

## Article

# LGBTQ+ youth experiences of the COVID-19 pandemic as observed through gender-sexuality alliance advisors

Angela Baerwolf<sup>1</sup>

## Abstract

Many of the factors that put LGBTQ+ youth at risk for poor mental health outcomes before the COVID-19 pandemic were exacerbated by the period of home confinement during the pandemic. The following exploratory study investigated the experiences of LGBTQ+ youth during the pandemic as perceived by Gender-Sexuality Alliance (GSA) advisors. In October-November 2021, recruitment began for a qualitative survey shared via a closed Facebook group for GSA advisors in a Midwestern state, in addition to an email sent by a nonprofit supporting GSAs in that state. Advisors were asked to complete the survey in reference to their experience facilitating these school clubs from March 2020-March 2021, a period during the pandemic that saw the highest number of restrictions around home confinement along with schools moving to a virtual format. Findings included themes reflecting impacts of the level of caregiver acceptance on access to support, youth engaging in support-seeking behaviors, and enhancements and challenges of virtual meetings. Implications for social work intervention are shared, focusing on supporting caregivers on a path toward acceptance of their child and advocating for policies that transform the culture and the conversation from whether LGBTQ+ youth can exist as themselves in some spaces, to fully embracing their identity as valued members of society.

## Keywords

LGBTQ+ youth, COVID-19, resilience, minority stress, gender-sexuality alliance

## Résumé

De nombreux facteurs qui ont exposé les jeunes LGBTQ+ à un risque de problèmes de santé mentale avant la pandémie de COVID-19 ont été exacerbés par la période de confinement à domicile pendant la pandémie. L'étude exploratoire suivante a examiné les expériences des jeunes LGBTQ+ pendant la pandémie telles que perçues par les conseillers de l'Alliance genre-sexualité (GSA). En octobre-novembre 2021, le recrutement a commencé pour une enquête qualitative partagée via un groupe Facebook fermé pour les conseillers GSA dans un État du Midwest, en plus d'un e-mail envoyé par une organisation à but non lucratif soutenant les GSA dans cet État. Les conseillers ont été invités à répondre à l'enquête en faisant référence à leur expérience dans l'animation de ces clubs scolaires de mars 2020 à mars 2021, une période de la pandémie qui a vu le plus grand nombre de restrictions autour du confinement à domicile et le passage des écoles à un format virtuel. Les résultats comprenaient des thèmes reflétant les impacts du niveau d'acceptation des soignants sur l'accès au soutien, les jeunes adoptant des comportements de recherche de soutien, ainsi que les améliorations et les défis des réunions virtuelles. Les implications pour l'intervention du travail social sont partagées, en se concentrant

sur le soutien des soignants sur la voie de l'acceptation de leur enfant et en plaidant pour des politiques qui transforment la culture et le débat, depuis la question de savoir si les jeunes LGBTQ+ peuvent exister comme eux-mêmes dans certains espaces jusqu'à l'acceptation complète de leur identité en tant que valeur. membres de la société.

### **Mots-clés**

Jeunes LGBTQ+, COVID-19, résilience, stress minoritaire, alliance pour la sexualité de genre

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<sup>1</sup>College of Health, Education, and Social Welfare, University of Wisconsin-Green Bay, United States

### **Corresponding author:**

Angela Baerwolf, Assistant Professor, College of Health, Education, and Social Welfare, University of Wisconsin-Green Bay, 2420 Nicolet Drive, Green Bay, WI, 54311, United States. E-mail: [baerwola@uwgb.edu](mailto:baerwola@uwgb.edu)

## **Introduction**

Before the COVID-19 pandemic, lesbian, gay, bisexual, transgender, queer (LGBTQ+) youth were already identified as an at-risk population due to victimization, discrimination, and rejection by family, peers, and the community (Russell & Fish, 2016). Mitigation measures during the earlier stages of the pandemic created situations where many LGBTQ+ youth were forced to shelter in place with families with whom they were not open about their sexuality or gender identity, in addition to being isolated from others who were accepting of them. Worse, some lived with household members who were aware of the youth's identity and were not accepting or were even outright rejecting of their identity. Indications of the effects of such measures on LGBTQ+ youth include high levels of depression (Fish et al., 2020; Gato et al., 2021; Gonzales et al., 2020), with one study reporting such levels to be higher than cisgender and heterosexual peers (Kamal et al., 2021). At the same time, transgender and gender expansive youth faced a higher unmet need for mental health resources and less social support from families than cisgender peers (Hawke et al., 2021). What the limited number of studies on this topic fail to capture are the primary causes of psychological distress, especially for those under the age of 18.

