

Experiences of COVID-19 for takatāpui, queer, gender diverse, and intersex young people aged 16-24

Julie Radford Poupard

February 2021



Contents

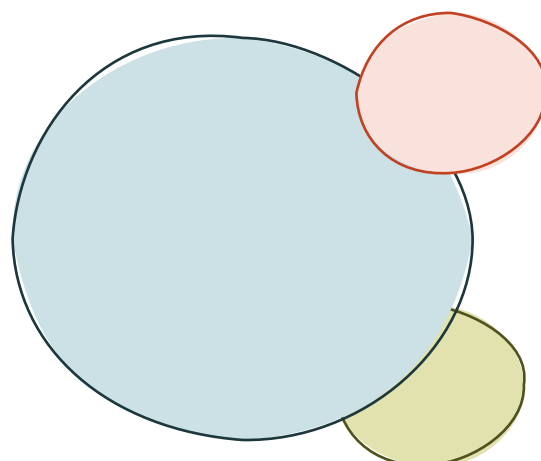
Executive Summary.....	3
Introduction.....	5
Methods.....	6
Recommendations.....	8
Findings.....	10
Impact of COVID-19 Deep Dives.....	20
Conclusion.....	25
References.....	26
Appendix 1: Other COVID-19 Research.....	27
Appendix 2: Survey questions.....	28

Acknowledgements

Many people were involved in bringing this research together, including several young people who generously gave their time and knowledge to review and participate in the survey and focus group. Iatua Felagai Taito, Selu-Kian Faletose, and Dom Ambros joined Point as research assistants for the project and were instrumental in making sure the research was relevant to young people. They did a fantastic job!

The Rainbow advisory group generously volunteered to guide the research. They lent their expertise to the project, helped craft the survey, and reviewed the report. Thanks to Moira Clunie and Joey Macdonald of Te Ngākau Kahukura, Frances Arns of RainbowYOUTH, Jen Shields of Otopia, Ahi Wi-Hongi of Gender Minorities Aotearoa (GMA), Rogena Sterling of Intersex Trust Aotearoa New Zealand (ITANZ), and Sharyn Forsyth (NZ Parents of Transgender Children).

We are very grateful to the participating organisations in the Rainbow Roundtable for sharing their experiences of COVID-19. Thank you to Rainbow Path New Zealand, who shared their time and experiences in interviews. Thank you to Dr. Rogena Sterling, Mani Mitchell, and Jelly O’Shea from Intersex Trust Aotearoa New Zealand (ITANZ) who generously shared their time and insights in interviews. Thank you to Riki Nofu’akifolau from the Village Collective for providing support to the research assistants, guiding the research, and helping facilitate the focus group. We were very appreciative of the Ministry of Youth Development - Te Manatū Whakahiato Taiohi, who have directed the research and offered superb support to Point and Associates.



Executive Summary

The Ministry of Youth Development - Te Manatū Whakahiato Taiohi (MYD) commissioned this research to better understand Rainbow young peoples' (16-24 year-olds) experiences of COVID-19 during alert level 3 and 4 lockdowns and the pandemic generally. MYD wants to understand the enablers, needs, challenges, and barriers for young people and the impact COVID-19 will have on their futures. Also, what young people need to improve their futures to help guide government, policymakers, and people who work with young people and the wider sector.

Data was collected via four methods; an online survey, a roundtable of Rainbow organisations, interviews, and a focus group. Four hundred eighty-two young people completed the survey over two weeks in October 2020, and nine Rainbow organisations joined an online Roundtable discussion facilitated by young people. An advisory group guided the research, and Point and Associates employed three young people as research assistants.

COVID-19 did not impact all groups to the same degree; people identifying as takatāpui, non-binary, trans, and having a disability were more adversely affected. The findings outlined in the research body provide a more nuanced look at where Rainbow identities intersect. Below is a high-level overview of the findings.

A significant finding from the research was the high level of mental distress Rainbow young people are experiencing during the pandemic. While half of all young people (51%) said they were managing the pandemic okay, **one third reported that they were not managing well or not at all well.**

Experiences of depression and/or anxiety had the most impact on young people's feelings about how they managed during lockdowns (alert levels 3 and 4). **Almost nine out of ten (88%) agreed or strongly agreed to feeling depressed and/or anxious. One in two respondents reported difficulties accessing mental health support during lockdowns. Over two thirds (71%) reported feeling lonely and isolated during the lockdowns.** These distress experiences didn't differ for young people during lockdown or when restrictions were eased down the levels. 61% of respondents (292 out of

482) said access to free and good mental health support services would help them recover from the pandemic.

One in three young people used drugs and alcohol to cope during lockdowns, especially those aged 22-24. While most people felt safe in their bubbles, 13% did not feel safe, notably young Rainbow people with disabilities (22%). Almost one in ten (9%) experienced abuse in their bubble, and 15% reported being harassed or bullied online; this was higher (25%) for 16-18 year-olds. We asked young people whether they would seek medical care or testing for COVID-19, and **8% said they would not seek care or testing because of their sexuality, gender identity, or sex characteristics.**

Young people reported needing more support during the pandemic with education and schoolwork, getting jobs, accessing healthcare, especially gender-affirming care, and better access to Rainbow groups and organisations.

The lockdowns also provided opportunities for young people to have more time than usual. They appreciated being able to spend this time with families and whānau, pursue creative interests, and for some, it was a time of self-discovery.

Young people identified necessary supports they need to live a good life now and in the future. They seek free and accessible mental health support, jobs, higher stable incomes, housing, acceptance and celebration of their diverse sexualities, gender identities and variations of sex characteristics, and gender-affirming healthcare available throughout Aotearoa, New Zealand. They desire government action on Rainbow inequalities, emergency housing, and sustained funding for Rainbow organisations.

The Rainbow organisations (9) who took part in the Roundtable reported that they quickly pivoted to provide online services during lockdowns. They experienced an overwhelming number of people seeking support with multiple and complex issues. There was a noticeable increase in referrals from mainstream mental health services. The organisations reported the absence of Rainbow communities as identifiable groups in disaster plans and from the initial government COVID-19

psychosocial and mental wellbeing recovery plan, which guided the coordination and delivery of mental health services.

Rainbow communities and young people are resilient, but there are clear areas where additional support is required to meet Rainbow young people's needs. This report is a first step towards setting out those needs and aims to provide a pathway for policymakers and community organisations who work with and for Rainbow young people.



Introduction

The Ministry of Youth Development (Te Manatū Whakahiato Taiohi) commissioned this research to understand the impact of COVID-19 for takatāpui, queer, gender diverse, and intersex young people aged 16-24 years old.

The research shares Rainbow¹ young people's experiences of the COVID-19 pandemic, including during level three and four lockdowns. It considers the pandemic's impact on young people's future and what young people say they need to improve their futures. It is intended that the research findings will;

- raise awareness and knowledge of the impacts of COVID-19 for Rainbow young people
- understand the enablers, needs, challenges, and barriers for Rainbow young people and
- provide recommendations to guide government and policymakers, people who work with young people and the wider youth sector.

The overall aim of the research findings are to guide the provision of safe and accessible services for takatāpui², queer, gender diverse, and intersex young people.

An advisory group of community leaders from Rainbow organisations guided the research and three young people also joined the group, and Point and Associates, as research assistants.

Several other recent research projects have examined the impact of COVID-19 on young people. More details on these projects, and their findings, is detailed in Appendix One, on page 27.

The survey asked young people about their experiences during the COVID-19 pandemic and in level lockdown 4 between 25th March and 27th April 2020 and level 3 lockdown between 12th and 30th August for people living in Auckland.

Methods and demographics

Methods

Data was collected for the research by four methods: an online survey, a roundtable of Rainbow organisations, interviews, and a focus group.

The online survey was developed with the Ministry of Youth Development, the advisory group and tested with nine young people. Initially the survey was going to be available for 12-24 year-olds, but following feedback from young people, younger people were excluded as some of the content may be triggering. The survey was disseminated through targeted social media channels including advertisements with Facebook and Instagram. Rainbow organisations and MYD promoted the survey. It was open for two weeks from October 5, 2020 and 482 young people completed the survey.

Nine Rainbow organisations (Village Collective, Intersex Trust Aotearoa New Zealand (ITANZ), Gender Minorities Aotearoa (GMA), RainbowYOUTH, Te Ngākau Kahukura, OUTline, Rule Foundation, Tiwhanawhana and InsideOUT) joined an online Roundtable discussion facilitated by young people. Three questions were discussed:

- What young told them about their experiences of COVID-19.
- What their organisations had been doing to support young people.
- What are learnings from COVID-19 that should inform future government priorities and policies.

The data, including 2,500 qualitative responses from the survey and Roundtables was coded, analysed, and themed. Pasifika MVPFAFF³/LGBTQIA+ peoples were 4% of respondents in the survey. To enhance Pasifika voices a focus group with three young people was facilitated at the Village Collective and the findings are included in the report. Intersex communities were also underrepresented in the survey, Point interviewed three members from ITANZ and a short case study has been included. Refugees and asylum seekers were also underrepresented in the survey. Point interviewed members of Rainbow Path, a community organisation supporting Raun-

bow refugees and asylum seekers. A short case study is in the report.

Limitations

Young people aged 12-15 are not part of the research, partly due to the decision to exclude them from the survey and because it has been challenging to connect with young people during exam time. MYD decided to focus the research on young people aged 16-24 years-old. Another underrepresented population group in the survey is people identifying as Asian, only 6% of survey respondents. This is a gap in the research.

