthcare resources. Despite gender-affirming surgeries being consistently shown to drastically improve mental health and wellbeing outcomes for trans people,[5-7] they are currently classed as elective/ cosmetic surgeries in Australia and were therefore included in system-wide cancellations.

By May 2020, the rate of COVID-19 cases had started to decline and in response, state and territory governments across the country began to ease social restrictions. When this survey closed on 30th June 2020, there had been 7,767 confirmed cases of COVID-19 and 104 deaths nationwide.[8] Since this survey took place, the number of confirmed cases and deaths has risen substantially. During the second half of 2020 and throughout 2021, community outbreaks of COVID-19 were generally met with the reimplementation of strict social restrictions and frequently involved the cancellation of gender-affirming surgeries. Areas of Victoria and New South Wales were particularly affected by lengthy social restrictions. With strong uptake of vaccines, and an easing of social restrictions in late 2021, cases climbed significantly, with over 4 million cases and more than 5,000 deaths by the end of March 2022.

2 Methods

The COVID-19 survey was part of a larger and ongoing longitudinal project (TRANSform). This is a trans-led research project and was designed collaboratively by our core team of researchers who are members of the Australian trans community, with support from clinicians experienced in trans healthcare. Once approved by three different ethics committees (Austin Health, ACON, and Thorne Harbour Health), the survey was posted on social media (Facebook and Instagram) and over 100 trans community support groups and organisations in Australia were directly contacted and asked to share the survey within their networks. For a more detailed explanation of methodology, see our peer-reviewed publication of this study.[10]

- March 2020: COVID-19 becomes a predominant concern in Australia. Social restrictions are implemented.
- April 2020: COVID-19 survey is developed to capture the impact of the pandemic on the trans community. Survey is approved by three ethics committees: Austin Health, ACON, and Thorne Harbour Health.
- May, June 2020: TRANSform is launched. Anyone living in Australia, aged 16 or over and part of the trans community, can enrol. Participants complete an enrolment survey, including demographic info and email address. Once enrolled, participants are sent an email invitation to complete COVID-19 survey. COVID-19 survey closes at the end of June. All participants receive a AUD$5 gift voucher.
- July 2020, Onward: Data analysis and reporting occurs. Key findings are sent to LGBTIQA+ and mental health organisations and government, and shared through media, national and international conferences, and peer-reviewed publication.

3 Demographics

A total of 1162 responses to the survey were received. After removing duplicates, ineligible responses, and incomplete surveys, 1019 participants remained.

3.1 Location

Participants came from all states and territories in Australia. There were 375 participants from Victoria, 255 from New South Wales, 132 from Queensland, 102 from Western Australia, 53 from the Australian Capital Territory, 66 from South Australia, 25 from Tasmania, and 11 from the Northern Territory.

For more details about location, go to Appendix 3.1.

3.2 Age

Participants ranged in age from 16 to 80, with a median age of 29 years. There was a skew toward younger participants. 36.2% were aged 25 or younger. 33.8% were aged between 26 and 35. 30% were aged 36 or older.

For more detailed information about age distribution of the participants, see Appendix 3.2.

3.3 Aboriginal and Torres Strait Islander Descent

There was a higher proportion of First Nations Aboriginal or Torres Strait Islander people in this sample than national averages. This is likely due to regular promotion of the research in Facebook groups such as Sistergirls and Brotherboys.

8.7% of participants reported being of Aboriginal descent, 2.1% as Torres Strait Islander descent and 1.2% as of both Aboriginal and Torres Strait Islander descent. For more detailed information about participants of Aboriginal and Torres Strait Islander descent, see Appendix 3.3.

3.4 Gender Identity

Participants were asked ‘Which gender label(s) best describe your current gender identity?’ with the choice to select multiple options from a list, or self-describe by free text.

To facilitate data analysis, participants were then asked to self-select a gender category which best aligns with their identity out of these three options: man/trans man, woman/trans woman, or non-binary (including agender).

38.9% identified as trans women. 35.5% identified as trans men. 25.6% identified as non-binary.

For a full breakdown of gender identities selected by the participants, see Appendix 3.4.

3.5 Sex Presumed at Birth

Participants were asked ‘What was presumed for you at birth?’ 52.2% were presumed female. 46% were presumed male. 0.6% indicated that they did not know what sex they were presumed at birth. 1.2% preferred not to provide a response.

For more detailed information about the presumed sex of participants please see Appendix 3.5.

3.6 Variations of Sex Development (Intersex)

Participants were asked ‘Were you born with a variation of sex characteristics? (this is sometimes called intersex)’. 81.2% indicated that they did not have a variation of sex development. 9.8% reported that they did not know whether they had a variation of sex development. 8.6% indicated that they were born with a variation of sex development. 0.4% preferred not to provide a response.

For more detailed information about variations of sex development, please see Appendix 3.6.

4 Living Situation

4.1 Current Living Situation

Living situation was assessed with the question ‘What statement best describes your current living situation at the moment?’ with fixed-response and open-ended options. The most common responses were as follows.

29.5% were living with family (biological, adoptive or chosen). 28.3% were living with partner(s). 18.4% were living alone. 18.2% were living with friends or housemates.

For more detailed information about the living situation of participants, see Appendix 4.1.

4.2 Change in Living Situation Due to the Pandemic

Participants were asked ‘Has your living situation changed in response to COVID-19?’ with Yes or No response options. **27% of participants reported that their living situation had changed.** Reasons for a change in living situation included job loss and financial strain. Some participants reported combining formerly separate households, in order to maintain ongoing access to informal supports during social restrictions.

4.3 Safety in the Home

Participants’ sense of safety in the home during social restrictions was assessed with a Yes or No response to ‘Does anyone in your household make you feel unsafe or afraid?’ **11.7% of participants reported that they were living with someone that made them feel unsafe or afraid**, which is comparable to Australian general population reports of 11.6% during the early stages of the COVID-19 pandemic.[11] Therefore, it cannot be presumed that such experiences are related to one’s trans status. However, there is evidence that regardless of a pandemic or not, the Australian trans community faces discrimination and violence within the home [12] and that this is associated with poorer mental health.[15]

Community Quotes.

“We took in two queer international students facing homelessness.”

“I had to move back in with my parents after losing my job due to the pandemic.”

“I had to leave my share house I was living in, as one of my housemates is extremely vulnerable to COVID-19 and has to fully quarantine... I moved in with someone I was dating and lived with them for a month, until I moved in with another friend, and then finally into my new house. It’s been extremely stressful.”

“[I am] homeless, living in a car.”

“My father is kicking me out within the week, with nowhere [for me] to go in the middle of a pandemic. It’s hard to feel safe.”

“I lost my job, couldn’t pay my rent, and moved back in with my mother and younger sibling.”

“I live with my ex-wife, and her mother is temporarily staying with us during COVID-19 lockdown, as she is of senior age and is a high risk for catching the virus.”

“I normally have no fixed residence. With COVID, I had to find a place to shelter. This was because of travel restrictions, and concerns about shutdowns. Normally I’d only carry food for a couple of days. Expecting lockdowns, I needed to buy and store more food.”

“My dad is abusive and being stuck with him every day is taking a toll on me and mum, both mentally and physically.”

“[I am] cut off from regular supportive social groups, trapped with a transphobic parent. I’ve lost count of the panic and anxiety attacks.”

“The person I live with is abusive and he also does not take the pandemic as seriously as he should... [I] limit my interactions with him as much as possible.”

“Both of my parents quickly attack and destroy any effort I make to identify with my chosen gender, meaning my only possible solution is to try and follow through away from them. Online environments have provided me with safe places through the pandemic.”

“[My] father is actively abusive. [He] will not use preferred name/pronouns, [and has] frequent outbursts of aggression over minor issues. I am not in a position to mitigate these issues without provoking violence. I spend most of my time in my room, either asleep or inactive due to depression and desire to avoid confrontation.”

“Both my mother and her husband, they humiliate me to family and friends. They restrict access to food and the kitchen as a punishment for any petty reason... I am afraid to use anything outside of my room or to talk back, as they’ve threatened to throw me out. I have managed to stay safe by staying in my room, and buying my own toaster and kettle to make meals. I only shower after they’ve gone to bed, and I only make meals in the kitchen when they’ve gone to work.”

“My grandfather is part of my household and gets violently angry when he drinks. He’s threatened me multiple times about my haircut and ‘queer’ behaviour.”

“My older sister has issues with anger management and stress which she takes out on me. Generally verbal abuse, and emotional abuse (guilting me, also gaslighting) and it really triggers a trauma response in me because my mum had undiagnosed BPD when we were growing up.”