Unfortunately, current research on youth younger than 18 is limited due to the need for parental consent, placing youth with unaccepting caregivers in danger. Data that are available comes primarily from anonymous online surveys, with one survey conducted between October and December of 2020 revealing that out of nearly 35,000 respondents aged 13-24, 42% seriously considered suicide in the past year, with the rate being 52% for transgender and nonbinary youth (Trevor Project, 2021a). When lives are at stake, this gap in research is unacceptable. One possible way to obtain valuable data is through the observations of adults in schools who facilitate groups specifically for LGBTQ+ youth – Gender and Sexuality Alliance (GSA) advisors.

GSA (sometimes called Gay-Straight Alliance) clubs serve as safe spaces in schools for LGBTQ+ and allied students to find social and emotional support. Many GSAs managed to continue to meet online when in-person schooling ceased during the pandemic. For GSAs that did continue to meet, activities and topics discussed during the meetings could provide insights into what LGBTQ+ youth experienced during that time. The GSA advisor, a school staff facilitator who may also identify as LGBTQ+, would be a witness to how the meetings may have evolved from before to during the pandemic. Learning from GSA advisors, in addition to analyzing the few studies already conducted about the experiences of LGBTQ+ youth during the pandemic, can inform future interventions, policy, and risk and resilience factors in the wake of COVID-19.

The following study addresses the question: What can be learned about the impact of the COVID-19 pandemic on LGBTQ+ youth through observations of GSA meetings by GSA advisors? It is hoped that this study will inform future social work interventions with LGBTQ+ youth. Additionally, this study is significant in that it offers a first-hand understanding of the needs of a historically oppressed group by addressing a gap in research on how to support such individuals and their families in order to prevent an increase in mental health issues.

## **Literature Review**

The following review of the literature takes a thematic approach, starting with already-known risk factors of LGBTQ+ youth. It next covers research published with a focus on the experiences of LGBTQ+ youth during the pandemic, paying attention to risk factors unique to this population. Additionally, the topic of GSAs in schools is reviewed, revealing the potential for resilience factors in this context.

### *Risk factors for LGBTQ+ youth*

LGBTQ+ youth face a high number of risk factors as compared to cisgender and heterosexual youth. Many LGBTQ+ youth have not disclosed their sexual and gender identities due to a fear of not being met with support or acceptance from their families and thus cannot fully live as their authentic selves. For LGBTQ+ youth who do disclose, suicide (8 times more likely) and depression (6 times more likely) are significantly more likely among youth who are rejected by their parents than youth who experience low or no rejection (Ryan et al., 2009). These youth are 120% more likely than their cisgender straight peers to be homeless since many choose to leave their unsupportive home environment (Morton et al. 2017). Lastly, LGBTQ+ and gender nonconforming youth are at far higher risk of experiencing physical and sexual abuse (Baams, 2018). When school buildings closed, limited exposure to mandated reporters may have left signs of abuse undetected, making it harder to intervene (Silliman Cohen, 2020).

Family acceptance can be a strong protective factor against the increased risks faced by LGBTQ+ youth. The Family Acceptance Project conducted research comparing the impact of family members who were highly rejecting to those who are not at all or a little rejecting on

outcomes of LGBT young adults (Ryan, 2009). Of families who were not at all accepting of their LGBT child, only about one in three young people thought they would have a good life as compared to families that were extremely accepting, where almost all LGBT young people thought they would have a good life (Ryan, 2009). While the statistics are discouraging for those who have highly rejecting caregivers, the findings reveal an area needing to be addressed.

### *LGBTQ+ youth coping in the pandemic*

Due to the highly contagious nature of COVID-19, many governments restricted large gatherings and crowds, leading to measures such as closing school buildings or reducing in-person learning, in addition to mandates leading to confinement with household members. These measures decreased opportunities for social interactions that may protect LGBTQ+ youth from heightened risk of mental health struggle and even suicidality due to pandemic restrictions on accessing accepting peers and adults. Additionally, school staff, who are in a position to detect abuse and homelessness, had more limited access to students when schools closed.