Demographics

Grouped Age	%	n=
16 to 18 years	40%	194
19 to 21 years	31%	148
22 to 24 years	29%	140

Region

	%	n
Auckland Tamaki Makaurau	35%	171
Wellington <u>Te Whanganui-a-Tara</u>	22%	105
Northland <u>Te Tai Tokerau</u>	2%	8
Waikato	7%	35
Bay of Plenty <u>Te Moanao Toi</u>	5%	25
Gisborne <u>Te Tai Rauwhiti</u>	0%	1
Hawkes Bay <u>Te Mataua Maui</u>	2%	11
Taranaki	3%	14
Manawatu Whanganui	4%	20
NETT Rest of North Island except Ak and Wgn	24%	114
Tasman <u>Te Taio Aorere</u>	0%	1
Nelson <u>Whakatu</u>	1%	6
Marlborough <u>Te Taihuotewaka</u>	0%	2
West Coast <u>Te Tai Poutini</u>	0%	2
Canterbury <u>Waitaha</u>	11%	53
Otago <u>Otakou</u>	4%	18
Southland <u>Murihiku</u>	2%	10
NETT South Island	19%	92

Ethnic group

	%	n
NZ European or Pākehā	85%	411
Māori	15%	70
NETT European	25%	122
Pacific peoples	4%	17
Asian	6%	31
Middle Eastern/Latin American + Africa	2%	12
Prefer not to say/ Not stated	3%	19

Rainbow identities⁴

	%	n
Queer	42%	204
Bisexual	41%	196
Gay	24%	114
Pansexual	21%	103
Lesbian	20%	98
Asexual	10%	49
Panromantic	7%	32
Biromantic	6%	27
Demiromantic	4%	17
Homoromantic	3%	16
Heteroromantic	1%	3
Aromantic	3%	15
Greyromantic	0%	2
Fluid/it changes all the time (sexuality)	7%	32
Takatāpui	3%	14
Heterosexual/straight	1%	3

	%	n
Cisgender	16%	76
Transgender	14%	68
Man/Boy/Tane	11%	54
Woman/Girl/Wahine	21%	101
Gender diverse	11%	54
Trans man	10%	50
Non-binary	24%	116
Genderqueer	9%	42
Trans women	2%	11
Transmasculine	9%	42
Transfeminine	2%	9
Genderfluid	7%	32
Fluid/it changes all the time (gender)	6%	31
Agender	4%	20
Demigirl	2%	9
Demiboy	1%	5
Bigender	1%	3
Pangender	1%	3
Tangata ira tane	1%	3
Transsexual	0%	2
Intersex	0%	1
Prefer not to say	1%	4

No survey respondents checked the following Rainbow Identities offered in the survey; Akavaine, Faafafine, Faafatama, Fakafifine, Fakaleiti, Fakatangata, Fiafifine, Haka huahine, Palopa, Pina, Pinapinaaine, Mahu, Tahine Tangata ira wahine, Vaka sa lewa lewa and Whakawahine.

Recommendations

The findings of this research suggest that a collective focus on these five priority areas will result in more equitable health and wellbeing outcomes for takatāpui, queer, gender diverse and intersex young people.

RECOMMENDATION #1 MENTAL HEALTH SUPPORT

Prioritise the provision of free and accessible mental health support for Rainbow young people, by Rainbow communities, for Rainbow communities. Ensure mental health support targets takatāpui, gender diverse, intersex, and people with disabilities.

Resource community-led training and resources for mainstream mental health support services to enable them to work appropriately and confidently with takatāpui, queer, gender diverse, and intersex young people.

Provide quality improvement programmes and training for mainstream mental health support services, including Māori and Pacific mental health services. Resource and equip school and university counsellors to provide online and telephone support during lockdowns. For young people with established relationships, this was a significant gap and lost opportunity for support. Ensure that school health services are adequately resourced to serve the increase in young people seeking help. Resource Rainbow organisations to work with young people to design and develop online activities and programmes that facilitate meaningful connections between people to boost their wellbeing.

RECOMMENDATION #2 ADDRESS INEQUALITIES

Develop and implement anti-discrimination housing policies and campaigns to counter the discrimination gender diverse young people and Rainbow refugees and asylum seekers face securing employment and housing.

Provide appropriate emergency housing for Rainbow young people. Train and resource housing providers to understand the discrimination, stigmatisation, violence, and exclusion experienced by Rainbow young people.

Fund services and organisations that support Rainbow young people who are most affected by racism, colonisation, discrimination, and violence,

including takatāpui, Pasifika, gender diverse, trans and non-binary, intersex, and people with disabilities. Support organisations to effectively work with Rainbow young people's families and whānau.

Address barriers to young people going online. Equip Rainbow organisations to provide devices and WiFi/data.

Identify and address the gaps for young refugees and asylum seekers, including eligibility of under 16 years-old for the youth payment, emergency housing, and the current lack of pastoral care.

RECOMMENDATION #3 GENDER AFFIRMING CARE

Prioritise equitable access to gender-affirming healthcare, including hormones, surgeries and other treatments. There are concerning mental health impacts for trans and non-binary young people resulting from further delays in obtaining gender-affirming healthcare.

Ensure gender-affirming medications like hormone therapies are 'essential' healthcare available during lockdowns and throughout the pandemic. Ensure primary care providers and DHBs understand their responsibilities to provide this essential healthcare.

RECOMMENDATION #4 COVID-19 CARE

Address the barriers to Rainbow young people not seeking testing or healthcare for COVID-19 because of their sexuality, gender identity or sex characteristics.

Ensure health authorities connect with organisations who work with Rainbow young people to tailor better their messaging and delivery of COVID-19 healthcare, including testing and vaccinations.

RECOMMENDATION #5 RECOVERY EFFORTS

Designate Rainbow communities as a priority population across all government, acknowledging that the Ministry of Youth Development has already made this designation.

The Office of the Children's Commission⁵ also recommends not treating young people as a homogenous group to ensure the wellbeing of different groups are considered in government policy, including tamariki Māori, Pacific Peoples, disabled people, and Rainbow young people.

Provide a government office that engages with Rainbow communities and ensures government policies include Rainbow communities. Rainbow communities have not featured in COVID-19 disaster or psychosocial and mental wellbeing recovery plans. Without a spotlight, on Rainbow communities, this is unlikely to change or have piecemeal results and outcomes.



Findings

EXPERIENCE DURING LOCKDOWN #1

Rainbow young people experience alarming levels of mental distress and COVID-19 has intensified this.

The COVID-19 pandemic has amplified existing mental distress experienced by Rainbow young people⁶.

The most recent Mental Health Monitor and Health and Lifestyle surveys⁷ showed that 57% of Rainbow people reported experiencing mental distress and were three times more likely (75%) to experience mental distress in their lifetime than non-Rainbow people. He Ara Oranga, the report of the government inquiry into mental health and addiction⁸ acknowledged that Rainbow/LGBTQIA+ communities had disproportionately poorer mental health. In Counting Ourselves⁹, a survey on the health and wellbeing of trans and non-binary people in Aotearoa New Zealand, 71% of survey participants and 86% of youth participants reported high or very high rates of psychological distress. This compares to 9% of the general population.

Mental distress is a stark indicator of young Rainbow people's experiences of the COVID-19 pandemic and how they are managing. Overall, the research found that two out of three young people (67%) reported they were managing the pandemic from okay to extremely well, Most people managed it okay (51%). One in three (33%) and one in two young people (51%) with disabilities reported not managing well or not at all well.

Experiences of depression and/or anxiety had the most impact on young people's feelings about how they managed during lockdowns (alert levels 3 and 4). Almost nine out of ten people (88%) said they agreed or strongly agreed to feeling depressed and/or anxious. Non-binary young people were significantly more likely to have these experiences.

For respondents experiencing depression and /or anxiety, **99% said they were not managing well or at all well during the pandemic.** This compares to 73% of young people with no reported experiences of depression and/or anxiety who managing the pandemic well or extremely well.

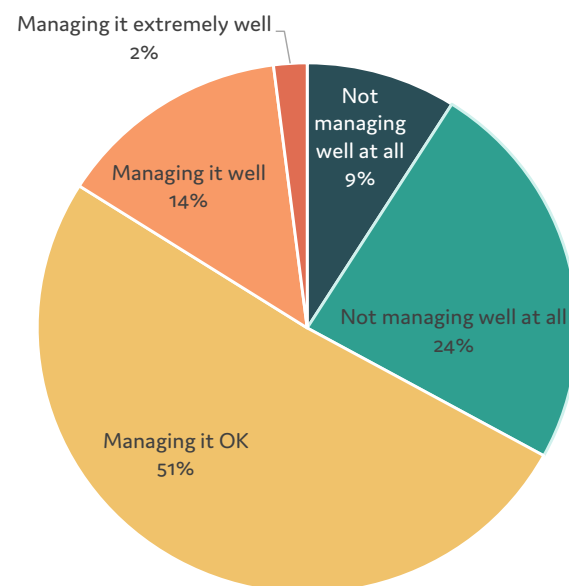
71% of young people reported feeling lonely and isolated during the lockdowns.

Of those respondents, 85% reported not managing well or at well during the pandemic. Whereas half of all respondents who managed well or extremely well did not experience loneliness or isolation.

One in three (33%) surveyed used drugs and alcohol to cope through the lockdowns, especially those aged 22-24 years-old.

16-18 year olds were significantly less likely to use drugs and alcohol and people with disabilities were more likely (42%).

Figure 1: How young people are managing during the pandemic (n=482)



Some young people were not safe in their bubbles

While overall, the majority of young people (73%) reported feeling safe in their bubbles, **just over one in ten young people (13%) did not feel safe.** There were no significant statistical differences between most population groups. However, 22%* of people with a disability reported not feeling safe. One in five respondents experienced homophobia, lesbophobia, biphobia, or negativity towards their sexual orientation in their bubble. 14% of all survey respondents experienced transphobia, intersexphobia, or negativity toward their gender or sex characteristics. People identifying as trans, non-binary, gender diverse, gender fluid, agender, aromantic, and transfeminine were more likely to say this. Almost one in three (29%) people with disabilities experienced negativity towards their gender or sex characteristics. 16-18 years were more likely than other age groups to also report these experiences. 89% of cisgender people did not have these experiences.



One in four 16-18 year-olds experienced online abuse during lockdown.

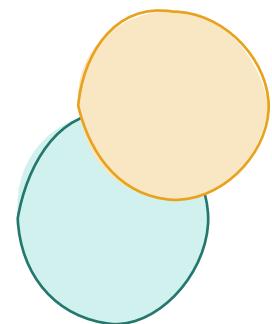
Almost one in ten (9%*) experienced abuse in their bubble

Most abuse occurred from a partner, family or whānau member in their bubble, with 17% of people with a disability reporting experiencing abuse.

15%* young people surveyed reported being harassed or bullied online.