5 Employment and Financial Situation

5.1 Current Employment Status

Current Employment status was assessed with the question ‘What best describes your current employment status?’ with fixed responses.

30.4% were employed on a full-time basis. 22.4% were unemployed. 18.2% were employed on a part-time basis. 15.4% were employed on a casual basis. 23.4% were students. 9.6% were pensioners.

The 22.4% unemployment rate reported by participants is three times higher than the general Australian population. Australian unemployment rates during the pandemic peaked at 7.5% in July 2020.[16] Long-term unemployment is a recognised issue in the Australian trans community, and this was further supported by this study that showed that of those who were unemployed prior to the pandemic, 47.2% had been unemployed for greater than 24 months. For more detailed information about current employment status, see Appendix 5.1.

5.2 Changes in Employment Due to the Pandemic

Changes to employment related to the pandemic were assessed with the question ‘How has your employment status changed because of the COVID-19 pandemic?’ Participants had the option to select all that applied from the following:

- a. I lost my job;
- b. I am working reduced hours;
- c. Contact with work colleagues reduced;
- d. I was unemployed prior to the COVID-19 pandemic; e. It has not been affected, and;
- f. Other.

11.7% experienced job loss. 22% were working reduced hours. 31.8% reported no change in employment status. 1 in 4 experienced social impacts, such as reduction in contact with work colleagues. For more detailed information about changes in employment, see Appendix 5.2.

Community Quotes.

“COVID has decimated my business. I don’t see a way to re-establish my company when this is through.”

“I work in a supermarket so, if anything, I had been getting more shifts during the pandemic because of the chaos.”

“I work in essential services but have gone from four casual contracts to one part-time role and suspended or greatly reduced work in other areas.”

“I actually got a lot more work!”

“I am working from home so don’t get the social interaction of the office, and don’t have the separation of work and home life.”

“By coincidence I started my chemotherapy treatment about the same time as COVID-19 measures were introduced. My chemotherapy doctor recommended that I take time off to reduce my chances of catching COVID-19. I am hoping to resume my work as a schoolbus driver... after my chemotherapy has finished.”

5.3 Sex Work

Participants were asked 'Were you working as a sex worker just prior to the COVID-19 pandemic?' **4.3% of participants indicated that they had been working as a sex worker prior to the onset of the pandemic.**

The sex work industry was greatly impacted by the onset of the COVID-19 pandemic, with strict social restrictions resulting in the temporary closure of brothels and policing of areas known to be frequented by street-based sex workers. As outlined in COVID-19 and Sex Work in Australia (2020),[17] published by Scarlet Alliance, many sex workers have experienced financial strain, stigma, and discrimination through over-policing and shortfalls in the government responses to the sector during the pandemic.

Sex workers are a mixture of precarious workers, subcontractors, and sole traders who are only paid when they can work. They do not have access to sick leave, annual leave, or employer contributions to superannuation. Many sex workers either did not meet the criteria for JobSeeker or JobKeeper, or had difficulty providing proof of employment and income. This was partly due to the complexities of navigating the legal system, which varies greatly between States and Territories and depends on the various models of operation within the industry. Financial strain and uncertainty regarding the availability of secure work during the pandemic were common themes identified by participants in this survey, who were involved in sex work.

5.4 Financial Strain

The impact of the COVID-19 pandemic on financial strain was examined by asking participants: 'Has the COVID-19 pandemic put financial strain on any of the following?' with the option to select all that applied from; a) rent/mortgage; b) utilities (e.g., electricity, gas, water, internet); c) food/groceries; d) provision of financial support to others. There was also the option to select 'other' and provide an open-text response. **49.6% reported experiencing financial strain related to the COVID-19 pandemic.** For more detailed information about financial strain, see Appendix 5.3.

Community Quotes.

"Sex work was a creative outlet for me, as well as [for] financial gain, and I absolutely loved it. I loved the sisterhood and the people that I met, and the confidence that it gave to me... I have been getting creative with ideas such as online content and engagements, however it is not the same, and I cannot wait to get back to my creative escape of sex work from my busy lifestyle."

"Most of my trans friends are also sex workers who work with me, so I feel like I've lost a massive part of my support system."

"[I am] unable to afford medication, [and it is] difficult to find work."

"I live paycheque to paycheque and spent some weeks with little (or no) food, as the cheaper staple foods I ordinarily rely on had been sold out by people who were stockpiling."

"I'm really concerned about how long it will be until I can go back to work, and if the brothel I work at will still be there."

"COVID-19 cost me my source of income."

"Having no answer as to when I can go back to work has caused severe anxiety attacks. The inability to be able to feed myself without help is stressful. The constant worry [about becoming] homeless if I can't pay my rent."

"I have not been paid anything in over 6 weeks. If I didn't dip into my surgery fund, I would not have been able to pay rent, or get food."

"Because I'm working reduced hours, I'm struggling to cover rent without tapping into savings."

"I have been a sex worker for 20 years and I am starting to get really tired and hate the work. I got a 'normal' casual job while I studied to reduce the amount of sex work I have to do... Now though, I don't know what to do. I lost my casual job, and I feel almost physically sick at the thought of doing sex work again."

"Having money for rent comes first, so food is the last priority, which is stressful when you can't afford to eat."

5.5 Government Assistance and Improved Financial Situation

While almost half of participants reported financial strain related to the pandemic, others reported an improvement in financial situation. For some, the shift to working from home reduced living costs related to public transport and dining out. For others, the improved financial situation was related to an increase in subsidies/income support from the Australian Government.

On 12th March 2020, the Australian Government announced a stimulus package that included one-off payments to pensioners and social security recipients, and payments and subsidies for affected small businesses. Several weeks later, during widespread closure of 'non-essential' businesses, the government announced JobKeeper, a payment to eligible, heavily-affected businesses of up to AUD1,500 a fortnight per full-time, part-time, or long-term casual employee.(18) The JobKeeper payment was equivalent of 70% of the national median wage and likely provided financial relief and job certainty for at least six months for many individuals.

For some, as indicated in this survey, JobKeeper payments were higher than their usual income, providing positive financial benefits. There was also an increase in several other government payments. However, as noted by some participants, certain types of pensions did not see such an increase (e.g.: disability pension).

Community Quotes.

"I actually have a liveable income for the first time in many years, due to increases in Austudy and the JobKeeper payment."

"Whilst people out of work got double the pay, my pension stayed the same... If I felt bad about being on the pension before now, I feel worse or devalued because of my disability... I was not able to stock up on things or do quarantine like others did. I live paycheque to paycheque. Suddenly essential items were gone and I had to wait until I had the money. It made things difficult."

"I'm actually being paid more than I would typically earn since it's a single payment rate. It's strange to be financially benefited by a crisis that is seriously and negatively affecting so many others."

"A larger number of friends have been requesting financial assistance or care packages for food and household commodities. I have helped where I can."

"If anything I am saving money, because I can't go out anywhere."

"Due to increased payments and compassionate superannuation, I have more money."

"At this stage, changes to work conditions have been financially beneficial, if anything; working from home, not paying parking etc."

"Because I am fortunate to be able to work effectively from home my income has not been affected, and restrictions from the pandemic have actually reduced my expenditure on discretionary items, so I am in the rare position of being in a stronger financial position during the pandemic."

"Because I work from home, I have thankfully been able to earn a living wage without additional financial aid. My work situation is unchanged, and I am very lucky this is the case."

"Due to the government supplement, I am doing better from a purely financial perspective."

"[My] finances have not been affected. I work in aged care and since this pandemic I have had increased hours and greater income."

6 Healthcare

Gender-affirming healthcare can include gender-affirming hormone therapy (GAHT, e.g.: testosterone for masculisation and estrogen for feminisation), and other medications related to masculisation and feminisation (e.g.: medications to prevent hair loss or to promote hair growth). There are also a range of procedures or services that individuals may access for gender-affirmation purposes including speech pathology (e.g.: voice training/coaching, voice preservation), hair removal (e.g. waxing, laser), lip and other facial fillers, nail decoration, and hairstyling.

Many trans people struggled to access health services in Australia, even before the COVID-19 pandemic. Trans people often have limited options in terms of accessing healthcare, allied health services, and other gender-affirming services. They may encounter healthcare providers who lack competency in trans healthcare (both knowledge of treatments and appropriate ways to interact with trans patients), and healthcare providers who exhibit inappropriate or discriminatory behaviours towards trans people (including delay or denial of healthcare).

