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LGBTQ+ Experiences with the COVID-19 Pandemic

Isabelle Stitt-Fredericks
SUNY Geneseo

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Abstract

The LGBTQ+ community regularly faces discrimination at both the interpersonal and structural level, causing stress that manifests itself in adverse physical and mental health outcomes. LGBTQ+ youth and young adults are in a precarious position where they are still dependent on others and have less freedom to limit their interactions with unaccepting individuals. The COVID-19 pandemic and subsequent lockdown forced most college students and young adults' home to family, facing financial insecurity and the loss of services. The lockdown further limited the mobility of LGBTQ+ and constrained their ability to access protective factors against discrimination, such as social support and therapy. Guided by Meyer's minority stress model, this research highlights how certain unique stressors already faced by the LGBGTQ+ community have compounded in the context of the pandemic. Using interviews and surveys conducted during the pandemic with LGBTQ+ within and outside the SUNY Geneseo community, issues such as familial acceptance and uncertainty for the future juxtaposed with discussions on self reflection and forms of resilience were highlighted. This research seeks to add to the discourse surrounding the specific needs of minority groups during the current pandemic and future crises that may replicate similar conditions.

Background

The LGBTQ+ community has historically been faced with discrimination in healthcare, the workplace, family, and local communities. Primary forms of discrimination, such as violence and ostracizing, have direct physical effects, but the stress from subtler forms of discrimination, such as microaggressions and perceived stigma, become embodied and manifest as chronic diseases. The minority stress model posits that the constant stress of being a discriminated minority has an accumulating effect that increases the risk of heart disease, diabetes, and obesity due to the overactive stress response (Azagba, Shan, & Latham, 2019). Stigma also has adverse effects on mental health, presenting increased mood disorders, and suicidal tendencies (Quinn et al., 2015). As a way of coping with this, many LGBTQ+ turn to risky behaviors such as

smoking, substance abuse, under and overeating, and unsafe sex, thus increasing morbidity, mortality, and stigma (Fredriksen-Goldsen et al., 2016).

The stigma arising from these behaviors is present as structural stigmas in community-level norms and discriminatory policies (Parker et al., 2018). The interplay of this type of stigma and enacted stigma contributes to the fear of the healthcare setting. Structurally LGBTQ+ already have limited partner benefits with insurance and may not align with the binary male-female system (Quinn et al., 2015). As a result, 1 in 6 LGBTQ+ avoid healthcare, especially preventative care measures, and only utilize care when needed (Casey et al., 2019; Burgess et al., 2007). The high-intensity care sites they rely on are also the locations with the highest discrimination levels (Callahan et al., 2014).

However, LGBTQ+ individuals are readily capable of engaging in forms of resilience with the right context. While familial support is often low for LGBTQ+ individuals, they can strategically utilize "chosen families" for social capital (McConnell, Birkett, & Mustanski, 2016). Strategically revealing their identity, self-affirmation, self-care, and pro-active coping can all mediate the effects of discrimination (Fredrikson-Goldsen et al., 2016; Colpitts & Gahagan, 2016). At the community level, social activism, safe spaces, and positive representation can produce protective effects and improve individual factors that mitigate discrimination (Colpitts & Gahagan, 2016; Meyer, 2015).

My research follows a period where society is being put through a mental and physically taxing period. Health disparities and risk behaviors already present in the community put LGBTQ+ at risk for severe complications from COVID-19. Fear of discrimination in the healthcare setting limits their willingness to seek help until critical, increasing the risk of death and spreading the virus. President Trump's rollback on protections for transgender individuals against discrimination in healthcare, at the height of the pandemic, sends a message to the community that their fears are valid. The stress most feel from quarantine, and job insecurity can compound the high levels of mental illness already present in LGBTQ+. The quarantine process, especially for teenagers and young adults, put LGBTQ+ at risk of being stuck in a household without support; and away from their "chosen families" that provide them social capital and buffer the effects of discrimination (Fish et al., 2020). There is a small amount of research to build upon on COVID-19 and LGBTQ+, but this makes this study even more appropriate.

This study's objectives were to identify how the LGBTQ+ community has experienced the pandemic differently, and the sources of stress impact health and healing. The first goal was to determine what issues specific to the LGBTQ+ community are being faced because of the pandemic. Specifically, I looked at how limited healthcare options have transformed, the effect of quarantine on mental health outcomes, and the changes in risk behaviors. Secondly, I hoped to uncover what practices individuals engaged in that promoted health and moderated their experiences' adverse effects. Here, I looked at what forms of social support and healthcare resources the community relied on, tried to identify what resources are detrimental or inaccessible to the community, and what forms of health maintenance were relied on before the pandemic. Lastly, this study sought to uncover how the community views their health and what long-term concerns have arisen

because of the pandemic. Identifying primary sources of stress and any resulting physical or mental manifestations, and how the pandemic has elevated fears already present within the community regarding their safety, image, and future community.