The above research on the impact of COVID-19 restrictions on LGBTQ+ youth confirm these negative outcomes. A study across six nations addressing the effects of the COVID-19 pandemic on LGBTQ+ youth aged 18-29 revealed an association between non-affirming or hostile family climate with higher levels of depression and anxiety (Gato, et al., 2021). Furthermore, results from a study in the United States of LGBT college students reflected similar outcomes, with half of the respondents having families who did not support or know their identity, and 60% reporting psychological distress, anxiety, and depression during the pandemic (Gonzales, et al., 2020). Confirming the role that family members play in mental health, a study on sexual minority young adults (SMYA) ages 18-24 noted that those who returned to their parents' homes experienced a greater increase in psychological distress and decrease in well-being than those who had been consistently residing or not residing with their parents (Salerno et al., 2021). It would appear that a common factor impacting LGBTQ+ youth mental health in the pandemic was the level of family acceptance. In contrast, one study comparing the mental health of sexual and gender minority (SGM) youth aged 18-30 to their non-SGM counterparts (while accounting for pre-pandemic levels) found that SGM youth had significantly higher levels of depression and PTSD, as well as COVID-19-related worries and grief even when controlling for family acceptance levels (Kamal et al., 2021). While the samples in these studies did not include youth who were under 18, their experiences of living both in and out of the home have implications for the role family acceptance plays on the mental health of LGBTQ+ youth.

The following research includes LGBTQ+ youth who were minors. As stated earlier, there are few studies due to potential risks around gaining parental consent and instances in which guardians are unaware or unaccepting of their child's identity. As well, there is potentially skewing data toward disproportionate inclusion in samples of guardians who do give consent. Most recently, the Centers for Disease Control's (CDC) Adolescent Behaviors and Experiences Survey (ABES), conducted in high schools on January-June 2021 (n=7,705), revealed that 74%

of LGB youth reported experiencing emotional abuse in the home (compared to 50% of heterosexual youth), while 20% experienced physical abuse (compared to 10% of heterosexual youth) (Krause et al., 2022). Furthermore, 26% of LGB youth attempted suicide compared to 5% of heterosexual youth, while 47% of LGB youth seriously considered attempting as compared to 14% of their heterosexual peers (Jones et al., 2022). In what would seem to confirm what led to such outcomes, transcripts during March and April 2020 from Q Chat, an online chat room for LGBTQ+ youth, revealed difficulties with mental health, unsupportive families, and maintaining social supports to be common themes (Fish et al., 2020). Similarly, an anonymous online survey found that 70% of LGBTQ youth said their mental health was “poor” most of the time or always during the COVID-19 pandemic (Trevor Project, 2021a, p.7). Eighty percent of youth said COVID-19 made their lives more stressful, with only one in three who found their home to be affirming of their identity.

While the pandemic negatively impacted mental health and suicide contemplation and attempts, it was not experienced evenly across race. According to 35,000 LGBTQ youth surveyed between October and December 2020, 12% of white respondents attempted suicide in the past year, with the rate being 18% for Latinx youth, 21% for Black youth, and 31% for Indigenous youth (Trevor Project, 2021a). While the rate overall is not higher than in past years, only half of all respondents had access to counseling. Furthermore, lack of access to mental health supports disproportionately impacted LGBTQ+ youth of color, those with a low socioeconomic background (Ali et al., 2019), and those who are undocumented (Kline, 2020) since they are more likely to use school-based supports, many of which were not available during the pandemic. Consequently, the negative effects on mental health were more prevalent among LGBTQ+ youth of color due to lack of access to mental health supports, along with other basic needs.

Transgender and gender non-conforming youth were also disproportionately impacted by the pandemic. The rate for nonbinary and transgender youth seriously considering suicide was 52%, as compared to 32% of cisgender youth (Trevor Project, 2021a). Findings from a study on transgender and gender-diverse youth aged 14-28 additionally revealed more disruptions in mental health and substance use services, less family support, and more unmet need for mental health as compared to cisgender peers (Hawke et al., 2021). Additionally, transgender youth face barriers to gender-affirming medical and mental health care, leading to gender dysphoria and other mental health issues (van der Miesen et al., 2020).

As the current research indicates, LGBTQ+ youth have experienced, and are likely experiencing, serious negative consequences to their mental health as a result of the conditions of the pandemic, which are unique to their identity. Distal stressors, such as confinement with unaccepting adults, and proximal stressors such as concealment of identity in the household, in addition to existing stressors such as internalized homophobia and transphobia, have led to outcomes such as depression, anxiety, and PTSD. These stressors were exacerbated by youth being cut off from affirming social supports, along with increased time spent with said unsupportive families.