This happened more often to 16-18 years-old than other age groups and to people with disabilities (24%). Young people said they were online more during the lockdowns and experienced an increase in homophobic and transphobic abuse. Some young people said they don't talk online, so their sexuality and gender identities wouldn't be discovered. They talked about feeling anxious because of how their voice is gendered by other people. 65% of people who were harassed or bullied online reported not managing COVID-19 well or at all well.

* Not statistically significant ($p \leq 0.05$)



Testing for COVID-19

We asked survey respondents whether they would not (or had not) seek medical care or testing for COVID-19 because of their sexuality, gender identity or sex characteristics. 8% agreed or strongly agreed they would not. Three out of four (72%) respondents would seek testing and healthcare for COVID-19. People identifying as man/boy/tane say they were more likely to get tested and seek medical care.

Most respondents had problems accessing what they needed during alert level three and four lockdowns

Mental health support during lockdown was particularly hard to access, with one in two unable to access mental health support, counselling, or psychotherapy.

Instead of quickly accessing these services, they encountered long waiting lists, and for many, what was available was unaffordable. Helplines were in high demand, and it took multiple attempts to get through. For some, phone and online services weren't suitable because of hearing difficulties, call anxiety, or poor or no Wi-Fi connectivity. Several school-aged young people could not access their usual school counsellors and support people who weren't available during lockdowns. A few school counsellors offered texts and email support, but young people said this was inadequate. Young people rated how difficult it was to access mental health care between 1, not hard at all to 10, extremely hard. 72% rated access 7 or higher.

One in three (34%) need more support with education and schoolwork.

Young people (mostly aged 16-18 years-old) said online learning was stressful, leading to anxiety. Some said their teachers weren't familiar with technologies, resources were insufficient, and it was challenging to do practical classes. They needed more support for themselves and their families.

One in four (26%) had trouble getting a job.

Several young people reported losing their jobs or having job offers delayed during lockdowns. This created financial instability and anxiety. Almost half of all respondents (47%) rated getting a job as extremely hard. 41% of people with disabilities couldn't get a job. The Roundtable reported trans and non-binary young people were encountering significant employment discrimination and difficulties accessing financial support. 76% of respondents rated accessing a job, 7 or more out of 10 on the difficulty scale.

"Since COVID lockdown I have tried contacting around 8 counsellors and psychologist and none are taking clients, really struggling to find any help in my area, especially ones who specifically state they work with LGBTQI+ people."

"I am worried for discrimination in any jobs I may apply for due to not being cisgender passing."

One in four (26%) struggled to connect with LGBTQIA+ groups

One in three (35%) 16-18 year-olds had trouble accessing LGBTQIA+ groups. People identifying as queer, non-binary, transgender, gender diverse, transman, transmasculine and demiboy were more likely to say this. Young people who were not out or felt unsafe in their bubble couldn't access online support because they didn't want their parents or flatmates to overhear them or see them looking at Rainbow content. 68% rated accessing LGBTQIA+ organisations/groups 7 or more out of 10 the difficulty scale.

Over one in five young people (22%) had barriers accessing devices and Wi-Fi/data or experienced other technological obstacles.

One in two (50%) of young people who recently arrived in New Zealand, one in four (24%*) living rurally did not have Wi-Fi access. 20%* of respondents with disabilities didn't have access to Wi-Fi data and 11% to a device.

One in four (24%) could not access healthcare (e.g. GP), especially gender-affirming care. Takatāpui were more likely to not be able to access medications.

Young people said they had difficulties accessing GPs and their medications, especially gender-affirming care¹⁰. Some were told that their hormone therapies were non-essential. Young people reported significant delays in obtaining specialist appointments. Those aged 22-24 years-old were more likely than other age groups to have trouble accessing healthcare. The Counting Ourselves survey found that pre the COVID-19 pandemic there was unmet need in all aspects of gender affirming health care ranging from 19-48%.

Young people with disabilities had trouble accessing numerous services, including getting food.

Those identifying as having a disability (n=92) had trouble accessing mental health care (61%), health care (45%), medications (41%), education (42%), LGBTQIA+ organisations/groups (38%), food (29%) and, gender affirming healthcare (16%). The Counting Ourselves survey found high rates of disability among trans and non-binary respondents. In this research, people with disabilities were the only group to have statistically significant trouble accessing food.

"As someone who is not out to their parents, particularly during quarantine, it was very difficult to get any help from LGBTQ+ groups over this period."

"I struggled with getting WiFi/internet connection to do my schoolwork. To solve this, me and my older sister who is a Uni student, had to sit in the car, parked by different buildings which offered free WiFi for as long as we were allowed to use it."

"My hormones were deemed "unessential" by my healthcare provider- I had to practically beg to get my shot done on time, which was pretty daunting since I've had a hysterectomy and therefore need to keep up to date with my hormones more so than in previous years."

*Not statistically significant ($p \leq 0.05$)

Lack of meaningful connections, anxiety over COVID-19, and lack of access to mental health services significantly impacted on young people's wellbeing during lockdown.

In the survey we asked young people to share in comment boxes what the most significant impacts were on their wellbeing during lockdowns.

Young people missed meaningful connections with their friends.

The most significant impact on young people's wellbeing was not seeing their friends. They felt lonely and isolated from their usual supports. Being online did not provide the types of social connections many young people needed to boost their wellbeing. Young people's wellbeing was sharply impacted by being unable to see their friends face to face.

Uncertainty about COVID-19 caused a lot of anxiety.

Young people reported general COVID-19 anxiety. They said not knowing what might happen in the future and living with uncertainty was tough. People not following the government guidelines and panic buying meant a few people did not have access to food. Those with compromised immune systems had increased anxiety about getting the virus. A couple of essential supermarket workers shared the abuse they got from the public and their fears about bringing the virus back to their families.

Young people with mental distress could not get the help from services or from their usual support people.

Young people experiencing mental health distress said they could not access mental health care and the people who usually supported and celebrated their Rainbow identities. This was a common response amongst young people living in unsafe family bubbles or sharing accommodation with people hostile and/or not supportive of their sexuality and gender identities. Some young people talked about being constantly misgendered and dead-named¹¹.

When we asked about what was positive about level 3 and 4 lockdown, young people said they treasured having more time with their families and whānau, time to pursue creative interests, self-reflect and rest.

The most frequently written word in the responses was time, having more time than usual. Young people appreciated being able to spend more time with their families and whānau. They pursued many creative interests and hobbies. For many, the lockdowns were a time of self-discovery and reflection. Some young people explored their sexuality and gender identities. They said these discoveries were possible, safely away from stressful environments and societal pressures to conform. Some young people liked working from home. While others appreciated not having to work and still being paid. Many took this time to rest and relax, get more sleep, and exercise. Some appreciated a quieter, kinder world, and the serious approach the New Zealand government took with the pandemic.

"Isolation from my school friends, a lot of the time, they're the only people in my life who make me happy. I could still message them easily but missing out on hearing their voices and spending time in-person with them really hurt."

"It was an opportunity for a great deal of self-discovery - it was in lockdown that I came to realise I am trans."

The most significant impacts around high levels of depression, anxiety, loneliness, and isolation remained the same for young people in and out of lockdowns.

Young people reported experiencing slightly less depression and anxiety (6%) out of lockdown versus during lockdown. In contrast loneliness and isolation increased out of lockdown by 2%, from lockdown (71%) to post lockdown (73%). Two in three people (65%) agreed or strongly agreed they had access to mental health care. 14% did not agree or strongly disagreed that they had access. Takatāpui were more likely to report not having access mental health care when compared to other identities.

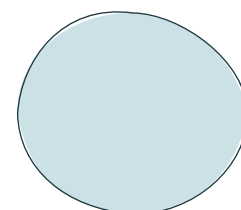
One in four (25%) respondents experienced negativities towards their gender or sex characteristics or sexual orientation and 16-18 year-olds were more likely to report this (32%). One in three (32%*) used drugs and alcohol to cope, a similar percentage to lockdown (33%) 16-18-year-olds were less likely to use drugs and alcohol to manage than other age groups.

40% of young people experienced conflict with their friends, partner, family or whānau, and 51% of those people reported conflicts happening frequently or very frequently. Young people

aged 16-18 were much more likely to say conflicts happened very frequently and were also more likely (89%) to be living with family or whānau during lockdowns than other age groups.

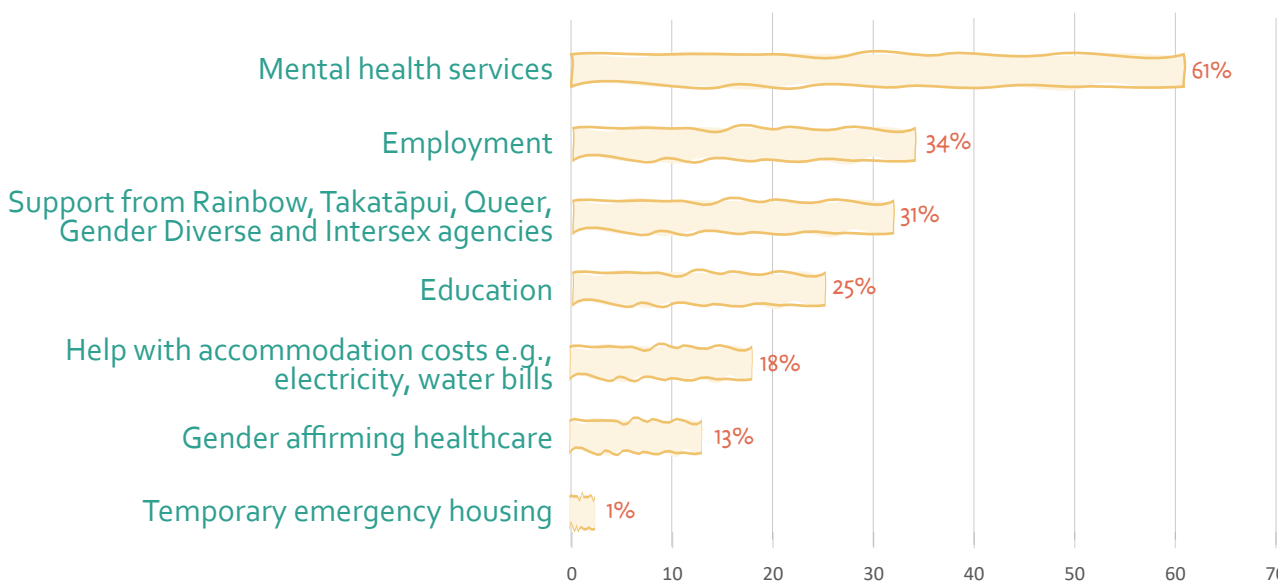
Three out of four respondents (73%) agreed or strongly agreed they could continue their education (6% did not agree or strongly disagreed). One in two (47%) agreed or strongly agreed that they could get a job. (23% did not agree or strongly disagreed). People identifying as non-binary and fluid (gender - it changes all the time) were statistically more likely to say they could not get a job.