In this paper, I will argue that the LGBTQ+ community, youth especially, are likely to experience discrimination at home, pushing them to utilize friends and partners as their primary form of social support. Using data on friends versus familial acceptance rates, I demonstrate how young LGBTQ+ utilize "chosen families" and strategically conceal their identity to mitigate familial discrimination. Next, I argue that LGBTQ+ in this study reported high levels of stress and subsequent mental distress but prefer not to utilize mental health services. Other sources of discrimination will be discussed, and the effect of Trump's overturn of protection laws on views of the future. This paper addresses reasons for the avoidance of therapy and what young LGBTQ+ utilize instead to alleviate mental distress. Lastly, I argue that these LGBTQ+ individuals used preventative measures to avoid stressful interactions and increase protective factors like social interconnectedness and positive self-image. Some of these methods include positive self-reflection, and social media use to keep in contact with close friends and forms of social support.

Methods

Over four weeks, I collected data in the form of structured surveys and semi-structured interviews. The surveys consisted of 45 voluntary questions on gender and sexual identity, risk behaviors, forms of health maintenance, preferences on social support, and experiences with discrimination. In the end, a free-response question allowed participants to fill in anything they deemed relevant that was not included in the survey questions. I released the survey on Geneseo Pride Alliance email listserv, Geneseo Women's rugby team Facebook page, and SUNY Geneseo's Class of 2021, Class of 2022, and Class of 2023 Facebook pages. Outside of the college community, I posted the survey on Reddit in the r/SampleSize, r/lgbtstudies, and r/AskLGBT forums. A total of 77 responses were collected, with 24 respondents coming from within the college community and 53 from outside the college community, all of which were ages 18 and above. The survey was anonymous, but participants were given the option to leave their email to be contacted for a follow-up interview.

I experienced setbacks with the Reddit forums I chose to post my survey to, as all required an authentication process, which involved submitting proof of IRB approval to mods, and then secondary approval once I made the post before it became visible on the forum. This process took anywhere from three days to a week and a half. I was left with limited time to collect and record interviews, on top of an already shortened schedule as I had to wait for IRB approval. Also, I was only able to collect minimal data from non-White LGBTQ+ members, and all interested interviews identified as White, limited by possibilities for future discussion on multiple minority stressors.

Ultimately, six interviews were conducted ranging from 34 to 55 minutes, and all but one were recruited through snowball sampling from the survey. A total of 12 people left their email, and nine were contacted about interviews. Two lived outside of the United

States, and their country only experienced a lockdown for a short period, and one individual was significantly older, and my questions did not apply to either situation. Seven out of nine individuals responded to my follow-up email, and one of those seven individuals canceled our interview and never rescheduled. All were college students between the ages of 20 and 22, with two identifying as bisexual females, one lesbian female, one pansexual female, one queer, non-binary individual, and one asexual male. My attention was directed toward college students for my interview sample as they are more likely to be dependent on others financially and are at a transition period in life, moving from at-home living to independence. At this point in age, I anticipated more information on establishing personal agency and learning to navigate various social spheres.

The interviews consisted of 30–35 questions that primarily elaborated on the survey questions while also asking about family interactions, views on the political climate, experiences with discrimination and how they prevent them, and how they define good health. Experiences with COVID directly, whether becoming sick or hypotheticals had they gotten sick, were also discussed. Essentially, the questions were designed to uncover pathways of stress that are already exacerbated by the pandemic and uncover what unique factors can compound these stressors for LGBTQ+ youth and how they manage them.

Literature Review

Everyday life stressors are present universally, but for the LGBTQ+ community, their stress is compounded by their identity and resultant negative experiences. This stress results from distal stressors such as victimization and microaggressions, and proximal stressors present as internalized homophobia and concealment of identity (Livingston et al., 2015). Minority stress has an accumulating effect that cannot be viewed as singular events, rather a "characteristic experience" of the individual in the community (Eldahan et al., 2016, p. 833). Identifying types of stressors and their prevalence are essential for connecting LGBTQ+ health disparities and marginalization. In turn, stress and stressors display themselves as behaviors, physical, and mental ailments in the community.

The effects of this stress manifest itself in risk behaviors as a form of maladaptive coping (Fredriksen-Goldsen et al., 2016). Smoking, substance abuse, unhealthy eating and obesity, and unsafe sex are present at higher levels in the LGBTQ+ community. Smoking, obesity, and other risk factors are tied to the higher-rated of cardiovascular disorders in older LGBTQ+ individuals (Williams & Mann, 2017). Stress eating as a form of comfort, and under eating as a form of control was reported in lesbian women and gay men (Azagba, Shan, & Latham, 2019). Unsafe sex and substance abuse, sometimes coinciding during "chemsex," contribute to the higher rates of STDs, Hepatitis A and Hepatitis B, and HIV (Pienaar et al., 2020; Callahan et al., 2014). Through this lens, we can see that simplifying these behaviors as individualized faults obscures the practices and attitudes toward the LGBTQ+ community that causes them in the first place. A more obvious measurable effect of this stress can be viewed through physical and mental ailments.

Mental health disorders are also disproportionately higher in the community. While many determinants for poor mental health are unknown**,** psychosocial stress from stig-

matization has been identified as a major contributor (Burgess et al., 2007). Psychosocial stress is a form of stress that arises from a threat of your social identity, perceived or otherwise (Burgess et al., 2007). Depression, anxiety, eating disorders, self-harm, and suicide are overly present in the community (Quinn et al., 2015). This begins even in youth when individuals are first discovering their identity (Watson, Grossman, & Russell, 2019). Symptoms of these illness such as social isolation, rumination, hopelessness, and pessimism all mediate the effects distal stressors have on the risk behaviors mentioned above (Livingston et al., 2015). As such, risk behaviors may increase mental illness, and mental illness may increase the chance of risk behaviors. Physical health issues are also affected, as cardiovascular disorders and other chronic conditions such as asthma and diabetes are furthered by high-stress levels, making their management incredibly difficult for the LGBTQ+ community (Conron, Mimiaga, & Landers, 2010). These physical ailments are forms of embodiment**,** whereas the constant stress strains individuals' natural stress response increasing their insulin, heart rate, and blood pressure; precursors to various chronic illnesses that act as a reflection of the stress these individuals are under. These disparities become more evident when including discussions of minorities within the LGBTQ+ community.