## *Gender-sexuality alliances*

Gender-Sexuality Alliances (GSAs) are “student-run organizations that unite LGBTQ+ and allied youth to build community and organize around issues impacting them in their schools and communities” (gsanetwork.org, n.d.). They are primarily found in middle and high schools, and typically are facilitated by a school staff member, meeting after school or during the school day. GSA clubs can provide a safe space for LGBTQ+ students seeking social or emotional support. Additionally, students can get involved in advocacy activities, and organize ways to educate cisgender, straight peers. Students are encouraged to empower themselves and take ownership of the club.

In a survey conducted during the pandemic (April-June 2020), students and GSA advisors reported the most commonly conducted activities during meetings were general socializing and providing students with emotional support (Truong et al., 2021). Furthermore, transgender, nonbinary, gender questioning, and other non-cisgender students attended GSA meetings more often than cisgender peers. Lastly, the study concluded that students from rural schools attended GSA meetings more often than those in urban and suburban schools, as these may be the only in-person space to be in community with others like themselves.

LGBTQ+ youth face increased risk factors as compared with heterosexual and cisgender peers which were exacerbated by the conditions of the COVID-19 pandemic, such as confinement with unaccepting family members, homelessness, and lack of connection with accepting peers and trusted adults, leading to a negative impact on mental health. It was anticipated that learning more from GSA advisors about activities and topics discussed during the meetings would provide further insight on the experiences of LGBTQ+ youth during the pandemic, specifically minors.

## **Theoretical foundation**

This exploratory study was informed by the minority stress framework in order to contextualize stressors and resilience factors unique to LGBTQ+ people, and examine the impact of the conditions of the pandemic relative to these factors. Minority stress theory posits that prejudice and stigma directed toward lesbian, gay, and bisexual (LGB) people bring about unique stressors, and such stressors bring about adverse physical and mental health outcomes (Meyer, 2015). Meyer’s (2003) theory began with a meta-analysis revealing a higher prevalence of mental disorders among LGB people over heterosexual people. Upon examining the disproportionality, Meyer (2003) came to develop the theory of minority stress as a cause, citing a society hostile toward LGB people. Meyer identified distal, or external, stressors such as discrimination and violence based on perceived identity, along with proximal, or internal, stressors such as internalized homophobia and concealment.

Minority stress theory was expanded to include two types of resilience – community and individual – which serve as buffers to identified stressors (Meyer, 2015). Meyer (2015) characterizes individual resilience as a sense of personal agency, cautioning that not everyone has access to the same opportunities and resources to cultivate this type of resilience. Additionally, addressing individual resilience alone pathologizes the individual by ignoring the harmful conditions created by society, so it is key to address both (Meyer, 2015). Community resilience factors include identification with a community, tangible resources such as specialized supports and affirming policies, and intangible benefits such as redefining values and success (Meyer, 2015).

To further expand the framework, Testa et al. (2015) provided analysis specific to transgender and gender non-conforming (TGNC) people, using past literature and archival data from focus groups with TGNC people to inform the Gender Minority Stress and Resilience (GMSR) measure. Findings included additional forms of discrimination, such as lack of or limited access to legal documents, medical care, and safe public restrooms, leading to a ninth construct of non-affirmation of gender identity as a distal stressor (Testa et al. 2015). Matsuno and Israel (2018) adapted the model to create the transgender resilience intervention model (TRIM), addressing how community and individual resilience factors impact identified stressors of transgender people. The model also identifies specific interventions to support both types of resilience factors.

## **Research methods**

This descriptive exploratory study involved a survey with both closed and open-ended questions to gain insights into the experiences of LGBTQ+ youth during the pandemic through the observations of GSA advisors. This study addressed the research question: What are GSA advisors' perspectives of the experiences of LGBTQ+ youth during the COVID-19 pandemic?

### *Operational Definitions*

*Youth:* ages 10-18 (for the purposes of this study)

*COVID-19 pandemic time period:* March 2020-March 2021

*Gender-Sexuality Alliance:* student-run organizations that unite LGBTQ+ and allied youth to build community, and organize around issues impacting them in their schools and communities (GSA Network, n.d.).