We asked young people what supports they needed to recover from the COVID-19 pandemic. The most common supports are mental health services, employment, support from Rainbow, Takatāpui, Gender diverse and Intersex agencies and support with education.



*Not statistically significant (p≤ 0.05)

Figure 2: Support needed by young people to recover from the pandemic (n=482)



Access to mental health support, financial security, and feeling accepted and celebrated will help young people to live a good life now, and in the future

Takatāpui, queer, gender diverse, and intersex 16-24 year-olds want free and good access to mental health support.

The most common response to what was needed to have a good life was free, accessible mental health support where they lived their lives, available in schools, Universities, online, and in person. Some needed Rainbow specific services. The Rainbow Roundtable also reported that some young people couldn't currently access school counsellors to the degree they needed because many more young people were seeking support. They needed easier access with less waiting times, counselling that doesn't require parents' permission, or a GP referral. Some talked about being turned away from support as their mental health status did not qualify for care. For example, they did not have suicidal ideation, but they wanted help before getting desperate. Young people talked about patchy provision with access issues in rural areas.

Money, jobs, and financial security are vital to having a good life.

Young people needed higher incomes. Some couldn't afford rents, pay their bills, and buy food. Young people said it was challenging to find a job, and the pandemic had worsened their prospects. Some, especially trans and non-binary young people, experienced discrimination when job seeking. The Counting Ourselves¹² survey on the health and wellbeing found 12% of trans and non-binary people encountered discrimination trying to get a job or at work in the last twelve months compared with 3%

of respondents in the General Social Survey (2016). Young people said stable incomes would improve their quality of life.

Acceptance and celebration of young people's diverse sexualities, gender identities and variations of sex characteristics would significantly support them to have a good life.

They need this support from their families and whānau, schools, agencies, providers, workplaces, and Ministries. They need stigmatisation, discrimination and exclusion to stop. They desire more visibility and representations of diverse sexualities and gender identities in the media. They want the general public and all agencies educated about Rainbow communities, especially about being trans and non-binary. Young people identified the need for intersectional, quality resources to share with people and agencies. Including more Māori and Pasifika resources. They also require resources to help with their questioning, as many of the available resources were about them, not for them.

Less hatred/fear towards/of trans people. We're just normal people, trying to live our lives, that want to be happy and accepted, like anyone else.

Young people also wanted...

- Stable, fulfilling jobs that paid the living wage with employers who don't discriminate.
- Affordable, healthy, and safe housing
- Gender-affirming healthcare available throughout Aotearoa New Zealand
- Action on climate change and inequalities
- Stronger relationships with Rainbow people and access to support networks and resources
- Increased confidence and resilience.

Young people in LGBTQIA+ communities have big plans for the next two to three years, including more training and education, looking for a job or heading overseas.

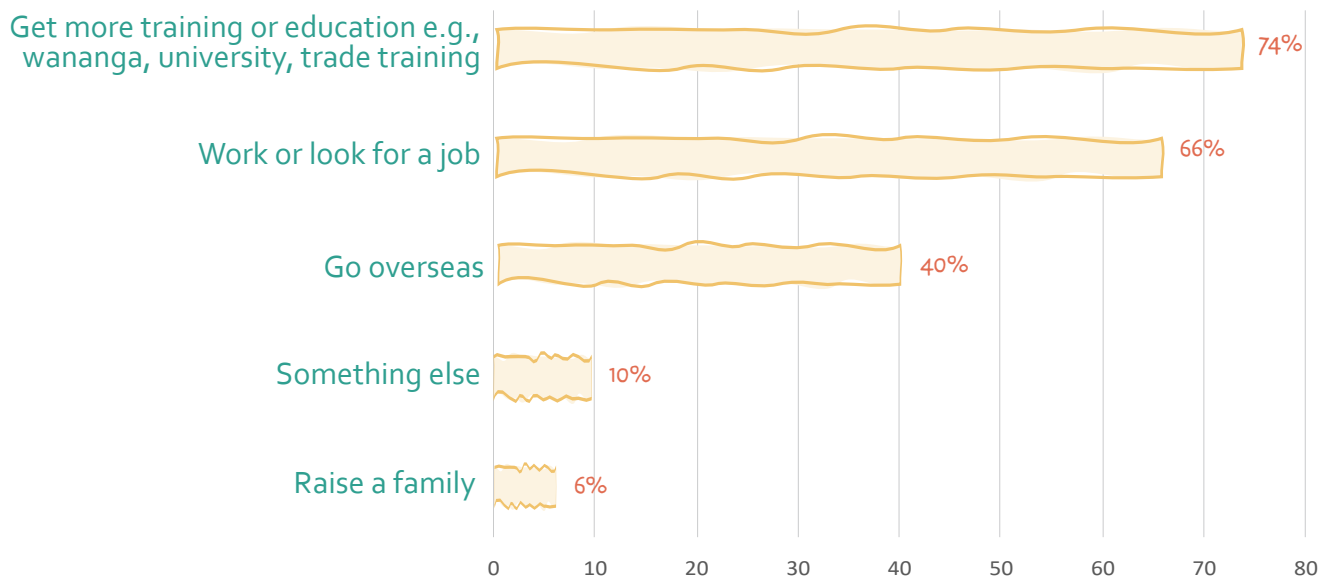
Three out of four young (74%) people planned to get more training, and two out of three (64%) planned to work or look for a job. 40% wanted to go overseas.

We asked young people how the pandemic would disrupt or change their plans. One in two (49%) people thought the pandemic would disrupt their plans, one in three (32%) thought it might, and only 8% said it would not. In the qualitative responses many respondents reported being very stressed about their futures, especially their education, job seeking, travel plans, ability to secure housing, and access gender-affirming healthcare. Many had struggled to keep up with their studies during COVID-19, had failed or not achieved the grades they needed to get into University. Some University students had withdrawn from papers due to COVID-19 stress. Young people were worried about getting jobs in their fields because of unemployment. Some said the only available work, was low paid essential work. Many have had their travel plans disrupted.

“COVID has already cancelled plans a, b and c for me, and now my life has become incredibly unpredictable and unstable. Where my life had certainty there is now fear and lack of guarantee. My job prospects and travel opportunities had all been cut. Now, I am just taking it month by month, and day by day.”

“Basically, I’m just really scared of everything and don’t know how not to be.”

Figure 3: Young people’s plans for the next 2 - 3 years (n=482)



LGBTQIA+ specific support , Government action on Rainbow inequalities, Emergency Housing and sustained funding can all help support LGBTQIA+ communities during the pandemic and into the future.

Young LGBTQIA+ people want specific support such as an increased and wider range of online and in-person support for diverse communities, including groups, education workshops, text support, resources, digital events, meetups, in-person events, and facilitation of community spaces.

Young people seek easier access to groups and desire organisations to reach out to them. They wanted groups to be well-advertised and inconspicuously named for people who weren't 'out' to facilitate safe access. They aspired to make friends and experience community connectedness. They wished for non- Rainbow/ LGBTQIA+ organisations and spaces to be explicit in their support of Rainbow people. Respondents identifying as queer, non-binary, trans, gender diverse, transmasculine, genderfluid, agender, takatāpui, and demiboy needed support from Rainbow organisations to recover from the pandemic (noting both transmasculine and demiboy had small response numbers). Takatāpui were more likely than other identities to need LGBTQIA+ specific support.

Respondents want the government to do more to make Aotearoa New Zealand a safer place for Rainbow communities.

Young people want the government to transform the distressing outcomes for LGBTQIA+ young people resulting from discrimination, stigmatisation, and violence against Rainbow communities. They want the government to protect them by banning conversion therapies, hate speech, and hate crimes, dealing with the consequences of discrimination for trans and non-binary people in housing and employment. Young people needed more LGBTQIA+ education and support in schools.

Young people identified access to emergency housing, during lockdowns for people stuck in unsafe bubbles and harmful situations.

They also identified safe emergency housing as an urgent gap in services for Rainbow communities pre the pandemic.

Rainbow/LGBTQIA+ organisations and community groups (including those groups currently not receiving funding) need to be adequately and sustainably funded across all regions of Aotearoa, New Zealand, to meet the communities' needs.

During the pandemic 40% of survey respondents connected with LGBTQIA+ organisations and groups, high school and University groups, Facebook, Instagram, TikTok, Reddit, other various apps, and Discord groups. A handful of people accessed services that were not LGBTQIA+ specific including sexual health services, youth and mental health phone support lines and text services and mental health specialist services.

"Remember us poor souls stuck in Southland, tryna live a peaceful queer life in hillbilly hell."

"The rainbow community is overrepresented in socioeconomic indicators such as, housing, healthcare, and safety. These things are all exacerbated by the crisis. We need government to implement rainbow policies that will transform this reality."

We talked to nine organisations during a roundtable in October about how they supported young people through the pandemic.

Overall, the organisations (Tiwhanawhana Trust, Village Collective, Gender Minorities Aotearoa (GMA), RainbowYOUTH, InsideOUT, OUTline, Ngaakau Kahukura, Intersex Youth Aotearoa/ Intersex Awareness New Zealand (ITANZ) and Rule Foundation) were quick to pivot during lockdown (and after) to provide online services such as online information, resources, peer support, two-day hui (usually held in person), webinars, emergency food packages, financial support, text services, live Instagram shows, online chat hours, activities, movies, and online community spaces (e.g., discord server). Many services became overstretched and understaffed over the pandemic. Some Roundtable participants raised concerns over the digital divide and that some of their young people are not getting access to devices and Wi-Fi. Gender minorities Aotearoa experienced this with young trans and non-binary people.