It is essential to utilize an intersectional lens, as POC sexual minorities also accumulate stress from their racial or ethnic minority status. An intersectional lens suggests that multiple minority statuses create individual health outcomes for the individual. For example, Black LGBTQ+ youth are also disproportionately represented in homeless youth, and must also deal with systemic racism, police harassment, and microaggressions (Shelton et al., 2018). Microaggressions are thinly veiled forms of homophobia, which may include things like assumptions about HIV status or drug use. LGBTQ+ spaces can lessen the effects of LGBTQ+ victimization and promote community resistance, but racial-ethnic stigma can also come from within, reducing the protective effects (McConnell et al., 2018). Those who do experience LGBTQ+ stigma along with racial-ethnic stigma are also more likely to minimize the experience of LGBTQ+ discrimination, even though said stigma has more of an effect on their self-worth than White sexual minorities (McConnell et al., 2018). Women, especially bisexual women, are continuously reported as having more stress, depression, and victimization than LGBTQ+ men (Lindley, Walsemann, & Carter, 2012; Robinson & Espelage, 2012; Jabson, Farmer, and Bowen, 2014). Utilizing an intersectional lens is essential for identifying which members of LGBTQ+ are most at risk for the aforementioned health disparities, and which groups are better to target for health policy in communities with limited funds. Some factors such as social capital can mitigate the effects of these stressors.

Social capital is the tangible and intangible resources one gains from being part of a social circle and receiving support. Various forms of social support exist, and the studies utilized compared between familial, peer, and significant other (McConnell, Birkett, & Mustanski, 2016). LGBTQ+ are in a unique situation where they tend to utilize "chosen families" and forms of peer support, due to common experiences of low familial support (Watson, Grossman, & Russell, 2019, p. 31). Nonetheless, familial support is more likely to promote mental health, prevent risk behavior, and be understudied regarding

LGBTQ+ health outcomes (McConnell, Birkett, & Mustanski, 2016). Rosario et al. (2014) specifically found maternal rejection directly connected to substance abuse problems. LGBT youth also report increased familial support over time if high non-familial support was present, which could mean family's original lack of support reflected societal stigma and can be remedied by being exposed to a more accepting community (McConnell, Birkett, & Mustanski, 2016). This discussion is especially important at the time of this writing, as the COVID-19 pandemic has forced more LGBTQ+ individuals to be isolated with unsupportive parents resulting in a decline in both their mental health and access to other support or therapy (Fish et al., 2020; Gonzales et al. 2020). Considering the significant disparities in mental health and stress management present in LGBTQ+ adults, promoting forms of social support for both young and adult sexual and gender minorities creates the opportunity for them to gain social capital to protect against mental illness and better stress management. The need for more studies on familial support is underscored by the rates of homelessness in the LGBTQ+ population.

LGBTQ+ youth make up 20-40 percent of all homeless youth, experience homelessness at younger ages, and by relation, for more extended periods (Shelton et al., 2018). Youth LGBTQ+ individuals make up to 40% of the homeless population, and family conflict regarding their sexual orientation or gender identity was cited most as a reason for their loss of housing (Shelton et al., 2018). They often must engage in some of the risky behavior they are discriminated against by trading sex for housing and food (Callahan et al., 2014). They also often have less access to healthcare, which increases chances for substance abuse to cope and STIs (Callahan et al., 2014). Whitbeck et al. (2004) also suggest trauma theory, whereas homelessness is traumatic in that it is incredibly stressful, increases chances of mental illness, and exacerbates current symptoms of mental illness, all of which LGBTQ+ are especially vulnerable to. These studies highlight the need to intercept the loss of familial support that leads to homelessness and establish forms of social support for those who do end up homeless to moderate their mental health effects. Studies regarding peer support have been more thorough but often focused on the wrong issue.

When discussing LGBTQ+ and peer support, bullying is a common topic that arises. However, again deficit-based research ideals focus on ending LGBTQ+ bullying but ignore the larger gender policing and heteronormativity that cause it; and obscuring how LGBTQ+ meaningfully uses peer support in the absence of other support (Payne & Smith, 2013). Gender policing is the actions that reinforce normative gender expectations (Payne & Smith, 2013). Robinson and Espelage (2012) found that even after accounting for victimization from bullying, LGBTQ+ youth still have higher suicide and suicidal ideation rates. This supports Parker et al.'s (2018) findings that account health disparities to various forms of structural stigma, like community-level norms and discriminatory policies. LGBTQ+ individuals also experience enacted stigma in direct violence or shunning, felt stigma that causes concealment of identity and modified behaviors, and internalized stigma, which expresses itself as outward hatred of LGBTQ+ people (Herek, Gillis, & Cogan, 2009). Forms of blatant discrimination are themselves enacted stigma but may also affect subtler forms of structural stigma. The interplay be-

tween these forms of stigma means LGBTQ+ are continually exposed to various forms of discrimination, and a singular approach tackling one type of stigma may not be successful.