### *Participants and recruitment*

Potential participants surveyed were GSA advisors in a Midwestern state in the United States. The study recruited a purposive sample of 16 GSA advisors, and the researcher shared the purpose of the study in recruitment materials and disclosed their own past GSA advisor experience in order to create affinity.

Recruitment was facilitated through contacting GSA advisors via email, and posting in a closed Facebook group for advisors in the selected Midwestern state. Advisors were invited to email the researcher if interested in taking the survey. Further information about the study, along with consent and a link to the survey, was emailed. The study was shared by a non-profit supporting GSAs in the state, using their internal list of email addresses of GSA advisors in the state.

The recruitment phase was from October 17-November 15, 2021, with recruitment information posted in the Facebook group weekly for four weeks. The rationale for the timing of recruitment was to capture optimally accurate memory recall of the previous school year, in addition to ending recruitment before winter break, when potential participants may not be checking their work email.

### *Human participant protection*

To ensure the confidentiality of GSA advisors, identifying information was not included, including that of students described, along with the name of the school, if disclosed. This study was considered low risk due to the fact that the questions were not about the participant as much as generalities related to students and broader-based experiences disclosed. Information sought is not in any way evaluative of their job performance in the school. Additionally, the only demographic marker kept was whether or not the respondent identified as LGBTQ+ so as to protect anonymity in a small sample. University of St. Thomas Institutional Review Board approval was received [#1816808].

### *Data collection*

Survey responses were collected via a Qualtrics survey that was sent to consenting participants. Data were stored in a password-protected Qualtrics account. Consent was obtained in the first question of the survey, and participants were required to consent to participate before being permitted to proceed. The survey was comprised of 24 questions, 18 being closed-ended questions about the advisor's demographics and job title, demographics of the student members, geographic location of the school, virtual or in-person format, and 'yes/no' branching questions that led to additional open-ended questions in order to elaborate if the participant answered 'yes.' There were two questions asking participants to estimate percentage of time spent on various activities during meetings. The survey ended with three open-ended questions asking about topics specific to being both LGBTQ+ and living in a pandemic, and unexpected positive effects, along with a space to share any other insights.

The survey was piloted by both a current and former GSA advisor in order to test for relevance and clarity of questions asked. Questions were re-ordered for a more organized flow of topics covered, with some wording revised for clarity.

## *Data analysis*

To ensure quality of the data, incomplete surveys in which a participant completed 50% or less of the survey were not included in the analysis. Open-ended responses were uploaded into NVivo (Release 1.0), a qualitative data management and analysis program, for data analysis. Descriptive data analysis was used to address the closed-ended questions of the survey, with an eye on any emerging patterns.

In addition to the analysis of the qualitative data in NVivo, closed-ended question responses from the survey were used to complement and provide context around the open-ended questions. For example, questions such as those around the format of participation, whether virtually or in-person, provided context on whether youth were attending from home, and whether they were able to do that openly, covertly, or not at all. Also, questions around the types of activities engaged in during the meetings helped to indicate what youth seemed to need during that time. For example, if time was spent primarily as a space for support and socialization, this was viewed to indicate a need for such activities. Relatedly, questions around levels of attendance at meetings were thought to indicate a need for such space as well. The researcher then conducted a thematic analysis of the data with the software. Accordingly, NVivo provides convenience and support in coding and categorizing qualitative data such as survey answers into categories for ease of developing themes.

The researcher began analysis with open coding, then coded into categories, then classification of schemes to identify patterns which lead to developing themes that may overlap with existing theories. The researcher employed analytic induction with sensitivity to theory, attuning analysis to elements of minority stress theory, without the theory dictating interpretation (Padgett, 2017). The researcher analyzed sensitizing concepts around stressors unique to the LGBTQ+ identity such as non-affirmation of gender identity, concealment, and internalized homophobia.

To address the threat of research biases to trustworthiness in the analysis, the researcher met with a peer for debriefing and support. To address rigor in the analysis, the researcher created an audit trail through the use of memos and a diary. The researcher kept a diary for the purpose of reflexivity, making space for reflection of personal experiences related to living through the pandemic, along with past work with LGBTQ+ youth as a teacher and school social worker.

## **Results**

The minority stress framework has been applied as a lens through which to view study results in order to understand how to support LGBTQ+ youth mental health in the wake of the pandemic. It posits that there are stressors unique to being LGBTQ+, many of which have been exacerbated by the physical distancing instituted to mitigate COVID-19 infection rates. Furthermore, it states

that having social supports with others of a shared minority identity has an ameliorating effect on stressors through community resilience. This section will explore the identified overarching theme of the level of caregiver acceptance and its impact on stress and resilience during the pandemic. Minor themes of youth engaging in support-seeking behavior, and enhancements and challenges of virtual meetings are also explored.