They experienced an overwhelming number of young people seeking support with multiple and complex issues, including mental distress, toxic bubbles, gender affirming healthcare, emergency housing, job losses, and employment issues. They brought on many volunteers (who often experienced their own distresses with COVID-19) to meet needs. One organisation created an online community space, which was very popular, but they lacked funding to support volunteers to moderate the space. Māori, Pasifika, and trans and non-binary Rainbow agencies provided individuals and whānau food and financial support. The Roundtable members observed other mainstream mental health services, referring young

people to Rainbow services because they were not equipped to support Rainbow young people.

When asked what the future government priorities and policies for LGBTQIA+ youth communities should be? Every participant talked about an underfunded sector, often reliant on volunteers. They expressed concern that the burden of workloads and the overwhelming number of people seeking support has led to staff burn out. They were struggling to offer services needed by young people and their families and whānau. Working with whānau and families was crucial, especially for Māori, Pasifika, trans and non-binary and intersex organisations and currently was not funded.

The Roundtable expressed frustration that the government was not effectively communicating and engaging with Rainbow communities nor responding to their needs. The lack of a dedicated agency or desk within the government focusing on Rainbow communities meant there was no infrastructure to support Rainbow youth and communities both during the pandemic and prior. They said they urgently needed an emphasis on Rainbow communities within the government and appropriate mechanisms to facilitate this. The Roundtable reported the lack of Rainbow communities identified in disaster plans and the absence of Rainbow communities in the initial government COVID-19 psychosocial and mental wellbeing recovery plan which is guiding the coordination and delivery of mental health services¹³.

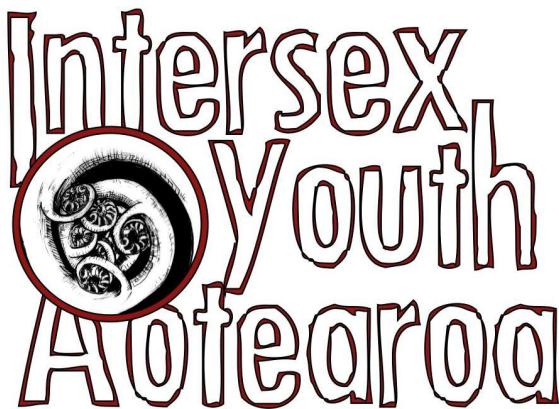
“Work that should be getting done in other places is being referred over to Rainbow organisations creating an even larger amount of stress onto those who are working within organisations.”

ROUNDTABLE MEMBER

The Impact of COVID 19: 3 Deep Dives

The following three case studies come from interviews and a focus group and take a deeper dive into the impacts of COVID-19 for young people who identify as intersex and having variations of sex characteristics, refugee and asylum seekers and Pasifika. These groups were underrepresented in the online survey.

DEEP DIVE #1



Brief introduction to intersex experiences in Aotearoa

Being intersex, also known as having variations of sex characteristics (VSC), relates to biological sex and is distinct from sexuality and gender identity. Some people use diagnostic terms or none to describe their experiences and identities. It is estimated around 1.7% - 2.3+¹⁴ of the population is born with over 40 known variations of sex characteristics, meaning 83,000 New Zealanders – enough to fill both Eden Park and Mt Smart Stadiums to capacity – are intersex.

There is no data collected on this group in Aotearoa (New Zealand). A submission from Intersex Awareness New Zealand (ITANZ) to the Response Paper on Sex and Gender consultation for Statistics New Zealand recommended the inclusion of “intersex (otherwise known as variations of sex characteristics)” in “sex/gender” data collection and the option to tick multiple boxes. PRISM¹⁵, a 2020 report on human rights relating to sexual orientation, gender identity, and expression, and sex characteristics said the introduction of a third ‘sex’ option was not considered good practice internationally.

It creates an assumption that all intersex people belong in that category and not male or female and removes their ability to identify their own gender (PRISM, 2020, p. 28).

People with diverse sex characteristics encounter discrimination and stigmatisation. Many have had surgery and other procedures to make their bodies conform to sex stereotypes of ‘male’ or ‘female’, often when they are too young to be part of any decision-making or consent to procedures. Intersex people talk of shame and stigma and of suffering physically and psychologically due to these medical practices.¹⁶

Intersex communities in New Zealand get very little attention. There is, however, some research on their experiences. In 2019, young people with diverse sex characteristics and their families were interviewed as part of the Ministry of Education¹⁹ research *Treat Kids Like They’re Gold; Children and Young People Talking About Their Education and Learning*. The strongest message was that families were told:

That they would never meet anyone else like them, that there was nobody else like them, or that they shouldn’t ever talk about their diagnosis.

The researcher noted that the families faced shame and secrecy. Families said that there were no offers of counselling or support when their children received a diagnosis. Parents said their children’s teachers did not know about intersex communities or have access to resources, and teachers needed help to facilitate conversations in their schools. Families wanted social support for their children and opportunities to connect with people with their children’s lived experiences.

Young people's experiences of COVID-19

One young person identified as having diverse sex characteristics participated in the survey. Because of this gap in the research, Point reached out to ITANZ and Intersex Youth Aotearoa and interviewed three members about young people's experiences of COVID-19. Of note is that people identifying as intersex don't necessarily relate to Rainbow communities (they may identify as cis and/or heterosexual), so therefore may not have seen this research invitation as relevant to them. Also, as one interviewee said,

Rainbow communities often don't understand the issues for the "I" in LGBTQIA+ or what the "I" actually means.

Additionally, one interviewee shared that many young people may not be aware of the term intersex or variations of sex characteristics.

If you're given terminology that's sitting in a disorder space and it's a huge big word that you'll probably not ever hear outside of that private medical room, it's not really ever reflected back to you, let alone the sort of breadcrumbs that might lead you to using the terminology "intersex."

Anecdotally, our three interviewees reported higher mental health distress levels, loneliness, and isolation than usual during COVID-19. One interviewee observed because intersex youth often don't identify with Rainbow communities, they reported feeling more isolated and alone. Young people also said they had difficulties accessing some medications and experienced delays accessing specialists. COVID-19 has worsened the inequalities already faced by intersex people.

One interviewee said the intersex community poses a unique situation in that some people have a distrusting relationship with doctors and health care providers due to the traumatic medical procedures and relationships they have endured. New Zealand's COVID-19 response has had a strong medical narrative around trusting doctors and scientists. One interviewee reported that this was triggering for some people in the intersex community who find it hard to trust such 'experts'.

So, while the daily media was alleviating fear for many people, what this mechanism is doing for our communities is a little more questionable.

What could improve the future for intersex young people

ITANZ urgently calls for good information and resources on bodily diversity, including intersex variations, in the school curriculums, alongside education training programmes for teachers. Interviewees said raised awareness of different terminologies for intersex communities among the general population is needed.

Interviewees said there is a need for trauma-informed peer support services for young people, and support groups for parents and whānau. One interviewee talked about the potential outcomes for young people if they could access these services.

When you're looking at a younger age group where they don't have autonomy or authority around what happens, if we can be engaging with family first and make sure that that medicalisation is at least slowed down and the kids can be agents in their own existence, then I think we could not only grow a sense of community and some long-term relationships with family and young intersex people. But hopefully have substantial outcome changes for what happens with those kids.

Interviewees said intersex organisations need direct funding, as they are largely supported by volunteers. It is often incorrectly assumed that funding Rainbow organisations will mean intersex communities are supported. ITANZ was not able to access any government support, financial support for COVID-19 work came from overseas.

ITANZ are working with Rainbow organisations to create safe spaces within the Rainbow organisations and queer/straight alliances for young intersex people.

I think that's it's probably common for lots of [intersex] young people to have secrecy and shame reinforced because they're not seeing themselves reflected anywhere. Even in what should be like an alternative [queer/straight alliances] to the mainstream of somewhere they could fit in.

ITANZ welcomes organisations and individuals to affirm the Darlington Statement¹⁷. It is a joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations which sets out intersex human rights and legal reform.

Rainbow Path

Rainbow Path was set up in early 2019 to bridge the gap between Rainbow, refugee, and asylum-seeking communities. They offer peer support, a regular group and training for organisations. Rainbow Path members shared their experiences of COVID-19 and two members sat down with Point to summarise these impacts.

COVID-19 has both exasperated and highlighted many issues facing refugees and asylum seekers, especially for asylum seekers and convention refugees¹⁸ who are not permanent residents. Both groups fell through the gaps during COVID-19. They were ineligible for Special Needs Grants, including food grants, and other measures targeted at permanent residents or citizens including quota refugees who become permanent residents as soon as they are resettled in Aotearoa New Zealand as permanent residents.

Some members of Rainbow Path used local council and civil defence food offerings, which were mostly one-off food parcels, however, some providers prioritised families and were reluctant to give food to single people. Rainbow Path members felt there was assumption that refugees and asylum seekers who weren't permanent residents would have support during COVID-19 from other family members, or community groups. However, most Rainbow refugees and asylum seekers arrive in Aotearoa on their own, and fear discrimination from their local ethnic or religious community because of their sexuality or gender identity. Some members were treated like migrants on temporary visas and were told to approach their country's embassy for support when this is not an option for refugees and asylum seekers.

In addition to food insecurity, members talked about issues accessing medical care, including delays getting gender-affirming health care. One member talked about their experience of having to telephone the local DHB to convince the pharmacist that they were eligible for subsidised medications. Some members said they wouldn't get tested for COVID-19 because of concerns about being charged extra.

Many of the members were essential care workers and were worried about getting less hours or losing

their jobs. Many are casual workers and were unsure whether they qualified for a wage subsidy or sick leave, and worried if they refused shifts that their employer may stop calling them for work. Many were reliant on public transport and had no access to free masks. Those with pre-existing medical conditions felt very stressed about the risk of getting COVID-19.