Even though any General Practitioner or Endocrinologist in Australia can prescribe GAHT, many are unwilling to. This is often due to a lack of knowledge about GAHT and the trans community, as a result of little to no training on trans healthcare in medical training curriculums. Some doctors exhibit discriminatory views (blatantly or more subtly) and deny or delay healthcare access for trans community members. Even general healthcare (e.g. seeking antibiotics for an infection) may require accessing a specific ‘trans- friendly’ service, due to the risk of inappropriate treatment elsewhere.

As a result, trans-friendly healthcare providers often have long waitlists (greater than 6 months for a first consultation) and are largely contained to larger cities and metropolitan areas. Many trans people therefore encounter numerous barriers (geographical, financial, time) to basic healthcare services which are non-discriminatory.

The onset of the COVID-19 pandemic saw disruptions to trans healthcare, including temporary closure of some gender clinics, limitations to in-person appointments, a shift to telehealth, and greater demand for mental health support. Many ‘trans-friendly’ healthcare providers also stopped taking new patients or closed their waitlists, due to the uncertainty of disruptions. At various times, other gender-affirming services, including speech therapy, hair removal salons, and hair salons/barbers, were temporarily closed. Some participants reported negative experiences when accessing healthcare through someone who was not their usual, trans- friendly healthcare provider.

6.1 Postponement or Cancellation of Gender-Affirming Surgeries

In Australia, gender-affirming surgery is classified as elective/cosmetic surgery by governmental guidelines, and therefore gender- affirming surgery is not provided in the public health sector, and Medicare only offers small rebates. Even with private health insurance, gender-affirming surgeries result in prohibitive out-of-pocket expenses and various caveats for the individual, meaning that many spend years waiting for their insurance companies to approve their claim eligibility, saving for, and anticipating surgery.

At various points during the pandemic, elective surgeries were cancelled or postponed to conserve healthcare resources. To assess the impact of disruptions to elective surgeries on the Australian trans community, participants were asked whether they had gender- affirming surgery scheduled at the time of the survey. 213 participants had gender-affirming surgery planned. **Of those who had planned surgery, 60.6% had their surgery cancelled or postponed.**

Free-text responses highlighted the immense mental health toll that surgery postponement and cancellation had on many trans people. For more detailed information about gender-affirming surgery disruptions, see Appendix 6.1.

6.2 Disruptions to Surgery Aftercare

For participants who indicated they had gender-affirming surgery in the three months prior to the onset of the pandemic, disruptions to aftercare were assessed through a Yes or No response to ‘Has aftercare post-surgery been affected by the COVID-19 pandemic?’ and open-ended responses to ‘How has your after-care post-surgery been affected?’

68 of participants reported having had gender-affirming surgery in the 3 months prior to the onset of the COVID-19 pandemic in late March 2020. **Of those who had surgery in the three months prior to the pandemic, 61.8% reported that their aftercare had been affected.** For more detailed information on disruptions to surgery aftercare, see Appendix 6.2.

Community Quotes.

“My top surgery was cancelled just a few weeks before it was supposed to happen. I had been looking forward to it for months, and suddenly not knowing when or if it would happen caused a big spike in my depression. I found it really hard to look after myself for weeks.”

“[I have] lost any ability to make an income to afford gender-affirming surgery.”

“I was planning to have [surgery] in Thailand at the end of the year, but likely difficulties with international travel [have] delayed my planning.”

“Cancellation of my booked surgery was extremely dispiriting. I’ve been thinking about that for almost 60 years now.”

“Not being able to see my surgeon in person for post- op checkups was very stressful. I was worried that if something was wrong, he wouldn’t be able to see it clearly through video call.”

6.3 Disrupted and Delayed Access to General Healthcare

The more general impact of social restrictions on healthcare needs was explored through open-ended responses to ‘Has the COVID-19 pandemic affected your healthcare needs in other ways? If so, how?’ The most common responses included:

- Disruptions to general care (cancellation or postponement of appointments, healthcare professionals not taking on new patients).
- Disruptions to specialist care (cancellation or postponement of appointments, healthcare professionals not taking on new patients).
- Temporary closure of allied health services (e.g. physiotherapists, chiropractors, fertility services, dentistry services for non- emergency procedures).

Some participants reported delaying accessing healthcare due to fear of contracting COVID-19, or not wanting to burden the healthcare system during the pandemic. Exacerbation of pre-existing health conditions was a common experience.

Community Quotes.

“I am afraid to go to the doctor. I am afraid of the healthcare provider. I am afraid I will be infected.”

“I had an IVF egg donation procedure scheduled in Spain, which had to be cancelled due to the pandemic. My plans for parenthood and subsequent gender transition are all in limbo, for who knows how long.”

“My normal practitioner has closed their books and I don’t know how to find another trans friendly doctor. I haven’t been able to get test results and just haven’t gotten healthcare.”

“Since I’ve had to go home to my hometown, I’m away from the doctor who gives me my T shots... I’m scared to even fill my prescription at the local pharmacy because it’s a small transphobic town.”

“The closure of my laser hair removal clinic impacted heavily on my mental health. My facial hair growth causes me severe dysphoria and I haven’t been able to continue my treatments for the last 3 months.”

“Some specialists and services in trans health have indefinitely paused activity because of the virus, without referring patients elsewhere or giving them guidance.”

“My GP who usually gives me my testosterone shots is an hour away by public transport which I’d like to avoid due to the pandemic. I contacted my two closest GP clinics to ask if nurses there could give me my shot, both said no. One asked me what injection and actually laughed at me when I said testosterone/HRT and told me that it wasn’t essential.”

“Due to COVID-19, I delayed getting blood tests for testosterone levels for over a month. I suspect my levels are very low and I need to up my testosterone, but I avoided addressing the issue because I didn’t want to hassle my doctor... I was scared of attending a pathology clinic. Basically my transition has not gone quite to expectations because of this interruption.”

“If the pandemic did not exist I probably would have been on HRT by now.”

6.4 Telehealth

Prior to the onset on the pandemic, telehealth (healthcare provider/patient consultation by phone or video call) was primarily used in the provision of healthcare to regional and remote areas in Australia. As detailed in the COVID-19 and Australian General Practice: A Preliminary Analysis of Changes Due to Telehealth Use in 2020 Report,[19] telehealth was subject to significant restrictions and Medicare rules that favoured in-person consultations.

In response to the need for physical distancing and the shortage of Personal Protective Equipment (PPE), there was considerable pressure to allow healthcare providers to use telehealth to deliver care. On 13th March 2020, bulk-billed Medicare item numbers were introduced to allow telephone and video consultations with patients suspected to have COVID-19. On the 29th of March 2020, Medicare restrictions were lifted, allowing for a much wider range of consultations delivered by telehealth, and making it possible for practices to pivot to an extensive telehealth model of care.

In a general population survey conducted by Isautier, et. al. (2020),[20] 61.9% of telehealth users stated that their telehealth experience was 'just as good as' or 'better than' their traditional in-person medical appointment experience.

Isautier et al., identified six overarching themes associated with telehealth experiences that were poorer than in-person experiences. These included:

- Communication is not as effective.
- Limitations with technology.
- Issues with obtaining prescriptions and pathology results.
- Reduced confidence in their doctor, additional burden for complex care.
- Inability to be physically examined.

Community Quotes.

"[My] general practitioner has started telehealth which is easier access for me, as I see a gender specialist who is about an hour drive away. Telehealth means less travel so better access to a GP."

"My regular appointments have become via phone or video call, which I find much more difficult to concentrate on, and brings in the issue of connectivity troubles."

"All my healthcare providers are doing remote sessions, which for mental health, is not preferred for me. All my psychologist appointments are online and the gender clinic I go to paused operations."

"Being able to see healthcare providers via telehealth has actually helped me a lot because of my anxiety and autism, but I am scared to see any of my providers in- person... I don't know what will happen when I need to."

"[I am] being forced to switch from face-to-face to telehealth for some doctors, which I find more uncomfortable and anxiety-inducing."

"Ability to see my psychologist remotely with telehealth has been positive."

"[The pandemic] made it easier for me to access healthcare due to increased availability of telehealth."

"My psychiatrist is using telehealth which is not the same. I feel that she is unable to effectively treat me."

"Reliance on telehealth has made some aspects of consultations impossible, such as minor surgery."

"Telehealth appointments are making it harder to diagnose conditions with physical [and] internal symptoms. I ended up in the ED because a condition escalated after two telehealth appointments."