In analyzing the demographic information of the advisors, the schools, and the GSAs themselves, it was found that out of the sample ( $n = 16$ ), nine were teachers and seven were student services staff, with 10 who identified as LGBTQ+ and six who did not. For school information, the majority were located in urban areas, with suburban and rural being nearly even. Most GSAs were in middle and high schools. In terms of frequency, most GSAs met weekly, with others meeting less often. Lastly, the composition of students were perceived to be mostly LGBTQ+-identified, and a majority were white, with slightly fewer being racially diverse (see Table 1).

**Table 1.** Information on GSA clubs represented

School/ GSA Demographics	N=16 N (%)
School location	
Urban	9 (56.2)
Suburban	3 (18.8)
Rural	4 (25)
Grade Level	
High school	7 (44)
Middle School	7 (44)
Elementary School	2 (12)
GSA Format	
Virtual	12 (75)
In-Person	2 (12.5)
Hybrid	2 (12.5)
GSA Frequency of Meetings	
Weekly	14 (88)
Bi-weekly	1 (6)
Monthly	1 (6)
GSA Student Composition	
Racially Diverse	7 (44)
Mostly White	9 (56)
Mostly LGBTQ	11 (69)
Half LGBTQ/ Half Allies	5 (31)

Branching questions were used to learn more about incidents of students choosing to come out, remain concealed, or who were already out about their identity during the pandemic. With regard to students who came out to caregivers about their identity during the pandemic, 10 respondents reported nine students having experiences characterized as positive, four students having negative experiences, and two students coming out to one of two caregivers. Furthermore, eleven respondents reported that they had students who shared experiences of remaining concealed or closeted during the pandemic, with these experiences being characterized as isolating. One respondent shared about such youth: “They did not feel safe being open about their identities at home”; thus, indicating that their perceived choices were either isolation or safety. There were three reports of students who could not fully participate in GSA, either leaving their virtual meeting abruptly when a parent came home or hiding in a closet with their laptop. There was one report of a student moving away to live with more supportive caregivers. Additionally, there was a higher level of incidences of students reporting staying closeted during the pandemic in rural and suburban schools than urban, with six out of seven GSA advisors from rural/suburban schools reporting youth sharing their experiences of staying closeted, and only five out of nine advisors from urban schools reporting such incidents. Lastly, eight respondents reported on students’ experiences who were out to caregivers before the pandemic, characterizing six as positive experiences, and two as negative. The negative experiences included not being able to attend GSA, and caregivers refusing to use their chosen name and pronouns.

For those who were advisors before and during the pandemic (n = 13), respondents were invited to answer questions comparing these two time-frames. In comparing GSA attendance, there was a decrease as virtual school continued. In order to get a sense of how GSAs may have adapted to meet the evolving needs of its members, respondents were asked to compare the percentage of time spent in different activities (see Table 2). One respondent’s answer was incomplete and could not be included. For both the categories of socializing/building community and seeking emotional support, the average time spent on these activities increased from before the pandemic. Conversely, in the category of time spent organizing a school event to raise awareness for LGBTQ+ issues, the average time spent on this activity decreased during the pandemic. These trends may indicate a change in priorities and needs of students.

**Table 2.** Activities in GSA (average time spent)

	Before COVID-19 (pre-March 2020)	During COVID-19 (March 2020- 2021)
Social support/community-building	38%	45%
Seeking emotional support	30%	43%
Organizing events to raise awareness for LGBTQ issue	16%	5%

Several themes emerged from the qualitative analysis of the survey's open-ended questions. An overarching theme was the importance of caregiver acceptance on access to support. Youth whose parents were perceived as unaccepting or unaware of their child's identity faced a decrease in access to supportive people and places. There were four references to isolation, and five references to being cut off from social supports, mainly due to hiding or downplaying their identity, which included being unable to attend GSA from home. There were three references to privacy, with two relating to lack of privacy of youth and one relating to maintaining privacy when working with a student. One respondent shared:

The biggest issue was students feeling like they could not talk with their families about their gender and sexuality. They didn't have the private support systems they usually have at school (friends, teachers, school staff), and really weren't able to have any privacy to Zoom and discuss concerns and issues.