Members shared their feelings of isolation and mental distress. The two lockdowns were very difficult for the many members who had previously experienced trauma and were especially triggering for people who had confinement trauma from past experiences in detention, refugee camps or other confinement. Some members lived alone and others in shared accommodation with people who often did not know they were Rainbow or their immigration status. Some members were unable to access the help they needed as they were concerned about flatmates overhearing them accessing Rainbow or refugee support services. Others found their usual supports, like University counsellors, unavailable or unable to offer face to face support post the lockdowns.

Access to housing is an issue for all Rainbow refugee and asylum seekers, including youth. Members said they encounter racism, homophobia and transphobia and sometimes had concerns about coming out in case other people in their communities found out. A small emergency asylum seekers' hostel is available in Auckland, but occupants are usually adults sharing rooms. The hostel does its best to support young rainbow people but there may be no single rooms available and a young trans person may have limited privacy, sharing a bathroom with others. This makes it hard to hide their gender identity and expression from people from their own cultural or religious background.

Members experienced delays in progressing their refugee claims or required immigration visas due to COVID-19, which is further exasperating their mental distress.

Imagine like you're seeking help, like you're risking your life and you have no idea what's going to happen to you, if you're going to get

safety here or if you're going to go back. They make you wait more than a year after your interview and you still don't have a decision.

Members talked about the inconsistencies and gaps in eligibility, provision of services and a general lack of knowledge across government, DHBs, primary healthcare, and immigration.

Rainbow Path are particularly concerned about the lack of provision and coordination for young asylum seekers aged under 16 years old.

DEEP DIVE #3



The Village Collective hosted a focus group, facilitated by a young person, for MVPFAFF/ LGBTQIA+ young people and their allies to join a conversation about the impacts of COVID-19. In addition to the facilitator and staff member from the Village Collective, three young people took part. This case study outlines the findings from this discussion. It covers experiences of the lockdowns, the impact of COVID-19 on their futures, and how they would like to be supported

The Village Collective are dedicated to equipping Pasifika youth and their families with the knowledge and skills they need to navigate life. While the collective started in the Sexual and Reproductive Health sector in 1997, the services have now expanded and embed a holistic approach to address wellbeing issues for Pasifika youth, MVPFAFF, and their families. This approach recognises that young people live within an interconnected community and working holistically supports sustainable solutions for wellbeing.

The participants had varying experiences of lockdown. While some experienced loneliness and mental distress, others enjoyed not being at school and felt less stressed with fewer assessments

and more time for relaxation. During this time, these participants experienced self-growth. They also spent time doing art, makeup, reading, playing piano, singing, and dancing. However, for participants who experienced loneliness and boredom, they suggested more structured activities using apps like House Party would have been beneficial.

A structured activity would have helped us stay connected and not feel alone as I did. Like I would actually have something to look forward to during Covid. I don't mean planning some big event, but to know that I will have someone to hang out with on certain days, perhaps do activities over the phone. That way, everyone has something to do and stay connected.

Participants shared concerns about family members who worked and lived away, and one participant talked about feeling grateful that COVID-19 had not significantly impacted their family.

There are a lot of Polynesian families during lockdown who lost a lot, and even a lot of children had to drop out of school to work for their families as well.

Additionally, participants discussed the bullying they encountered online. For instance, during the lockdown period, participants spent more time gaming and shared about the difficulty of being accepted online due to people's toxicity.

I'm really insecure about my voice, when I'm talking to different people, I'm always scared

of that, oh they're gonna clock me, oh what are they going to say? Just getting comfortable with myself online is very different to in person, being like trans.

Also, due to COVID-19, it was challenging to access doctor's appointments for hormone injections, leading to one participant delaying hormones for four months.

COVID-19 has altered several participant's studies and career plans. One participant found schooling difficult during the pandemic, and as a result, their grades deteriorated. Nonetheless, they are still pursuing their career goals. A second participant aspired for a career in travel but, considering the current climate, will endeavour to pursue a more stable career option in New Zealand. Another participant had decided they no longer aimed to spend time on study. Instead, they will seek an online opportunity to support their family sooner and positively impact people's lives, like Pasifika and gay.

To improve their future, participants thought Pasifika and indigenous services needed more funding. They said mainstream Rainbow funders often have a Western framework and don't know how to work with Pasifika families and communities. While this framework may be appropriate for some groups, a Pasifika lens is paramount to the understanding and, therefore, growth in wellbeing amongst Pasifika families and their communities. In essence, services need to work with young people, their families, and communities.

To illustrate, participants suggested a reciprocal working relationship between themselves, services, and schools. As opposed to a linear relationship, a circular interaction amongst all involved would ensure that communication is two way, relieving pressure off participants to reach out. This mode of functioning aligns with the collective, circular, and communal nature of Pasifika peoples. These approaches also honour youth as experts in their own lives and ensure a strong youth voice and participation in decision making.

To conclude, the participants had mixed experiences of the lockdown periods and COVID-19. Some enjoyed the freedom of time to pursue different activities, experiencing less school-related stress. However, the long term impact on their career plans, the bullying experiences, and poor health care access may have ongoing adverse effects.

Conclusion

Many young Rainbow people are experiencing mental distress and they cannot access the support they need.

Rainbow young people suffer disproportionate mental distress to non-Rainbow young people because of discrimination, stigmatisation, violence, and exclusion directed to people of diverse sexualities, gender identities, and variations of sex characteristics.

COVID-19 has amplified this distress. During lockdown levels 3 and 4 in Aotearoa New Zealand:

- nine out of ten (88%) respondents agreed or strongly agreed to feeling depressed/and or anxious
- 71% reported feeling isolated and lonely
- 33% used drugs and alcohol to cope
- one in ten (13%) of Rainbow did not feel safe in their bubble.
- one in five encountered negativities towards their sexual orientation
- 14% encountered negativities towards their gender identity.
- one in ten (9%) experienced abuse
- 15% reported being harassed or bullied online.

Eight out of ten respondents said they couldn't access what they needed during lockdowns. The most common issue was access to mental health care, with one in two young people saying they couldn't get the care they needed. Other issues were a lack of support for education and schoolwork, trouble getting a job, struggling to find an LGBTQIA+ group, barriers to accessing devices and Wi-Fi/data, and healthcare, especially gender-affirming care. People with disabilities had trouble accessing numerous services, including food. They also were more likely to be in unsafe bubbles and experiencing abuse. Takatāpui had trouble accessing mental health care and medications. People identifying as non-binary and gender fluid had difficulty getting jobs.

Young people reported their wellbeing being impacted by a lack of face to face contact with their friends. Being online did not provide the social connections they needed to boost their wellbeing, especially those in unsafe family bubbles or sharing accommodation.

Young people also reported positive experiences during the lockdowns. They treasured having more time than usual with their families and whānau, pursuing creative interests, and self-reflecting on their Rainbow identities, and getting rest.

Young people said access to free and good mental health support services would help them to recover from the pandemic. 292 respondents out of 482 said this. They also identified support with employment, from Rainbow agencies, and with education as helping them to recover. Young people aged 16-18 and gender diverse people had the most trouble accessing Rainbow support, and the Roundtable reported trans and non-binary people encountering significant discrimination in employment and housing.

Young people wanted government action to get good outcomes for Rainbow communities.

Young people said having their diverse sexualities, gender identities, and variations of sex characteristics accepted and celebrated would significantly support them to have a good life. They also needed more and a wider range of LGBTQIA+ specific support, government action on Rainbow inequalities, and emergency housing. Takatāpui were more likely than other identities to say they needed LGBTQIA+ specific support.

The United Nations¹⁹ recently released a joint statement signed by 96 human rights experts which implored governments to act for Rainbow communities because without urgent action, the effects of the pandemic will be felt over generations.

Rainbow communities and young people are resilient, but there are clear areas where additional support is required to meet the needs of Rainbow young people. This report is a first step towards setting out those needs and aims to provide a pathway for policymakers and community organisations who work with and for Rainbow young people.