6.5 Changes in Physical Health During the Pandemic

Changes in physical health because of the pandemic were assessed with the question ‘How has the COVID-19 pandemic affected your physical health?’ and a sliding scale response. The scale went from 0 = ‘much worse’ to 100 = ‘much better’.

21.9% experienced worse physical health during the pandemic (score 0-29). 70.5% experienced little or no change to their physical health during the pandemic (score 30-69). 7.6% experienced improved physical health during the pandemic (score 70-100).

Some participants also provided more detail about changes to their physical health through free text responses. Common reasons for a decrease in physical health included:

- Exacerbation of pre-existing conditions due to disruptions to healthcare. Reduction in fitness and physical activity due to closure of fitness facilities. Disruptions to organised sport.
- Changes to diet because of disruptions to food access or stress.
- Physical symptoms of stress, anxiety, and depression.

Common reasons for an increase in physical health included an increase in time to devote to physical activity and food preparation.

Community Quotes.

“[My] physical health is actually better than usual now that I’m not drinking beer or eating fast food with my friends. I’ve also got time to run and cook, more than I did when I was socialising and commuting to work.”

“In order to pursue gender affirming surgery, I need to lose a substantial amount of weight. The closure of gyms and exercise options locally, in combination with increased isolation, has led to a major decrease in exercise, a worsening of my mental health, and a correlated increase of weight. This has been emotionally devastating.”

“Because I can’t access physiotherapy, my disability pain has worsened.”

“As part of the lockdown, I was asked by some friends to help organise a daily fitness class for them over voice chat. This has led to me waking up at regular hours and exercising regularly in order to hold the class.”

“I am unable to go outside as I use a powered wheelchair and so I lack the “exercise” excuse to go outside, which means I am not getting fresh air or sunlight. I am unable to attend physiotherapy... I am physically exhausted all the time from the strain of my mental health issues.”

7 Mental Health

7.1 General Mental Health

The impact of the COVID-19 pandemic on general mental health was assessed by using a sliding scale response to 'How has the COVID-19 pandemic affected your mental health?'

44.2% experienced worse mental health during the pandemic (score 0-29). 46.2% experienced little or no change to their mental health during the pandemic (score 30-69). 6.5% experienced improved mental health during the pandemic (score 70-100).

An optional follow-up question was asked to understand why participants selected a certain score: 'Would you like to comment further on how the COVID-19 pandemic has affected your mental health?' Some of the most reported experiences included:

- Increased anxiety.
- Increased stress.
- Worry and feelings of dread.
- Feeling lonely or isolated.
- Depressive symptoms such as feeling hopeless or having a low mood.
- Exacerbation of pre-existing conditions (e.g., eating disorders, obsessive compulsive disorder).

Community Quotes.

"I have OCD, so all the contamination fears around COVID have made that much worse."

"I enjoy having alone time, and am liking being able to set when I interact with others in advance... I also don't pay very much attention to the news. So overall, this has been good for my mental health."

"I largely feel stress about still being required to work and study (albeit at home), while also being affected by what's happening. I wish everything could just stop while we deal with this, and I'm resentful that I am required to continue to be productive, and work more or less as efficiently as I would under normal circumstances, despite the fact that this is not at all normal."

"I don't cope well with being alone, so social distancing has been really tough."

"A lot of the things that I did to regulate my mental health have been shut down."

"COVID-19 has resulted in my losing access to many of the coping strategies I use to deal with my ongoing mental health issues. As a result my mental health has declined significantly."

"At first my mental health was much much worse. But as time has gone on, I got sober and have used the increase in free time to start eating better and focusing on improving my self-care and physical health. Consequently I have seen a great improvement in my mental health. It's been like a see-saw."

"Being contained in the same environment every day, while simultaneously experiencing existential dread and uncertainty about the state of the world, is an absolute goddamn nightmare."

"I am struggling with mild symptoms of psychosis due to [a] lack of grounding activities, and fear of persecution. I am also struggling with increased fear of leaving the house, as well as contamination, both linked to my OCD."

"I live with OCD, and the fact that the majority of the population is now practicing my behaviours is comforting."

"I had a bit of a mental breakdown a few weeks into COVID-19 quarantine. Like everyone else, the disruption to my life and my inability to see a lot of my friends has got me down."

7.2 Depression

Depression was assessed using the Patient Health Questionnaire 9 (PHQ-9). The PHQ-9 is an easy to understand 9-item scale, in which respondents self-report the severity of nine depressive symptoms as '0' (not experienced) to '3' (experienced nearly every day). The sum of the responses to the nine questions provides a total score. The PHQ-9 was chosen because it allowed for a comparison with Australian general population data from during the first months of the COVID-19 pandemic[21] and also with data from the Australian trans community from prior to the pandemic.[2]

61.1% of the 985 participants who completed the PHQ-9 experienced clinically significant symptoms of depression in the prior two weeks (PHQ-9 score ≥10).

This is higher than in trans samples from prior to the pandemic (36% and 44% reported by Pitts, et, al.,[22] and by Hyde, et, al.,[2] respectively), and significantly higher than 27.6% reported in the general Australian population in response to COVID-19 during May 2020.[21]

For more detailed information about the PHQ-9, see Appendix 7.1.

7.2.1 Rates of Clinically-Significant Depression by Gender

When rates of rates of clinically-significant depression (PHQ-9 score ≥10) were examined by gender, the following was found:

74.3% of non-binary people experienced clinically significant depression. 59.9% of trans men experienced clinically significant depression. 53.8% of trans women experienced clinically significant depression.

These findings are similar to other recent Australian studies that show non-binary people as being at higher risk of experiencing depression or mental health distress than other members of the LGBTIQA+ community.[23] For more information of rates of depression by gender, see Appendix 7.2.

Community Quotes.

"All my hard work around staying on top of my depression vanished."

"Without the need to get up and work, I have lost motivation to get out of bed and do anything. My depression has taken days out of my life, where everything is a haze and I have no reason to leave [my] bed."

"My depression has been harder to manage with social isolation and lack of human contact."

"I have been feeling very isolated and depressed. I've had a low mood and a lack of energy."

"[It] has been harder to shake off depression episodes... Being unable to get a change of scenery or even get out of the house makes it harder to get out of."

"[I have been] feeling more depressed, because I am doing less and not getting out as much."

"Due to my surgery being postponed, and other life stresses, I've had to start antidepressants."

"I am depressed far more often, and I have almost no motivation to try and get out of it."

"I have a long history of depression, currently managed with medication and therapy skills, so when when isolation started to affect my mental health I was able to manage it fairly easily."

"Being inside all the time has... caused long periods of introspection, which has led to low points of depression and compulsive behaviours."

7.2.2 Associations Between Experiences of COVID-19 and Depression

Analysis was performed to explore associations between experiences of COVID-19-related stressors and depression. Models for depression were analysed with four types of experiences of COVID-19:

- Job loss (participants who indicated 'I lost my job').
- Feeling unsafe or afraid in household.
- Financial strain (participants who indicated financial strain in relation to at least one of housing, utilities, groceries, financial supporting others, or 'other').
- Surgery cancelled or postponed.

Feeling unsafe/afraid in the household and financial strain posed higher odds for depression.

Job loss due to COVID-19 restrictions was not statistically associated with higher odds for depression in Australian trans individuals. This lack of association is likely explained by the introduction of JobKeeper by the Australian Government, a wage subsidy which paid business who were adversely affected by the pandemic to enable them to keep their staff employed. In addition, some other Government payments were also increased in response to the pandemic. This likely provided financial relief and job certainty for many individuals.

Cancellation or postponement of gender-affirming surgery was not statistically associated with a higher risk of depression, however, many members of the community experienced significant distress as a result. For more detailed statistics, see Appendix 7.3.

Community Quotes.

"[My] depression has been returning, likely due to the loneliness."

"[I have] been unable to find a job, even with a PhD, which has increased my feelings of hopelessness and worthlessness, feeding into my major depressive disorder."

"My routine has totally disappeared, which has resulted in my depression and anxiety severely increasing. As a result, I have lost my sleeping pattern entirely, and I am functioning from a place of 'survival' in terms of how my brain is working... Losing the ability to interact with friends, family, and even colleagues... has also impacted my depression significantly. I am a social person, quite extroverted, and one of my main love languages is physical touch– so the majority of my avenues of self care have been cut off. I can't go out and socialise with friends to 'recharge' and regulate my mental health... My face-to- face organised exercise also ceased, and exercising with others, as part of my routine, is something that helps regulate my mental health. I am not well."