Despite the factors mentioned above, the LGBTQ+ community is regularly capable of engaging in protective measures that can collectively be called resilience. Resilience is a framework that identifies the capability of an individual and community to withstand stressors and victimization (Colpitts & Gahagan, 2016). Fredriksen-Goldsen et al. (2016) found that health maintenance and the ability to moderate stress response were dependent on the level of resilience an individual had. Unfortunately, most research on the LGBTQ+ population health disparities is deficit-based, identifying risk behaviors and working to limit them (Gahagan & Colpitts, 2017). However, a strength-based approach that identifies forms of resilience could identify traits for social programs that would have lasting impacts on a social level rather than an individual level (Colpitts & Gahagan, 2016). Traditionally research that focuses on a deficit-based individual approach tends to vilify minorities for engaging in the risk behaviors they do, further stigmatizing them. Despite this, research can still occur on the individual level as resilience is present both among people and the community.

On the individual level, forms of resilience exist with self-image and personality traits. Individuals who strategically make their identity known to some, but not all, had better outcomes than those who were out to everyone or no one at all (Fredriksen-Goldsen et al., 2016). This ability to balance self-worth and social support allows one to gain the protection of each factor instead of neither. Self-affirmation itself was associated with a better ability to regulate stress (Fredriksen-Goldsen et al., 2016). Livingston et al. (2015) defined those personality traits of lower neuroticism, higher extroversion, agreeableness, openness, and conscientiousness were "adaptive" and thus more resilient to stigmatization and victimization (p. 324). Other traits identified were "positive self-esteem, self-efficacy, cognitive ability to mediate stress, self-acceptance, pro-active coping, self-care, shamelessness, and spirituality (Colpitts & Gahagan, 2016, p. 4)." These traits showcase that LGBTQ+ individuals can improve their response to stigma, but most of these characteristics need the proper social context to promote them, hence why community-level tactics may be a better focus for health policy.

Resilience on a community level includes "perceived social support, social connectedness, positive LGBTQ+ role models, positive representation of LGBTQ+ populations in the media, family acceptance, positive school, and work environments, having access to safe spaces, connection to LGBTQ+ communities, and social activism" (Colpitts & Gahagan, 2016, p. 4). Simply being interwoven into the LGBTQ+ community socially, can produce protective effects in an individual, even if no apparent support has been gained (Meyer, 2015). Focusing on community resilience also eliminates the Western notion of individual responsibility that obscures broader social issues (Meyer, 2015). However, an individual must identify itself with the LGBTQ+ community to gain resilience (McConnell et al., 2018). Also, communities with a disproportionate amount of risk behavior and lack of resources are likely incapable of promoting resilience (McConnell, Birkett,

& Mustanski, 2016). It would then be unwise to assume that merely allowing LGBTQ+ spaces to exist would alleviate disparities; rather, these studies showcase the possibilities if greater acceptance of LGBTQ+ occur along with tangible support such as programs and funding.

Scholars have shown that the unifying variable in these ideas is stress, what causes it, how it's exacerbated, and what the LGBTQ+ community does to manage and prevent it. My study is being conducted in a period characterized by uncertainty, new stressors, and loneliness for most regardless of gender identity or sexual orientation, leading to a general decrease in physical and mental health over time. Social isolation, hopelessness, and pessimism can increase the chance of engaging in risk behaviors and psychosocial stress (Livingston et al., 2015). Health disparities and risk behaviors already present in the community put LGBTQ+ at risk for severe complications from COVID-19, both mentally and physically. The cause of these disparities is best explained by the minority stress model, which asserts that stigmatized minority groups are disproportionately affected by forms of discrimination that heighten the group's stress levels (Azagba, Shan, & Latham, 2019). So, while everyone is experiencing stress because of the pandemic, the LGBTQ+ community is having their minority stress compounded and being placed in conditions that can increase their exposure to discrimination they would otherwise be able to avoid. Messages spread during the pandemic, such as President Trump's rollback on healthcare protections for transgender individuals, intensify fears about their future and how safe they are in accessing care during the pandemic. In these settings, not discussing their identity puts them at risk for unmet specific health needs, but conversely, acknowledging their identity puts them at risk for discrimination. Short-term avoidance of healthcare puts one at risk of spreading the virus unknowingly or waiting too late until their condition is severe. The quarantine process, especially for teenagers and young adults, puts LGBTQ+ at risk of being stuck in a household without support; and away from their "chosen families" that provide them social capital and buffer the effects of discrimination (Fish et al., 2020). The minority stress models provide a framework that distinguishes LGBTQ+ stress from others' stress during the pandemic and directs this studies attention to specific stressors that warrant attention. Under this framework's guise, I found patterns of "at-home" stigma, high levels of mental stress coupled with evasion of healthcare, and protective measures regarding presentation and self-reflection.

Results

I argue that the LGBTQ+ community, youth especially, are likely to experience discrimination at home, pushing them to utilize friends and partners as their primary form of social support. Out of 77 respondents, 42 stated they quarantined with their family initially, and five emphasized it was "not by choice." Only eight answered that they would have preferred to quarantine with family. This lack of mobility was also stated in the free-response section where one stated, "I have had to stay at home with my family, this has made my mental health deteriorate quicker, but it wasn't an option to stay with anyone else."

