Published in final edited form as:

Psychol Sex Orientat Gend Divers. 2021 June ; 8(2): 145–158. doi:10.1037/sgd0000510.

Experiences of the COVID-19 Pandemic Among African American, Latinx, and White Sexual Minority Women: A Descriptive Phenomenological Study

Ellen D.B. Riggle, PhD¹, Laurie A. Drabble, PhD, MSW, MPH², Lauren A. Bochicchio, PhD³, Angie R. Wootton, MSW⁴, Cindy B. Veldhuis, PhD³, Cat Munroe, Ph.D.⁵, Tonda L. Hughes, PhD, RN, FAAN⁶

¹Department of Political Science and Department of Gender and Women's Studies, University of Kentucky, Lexington, KY

²College of Health & Human Sciences, San José State University, San José, CA

³School of Nursing, Columbia University, New York City, NY

⁴School of Social Welfare, University of California Berkeley, Berkeley, CA

⁵Alcohol Research Group, Emeryville, CA

⁶School of Nursing & Department of Psychiatry, Columbia University, New York City, NY

Abstract

From a systems perspective, the COVID-19 pandemic has caused global changes impacting the lives of individuals at all levels of interactions. Qualitative in-depth interviews were conducted with a sample of 18 African-American/Black, Hispanic/Latina/Latinx, and White sexual minority women (SMW) to explore experiences and adaptations during the COVID-19 pandemic. Interviews were analyzed using a descriptive phenomenological approach to understand how the complex and changing contexts of the pandemic impacted participants' lives. Analyses revealed participants were impacted in the context of their sexual identity in their experiences of coming out and being visible; creating social bubbles; their connection to the LGBTQ community; and dating. The pandemic, which took place concurrently with major political events including Black Lives Matter demonstrations and protests against police and White supremacist violence against people of color, resulted in additional impacts on Black and Latinx SMW related to safety, dialogues about race, and on-going systemic and cultural racism. Interviews also revealed general challenges in the areas of relationships, including with a partner and family; employment and the workplace; and interactions in public spaces. The findings underscore the importance of understanding the diverse range of experiences and impacts of the pandemic on SMW, including experiences related to their sexual identity and racial/racialized identity, as well as general experiences that may have additional consequences for SMW, and supports needed to help alleviate the negative impacts in the short and long-term.

Keywords

COVID-19; marginalized identities; relationships; sexual minority women; systems theory

The COVID-19 pandemic is unprecedented in its global impacts. The pandemic has caused disruptions to daily life and changes to most systems surrounding individuals, from governmental actions to respond and attempt to contain the spread of the virus, to the way institutions operate (such as remote internet-based school and work), to interactions with others under physical/social distancing safety guidelines. From a systems perspective, individuals exist and function in interaction with their social environment, and individual experiences and efforts to adapt to events are always situated in larger historical and cultural contexts (Lounsbury & Mitchell, 2009; Rothery, 2008). During the COVID-19 pandemic, individuals have been forced to adapt within rapidly changing and uncertain environments.

The pandemic has affected individuals differently and some specific impacts likely differ based on social identities. Individuals with marginalized identities appear to be even more vulnerable during systemic events involving health risks (Egede & Walker, 2020; Garcia et al., 2020; Turner-Musa et al., 2020). Early studies of the COVID-19 pandemic suggest that sexual minority women (SMW; lesbian, bisexual, and other non-heterosexual women), especially SMW of color (SMWOC) in the United States, are at heightened risk for negative impacts on health and well-being (Gibb et al., 2020; Human Rights Campaign, 2020; O'Neill, 2020; Salerno, Williams, et al., 2020; Wilson & Conron, 2020). Systemic (cultural, political, or institutional) bias combined with pandemic-related changes in the environment create challenges for members of stigmatized groups, including SMW (Kneale & Becares, 2020). While many adaptations to SMW's environments may mirror those of the general population, SMW's identities may also increase existing vulnerabilities and create or exacerbate negative social, psychological or health impacts (Bochicchio et al., 2021; Cerezo et al., 2021; Moore et al., 2021; Peterson et al., 2020).

The current study was designed to better understand the experiences of African American/Black (Black), Hispanic/Latina/Latinx (Latinx), and White SMW, including experiences associated with their sexual minority and race or racialized identities during the pandemic. Interviews were conducted using a systems perspective to examine interpersonal, institutional, and cultural experiences, and give voice to participants and allow the emergence of descriptions of concerns and adaptations in a population that is often under-represented in research. A phenomenological approach to analysis provided a contextualized representation of the experiences of SMW.