"Being isolated... has made me feel very lonely, which has made my depression much worse."

"Being stuck at home is making my symptoms and depression more apparent, and harder to work around."

"[My] depression has increased."

"Difficulty maintaining contact with friends has increased my isolation, and worsened my depression."

"I didn't realise how much the regular routine of work helped my mental health. Having nothing to do triggered my depression, and when I do need to go out, my anxiety (which was mostly managed before) is through the roof."

"I feel incredibly depressed, and it's ruined any schedule and/or structure that my ADHD brain needed to function."

7.3 Thoughts of Self-Harm and Suicide

Item 9 of the PHQ-9 specifically assessed thoughts of self-harm or suicide ('Thoughts that you would be better off dead or of hurting yourself in some way').

Almost half of the participants (49%) reported that they had thought that they would be better off dead or of hurting themselves in the prior two weeks.

11.9% experienced these thoughts nearly every day. This rate of 49% is almost double the rate previously reported for the Australian trans population by Pitts, et, al.,[22] though similar to Hyde, et. al.[2] By comparison, 14.9% of the general Australian population reported thoughts of self-harm or suicide in the initial months of the pandemic.[21]

7.3.1 Thoughts of Self-Harm and Suicide by Gender

58% of non-binary people had such thoughts during the pandemic. 45.5% of trans men had such thoughts during the pandemic. 46.3% of trans women had such thoughts during the pandemic. For more detailed information of thoughts of self-harm and suicide compared by gender identity, see Appendix 7.4.

Community Quotes.

"I attempted suicide... [and] cutting myself. Memories of childhood trauma are coming back. I'm lonely, too."

"I was already struggling prior to COVID, but the loss of my job and the lockdowns resulted in me spending a month in a psychiatric hospital as my suicidal ideation and [suicide] planning went to extreme levels."

"Due to restricted contact with my friends and constant exposure to my abusive family, I have found myself spiralling downwards, and becoming increasingly suicidal."

"[I] have had an increased rate of suicidal ideation and more intensely, and have thought about checking into the ER because I didn't feel safe, but also felt that healthcare workers were already at risk and overworked, so I didn't."

"I've been suicidal and low for months."

"There have been several instances where I have self- harmed and also thought about committing suicide."

"Thoughts of self-harm and suicide have increased."

7.3.2 Associations Between Experiences of COVID-19 and Thoughts of Self-Harm or Suicide

Like for depression, analysis was performed to explore associations between experiences of COVID-19-related stressors and thoughts of self-harm or suicide. This included job loss, feeling unsafe or afraid in household, financial strain, and cancellation or postponement of surgery.

Participants who reported feeling unsafe or afraid in the household and financial strain had higher odds of having thoughts that they would be better off dead or of hurting themselves.

Cancellation or postponement of gender-affirming surgery due to COVID-19 was associated with 56% higher odds of having thoughts of self-harm or suicide.

Job loss due to COVID-19 restrictions was not statistically associated with a higher risk of thoughts that they would be better off dead or of hurting themselves. This finding might have a similar explanation to the depression analysis as abovementioned. For more detailed statistics, see Appendix 7.5.

7.4 Gender Dysphoria and Euphoria

Participants were not asked directly about experiences of gender dysphoria and gender euphoria during the pandemic. However, in free text survey responses, such experiences were commonly reported. The way that people move through public spaces has changed dramatically, along with an increased reliance on video conferencing software for work, social interaction, and to access services. For some, such changes presented an opportunity to explore gender expression and pursue social and/or medical gender transition more freely. For others, however, gender expression and transition were inhibited or disrupted.

Community Quotes.

“I came out to work and to my children... and started living full-time as a woman. I think that working from home may have helped me to do [that] because I was a bit freer to experiment with clothing, hairstyles, and occasionally light makeup, and then show myself a bit during short video calls... If I was still travelling to work each day I would still be dressing more androgynously; I would be too afraid to make those changes and then travel to the city for the whole day.”

“Having to look at my own face on Zoom all the time, and listen to my own voice, is increasing my dysphoria.”

“I do body-building to manage my gender dysphoria. My gender dysphoria has increased significantly since gyms closed.”

“I have less stress about being misgendered, since I don’t go out much.”

“I felt scared of getting the virus, because my experience at hospitals was so bad... I had to think about death, and about whether or not my trans body would be respected.”

“Not having to use public toilets has been nice, as this is one of the most stress-inducing scenarios.”

“Emails and Zoom meetings don’t provide the same theatre to express and advocate for myself, [and] has allowed for misgendering and mistreatment to go unaddressed. My social transition has felt stalled... I’ve struggled to not be able to test my transition in the workplace.”

“Because of social distancing... I have been able to get over my fear of starting to dress in a way that reflects who I am in public... I’m not sure I would have been able to leap that mental barrier so quickly without this unusual situation.”

Feature Stories.

Lex:

“I am a volunteer ambulance officer in a remote community, and because of the COVID-19 pandemic I had to choose to either shave off my beard (which is a huge part of my trans identity and I have

had it since it grew about 8 years ago) or stop volunteering temporarily. I decided to shave my beard off and continue volunteering, as we are a small team and I wanted to do my bit.

I did experience dysphoria without it, and was misgendered a few times because of [being shaved]. Both my anxiety and depression worsened dramatically because of this. I experienced panic attacks, and thoughts of self-harm (which I have previously done).

I saw my GP who was incredibly supportive and helpful, but due to travel restrictions it took about a month before I was able to speak to a mental health worker and psychiatrist via video-conference. I am still shaving and feel significantly better about it, but won’t feel myself again until I grow it back.”

Clare:

“Both my study and work were done remotely during the lockdowns.

This meant that I didn’t have to struggle with using public transport as a disabled person, which gave me more time and energy to put into my work and study. But it also meant that I lost a lot of important social connection with my fellow students and coworkers, and that made me feel very isolated. I also struggled with figuring out how to “switch off” my work-and-study brain and know that it was time to relax.

I managed by ensuring that my desk was a fun, colourful space that I would enjoy sitting down at every day, and by creating online meetups with other LGBTIQA+ students at my university. I still struggle with switching off and relaxing, but I try to be kind to myself about it - I know that getting frustrated will only make things worse.”

8 Alcohol and Drug Use

8.1 Alcohol Use

Frequency of alcohol consumption in the trans community during the pandemic was assessed with fixed responses to the question ‘How often do you drink alcohol?’

22.1% reported drinking alcohol once or twice a week. 11.5% reported drinking alcohol daily or almost daily.

Those who indicated that they consume alcohol were asked to report changes to their alcohol consumption since the onset of the pandemic. **16.1% of respondents consumed alcohol at a lower rate than prior to the pandemic (score 0-29). 58.8% of respondents consumed alcohol at a similar level to pre-pandemic times (score 30-69). 25.1% of respondents consumed more alchol than they did pre-pandemic (score 70-100).** For more information of alcohol use, see Appendix 8.1.

8.2 Non-Medical Drug Use

Drug use was assessed with fixed responses to the question ‘How often do you use drugs for non-medical purposes?’

8.5% reported drug use for non-medical purposes once or twice a month. 4.7% reported drug use for non-medical purposes once or twice a week. 5.5% reported drug use for non-medical purposes daily or almost daily.

The participants who indicated drug use were asked to report changes to their drug consumption since the onset of the pandemic. **14.8% of respondents used drugs at a lower rate than they did pre-pandemic (score 0-29). 53.4% of respondents used a similar amount of drugs (score 30-69). 31.8% used more drugs than they did pre-pandemic (score 70-100).** For more information of drug use, see Appendix 8.2.

Community Quotes.

“[I] have started drinking to cope in the last few days, a glass of wine or two in the evening. I’m very nervous about losing control of my drinking again.”

“I am using drinking and sex (consensual and safe) as coping mechanisms.”

“I attempted suicide with a drug overdose.”

“I started off drinking too much and my mental health went way down. I got the drinking back to normal (moderate) and am now as happy, or happier, than I was before COVID.”

9 Community Resilience

9.1 Loss of Social Support and Coping Strategies

In the context of social discrimination, including high rates of family rejection, support networks – allies, LGBTIQA+ community members/friends and LGBTIQA+ and trans-specific spaces – are often central to resilience building.

Social support and connection with the trans community has been consistently shown to improve mental health and quality of life, and provide protection against depression, suicidality, and other mental health comorbidities.[25] Social restriction measures had a negative impact on many trans individuals and communities, as interactions with people outside one's household were severely limited, and safe physical social spaces were closed.