Out of 59 respondents, 31 or 52.5%, reported that they had experienced some form of discrimination at home. In the free-response section of the survey, six left statements such as "Covid has been hard for people with non-accepting families," and the pandemic made it "difficult to interact with people I'm comfortable expressing myself around." Blair, who identifies as queer and nonbinary, mentioned that their parents are accepting of their queer identity but

> "there [sic] not great about me being trans though, I mean they say they're supportive, but they constantly misgender me and then if I correct them misgender me it turns into 'Oh well this is so difficult for us and we're trying so hard, and you have to cut us some slack."

Again, three responses in the survey also reflected this idea, with one stating, "I thought my mom was more accepting than she actually is. After spending every second of the day with her, microaggressions have become more common." Discrimination exists on a sliding scale, but a common theme was it correlated with how openly one discussed LGBTQ+ topics in their home. An almost even split occurred in the survey, with 50.6% saying they don't openly discuss LGBTQ+ issues with their family and 49.4% saying they do. For some of these individuals, withholding conversation on LGBTQ+ topics may result from discrimination, as seen in Blair's case. They mentioned how "I can't talk about that "trans stuff" at home because it'll be a big thing and make everything uncomfortable.

However, not all respondents have come out to their parents, as 31% report, they have concealed some or all of their identity. In my interview with Petunia, a bisexual female, she stated her reasoning behind not telling her family about her sexual orientation was that they were "Not very accepting of those identities," because of her religious background and that "There is some extended family that would be more comfortable, but I probably still would not tell them because it could get to my parents." Lou, another bisexual female I interviewed conversely, has come out to her immediate family, but not her extended family because "they're all from Nebraska and super religious." She believes, however, that her mother has outed her to her aunt and uncle, which she states does not bother her, but highlights how some family members exchange information about young LGBTQ+ family members' identity without their consent. She was outed initially by her sister, and she felt her mom was "weird" about it until her brother brought home his girlfriend, who was also bisexual.

Ethan, who identifies as an asexual male, has chosen not to come out because of his family's heteronormative values. He views his family as "a very macho family" who believe that "men should be men," and that they "stay with whatever is normal and safe and straight is normal." He has a cousin who is trans that he believes, had they been born to any other set of aunt and uncle in his family, "they would've been out on the street." Scarlet, a pansexual female, cites that her mother and family are very accepting, but she has a brother who is a "conservative man," that didn't quarantine with her but isn't accepting. These interviews suggest that many have accepted family members in their

extended family but are uncomfortable telling those family members out of fear it would travel back to their immediate family.

Unsurprisingly, these data points coincide with relying on non-familial social support such as friends and partners. Only 69% reported that their family was aware of some or all of their LGBTQ+ identity, compared with 86.8% of their friend group. For example, Lou mentioned they find it "much easier to talk about my sexual identity with friends or strangers than like family."

When asked to rate on a scale of 1 to 5, with one being not accepting and five very accepting, 71% said their friends were very accepting, followed by 17% a step below at mostly accepting, and 11% somewhat accepting. However, family acceptance was rated more uniformly across the scale, with 27% reporting very accepting families, followed by 23% mostly, 23 % somewhat, 17% mostly not, and 9% not accepting. This is likely demonstrative of LGBTQ+ youth actively surrounding themselves with accepting individuals when they leave for college or home. Vinta, a bisexual female, stated that she tries to "surround myself with the most liberal accepting people, who don't care about anything." The other interviewees mostly echoed this sentiment as, all but one mentioned their friends as "very accepting," with the outlier explaining they don't associate with enough friends for that to be a discussion. The LGBTQ+ youth also can find others in the community once they leave their home community; Lou emphasized that "most of [her] friends are gay too."

Overall, the data demonstrate that familial unacceptance contributed to a significant amount of stress and tension at home. Being sent home from college and the loss of jobs and summer programs meant LGBTQ+ youth were put into more contact with their family then they may have chosen to. For example, Blair stated this was "probably the longest I had stayed home since I started college," which was three years ago for them. The discrimination they face exists on a sliding scale but regardless makes conversations and openness difficult in the family setting.

These findings lead to the study's second result that LGBTQ+ reported high levels of stress and subsequent mental distress but prefer not to utilize mental health services. While straight individuals' experiences were not considered to compare stress levels during the pandemic, LGBTQ+ stress has already been established in many interviews and survey responses as being compounded from interpersonal interactions and unique outside influences. In the six interviews conducted, four mentioned one of their top three concern throughout lockdown was having to live with family. Another top concern was one's job and job security. Some were grateful for their front-line position but lamented the work environment they were stuck in. Vinta, who works in a stereotypical masculine profession, stated, "it's tough because you don't get the respect at all anyway being a woman, but if they knew I was gay that would be a problem, and I would never get any support or respect or anything," but also mentioned two of her co-workers did find out, and they have never gotten along with her because of it. Scarlet also said that she's careful how she talks at work because "I have had co-workers respond negatively like things I have said [about being gay], so I try not to be as open any more." While many experi-

ence at-home discrimination, tense workplace cultures also make it difficult for younger LGBTQ when they travel home for summer work. This paper is not arguing that these individuals specifically would have left their jobs could they have, only that the job insecurity created by the pandemic could easily be a source of stress for LGBTQ+ who are forced to choose between staying in a hostile workplace or not having a job. Other concerns centered around their health and future.