Systems Perspective

Brooks (1981) argued for a systems theory approach to understanding the experiences of lesbian women. Brooks proposed a theory of minority stress in which interactions between the individual and multiple surrounding contextual factors (such as support from family or community, employment or access to other financial resources) act as stressors for lesbian women through systemic stigmatization. The COVID-19 pandemic represents a simultaneous acute and prolonged event that has altered system-level interactions while

leaving stigmatization and systemic sexism, racism, and heterosexism unaltered, and possibly exacerbated. Exploring the experiences of SMW during the pandemic from a systems perspective allows a more holistic understanding of the adaptations to events that have altered interactions at all levels of environments, including interactions with other people and groups, with institutions, in the workplace, and within the larger culture. Understanding the experiences of SMW may also increase our understanding of the experiences of non-SMW, particularly those with marginalized identities.

Timing of the pandemic coincided with mass gatherings to support racial justice and protests to mobilize against the killing of Black people by police, and the 2020 Presidential election, which highlighted the Trump administration policies of continuing harassment, detainment, and deportation of Hispanic/Latinx people. The impact of racial injustice and the COVID-19 pandemic interact to compound stress among communities of people of color (Egede & Walker, 2020; Krieger, 2020). Consequently, experiences during the COVID-19 pandemic cannot be disentangled from stressors and experiences in interdependent systems of oppression for SMW, especially SMWOC.

Early COVID-19 Pandemic Research

The pandemic has disproportionately affected marginalized populations (Kantamneni, 2020). Findings from early in the pandemic suggest that lesbian, gay, bisexual, transgender, and queer (LGBTQ) identified individuals are disproportionately impacted by the COVID-19 pandemic due to higher risks of financial strain (Banerjee & Nair, 2020; Romero et al., 2020; Salerno, Williams, et al., 2020), homelessness or housing insecurity (Romero et al., 2020), poorer physical and mental health (Kneale & Becares, 2020; O'Neill, 2020), less social support (Banerjee & Nair, 2020; Salerno, Williams, et al., 2020) and potentially higher risk of COVID-19 infection (O'Neill, 2020). Research has documented that, compared to heterosexual women, SMW perceived the COVID-19 pandemic as a greater threat, which was partially associated with more possible exposure to the COVID-19 virus through workplace environments and social networks (Potter et al., 2020).

The economic and mental health consequences of the COVID-19 pandemic have disproportionately impacted sexual and gender minority communities and communities of color. For example, one study found that LGBT White people, LGBT people of color, and non-LGBT people of color had been laid off or temporarily furloughed from work at more than twice the rate of non-LGBT White people (Sears et al., 2021). Racial/ethnic and sexual and gender minorities are also at heightened risk of psychological distress during the pandemic due to the compounding effects of stigma and discrimination (Goldberg, 2020; Mattei et al., 2020; Romero et al., 2020). Adhering to physical distancing guidelines may have deleterious impacts for sexual and gender minorities because of reduced access to affirming communities and increased isolation (Banerjee & Nair, 2020; Baumel et al., 2021; Rodriguez-Seijas et al., 2020). Sexual and gender minority individuals report experiencing significantly higher rates of psychological distress, depression, anxiety, and acute stress, and lowered levels of social support in the context of the COVID-19 pandemic compared to heterosexuals (Moore et al., 2021; Peterson et al., 2020; Rodriguez-Seijas et al., 2020). Increases in alcohol and marijuana use documented in the general population during the

pandemic (Barbosa et al., 2020; Bartel et al., 2020) could particularly impact SMW, who are typically at greater risk for hazardous drinking, marijuana and other drug use (Bochicchio et al., 2021; Cerezo et al., 2021; Hughes et al., 2020).