References and Endnotes

- 1 Rainbow is used in this report as an umbrella term to describe young people identifying as takatāpui, queer, gender diverse, trans, non-binary, intersex, and variations of sex characteristics.
- 2 Elizabeth Kerekere (2015, 2016) says Takatāpui is an umbrella term that embraces all Māori with diverse gender identities, sexualities and sex characteristics including whakawāhine, tangata ira tāne, lesbian, gay, bisexual, trans, intersex and queer. Takatāpui identity is related to whakapapa, mana and inclusion. It emphasises Māori cultural and spiritual identity as equal to - or more important than - gender identity, sexuality or having diverse sex characteristics. Being takatāpui offers membership of a culturally-based national movement that honours our ancestors, respects our elders, works closely with our peers and looks after our young people. Retrieved from <https://static1.squarespace.com/static/5893cf9215d5db8ef4a8dc98/t/590fe54c1e5b6c8e16f8cd01/1494213974577/KEREKERE+Part+of+the+Whanau+T+he+Emergence+of+Takatapui+Identity-1.pdf>
- 3 Acronym for Māhū, vakasalewalewa, palopa, fa'afafine, 'akava'ine, fakaleiti (leitī), Fakafifine
- 4 For definitions see <https://www.familyplanning.org.nz/advice/sexual-orientation-and-gender-identity/gender-identity> & https://www.hrc.co.nz/files/9914/2378/4830/HRC_H_Trans_Terminology.pdf & <https://www.queerundefined.com/>
- 5 Office for the Children's Commission (2020). Life in Lockdown: Children and young people's views on the nationwide COVID-19 level 3 and 4 lockdown between March and May 2020. Retrieved from <https://www.occ.org.nz/assets/Uploads/LifeinLockdown-OCC-Nov2020.pdf>
- 6 Lucassen, M.F.G., Clark, T. C., Moselen, E., Robinson, E.M., & The Adolescent Health Research Group. (2014). Youth'12 The Health and Wellbeing of Secondary School Students in New Zealand: Results for Young People Attracted to the Same Sex or Both Sexes. Auckland: The University of Auckland. Retrieved from <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Youth'12%20Young%20People%20Attracted%20to%20the%20Same%20or%20Both%20Sexes%20Report.pdf>; Tan, K. K., Schmidt, J. M., Ellis, S. J., & Veale, J. F. (2019). Mental health of trans and gender diverse people in Aotearoa/New Zealand: A review of the social determinants of inequities. *New Zealand Journal of Psychology (Online)*, 48(2), 64-72.
- 7 Flett, J. A. M., Lucas, N., Kingstone, S., & Stevenson, B. (2020). Mental distress and discrimination in Aotearoa New Zealand: Results from 2015-2018 Mental Health Monitor and 2018 Health and Lifestyles Survey. Wellington: Te Hīringa Hauora/Health Promotion Agency. Retrieved from <https://www.hpa.org.nz/sites/default/files/Mental%20distress%20and%20discrimination%20in%20Aotearoa%20New%20Zealand%20-%20report.pdf>
- 8 Government Inquiry into Mental Health and Addiction (2018) He Ara Oranga. Wellington. New Zealand. Retrieved from <https://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>
- 9 Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019) Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton New Zealand. Retrieved from <https://countingourselves.nz/>
- 10 Gender affirming healthcare covers counselling support, laser hair removal, voice therapy, hormone therapy and surgeries. Definition sourced from, New Zealand Human Rights Commission (2020) Prism: Human rights issues relating to Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) in Aotearoa New Zealand - A report with recommendations. Wellington: New Zealand. Retrieved from https://www.hrc.co.nz/files/9215/9253/7296/HRC_PRISM_SOGIESC_Report_June_2020_FINAL.pdf
- 11 Counting Ourselves report explains these terms as: "Misgendering a trans or non-binary person means referring to them using the wrong name, pronoun or title in a way that does not correctly reflect their gender. For example, misgendering a trans woman by referring to her as 'he', calling a trans man 'she', or refusing to use 'they / them' when a non-binary person has said that is their preferred pronoun. Some trans and non-binary people use the term deadnaming to describe when someone refers to them by the birth name they used before they transitioned."
- 12 Veale et al, 2019
- 13 Ministry of Health (2020) COVID-19 Psychosocial and Mental Wellbeing Recover Plan. <https://www.health.govt.nz/publication/covid-19-psychosocial-and-mental-wellbeing-recovery-plan>
- 14 Estimated population sourced from <https://www.unfe.org/wp-content/uploads/2017/05/UNFE-Intersex.pdf> and Blackless, M., Charuvastra, A., Derryck, A., Fausto-Sterling, A., Lauzanne, K., & Lee, E. (2000). How Sexually Dimorphic Are We? Review and Synthesis. *American Journal of Human Biology*, 12, 151-166 at 161. Interviewee noted that 1.7% does not include hypospadias and other variations.
- 15 New Zealand Human Rights Commission (2020) Prism: Human rights issues relating to Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) in Aotearoa New Zealand - A report with recommendations. Wellington: New Zealand. Retrieved from https://www.hrc.co.nz/files/9215/9253/7296/HRC_PRISM_SOGIESC_Report_June_2020_FINAL.pdf University of Waikato: Hamilton New Zealand.
- 16 Ministry of Education (2019). Treat kids like they're gold; children and young people talking about their education and learning. Wellington. Retrieved from <https://conversation-space.s3-ap-southeast-2.amazonaws.com/EDCONVO+ESP+0437+NELP+Consultation+Document-AW-web.pdf>
- 17 <http://darlington.org.au/statement/>
- 18 Convention refugees — people who have fled from their own country because they fear persecution or harm. Sourced from <https://www.govt.nz/browse/immigration-and-visas/refugees-coming-to-new-zealand/>
- 19 United Nations. United Nations COVID-19 Response. <https://www.un.org/en/coronavirus/un-supports-lgbti-community-during-covid-19-pandemic>.

Appendices

Appendix One: Current COVID-19 Youth Research

Research, including surveying children and young people, was undertaken during 2020, spanning different COVID-19 alert levels, including level four.

The Ministry of Youth - Te Manatū Whakahiato Taiohi¹ undertook a Pulse Check Survey during COVID-19 alert levels two and four. The survey had 2,658 responses, with 13% percent identifying with LGBTQIA+ communities. Overall, 22% of all respondents reported not managing well during the lockdown, compared with 41% of Rainbow young people. They reported one in three LGBTQIA+ young people had some degree of difficulty accessing essential items or services (e.g., food, medication, health, or social support). Similar numbers had some difficulty accessing WiFi and data. LGTQI+, Māori, Pacific, and those with disabilities were also more likely to feel unsafe in their bubbles.

Youthline² surveyed children, young people, and adults and had 975 responses with 550 responses from young people aged 12-24. The survey ran between April 11 and 24th 2020. They found 58.6% of all respondents, including adults, said COVID-19 and the lockdown had a negative impact on their lives, and 24% named mental health issues as a negative impact of the level 4 lockdown. Respondents also identified protective factors and positive impacts of COVID-19, including connecting with important people and doing self-care activities.

The Children's Commission³ surveyed children and young people about their views on the COVID-19 level 3 and 4 lockdowns. Thirteen percent identified as part of the LGBTQIA+ communities. The Children's Commission did not analyse the data collected from LGBTQIA+ young people. However, in the policy implications section, the Commission recommends not treating young people as a homogenous group. They suggested children and young people belonging to Rainbow communities needed to have their voices heard and considered.

The Health Promotion Agency – Te Hīringa Hauora⁴ Rapid Evidence and Policy Brief: COVID-19 Youth Recovery Plan 2020-2022 (footnote 6) details a youth-driven resiliency framework for recovery from COVID-19. They note that Rainbow young people were already experiencing poor health and wellbeing outcomes before the pandemic. The paper identified system, process, and policy changes to support young people including valuing and embedding youth voice, ensuring key youth help-seeking services are sustainable, improving mechanisms that promote protective factors and promoting connectedness.

1 Ministry of Youth Development. (2020). MYD Youth Pulse Check Survey. <https://www.myd.govt.nz/documents/young-people/youth-voice/final-youth-pulse-check-survey-slides.pdf> Total of 340 respondents identifying with Rainbow Communities, 36 as gender diverse.

2 Youthline (2020). Youthline COVID-19 Research; A Report of the Results. Retrieved from https://www.youthline.co.nz/uploads/2/9/8/1/29818351/youthline_covid-19_research.final.pdf

3 Office for the Children's Commission (2020). Life in Lockdown: Children and young people's views on the <https://www.occ.org.nz/assets/Uploads/LifeinLockdown-OCC-Nov2020.pdf>

4 Webb S, Kingstone S, Richardson E, Flett J. Rapid Evidence Brief: COVID-19 Youth Recovery Plan 2020-2022. 2020. Wellington: Te Hīringa Hauora/Health Promotion Agency. Retrieved from <https://www.hpa.org.nz/sites/default/files/Rapid%20Evidence%20and%20Covid-19%20Youth%20Recovery%20Plan%202020-2022.pdf>

Appendix Two: The survey

Impact of COVID-19 for Rainbow Young People in Aotearoa

Introduction

The Ministry of Youth Development wants to know about the experiences of COVID-19 for takatāpui, queer, gender diverse, and intersex young people aged 12-24. Your feedback will provide information to guide policy and help make support services safer and more accessible.

It is your choice to take part in the survey or not. You can exit the survey at any time. If you do not feel comfortable with the questions, you do not have to answer them.

The findings from the survey may be used by the Ministry of Social Development.

- when the Ministry of Youth Development writes their report, they will not use any information that can identify you as an individual, but quotes may be used in the report.
- all information will be stored securely for one year before being destroyed.

If you would like to know more about the research project and/or participate in a future focus group, contact Jules Radford-Poupard from Point email julie@point.co.nz or phone/text 021 989 745

We know lots of people are having a tough time during the COVID-19 pandemic and if you would like support, you can free call or text 1737 any time to talk to a trained counsellor. Other Rainbow contacts are.

Gender Minorities Aotearoa <https://genderminorities.com/> p 020 404 92568

InsideOUT <http://insideout.org.nz/> p 027 3331 4507

Intersex Youth Aotearoa <http://www.intersexyouthaotearoa.com/> info@itanz.net.nz

OUTline <https://outline.org.nz/> p 0800 688 5463

RainbowYOUTH <https://www.ry.org.nz/> p 09 376 4155

Qtopia <https://www.qtopia.org.nz/> connect@qtopia.org.nz

For specific COVID-19 information:

Official government information <https://Covid19.govt.nz/>

Support services <https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2020/covid-19/where-to-go-for-services-and-support.html>

Rainbow resources and support <https://www.tengakaukahukura.nz/Covid19/>

(These contacts will be available at the end of the survey)

Impact of COVID-19 for Rainbow Young People in Aotearoa - Main branch

Q1_0

Do you agree to take part in this survey?

Question Options

1. Yes
2. No

Q2_0

How old are you?

Question Options

1. Under 12 years
2. 12 to 14 years
3. 15-17 years
4. 18-20 years
5. 21-24 years
3. 15 to 24 years
4. 25 to 44 years
5. 45 to 64 years

6. Over 65 years

Q3_0

How you have been feeling during the COVID-19 pandemic. Overall, I'm....

Question Options

1. Not managing well at all
2. Not managing well
3. Managing it ok
4. Managing it well
5. Managing it extremely

Section 1

This section asks questions about your experiences of the level 4 lockdown we had in New Zealand between

25th March to 27th April 2020 when we all had to stay at home (except essential workers), and the level 3 lockdown between 12th and 30th August for people in the Auckland Region.

Q4_0

During the COVID-19 level 3 & 4 lockdowns where did you stay?

Question Options

1. In my own home/flat
2. With a friend (in my own room)
3. With my family or whānau or carer
4. Hotel or hostel
5. Vehicle, tent of temporary structure
6. Couch surfed
7. Other (please specify):
8. Prefer not to say

Q5_a

Which of the following things did you have problems accessing during level 3 and 4 lockdowns?

Multiple Selection (Checkboxes)

Question Options

1. Mental health care
2. Health care (e.g. GP)
3. Medications
4. Gender affirming healthcare (e.g. Hormone therapy)
5. Your belongings
6. Education/schoolwork
7. Job
8. LGBTQIA+ organisation/group
9. Power/electricity
10. Food
11. None of the above

Q5_b

How hard was it to access...??