During the pandemic, President Trump reversed non-discrimination protections for transgender people in healthcare settings, and interviewees were asked about their thoughts on the future of healthcare and what that means to them. All six respondents reflected disgust toward the move and varying responses to their future. Petunia felt "the immediate concern is not there for me but for like my friends who will be affected by," which is echoed by Scarlet, who indicated, "I don't understand the immediate fear, but as a member of the LGBTQ+ community and just a human being it was very scary to watch things like that happens, it was just very stressful." Blair, who identifies as part of the trans community, became very alarmed. While they don't think protections were great before, "to take away what little there was, it honestly made [them] really scared for [their] future." Lou mentioned she "wasn't surprised" about the move but "would have been more worried if Trump was re-elected. Conversely, Vinta became concerned "whether we're [her and her girlfriend] going to be able to have private healthcare in the future or have access to adoption agencies…it's definitely a stressor." Even if someone who is part of the LGBTQ+ community does not identify as part of the trans community, removing those protections felt like foreshadowing for the removal of more in the future. To make a move such as that, in the middle of a public health crisis, created an environment of uncertainty and stress. As Scarlet aptly summed up, "It's always up in the air whether we're going to have the same, less, or no rights. That is just always something I think about."

According to interviews, these stressors, discrimination, and uncertainty likely contributed to the mental distress many have been experiencing. Lou felt stressed when classes went online, and then when she went home and was jobless for a period, but recently back at school has noticed a "depression funk" in her house that she and her three housemates are struggling with. She had previously experienced a "funk" when she first moved to college but had been fine since, especially with coming out. However, she now finds herself concerned "with how easy it is to slip back into the depressive-like episodes." Vinta, who had past experiences with depression and anxiety that had gone away in high school, now finds herself becoming "very heavy chested" and experiencing body aches while also feeling more depressed as well. In general, she thinks our age group is especially suffering and has recently lost two friends back home to suicide. Blair was already experiencing anxiety and depression before the pandemic, which has gotten worse, and they believe it is causing physical manifestations in the sudden worsening of their chronic conditions. While not certain, Scarlet somewhat attributes her sudden rise in stress to her diagnosis of bipolar disorder in August. She believes that the "different emotional factors all hitting at once was too much," and she knows stress can trigger episodes.

Scarlet was seeing a therapist and psychiatrist at the time, but few others sought mental health services despite higher reports of stress.

About 60% of respondents said that they did not utilize mental health services or therapy. This does leave 40% who say that they do, however, the survey did not ask about frequency or how recently. Also, 39% say that they never turn to therapists in times of mental or emotional struggles, leaving 21% unaccounted for; assuming the 60% of respondents don't utilize therapy is true, and the 40% that do, did not answer never. Regardless, 55% of respondents stated it has become more challenging for them to access mental health services because of the pandemic. Blair had attempted to find a therapist before the pandemic, "which is harder than it sounds, and then the pandemic started, and I really couldn't," and they had previously poor interactions with their school's counseling service and couldn't go there. Three of the interviewees stated they wished they could go to therapy but haven't because of specific barriers or generally didn't know why. For example, Petunia is under her parent's insurance, and "it requires a conversation no matter what I want to schedule, and sometimes those conversations are not my favorite thing to do." Lou mentioned her previous aversion to therapy but now stated more than once that she both "need[s] to go to a therapist" but finds it "so much effort to find one and get it all set up, and I don't feel like bad enough that I need it." Her statement was interesting, if only for the juxtaposition of "needing" therapy while also questioning whether it was bad enough for her to go. This dilemma is reiterated by Vinta, who said, "I've been saying this whole semester, like, I really need to get a therapist and I just haven't…I don't know why it could be that I'm just putting it off." Even the respondents who did utilize therapy regularly, such as scarlet, stated that traveling from home and back to school often interrupted their regular therapy sessions. Ethan was seeing a therapist, who occasionally had to move to virtual sessions, which he felt "worked" but he "would probably 100,000% prefer in-person." What is exhibited here is that the importance of therapy is understood, and the desire for it is clear, but barriers seriously affect access to it. For LGBTQ+ youth, with parents who may be discriminatory, having to rely on their insurance could be a cause for concern and likely more difficult if they don't know how to access these resources on their own. Also, the mobility of young LGBTQ+ who have not settled in their own house makes it difficult for them to keep up with therapy sessions.

It's important to note that all interviewees defined 'good health' with an emphasis on having good mental health. Lou explains good health as a "feeling," not based on diet or exercise but ensuring the "quality," of life is at it's best. For Scarlet, "feeling secure mentally…or just feeling comfortable with where you are mentally." was her first and top priority in her definition of good health. Whereas Ethan included more of a discussion on the physical aspect, he nonetheless emphasized that "it all starts with the mental part… if you're not mentally healthy that should be where you start."

In the meantime, when experiencing forms of distress, they turn to friends instead or simply keep it to themselves. 50.7% of survey respondents stated they turn to friends primarily in times of mental or emotional struggles, and 62% said they turn to quality time

with friends to de-stress. Vinta, specifically when I originally asked if she uses a therapist asked, "Do friend therapist count?" However, Lou said, "Does talking to a wall count?" for the same question. Blair's preferred form was not seeking anyone out or putting it on Twitter, and Ethan, who stated his small friend group and little interaction with family usually meant he kept his feeling to himself. Again, we see a reliance on friends as outlets for issues, but those who feel they cannot place that emotional toll on friends often keep to themselves. Loneliness and social isolation during this pandemic may be shutting off serious lifelines for the LGBTQ+ community.