Beyond the trans community, many participants spoke of the loss of social spaces, communities, and access to coping strategies, such as various forms of exercise (e.g. gyms and organised sport) and hobbies. Several First Nations participants talked about the disconnection from country and culture they experienced due to travel restrictions.

9.2 Support Seeking

In response to the loss or disconnection from usual social supports and coping strategies, people have sought alternate ways to connect with those who are important to them, and to the wider trans and LGBTIQA+ community.

To understand support seeking behaviours, participants were asked: 'Have you reached out to someone you care about since COVID-19 social distancing measures came into effect?' **88.1% of participants indicated that they had reached out to someone, while just over 10% of participants reported that they had not sought support from others since the onset of the pandemic.** Some participants reported that they did not feel they had anyone to provide emotional support. For more information relating to support seeking behaviours, see Appendix 9.1.

Participants were also asked 'If you have needed emotional support during the COVID-19 pandemic, who have you turned to?'

61% spoke to someone who they did not live with but who they trusted. 46.2% spoke to someone they lived with. 37.5% sought support from a mental health professional. 18.9% accessed a LGBTIQA+ specific organisation. 15% spoke to their General Practitioner. 14.8% used online groups and forums. 10.5% accessed mainstream mental health organisations.

Free-text responses provided insight into other sources of emotional support, including other trans community members, religious community, and alcohol and drug support services. For more information relating to support seeking, see Appendix 9.2.

Community Quotes.

"I feel well supported online by LGBTIQA+ and TGDNB orgs, community and friends."

"Community provider groups have had more online functions. As a trans person in a regional area, this has been a benefit of COVID. I think these organisations have done a great job."

"Virtual meet-ups have been good."

"The transmasc support group I am part of is doing monthly zoom catch-ups, so that's great."

9.3 Community Resilience

The Australian trans and broader LGBTIQA+ community demonstrated flexibility, adaptability, and resilience in response to social distancing measures. Trans groups and organisations sought to adapt their services to online platforms. Online spaces have become the ‘new normal’, and a vital source for social connection, emotional support, and entertainment for many trans community members. The shift online made such events and services more accessible to many people, including those with disabilities, those with social anxiety, and people living in regional and remote areas.

Although participants were not directly asked about whether they had provided support to peers and friends, many shared stories of reaching out and offering care. This included providing emotional support, contacting support services on behalf of others, going shopping for those who had difficulties doing so themselves, and providing material and financial support if needed. For some, these acts improved their own mental health, providing purpose and structure. For others, however, it was detrimental.

9.4 Positive Coping Strategies

Participants were asked to provide fixed and open-ended responses to ‘Which strategies have you used to stay positive and healthy during the COVID-19 pandemic?’

71.3% explored hobbies and interests. 64.7% listened to and played music. 45.1% socialised outside household. 44.9% played with and cared for animals. 41.7% socialised within household. 38.7% exercised. 37.3% emotionally supported others. 9.3% turned to religion and spirituality.

In the open-text responses, support groups and networks, house maintenance, and keeping busy with work and study were commonly cited. Self-soothing and distraction were also mentioned as helping to keep ones mind off world events and reduce anxiety. For more information on positive coping strategies, see Appendix 9.3.

Community Quotes.

“[I have been] going to sharing circles and support groups, reading self help blogs, learning support mechanisms. A lot of distracting myself with entertainment [and] setting up and participating in opportunities to connect and support each other.”

“Exercising more at home with free online classes, as I don’t have to go to gym or class where environment is often gendered.”

“Using mental health coping strategies... [like] meditation, going outside for walks, yoga, drinking tea, baking, breathing exercises, distraction.”

“I have spent so, so much time working on my thesis to avoid thinking about things.”

“Odd jobs around the house and garden. They may be small victories, but I will take what I can get at the moment.”

“I haven’t used any strategies for myself other than trying to make sure I occasionally get a few minutes alone. My strategies are all for other people.”

“Getting information on transition experiences is helpful and enlightening.”

“A lot of community Facebook groups have been set up, which I find useful. I also appreciate media recommendations that I have been receiving, for when I want community connection but don’t have social energy to actively engage.”

“I am feeling good about being able to assist the mental health of friends and family who are going through a particularly difficult time at present.”

“I like to dress [up] and put on make-up to relax. Try on wigs and shoes, obviously all female.”

“Through coincidental circumstances I have been able to have phone chats and make virtual friends with another trans guy who has many years experience in support and working with the community. I am really benefitting from this even though we’ve only spoken 2-3 times so far. Just knowing he is there is great! He really ‘gets it’, and has also had experience with growing up in a fundamentalist Christian environment.”

9.5 Positive Experiences

Positive experiences during the pandemic were assessed through fixed and open-ended responses to ‘Some people have reported unexpected, positive effects of the current social restrictions during the COVID-19 pandemic. Which of the following apply to you in the last week?’

56.6% reported not feeling obliged to attend events and socialise. 36.5% experienced a decreased risk of being misgendered outside the home. 31.8% reported an increased connectivity with people they care about. 31% had more opportunities to be creative. 27.8% took up a new hobby or interest. 27% experienced a decrease in social anxiety due to the lived experience being normalised.

Common free-text responses included having more time to rest due to stay-at-home orders, more time for self-care, and making new social connections. People with accessibility needs frequently commented on improved accessibility to spaces and communities, with the shift from physical spaces to online. For more information on positive experiences, see Appendix 9.4.

Community Quotes.

“I have been able to further my transition.”

“I have decreased anxiety about the amount of time I have to spend in bed as a sick person and how much judgment and misunderstanding I experience around that.”

“I have time to rest physically and emotionally. I don’t have to expend so much emotional energy by explaining transness to others socially, and I can rest physically and allow myself the time to recover from gender affirming surgery and the changes that are happening due to commencing hormone therapy.”

“I haven’t worn my [chest] binder for almost two months now and it feels amazing! [I] had been wearing it from 6am to 9pm, sometimes 6 days a week, before all of this.”

“I have had the time to reflect on what I want out of my career, and to work on past trauma.”

“I have decreased social anxiety, as less people are in public, and social distancing means they must stay a respectful distance from me.”

“I am able to actually attend work meetings instead of cancelling because of physical limitations now that all of my meetings are online/ video.”

“I get to grow my facial hair.”

“I’m able to work on my femininity at home; if I’m able to present more femininely at home the world in general will be a breeze.”

“I am encouraged not to leave my house, meaning I don’t have to be witnessed by strangers.”

“I have seen accessibility measures I normally need implemented during this pandemic, giving me ammunition in the future for advocating for those access supports... My everyday conditions of being partially bed-bound have been more normalised, giving me more space to rest physically while supporting my loved ones.”

Feature Stories.

Ricki:

“COVID-19 has provided me with mixed blessings. The realities of being isolated in my unit disengaged from the heteronormative world around me had given me time to reflect on my place in the world, and presenting visibility as a transgender woman with lived disabilities. The symbol of the mask has provided me with a safety veil that I have worn to protect my emotional and physical self from verbal abuse of those in the community who either fear, or find [my] presence uncomfortable.

Time away from the world has allowed me to build my resilience to become the strong transgender woman I am today. When allowed, I am happy to take off the mask and not be frightened to show myself to the world around me. COVID-19 has given me the impetus to rediscover the places and spaces around me and not be afraid of who I am.”

Sarah:

“Lockdown was a blessing in disguise for me. It gave me a chance to practice painting my nails, putting on make-up, and wearing feminine clothing at home without worrying about having to encounter anybody for weeks at a time. It’s hard to overstate how big a deal this was to me.

I remember one of the first times I wore nail polish outside of the house, and suddenly felt so scared and ashamed that I literally wanted to rip the nails out of my fingers. Being able to practice in private helped me work through so much of that fear, and it was a period of profound growth, euphoria, and self-love for me. It set the groundwork that allowed me to transition full-time a few months later.”

9.6 Community Priorities: How can the Government, Organisations, and Community Better Support the Trans Community?

Participants were asked 3 questions pertaining to supports:

- ‘How can your local community mobilise to support you during the COVID-19 pandemic?’
- ‘How can LGBTIQA+ and trans organisations and support groups better support you during the COVID-19 pandemic?’
- ‘How can the government better support you during the COVID-19 pandemic?’

A running theme across all three questions is the need for more inclusive and comprehensive financial assistance during and beyond the pandemic.

This included the need for increased support for international students, temporary visa holders and others not eligible for Centrelink, and those who did not receive an increase in government payments during the pandemic (e.g.: Disability pension).