There was a report of one student who was forcibly isolated by parents after coming out, including removal from GSA and the student's homeroom, where the GSA advisor was the teacher, as well as being subject to computer searches for any evidence of communicating with those from the GSA. One respondent echoed this, stating "I think for our students, seclusion and isolation felt even more exacerbated if they didn't have home support."

Conversely, students who had accepting caregivers experienced an increase in the number and variety of supportive people and places. They were able to maintain or seek additional support through GSA or friends because they could do so openly. In three instances, those who were already in accepting households experienced closer relationships with caregivers. One respondent shared, "The pandemic actually made them feel more comfortable around their family, therefore, more willing to open up." This may be what led to the six reports of positive experiences of youth coming out to caregivers during this time.

Another prevalent theme was that of youth engaging in support-seeking behavior. Students attended GSA during the pandemic primarily to socialize and receive emotional support, even more so than before the pandemic. There were eight references to youth seeking support, either through the GSA, through friends, or through teachers, with references to an increase in communication with teachers. Two respondents reported a significant increase in membership upon returning to in-person school, with one seeing 120 students across three grades show up to one meeting, which was about half of the school's population. This theme was reinforced in revealing an increase in the amount of time spent in GSA on community-building and emotional support-seeking in comparison to pre-pandemic levels.

The last theme was that of the enhancements and challenges of virtual meetings, for both GSA meetings and school in general. Overall, there were more benefits referenced, specifically 10 references to benefits, as compared to six references to challenges. The benefits included increased accessibility to meetings, which led to a widening circle of participants across grades and schools. Furthermore, teachers became more accessible, leading to an increase in

communication. Lastly, there were three references to experiencing a decrease in harassment and hate speech due to the lack of unstructured common areas, like hallways and bathrooms. As for drawbacks, respondents reported a decrease in virtual participation in GSAs later in the year due to screen time fatigue, specifically with video conferencing platforms. Furthermore, many platforms used for learning displayed the deadname (name given at birth) of transgender students, inadvertently exposing the student's identity and creating stress.

The overarching theme of the study was the level of caregiver acceptance, and its impact on access to supportive social networks for LGBTQ+ youth, specifically with perceived nonacceptance and unawareness of caregivers leading to isolation, and conversely, acceptance by caregivers leading to an increase in support. There are many connections to be made with the minority stress framework, including both stressors and resilience factors, and their impact on mental health. These connections will be explored with regard to implications for practice and policy.

## **Discussion**

While the study in many ways confirms previous studies, indicating that the acceptance levels of caregivers play a key role in mental health outcomes, this study has additional distinct findings. First, the impact of having a perceived nonaccepting caregiver was described by the LGBTQ+ youth as similarly negative to those having a caregiver who was unaware of the youth's identity during confinement. It was not just the attitudes of caregivers, but also the lack of privacy that led to an actual decrease in access to supportive people, along with increased exposure to unsupportive messages. Typically, such youth would have time outside of the supervision of their caregivers while at school or in a community center, where there might be supportive adults and peers to turn to. Conversely, having accepting caregivers led to an increase in level and variety of support, with caregivers themselves increasing their level of support after positive coming-out experiences due to families becoming closer. Youth were also able to meet with friends openly while online or over the phone, without the risk of being outed or worse.

Those with accepting caregivers were openly able to seek social and emotional support, such as through a GSA, other LGBTQ+ friends, or caregivers themselves. It was reported that in some cases, youth became closer with caregivers. This connects with the theme of support-seeking behavior, which was evidenced by the majority of time being spent on socializing/community-building and emotional support-seeking in GSA meetings versus other activities. Implications for practice and policy, including recommendations to strengthen resilience factors and opportunities for advocacy will be explored in the following section.

## **Implications for practice and policy**

As this study's findings indicated, the ability to foster community resilience was greatly impeded during the pandemic, especially for LGBTQ+ youth with caregivers who were either unaccepting or unaware of their child's identity. For LGBTQ+ youth who are developing social skills, along

with forming their own identity in relation to their peers, COVID-19 mitigation measures such as school closures and home confinement became notable barriers. Creating or recreating opportunities for social support, along with other interventions that target community resilience, will be key in supporting LGBTQ+ youth through this transitional point in a pandemic.