However, this studies' final point is that LGBTQ+ utilized preventative measures to both avoid stressful interactions and increase protective factors like social interconnectedness and positive self-image. As mentioned before, some interviewees mentioned they are not as open to their co-workers or family to prevent discrimination. While these conditions can certainly lead to stress, they nonetheless highlight the community's ability to receive social capital even from those who may not traditionally associate them. Only 46% of respondents stated they are open to everyone they meet about their identity, with 49% changing their demeanor or style around strangers. In families, this number jumps to 61% of respondents changing some aspect of their persona or style to "pass." This skill is essential for young LGBTQ+ who may be threatened with a loss of housing or financial instability if they were out or obviously gay to their parents. This concealment could coincide with embarrassment over one's identity, however, 81% of respondents reported they were proud of their identity.

This latter statistic may have also been influenced by the time spent in isolation. Some survey respondents reported that the time in isolation helped improve their relationship and confidence in their identity. One mentioned, "The pandemic is what led me to realize I'm trans, being away from society let me think and get to know myself better and learn who I really was." Another individual also realized felt "having this time to myself has allowed me to better find myself and my identity," and realized they no longer identify as a bisexual transman but a nonbinary lesbian. One individual who was not a part of the LGBTQ+ community before the pandemic but was questioning "had a lot of time to think about it and realized [they] are definitely attracted to men and women." Even those who were secure in their identity expressed a degree of self-reflection that resulted in improvements in their self-image. Vinta felt she "probably grew into myself a lot and like realized who I am and who I want to be." Scarlet as well felt as if she had "gotten more confident in who I am," which she believes might have been a response towards apathy about what other people think. Because a lot of events were moved online, one survey respondent felt as if "I've been able to engage with the queer community more than I did before the pandemic," which they were grateful for as they weren't able to meet many other LGBTQ+ individuals in high school. These responses may be highlighting a trend toward greater self-acceptance and positive self-image in the community. Interacting with individuals who are more accepting of other identities, such as friends, is arguably an essential protective measure for positive self-image in young LGBTQ+.

LGBTQ+ individuals, when faced with isolation, reported regular use of social media to connect and collect information about the pandemic. Scarlet primarily "used a lot of apps like house party and facetime, to communicate with them[friends] face to face." Lou and Petunia also reported the use of House party as a way of regular contact instead of merely texting. Blair utilized zoom to have "lunches" with their friends over the summer. Social media was the most preferred method that respondents used to de-stress, standing at about 63.2%, followed by quality time with friends at 61.8%. The need for social interaction with friends was clear, and social media provided an outlet for that. Coincidentally, social media is where a few interviewees reported they received their news about COVID. However, utilizing social media was used strategically in that when it became overwhelming, they either directed their feed away from it, or used other news agencies for validity. In Blair's case, they got most of their information from Twitter, acknowledged the possibility of false information, and eventually transitioned to the New York Times COVID page. However, when it became too much, they "tried not to spend too much time seeking things out that I know will make me feel bad," and only watch the news when their parents do. Ethan stated they don't use much social media much; when they do, it's Twitter, and he's made an effort to "really curate my timeline to be what I enjoy so it's different than what most people see." Instead, he got his news from international sources as he felt there "they give you like a perspective of they don't care about the U.S.…so they give a much more unbiased account of what's happening here." Thus, social media has become an outlet for stress, a source of information, and a way to connect with friends, essentially somewhat re-creating as much of LGBTQ+ youths preferred environment.

Discussion

This studies' guiding framework was that of Meyer's minority stress model, which states that minorities face unique stressors that accumulate and result in health disparities. According to Livingston et al. (2015), minority individuals experience "unique distal (e.g., victimization) stressors and associated proximal (e.g., concealment, internalized heterosexism) stress processes" (p. 321). One of the primary sources of stress discussed in this study was that of familial discrimination in the form of microaggressions and outright lack of acceptance. This study's findings on familial stress support McConnell's (2017) and Parker's (2018) results that familial support had a negative relationship with stress. Likely best exemplified by Blair's home situation and subsequent increase in both mental distress and physical ailments. However, Meyer's (2015) later application of his model to the LGBTQ+ community identified concealment of identity as a proximal stressor associated with internalized homophobia. Conversely, evidence in this report points to concealment as a positive strategy to avoid discriminatory experiences, which coincides with 81% of respondents expressing pride in their identity.

Meyer identified felt stigma as a specific proximal stressor in their model that mediates adverse health outcomes; and Quinn et al. (2015) explains how this type of stigma can inhibit treatment-seeking behaviors out of fear of discrimination. Interviews and respondents did underscore an underutilization of therapy and mental health services, but

this was not attributed to a felt stigma. Rather factors like being on family insurance, confusion on how to access, and lack of permanent residence had the most effect on young adult LGBTQ+. The use of telehealth, which has become more popular with social distancing, provided through one's college has been proposed by both Gonzales et al.'s (2020) study and Fish's (2020) study to remedy these issues. Still, it's important to note that one interviewee did not enjoy the virtual therapy sessions, which may mean that just because the option is provided does not mean students will still be able to access it or benefit. Felt stigma can also occur from institutional changes, as seen when laws banning same-sex marriage at the state-level before 2015 saw an increase in psychiatric morbidity in the LGBTQ+ community in the year following the law passage. (Williams & Mann, 2017). This supports our findings that Trump's removal of transgender protection laws for healthcare resulted in varying levels of outrage and fear about one's future in each of the interviewees.