In the larger context of systemic stigmatization, SMW may be experiencing higher levels of stress and mental health decrements during the pandemic (Gonzales et al., 2020; Kneale & Becares, 2020; Peterson et al., 2020). For example, among LGBT college students surveyed between April and June, 2020, SMW had higher odds of frequent psychological distress, anxiety, and depression than sexual minority men (Gonzales et al., 2020). In an online survey about COVID-19 pandemic-related experiences of LGBT people living in the United Kingdom, cisgender bisexual women (but not cisgender lesbian women) reported higher levels of stress and depressive symptoms than cisgender gay men; cisgender lesbian women reported more incidents of harassment than cisgender gay men (Kneale & Becares, 2020). SMW, especially SMWOC, are at higher risk of general-life stressors (such as job discrimination or unemployment) and may be disproportionately negatively impacted throughout economic recovery from the pandemic (Gruberg & Madowitz, 2020; O'Neill, 2020).

From an intersectional perspective, there is little research examining potential disparities in negative impacts of the pandemic for SMWOC. Epidemiological data show that American Indian, Black, and Latinx people are at higher risk than White people of contracting the COVID-19 virus, and Black people are at higher risk than White people of dying from the virus (SAMHSA, 2020). Higher rates of morbidity and mortality may be due to systemic factors (influenced by racism) such as lower rates of health insurance, and higher rates of comorbid conditions among Black and Latinx people in the United States. People of color are also more likely to be frontline/essential workers and to live in multigenerational housing, which increases risk of exposure to the virus (Garcia et al., 2020; Gravlee, 2020; Kim & Bostwick, 2020; SAMHSA, 2020). These findings suggest that some of the experiences of Black, Latinx, and White SMW during the pandemic likely differ.

The Current Study

Exploring experiences of SMW is important to understanding the full impacts of the COVID-19 pandemic in the United States. In this study, we recruited a sample of 18 SMW participants from the Chicago Health and Life Experiences of Women (CHLEW) longitudinal study (1999-present) of SMW's health behaviors and health outcomes. The CHLEW study was designed to focus on SMW in the three largest racial/racialized groups in the United States (Black, Latinx, and White). The current qualitative inquiry was guided by the research question: What are the experiences of and adaptations to environmental changes by Black, Latinx, and White sexual minority women during the COVID-19 pandemic?

Methods

Study Design

Data were collected through in-depth interviews with 18 SMW, conducted between July 30, 2020 and October 24, 2020. The interviews explored both general and sexual-minority-

specific experiences during the pandemic. Qualitative methods are used to give voice to marginalized or underrepresented populations and to develop initial understandings in areas that are relatively unexplored (Levitt et al., 2018). This study used a descriptive phenomenological approach to explore subjective experiences (e.g., perceptions, thoughts and feelings) and to describe the meanings of a shared lived experience, as well as the situations, conditions, and contexts that are part of the lived experience of participants, but may be difficult to measure (Cresswell & Poth, 2018; Willis et al., 2016). The descriptive phenomenological approach is used to explore meanings and poorly understood aspects of living through an experience by more narrowly focusing on concrete and pragmatic descriptions of an experience, such as experiences of an illness or in health care (in contrast to an interpretive phenomenological approach which focuses more on meaning in relation to historical and social contexts, and places more emphasis on the researchers' perspectives and interpretations) (Matua & Van Der Wal, 2015; Neergaard et al., 2009; Rodriguez & Smith, 2018; Willis et al., 2016).

Participants

Participants were purposively recruited from the CHLEW study to ensure inclusion of demographically diverse participants (i.e., race/ethnicity, age, education, and relationship status). Key demographic characteristics of the 18 participants are provided in Table 1 (a random name generator was used to assign pseudonyms to each participant and brief description of a participant's age, racial identity, and sexual identity are provided when the name first appears in the text below). The final sample included participants who identified as: African American/Black, $n = 9$; Hispanic/Latina/Latinx, $n = 6$; and White, $n = 3$. Participants' mean age was 51.7 years (median 50; range 33–72). Eleven participants were in committed, cohabiting relationships; four were single; two were separated from a partner; and one was in a non-cohabiting committed relationship. Four SMW reported attaining less than a high school degree, seven were high school graduates, five attended some college or completed a 2-year technical degree, and two had master's degrees.

Procedures and Instruments

Prospective participants were contacted by phone, email, or text and invited to participate in a qualitative interview study about their experiences during the COVID-19 pandemic. Interested individuals were provided additional information about the study (including consent materials) and interviews were scheduled at a time convenient for them. At the beginning of the interview, participants were asked questions to ensure they had read and understood the consent form. Interviews were conducted by phone or Zoom, based on interviewee preference, using a semi-structured interview guide. Interviews ranged from 42–68 minutes (mean time 54.7 minutes, standard deviation 9.9) and were audiotaped. At the end of the interview, participants were given a \$25 gift certificate. Interviews were transcribed verbatim by professional transcriptionists. All study materials were approved by IRB at the Columbia University Medical Center.