### *Community resilience*

One component of community resilience to build upon is a sense of connectedness to the LGBTQ+ community. As connections with supportive environments are made, hope for the future can be cultivated (Singh et al., 2011). With schools now back to in-person instruction, students can begin to attend GSA without oversight from caregivers. The benefits of increased engagement with the GSA over time include a higher increase in self-efficacy, peer validation, and hope (Poteat et al., 2020).

If youth have confidential access, online chat rooms and social media can also support community resilience. The American Academy of Pediatrics recommends some form of synchronous online engagement that is specific to LGBTQ+ youth (Silliman Cohen & Bosk, 2020). Mental health providers should work with youth to identify positive and intersectional sites, as well as making a plan for when they encounter negative messages and how to avoid them if at all possible.

### *Individual resilience*

Of the LGBTQ+ youth who were confined to their home with perceived non-accepting caregivers, or had concealed their identity altogether, they may have been subject to negative messages leading to internalized homophobia/transphobia. Mental health support may be beneficial in addressing these feelings, additionally bolstering identity pride which was cited by transgender youth of color as an area of resilience, thus impacting feelings of self-worth (Singh, 2013). Furthermore, perceived feelings of burdensomeness should be assessed for and addressed, as this was the leading mediating factor for both the association of coming-out stress and suicidal ideation, ahead of other factors including a sense of a lack of belonging (Baams, et al., 2015).

### *Caregiver interventions*

As the study's findings revealed, youth with caregivers who were accepting of their identity were able to have access to additional supports during the pandemic. A recommended proactive approach is to support caregivers in the journey of accepting their child. A barrier to receiving support that caregivers identified was the perceived stigma of receiving outside support, including fear of what friends and family might think (Zamboni, 2006). These may be reasons why parent support groups such as PFLAG are underutilized. As seen with interventions for LGBTQ+ youth, an online format could be a more accessible alternative. One such alternative is the Parent Support Group, an online psychoeducational intervention for parents to decrease

distress and increase capacity for supportive behaviors toward their transgender child (Matsuno & Israel, 2021). Upon completion of a pilot study of this intervention, which included adapted interventions on grief, social perspective taking, and self-compassion, participants deemed it highly acceptable. Future results are in process.

The current proliferation of bills and school board policies across the country negatively targeting the freedoms of transgender youth could have a negative influence on caregivers' beliefs around gender identity and sexual orientation, leading to a non-accepting home environment. Furthermore, 85% of transgender and non-binary youth report that news of state bills restricting the rights of trans people have a negative impact on their mental health (Trevor Project, 2021b). Social workers and other mental health professionals must use their expertise and influence to speak out against such damaging bills and speak up for this population. Likewise, they should advocate for policies which support inclusive environments through testifying at bill hearings, and school board meetings, and communicating directly with local legislators.

## **Strengths and limitations**

As stated earlier, there are few studies on LGBTQ+ youth who are minors, and even fewer on the effects of the pandemic due to complications around obtaining parental consent. While this study did not engage with youth directly, learning more about the early confinement period of the pandemic through observations of GSA advisors provides a unique window into this time-frame. However, since these surveys were administered several months after the end of the time-frame being studied, and over a year in comparing some aspects to life before the pandemic, participants' answers may be subject to recall bias. Additionally, because the sample size is small and specific to region, it may not be generalizable and so is exploratory in nature.

## **Conclusion**

LGBTQ+ youth face stressors unique to their identity as identified by the minority stress framework. Current research on the impact of the COVID-19 pandemic on LGBTQ+ youth reveal an exacerbation of many of these stressors such as concealment and rejection, leading to psychological distress. The results of this descriptive exploratory study surveying GSA advisors confirmed the presence of these stressors. However, the study also found that from the perspective of GSA advisors, access to social support decreased for those with unaccepting or unaware caregivers, and the level and variety of support increased for those with accepting caregivers. Negative experience was often described as due to a lack of privacy during confinement, which was needed for those with unaccepting or unaware caregivers, while those with accepting caregivers could seek support openly and even became closer to caregivers in some instances. Opportunities for social support should be encouraged, and feelings of transphobia/homophobia should be addressed. Most importantly, interventions for caregivers to

increase acceptance should be pursued and further studied, as well as advocacy for inclusive policies.

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### **ORCID ID**

Angela Baerwolf <https://orcid.org/0000-0002-6764-9088>

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### **Author biography**

**Angela Baerwolf** is an Assistant Professor at the College of Health, Education, and Social Welfare, University of Wisconsin-Green Bay, United States.