Improving accessibility to healthcare and mental health support for the trans community was also identified as a priority. This includes the need for more trans-competent healthcare providers, a reduction in waitlists to ensure timely access, and greater financial coverage of trans healthcare and mental health care by Medicare, to reduce financial barriers.

With the growing reliance on online engagement with support services, many participants reported that they would benefit from more opportunities for community connection in safe and inclusive online spaces. Such spaces need to also consider accessibility requirements.

Other priority issues raised by participants included housing stability, domestic violence experiences and support for the trans community, and barriers to legal gender recognition.

Community Quotes.

“[The trans community needs] access to more Medicare rebated psychologist sessions.”

“No matter how supportive the government is during this crisis, I can’t help but feel they’re supporting transgender individuals as an indirect result of supporting others. We are not the focus of the government’s support, rather, the Religious Discrimination Bill still lingers, waiting to strip us of our rights. Their intentions are to literally withdraw support from us as soon as they can. Lingering anxiety about the future will never cease, and will worsen LGBT+ people’s experiences during the pandemic, because our healthcare is in limbo. They could help out by putting their money where their mouth is, and affording everybody healthcare, all the time. Not just during a crisis. If the Bill is passed while the pandemic is still a problem, to any extent, transgender experiences will severely worsen.”

“It’s difficult to find specific information about what you can and can’t do, and sometimes the information is conflicting. So, an easier way to find specific information, and ensuring the message is consistent, would be helpful.”

“Consider disabled people’s needs. Improve services for trans people, so the very limited trans-friendly services we have don’t get so overwhelmed. Bulk-billed psychology and psychiatry (10 appointments under mental health care plan is pathetic and insufficient).”

“[We need] clearer guidelines... more simple instructions, and stronger stances. The lack of clarity and certainty around guidelines during the pandemic has meant a lot of people in my local community disregarded it or did not take it seriously, which put me and my parent at risk.”

“They need to coordinate a state and national standard for trans organisations. Right now the system is too privatised and inconsistent.”

“A liveable welfare income would be nice. I’ve had to delay buying hormones thanks to lack of money.”

“[The government needs to] acknowledge that there is an increased risk of mental illness for LGBTQI+ people.”

“They could stop saying that [being] trans is a lifestyle choice. They could recognise it as a condition. They could accept that trans children need treatment.”

“There’s been a lack of advice on how trans healthcare would be affected by COVID-19 healthcare restrictions. The uncertainty on how gender affirming surgeries are prioritised, in terms of rolling back the elective surgery ban, isn’t good.”

“Stop rushing decisions. Communicate in a way that is easily understandable, not just to the neurotypical folks. Also acknowledge the unique impact COVID is having Aboriginal communities, and look at ways to change it in the future.”

“My main concerns are around potential shortages of hormones at pharmacies, so mostly I just want to know that these are considered a priority alongside other important drugs.”

“Obviously, money is a great help. But honestly, [we need to see] them act proactively, and also not try to sneakily pass regressive and harmful laws while everyone is distracted. Seeing them learn lessons and set things up to come out of the pandemic strongly, safely, and with more progressive policies would help calm a lot of anxiety.”

Summary

The statistics and stories that have emerged from this research project paint a picture of both struggle and resilience in the face of this unprecedented global pandemic. In addition to ongoing challenges, including pre-existing social marginalisation and barriers to healthcare, the Australian trans community has faced a range of COVID-19 pandemic-related stressors which has exacerbated high rates of pre-existing depression. As a result of strict social restrictions, many have faced long-term isolation from the trans community and wider support networks, and some have experienced disruptions to their gender-affirming healthcare including cancellation of surgeries.

Specific initiatives should be prioritised to target the key issues faced by the Australian trans community, most notably:

- The extremely high rates of depression, self-harm, and suicidality.
- Barriers to accessing gender-affirming care, including discrimination, financial inaccessibility, and long waitlists.
- Barriers to accessing mental health support, including discrimination, financial inaccessibility, and long waitlists.

Recommendations

To improve the physical and mental health and wellbeing of trans Australians during and following the COVID-19 pandemic, we recommend the following:

- An urgent, targeted public health response co-designed with the trans community is required to address the alarmingly high rates of depression and thoughts of self-harm and suicide among trans people of all genders across Australia.
- Given mainstream services are not currently able to meet the urgent needs of the trans community, state and commonwealth funding is required to establish and bolster trans-affirming specialist trans and LGBTIQA+ community-controlled specific mental health services.
- Increased and improved trans-affirming mental health services, including bulk-billed telehealth, need to be expanded nationwide during and beyond the pandemic.
- All mainstream services, including primary, secondary, tertiary and allied health, require training to develop trans-affirming practice, and to ensure trans people can self-determine where, how, and when they access healthcare. All trans people should have a safe and affirming experience of healthcare, whether that be through mainstream, LGBTIQA+, or trans community-controlled services.
- Gender-affirming surgery, and related state and commonwealth policy, must be considered a priority following disruptions to elective surgery procedures. Improving access will aid in preventing suicide and suicidality in trans populations.
- Strategies to ensure the safety of trans people to live without discrimination, abuse, or violence are urgently needed, across private and public areas of life. This includes home environments, institutions and organisations, and public spaces.
- The immense diversity of the trans community must be recognised through co-design of any new program or policy development to ensure accessibility of services. This includes the needs of binary and non-binary trans people, as well as geographical, financial and cultural accessibility, and applying an social determinants approach to the needs of trans people with disabilities, neurodiverse trans people, Sistergirls, Brotherboys and trans mob, and those of marginalised identities and experiences.

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Appendices

A3.1 State and Territory

State/Territory (N=1019)	N	%
Australian Capital Territory	53	5.2
New South Wales	255	25.0
Northern Territory	11	1.1
Queensland	132	13.0
South Australia	66	6.5
Tasmania	25	2.5
Victoria	375	36.8
Western Australia	102	10.0

A3.2 Age Distribution

Age (years) (N=1017)	N	%
16 - 25	368	36.2
26 - 35	344	33.8
36 - 45	122	12.0
46 - 55	95	9.3
56 - 65	61	6.0
66 - 75	24	2.4
76 - 85	3	0.3

A3.3 Aboriginal and Torres Strait Islander Descent

Aboriginal and Torres Strait Islander Descent (N=1019)	N	%
Aboriginal	89	8.7
Torres Strait Islander	21	2.1
Aboriginal and Torres Strait Islander	12	1.2
Non-Indigenous	885	86.8
Prefer not to say	12	1.2

A3.4 Gender Identity

Which gender label(s) best describe your current gender identity? (N=1019)	N	%
Female	318	31.2
Non-binary	289	28.4
Male	238	23.4
Trans female	235	23.1
Trans male	230	22.6
Trans masculine	157	15.4
Trans feminine	95	9.3
Genderqueer	86	8.4
Genderfluid	45	4.4
I use another term/s	41	4.0
Agender	41	4.0
Demi boy / man	19	1.9
Demi girl / woman	16	1.6
Brotherboy	12	1.2
I cannot classify myself / Prefer not to answer	9	0.9
Sistergirl	0	0.0

Which group best reflects your gender? (N=1019)	N	%
Man / trans man	362	35.5
Woman / trans woman	396	38.9
Non-binary	261	25.6

A3.5 Sex Presumed at Birth

What was presumed for you at birth? (N=1019)	N	%
Female	532	52.2
Male	469	46.0
I don’t know	6	0.6
Prefer not to say	12	1.2

A3.6 Variations of Sex Development (Intersex)

Were you born with a variation of sex characteristics? (N=1019)	N	%
No	827	81.2
Yes	88	8.6
I don’t know	100	9.8
Prefer not to say	4	0.4

A4.1 Current Living Situation

Which best describes your current living situation? (N=1017)	N	%
With family (logical or chosen)	300	29.5
With partner(s)	288	28.3
Alone	187	18.4
With friends or housemates	185	18.2
With some but not all partners	30	3.0
Mixed household (e.g. parent and housemates)	11	1.1
No regular place of residence	4	0.4
Assisted living/care facility	4	0.4
Boarding school or residential college	4	0.4
Shared custody arrangement	3	0.3
Foster care	1	0.1

A5.1 Current Employment Status

Which best describes your current employment status? (N=1015)	N	%
Full time employment	309	30.4
Student	237	23.3
Unemployment	227	22.4
Part time employment	185	18.2
Casual employment	156	15.4
Pension	97	9.6
Volunteer	50	4.9
House duties	44	4.3
Retired	21	2.1

A5.2 Change in Employment since the Onset of the Pandemic

How has your employment status changed because of the COVID-19 pandemic? (N=909)	N	%
No change in employment	289	31.8
Contact with work colleagues greatly reduced	217	23.9
Working reduced hours	200	22.0
Unemployed prior to the pandemic	142	15.6
Lost employment	106	11.7
Other (e.g. increase in work hours)	146	16.1

A5.3 Pandemic Related Financial Strain

Has the COVID-19 pandemic put financial strain on any of the following? (N=1019)	N	%
Rent/mortgage	240	23.6
Utilities (e.g. electricity, gas, water, internet)	260	25.5
Food/Groceries	318	31.2
Financially supporting others	145	14.2
Other (e.g. Medication, Healthcare)	106	10.4

A6.1 Postponement or Cancellation of Gender-Affirming Surgeries

Participants were asked 'Do you have any planned gender-affirming surgery?' Of 1017 responses, 213 (21%) participants responded ‘yes’, and 804 (79.1%) responded ‘no’. Those 213 participants who indicated they had surgery planned were then asked ‘How has your planned gender-affirming surgery been impacted by the COVID-19 pandemic?’ with responses detailed below.