The semi-structured interview guide included a series of questions about participants' experiences, perceptions, and feelings related to the COVID-19 pandemic. Questions focused on broad topics, including: perceptions of the impact of the pandemic on their

employment and workplace (e.g., “Can you describe recent changes in your workplace, the place or how you work? How are you feeling at or about your work?”); disclosure and concealment of sexual identity (e.g., “How has the pandemic impacted when or to whom you disclose your identity as a [lesbian/bisexual/other words used by participant]? Or when or to whom you decide to not disclose your identity?”); personal safety (e.g., “Has the pandemic impacted your sense of safety or support as a lesbian/bisexual woman/ other word used by participant?”) and experiences of prejudice related to sexual identity or racial/racialized identity (e.g., “In what ways, if any, do you feel like you, or others that you care about, have been impacted by the pandemic in terms of unfair treatment or prejudice?”); interpersonal relationships, including with their partner (if applicable) (e.g., “There is a lot of different stress right now, would you share with me how you are feeling about your relationship? Are you feeling more or less stress in your relationship since the pandemic?”), and family and friends (e.g., “How has the pandemic impacted relationships with your family? Impacted relationships with your friends?”); and interactions with the LGBTQ community, in their neighborhood, and with other communities (e.g., “How has the pandemic, and changes in your life related to the pandemic, impacted your sense of connectedness with or sense of being part of a community, including the LGBTQ community?”).

Analysis

We used a seven-step process for descriptive phenomenological analysis as defined by Colaizzi (1978; see also Morrow et al., 2015): 1) familiarization with the data through multiple readings of the transcripts; 2) identification of significant statements; 3) formulating meanings based on careful review of significant statements; 4) clustering meanings into themes; 5) developing an inclusive description of the phenomenon based on themes; 6) condensing longer descriptions to short statements capturing the essential structure of the phenomena; and 7) seeking verification of the fundamental structure. After immersion in the interviews by reading and re-reading the data, the first five authors conducted the analysis. Specifically, two authors independently coded a subset of four interviews to identify significant statements and make descriptive notes relevant to the research question. These were discussed and refined by the analytic team. This process was repeated and provisional clusters of themes were developed based on the first 12 interviews. This was accomplished using an iterative process of identifying the meaning of each theme and reviewing data extracts to develop a full description of the theme. Inductive thematic saturation, in which no new themes or insights are gained from the data (Saunders et al., 2018), was reached by the 12th interview. Analysis of six additional interviews was completed to verify the themes.

The research team used three strategies to ensure trustworthiness of the findings (Cresswell & Ploth, 2018). First, the analytic team met regularly throughout the iterative process of data analysis to reflect on ways their individual values, experiences, or preconceptions might influence or create bias in interpretations of the data. For example, in addition to discussing reactions and differences in perspectives throughout the analysis process, the team conducted an audit of participant quotes to assess and address potential bias in which participant voices were included as illustrations. Second, structured methods for reflexivity

included writing memos throughout the process of data analysis, noting observations and reactions to interview responses. For example, all analytic notes and memos were shared by the team members in an online folder during the analysis process, allowing individuals to note how their own experiences during the pandemic may have influenced their perceptions of how “important” an emerging code was, opening discussion with other team members. Finally, the last author, who had not previously participated in data analysis, conducted an independent review of the findings and coding documents to assess trustworthiness of the analyses, including the progression of analysis from original interview coding, data reduction and reconstruction, and the final synthesis.

Results

All participants in the study described changes in their lives since the onset of the COVID-19 pandemic. As several participants noted, the pandemic occurred in the same environment as other on-going and concurrent events that also had significant impacts on their lives. Maria (age 63, Latinx, lesbian) summarized the experience, “...this year, 2020, obviously is like the perfect storm of everything going wrong. We have the politics, and the pandemic, and the weather, and God knows what else, and the riots.” This environment created anxiety amid sudden and on-going changes. Jada (age 40, African American, queer) reported her feelings:

In the beginning of pandemic, everyone freaked out – it felt like those disaster movies. It was scary and I was nervous. I was really anxious [about food access] and really motivated to start planting a garden indoors just in case we don’t have access to food. Now I feel a little bit more prepared.