Top Options

0-10 scale with not hard at all to 10 extremely hard

Side Options

1. Mental health care
2. Health care (e.g. GP)
3. Medications
4. Gender affirming healthcare (e.g. Hormone therapy)
5. Your belongings
6. Education
7. Job
8. LGBTQIA+ organisation/group
9. Power/electricity

10. Food

Q5_c

If you were not able to get what you needed, tell us about this below.

Large Text Area

Q6_0

How much do you agree or disagree with the following statements about how safe and supported you felt during lockdowns 3 & 4.

Top Options

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree
6. Prefer not to say

Side Options

1. I felt safe in my bubble
2. I felt supported by my family or whānau
3. I felt supported by my friends
4. I felt lonely and isolated
5. I experienced transphobia, intersexphobia, or negativity toward my gender or sex characteristics in my bubble
6. I experienced homophobia, lesbophobia, biphobia, or negativity towards my sexual orientation in my bubble
7. I experienced abuse from a partner or family or whānau member
8. I was harassed or bullied online
9. I used drugs and alcohol to cope
10. I felt depressed and/or anxious

Q7_0

During level 3 & 4 lockdowns what had the biggest impact on your wellbeing?

Large Text Area

Q8_0

Were there things you found positive during the COVID-19 level 3 & 4 lockdowns?

Large Text Area

Q9_0

Were there things you found negative during the COVID-19 level 3 & 4 lockdowns?

Large Text Area

Q11_0

Were there any technology barriers to you con-

necting with your friends and/or family or whānau during level 3 & 4 lockdowns?

Multiple Selection (Checkboxes)

Question Options

1. Access to a device
2. Access to WiFi/data
3. Another reason
4. Prefer not to say
5. There were no technology barriers

Section 2

This section asks about how things are for you now and what the future looks like for you.

Q12_0

How much do you agree or disagree with the following statements about how the ongoing Covid-19 pandemic is affecting your life?

Top Options

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree
6. Prefer not to say

Side Options

1. I can access health care (e.g. GP)
2. I can access mental health care
3. I can access gender affirming health care (e.g. hormone replacement therapy)
4. I can access medications (e.g. HIV meds)
5. I can continue my education
6. I can get a job

Q13_a

Which of the following statements apply to you as a result of the Covid-19 pandemic? I have been experiencing...

Multiple Selection (Checkboxes)

Question Options

1. Loneliness and isolation
2. conflict with my friends or partner or family or whānau
3. abuse from a partner or family or whānau member
4. bullying and harassment
5. anxiety and/or depression
6. negativity towards my gender or sex characteristics or sexual orientation
7. using drugs and alcohol to cope
8. Other (please specify):
9. None of the above

Q13_b

Rate the following statements. I have been experiencing...

Top Options

Do we use a frequency scale here from never to always (5 likert)

Side Options

1. Loneliness and isolation
2. conflict with my friends or partner or family or whānau
3. abuse from a partner or family or whānau member
4. bullying and harassment
5. anxiety and/or depression
6. negativity towards my gender or sex characteristics or sexual orientation
7. using drugs and alcohol to cope
8. Piping from other (please specify) option at Q13a

Q14_0

Tick the supports you need to recover from the Covid-19 pandemic?

Multiple Selection (Checkboxes)

Question Options

1. Help with accommodation costs (e.g. electricity, water bills)
2. Temporary emergency housing
3. Mental health services
4. Employment
5. Gender affirming healthcare
6. Support from Rainbow, Takatāpui, Queer, Gender Diverse and Intersex agencies
7. Education
8. Something else
9. Prefer not to say
10. None of the above

Q15_a

Have you connected with any LGBTQIA+ organisations/groups during the COVID-19 pandemic? If yes how?

Multiple Selection (Checkboxes)

Question Options

1. Online website
2. Online social group
3. Online housing network
4. Online meetup
5. In person drop in centre
6. In person social event
7. In person volunteering

8. Telephone/text
9. Other (please specify):
10. I made no contact

Q15_b

Which organisations/groups did you connect with?

Large Text Area

Q16_0

What do you want to do in the next two to three years?

Multiple Selection (Checkboxes)

Question Options

1. Get more training or education (e.g. wānanga, university, trade training)
2. Work or look for a job
3. Raise a family
4. Go overseas
5. Something else:
6. Not sure
7. Do nothing

Q17_a

Do you think the COVID-19 pandemic will disrupt or your plans?

Question Options

1. Yes
2. No
3. Maybe
4. Don't know
5. Prefer not to say

Q17_b

How you think the COVID-19 pandemic will disrupt or change what you want to do in the next two or three years?

Large Text Area

Q18_0

How much do you agree or disagree with this statement?

I won't (or have not) seek medical care or testing for COVID-19 because of my sexuality, gender identity, or sex characteristics?

Question Options

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree
6. Prefer not to say

Q19_0

What is the one thing you think would help you to have a good life, now and in the future?

Large Text Area

Q20_0

How do you think the LGBTQIA+ communities could be best supported during the Covid-19 pandemic and in the future?

Section 3

This last section asks a few questions about your identity and where you live.

Q22_0

How do you identify?

Multiple Selection (Checkboxes)

Question Options

1. Agender
2. Akava'ine
3. Aromantic
4. Asexual
5. Bigender
6. Biromantic
7. Bisexual
8. Cisgender
9. Demiboy
10. Demigirl
11. Demiromantic
12. Fa'afafine
13. Fa'afatama
14. Fakafifine
15. Fakaleitī
16. Fakatangata
17. Fiafifine
18. Gay
19. Gender-diverse
20. Genderfluid
21. Genderqueer
22. Greyromantic
23. Haka huahine
24. Heteroromantic
25. Heterosexual/straight
26. Homoromantic
27. Intersex
28. Lesbian
29. Man/Boy/Tāne
30. Non-binary
31. Pangender
32. Panromantic
33. Pansexual

34. Palopa
35. Pina
36. Pinapinaaine
37. Māhū
38. Tāhine
39. Takatāpui
40. Tangata ira tāne
41. Tangata ira wāhine
42. Transfeminine
43. Transgender
44. Trans man
45. Transmasculine
46. Transsexual
47. Trans woman
48. Queer
49. Vaka sa lewa lewa
50. Women/Girl/Wahine
51. Whakawahine
52. Fluid/it changes all the time (gender)
53. Fluid/it changes all the time (sexuality)
54. Not specified above (please specify):
55. Prefer not to say

Q23_0

What region are you from?

Question Options

1. Northland/Te Tai Tokerau
2. Auckland/Tāmaki-makau-rau
3. Waikato
4. Bay of Plenty/Te Moana-a-Toi
5. Gisborne/Te Tai Rāwhiti
6. Hawke's Bay/Te Matau-a-Māui
7. Taranaki
8. Manawatū-Whanganui
9. Wellington/Te Whanganui-a-Tara
10. Tasman/Te Tai-o-Aorere
11. Nelson/Whakatū
12. Marlborough/Te Taihū-o-te-waka
13. West Coast/Te Tai Poutini
14. Canterbury/Waitaha
15. Otago/Ōtākou
16. Southland/Murihiku

Q24_0

Which ethnic group(s) do you belong to?

Multiple Selection (Checkboxes)

- | | | |
|----------------------|-----|-----------------------|
| NZ European / Pākehā | 371 | Other Pacific Peoples |
| 121 British / Irish | 411 | Filipino |
| 122 Dutch | 412 | Cambodian |
| 123 Greek | 413 | Vietnamese |
| 124 Polish | 414 | Other Southeast Asian |
| 125 South Slav | 421 | Chinese |

- | | | |
|------------------------|-----|-----------------|
| 126 Italian | 431 | Indian |
| 127 German | 441 | Sri Lankan |
| 128 Australian | 442 | Japanese |
| 129 Other European | 443 | Korean |
| 211 Māori | 444 | Other Asian |
| 311 Samoan | 511 | Middle Eastern |
| 321 Cook Islands Māori | 521 | Latin American |
| 331 Tongan | 531 | African |
| 341 Niuean | 611 | Other Ethnicity |
| 351 Tokelauan | 999 | Not Stated |
| 361 Fijian | | |

Question Options

14. Rather not say

Q25_0

Do any of the following describe you?

Multiple Selection (Checkboxes)

Question Options

1. I have a disability
2. I live in a rural part of NZ
3. I am a refugee
4. I have recently arrived in NZ
5. I am a parent
6. I am an international student
7. I was an essential worker during lockdown
8. None of the above

Thank you for your time.

If you would like support, you can free call or text 1737 any time to talk to a trained counsellor.

Other Rainbow contacts are.

Gender Minorities Aotearoa <https://genderminorities.com/> p 020 404 92568

InsideOUT <http://insideout.org.nz/> p 027 3331 4507

Intersex Youth Aotearoa <http://www.intersexyouthaotearoa.com/> info@itanz.net.nz

OUTline <https://outline.org.nz/> p 0800 688 5463

RainbowYOUTH <https://www.ry.org.nz/> p 09 376 4155

Qtopia <https://www.qtopia.org.nz/> connect@qtopia.org.nz

For specific COVID information:

Official government information <https://COVID19.govt.nz/>

Support services <https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2020/covid-19/where-to-go-forservices-and-support.html>

Rainbow resources and support <https://www.tengakaukahukura.nz/COVID19>

OptIn_FilterOut

Thank you for considering taking part in the survey.

If you would like support, you can free call or text 1737 any time to talk to a trained counsellor. Other Rainbow contacts are.

Gender Minorities Aotearoa <https://genderminorities.com/> p 020 404 92568

InsideOUT <http://insideout.org.nz/> p 027 3331 4507

Intersex Youth Aotearoa <http://www.intersexyouthaotearoa.com/> info@itanz.net.nz

OUTline <https://outline.org.nz/> p 0800 688 5463

RainbowYOUTH <https://www.ry.org.nz/> p 09 376 4155

Qtopia <https://www.qtopia.org.nz/> connect@qtopia.org.nz

For specific COVID information:

Official government information <https://COVID19.govt.nz/>

Support services <https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2020/covid-19/where-to-go-forservices-and-support.html>

Rainbow resources and support <https://www.tengakaukahukura.nz/COVID19>

Screener_FilterOut

This survey is for people aged 16-24 years old only, thanks for interest in participating and we are sorry you do not qualify. Thanks for trying!