Social support was also stated to "buffer the effect of the stressors so that negative health outcomes could be avoided or reduced" (Meyer, 2015, p. 210). This study was not longitudinal and thus cannot confidently state that social support from friends affected mental or physical health outcomes in the long-term. Nevertheless, our findings show that when familial support was lacking or harmful, LGBTQ+ youth actively surrounded themselves with tolerant individuals that provided a significant amount of social capital and support. This follows Watson's (2019) study, which found LGBTQ+ youth rated friend support as the most prevalent and vital. Youth were found to maintain this support through the use of social media during the lockdown, a discovery argued in Fish et al. (2020) study. Also worth mentioning from Fish et al. (2020) study is their findings that pandemic restrictions allowed opportunities to think about one's identity. The study did not elaborate on whether this rumination resulted in a positive or negative outcome, and Livingston et al.'s (2015) work stated rumination could be a stressor. Despite the small sample, there is a portion of evidence from this study that shows this self-reflection resulted in a more positive self-image and, in some cases, a redefining of one's identity to something they are more comfortable with.

Drinking and substance abuse as a coping mechanism was not discussed in this paper, despite the study collecting data on it. Meyer's framework emphasizes these factors as evidence of marginalization and stress theory being at play, hence why it is essential to mention in this report. This decision was made due to the low numbers reported by survey respondents about the utilization of drugs and alcohol, possibly due to most being under the age of 21, and the inability to compare them to the values of non-LGBTQ+ individuals as control. However, those that did report usage reported a decrease since the pandemic for drinking, nicotine products, and other substances, with an increase in use of marijuana. Previous studies report higher rates of drinking, substance abuse, and smoking among LGBTQ+, especially in times of stress, however, four out of six respondents referred to the loss of social aspect of drinking as the reason for the decline, and one respondent did not drink or use drugs anyway. While the sample may be small, the importance of the social factor in drinking and drug interactions was not mentioned in any of the articles discussed above in the literature review and may be an important area

for further study. The isolation created by the pandemic provides an opportunity to look at how social interaction influences the use of substances by the LGBTQ+ community.

Another limitation of this study exists in the lack of intersectional approach the paper takes. McConnell et al. (2018) found that those experiencing multiple intersecting forms of minority stress, such as racial-ethnic stigma coinciding with sexual minority stigma, resulted in different levels of stress and community resilience compared to White LGBTQ+. This study only received 18 respondents from those identifying as other than White and could not draw any major conclusions from this number. McConnell et al.'s (2018) study already argues the underrepresentation of an intersectional lens in LGBTQ+ studies, and the lack of findings stated here only serves to reinforce that message.

Conclusion

This study's objective is to hopefully provide background and baseline for future efforts on the unique experiences of the LGBTQ+ population that often go unnoticed in times of crisis. While these issues are present in the community regardless of the pandemic, the context of the pandemic elevates their effects and threatens an already at-risk population for adverse physical and mental health outcomes. The finding shows that young LGBTQ+ are likely to experience some form of familial discrimination or expectation of such and instead turn to friends and "chosen families" as their source of social support. This discrimination, among other sources, has resulted in varying levels of stress in the population studied, which has only been increased with the advent of lockdown and subsequently extended amount of time at home. This discrimination follows Meyer's (2015) minority stress model in which these stressors accumulate overtime into adverse physical and mental health outcomes, as was seen to some degree in this study. His theory also states that various forms of resilience are enacted at the individual's level, of which this study found evidence for the strategic concealment of identity, use of social media to maintain contact, and engaging in a period of self-reflection that improved self-image.

Future policy initiatives should address familial discrimination and provide easily accessible, anonymous care for LGBTQ+ students when they travel home. To some extent, this should be providing access to affordable virtual therapy for those who cannot tell their parents or resources to students looking to seek out therapy but do not know how to. Interventions garnered toward educating families on the importance of their social support for young LGBTQ+ well-being could be a promising education program but may benefit when LGBTQ+ are still in high school and below.

Further research is likely needed still on forms of resilience, both on the community and individual level, and how policy can best be targeted for intervention. The definition of resilience is still contested amongst research, but according to this study, the use of social media and strategic concealment of identity are promising possibilities. When researching forms of resilience, it is also essential to take an intersectional lens as previous studies have found that different intersecting identities benefit from some interventions more than others. More research is also needed on community-level resilience interventions, as currently most is based on the individual level, which risks individualizing risk and

health disparities for the community in policy makers' eyes. This research was conducted in a period following an extended break at home for LGBTQ+ in college and general isolation experience for young LGBTQ+ not in college. As students now head home for an extended winter break, with some uncertainty regarding how long their college will remain open next semester, the need is evident for mental health resources targeted toward the community. Because the pandemic is ongoing, most of the effects will likely not be understood until it concludes, but nonetheless, this paper seeks to add to the discourse on what needs to be done in future pandemics and isolation experiences.

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