It was common for participants to express “longing for a sense of normalcy” (Brianna, age 44, African American, lesbian) and to attempt to create a “new normal because this is something we’re going to deal with permanently” (Lisa, age 51, African American, bisexual). Even amidst the struggle, participants reported actively “looking for hope...that there are people who do take care of each other” (Christina, age 38, Latinx, queer), and believing that the pandemic would be controlled and eventually end. These feelings reflect an overall emotional context for the themes presented below.

Given the complex, changing, and uncertain environment, participants described the process of interpreting and constructing meanings of their experiences, and adapting by enacting response behaviors. Participants shared how they experienced the impacts of pandemic guidelines on their lives (i.e., coming out and visibility, creating “social bubbles,” interactions with the LGBTQ community, and dating). For Black and Latinx SMW there were additional layers of experiences related to racism and prejudice which emerged as concerns about violence and the protests for Black Lives Matter, dialogues about race and racism, and linking past structural and cultural racism to the present pandemic. Participants also shared stories of changes in their work and workplace; in their interactions with family, friends, and community; and how they experienced public settings. [See Table 2 for a summary of themes and sub-themes.] Participants’ experiences are illustrated with paraphrases and quotes excerpted from the interviews. Some transcribed quotes were edited

to insert bracketed references to subjects of sentences, omit minor conversational filler words (e.g., “um” and “like”), or delete repetitions.

SMW Identities and the Pandemic

The pandemic created a global crisis; the ensuing local mitigation efforts in the United States impacted all participants. In this context, participants described experiences they interpreted as related to their SMW identity. While some of these experiences (such as challenges in dating) may apply to others more generally, the stories participants shared included meanings specific to their SMW identity.

A few participants did not view their SMW identity as related to their experiences during the pandemic. For example, Barbara (age 66, White, lesbian) shared, “I really don’t think my sexuality has anything to do with pandemic. If I was straight, I’d have to be dealing with the same stuff I think.” But for most others, their SMW identity was directly or indirectly related to at some experiences during the pandemic.

Among participants who shared stories of adaptations related to their sexual identity, four main themes emerged. Although participants in the study were mostly ‘out’ about their sexual identity, some experienced challenges in coming out in new situations during the pandemic. Risk and public health guidelines impacted the way participants socialized, resulting in the creation of social “bubbles.” These changes also impacted connections to the LGBTQ community. In addition, single SMW who expressed a desire to date during the pandemic found it difficult to meet others.

Coming Out and Visibility—Visibility of sexual identity often involves SMW’s active disclosure. Typical strategies for disclosure or “coming out” to others had to be adapted during the pandemic because of physical distancing, and the necessity of interacting in virtual environments. Coming out was especially challenging when interacting with new people under these conditions. For example, Lori (age 33, White, lesbian), who recently moved to a new neighborhood, explained a strategy for coming out and being visible to new neighbors given that it was not possible to “have an open house” to get to know the neighbors:

We have a front yard and a big rainbow pride flag right by our front door. We’re in a different neighborhood so it’s interesting to see who has come out of the woodwork once we put the flag out. I’ll be out watering my plants and someone will come by and start chatting with me. I can tell if they’re just interested in talking about the garden plants or if they saw the flag and felt comfortable talking to me. I’ve had a couple of interactions like that with people I don’t know in the neighborhood but who I kind of think are maybe queer.

Lack of socializing in person and the ability to project typical cues about one’s sexual identity also led participants to be more proactive in coming out. Anna (age 60, Latinx, mostly lesbian), who had recently started a new job, shared:

I have to be more proactive in coming out on a regular basis. It didn’t matter before because the people I was around would know and they themselves were more likely

to be LGBTQ. In some cases, it probably would have been assumed I was lesbian given the people I was with. Now I'm in the process of always coming out, not just about my sexual orientation, but about my person of color status, that I'm a Latina, then about my age. Coming out via Zoom is different than coming out in person. It's important when I'm speaking to out myself as Latina, people need to know that, because I'm a very light skinned Latina. So, nobody would ever know. My sense is had I been in the office [with my new colleagues], I wouldn't have to be coming out all the time. It would be very clear. I probably would have a poster somewhere, right at my door, saying, you're walking into the office of a gay, Latina, middle aged -- just so I wouldn't have to do this all the time.