How has your planned gender-affirming surgery been impacted buy the COVID-19 pandemic? (n=213)	N	%
Surgery cancelled	30	14.1
Surgery postponed	99	46.5
Surgery not affected	40	18.8
Other (e.g., cannot travel interstate/overseas for surgery)	44	20.7

A6.2 Disruptions to Gender-Affirming Surgery Aftercare

Participants were asked 'Have you had gender-affirming surgery in the 3 months prior to the COVID-19 pandemic?' Of 1018 responses, 68 (6.7%) responded ‘yes’, and 950 (93.3%) responded ‘no’. The 68 participants who had surgery in the 3 months prior to the pandemic were asked 'Has aftercare post-surgery been affected by the COVID-19 pandemic?'

Has aftercare post-surgery been affected by the COVID-19 pandemic? (n=68)	N	%
Yes	42	61.8
No	25	36.8
Unsure	1	1.5

A7.1 PHQ-9

Depression and thoughts of self-harm or suicide were assessed using the PHQ-9,[27, 28] which has validation against formal diagnostic psychiatric interviews.[27, 29]

PHQ-9 is an easy to understand, self-reported 9-item scale, whereby respondents select the severity of nine depressive symptoms as “0” (not experienced) to “3” (experienced nearly every day). The sum of all nine responses provide a total score. PHQ-9 scores ≥10 are 88% sensitive and 85% specific for detecting clinically-significant major depression.[30] PHQ-9 scores of 5-9 represent mild, 10-14 moderate, 15-19 moderately severe, and ≥20 severe depressive symptoms. Specifically, PHQ-9 Item 9 assessed thoughts of self-harm or suicide (“thoughts that you would be better off dead or of hurting yourself in some way”).

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself– or that you are a failure, or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed. Or the opposite– being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9.	Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

A7.2 Depression by Gender

*Overall P-value from Chi-squared test comparing between non-binary and binary (trans men P=0.004 and trans women P<0.0001).

PHQ-9 score and depression severity (N=985)	Trans Men N (%)	Trans Women N (%)	Non-Binary N (%)	Total Sample N (%)
0 – 4 (Minimal or none)	46 (13.3)	72 (18.9)	22 (8.6)	140 (14.2)
5 – 9 (Mild)	95 (27.4)	104 (27.3)	44 (17.1)	243 (24.7)
10 – 14 (Moderate)	77 (22.2)	77 (20.2)	64 (24.9)	218 (22.1)
15 – 19 (Moderately Severe)	66 (19.0)	66 (17.3)	57 (22.2)	189 (19.2)
20 – 27 (Severe)	65 (18.7)	62 (16.3)	70 (27.2)	195 (19.8)

A7.3 Associations Between Experiences of COVID-19 and Depression

Bold values indicate odds ratios where its corresponding 95% confidence interval does not cross 1. *Odds ratio (95% CI) for all four types of experiences of COVID-19 are mutually adjusted for each other with age, being born overseas, gender, and living situation also included as covariates.

Experiences of COVID-19	Clinically significant symptoms of depression (PHQ9 Score > 10) OR (95% CI)*
Job loss due to COVID-19	0.70 (0.44, 1.11)
Feeling unsafe or afraid in household	**1.75 (1.06, 2.89)**
Financial strain	**1.85 (1.69, 2.47)**
Surgery cancelled or postponed	1.35 (0.88, 2.07)

A7.4 Thoughts of Self-Harm or Suicide by Gender

Overall P-value from Chi-squared test comparing between Non-binary and binary (Trans Men P=0.001 and Trans Women P=0.002).

PHQ-9 Item 9 Thoughts that you would be better off dead or of hurting yourself in some way (last two weeks) (N=985)	Trans Men N (%)	Trans Women N (%)	Non-Binary N (%)	Total Sample N (%)
Not at all	189 (54.5)	205 (53.8)	108 (42.0)	502 (51.0)
Several days	73 (21.0)	91 (23.9)	71 (27.6)	235 (23.9)
More than half the days	51 (14.7)	49 (12.9)	31 (12.1)	131 (13.3)
Nearly every day	34 (9.8)	36 (9.5)	47 (18.3)	117 (11.9)

A7.5 Associations Between Experiences of COVID-19 and Thoughts of Self-Harm or Suicide

Bold values indicate odds ratios where its corresponding 95% confidence interval does not cross 1. *Odds ratio (95% CI) for all four types of experiences of COVID-19 are mutually adjusted for each other with age, being born overseas, gender, and living situation also included as covariates.

Experiences of COVID-19x	Thoughts that you would be better off dead or of hurting yourself in some way OR (95% CI)*
Job loss due to COVID-19	1.11 (0.71, 1.73)
Feeling unsafe or afraid in household	**1.96 (1.23, 3.08)**
Financial strain	**1.80 (1.36, 2.38)**
Surgery cancelled or postponed	**1.56 (1.04, 2.35)**

A8.1 Alcohol Use

How often do you drink alcohol? (N=1015)	N	%
Never	203	20.0
A few times or less in the past year	242	23.8
Once or twice a month	229	22.6
Once or twice a week	224	22.1
Daily or almost daily	117	11.5

A8.2 Non-Medical Drug Use

How often do you use drugs for non-medical purposes? (N=1013)	N	%
Never	628	62.0
A few times or less in the past year	195	19.2
Once or twice a month	86	8.5
Once or twice a week	48	4.7
Daily or almost daily	56	5.5

A9.1 Connecting with Others

Participants were asked 'Have you reached out to someone you care about since COVID-19 social distancing measures came into effect?' Of 1006 responses, 886 (88.1%) indicated 'yes', while 120 (11.9%) indicated 'no'. If yes, participants were then asked 'how did you reach out to them?'

How did you reach out to them? (N=883)	N	%
Text message	626	70.9
Video call (e.g. Skype, Zoom)	558	63.2
Phone call	536	60.7
In-person visit	249	28.7
Email	191	21.6

A9.2 Support Seeking

If you have needed emotional support during the COVID-19 pandemic, who have you turned to? (N=962)	N	%
Some who I do not live with but who I trust	587	61.0
Someone I live with	444	46.2
A mental health professional	361	37.5
A LGBTIQA+ specific organisation (e.g. QLife)	182	18.9
General Practitioner	144	15.0
An online LGBTIQA+ group or forum	142	14.8
A mainstream organisation (e.g. Beyond Blue)	101	10.5

A9.3 Positive Coping Strategies

Which strategies have you used to stay positive and healthy during the COVID-19 pandemic? (N=1007)	N	%
Spending time doing a hobby or interest	718	71.3
Listening to or playing music	652	64.7
Socialising with others who I do not live with	454	45.1
Spending time playing with or caring for animals	452	44.9
Socialising with others who I live with	420	41.7
Exercise	390	38.7
Emotionally supporting others	382	37.9
Turning to religion or spirituality	94	9.3

A9.4 Positive Experiences

Some people have reported unexpected, positive effects of the current social restrictions. Which of the following apply to you in the last week? (N=903)	N	%
I don’t feel obliged to attend events and socialise	511	56.6
I have decreased risk of being misgendered outside the home	330	36.5
I have increased connectivity with people I care about	287	31.8
I have more opportunities to be creative	280	31.0
I have taken up a new hobby or interest	251	27.8
I have decreased social anxiety as my lived experience is now normalised	244	27.0
I am making new social support connections	183	20.3

END OF REPORT