While visibility was desirable for most participants, a few described situations where visibility carried risks. In the politicized culture of mask-wearing, in certain spaces maintaining safety by wearing a mask could also amplify safety risks by drawing attention, including to their sexual identity. For example, Christina discussed concerns while in an unfamiliar place:

When [my partner and I] were driving to Utah, we would go to a gas station and we're wearing a mask. There was definitely times when people would look at us and give each other the look like, 'Oh, look at these people,' you know? I don't know how safe I felt, because I think wearing a mask pointed us out as different and made us more visible. So, then they're like, 'oh, and look at these queers.' The visibility that comes from mask wearing and just that heightened drama made me feel more uncomfortable and more unsafe in certain situations, ironically.

Creating Social Bubbles with LGBTQ Friends—Social support is important during times of crisis and stress. For SMW, friends with a shared identity are an important connection and sometimes serve as chosen family. Participants created “bubbles” with LGBTQ friends in order to maintain connections and receive support while engaging in activities they considered to have lower health risks. These bubbles ranged from fully online socializing to small in-person gatherings. Several participants, such as Lisa, reported interacting with their LGBTQ friends only through Zoom calls or texting.

Participants socialized in-person with friends but managed risks by staying within their bubble. Hanna (age 63, African American, lesbian) attended an organized gay camping event with a group of seven friends, who kept their distance from others. Social interactions were restricted to smaller groups. Maria illustrated this:

We've made a lot of changes amongst our friends and worked through it. For example, there's a couple different gay areas [in Chicago] that people hang out — we love to do that, go to the movies, go to restaurants, go to different events, bowling and so forth. Now you can't do that anymore. We used to have large parties, a lot of large gatherings in our home and we have a lot of musician friends and they would come over and play music. We can't do that anymore. We limit our social gatherings to six or less people now.

Connections with the LGBTQ Community—Many participants felt a general sense of disconnection from the LGBTQ community because of closed businesses and stay-at-home guidelines, and avoiding more populated LGBTQ spaces. For example, annual Pride activities were cancelled or moved to online forums. Maria told us:

During Pride Month, there was not a parade, no events, no social gatherings, no concerts, no festivals. A lot of the big women's groups we belong to would have big events, dances or book readings, poetry readings or whatever. You would definitely see different people that maybe you don't associate with them on a regular basis, but you have seen them in the community before and you know each other and you talk and so forth, and you have that relationship with them. But because of the pandemic, you don't have that anymore.

The closing of LGBTQ spaces also impacted those who worked or provided services within the community. For Olivia (age 47, Latinx, mostly lesbian), the closure of meeting spaces curtailed her work providing health information services within the LGBTQ community. For Lori, loss of connection with co-workers was also a loss of contact with a queer community:

We mostly work with the LGBTQ community, so most of my coworkers are queer. When I was going to work, I felt like I had this built-in community. I didn't have to work very hard to see queer people outside of work. I still have those people but I'm not seeing them on a daily basis, and I am single now, so I've been wanting to be more connected and find more community.

Different neighborhoods also offered different opportunities for connection to the LGBTQ community. Anna had recently moved from a "very queer and diverse" neighborhood to a less diverse suburb:

I'm feeling disconnected generally. I don't know that I wouldn't have felt some of that anyway if there had been no COVID because I'm in a completely different environment, but COVID has made it worse. I used to see more LGBTQ people on a daily basis, whether I knew them or not, and now I'm not seeing that anymore. I used to see more color than I'm seeing now just by walking out my front door. I used to work downtown Chicago and now I'm working at home. With everything being closed down it's difficult to make new connections. I've become part of the LGBTQ group at work. I'm initiating social activities via Zoom with the group, so I am meeting new people and developing those relationships, but it's an effort. It's much harder than it would be in person.

Dating Challenges—Participants who were single and wanting to date noted difficulties in meeting potential dating partners during the pandemic. Changes in accessibility of meeting others in the LGBTQ community due to physical distancing guidelines impacted their ability to meet possible dating partners. Maria made a general observation about her single gay friends,

I've noticed that friends, male and female, gay people, really feel [the lack of a] social life has curtailed their options for relationships. I think there is an underlying

sadness now that they can't meet anybody and I've heard them say they're lonely, that 'wow, nobody is out anymore, we never see anybody anymore.'

SMW who preferred meeting potential dates in person (as opposed to online dating apps) noted extremely limited opportunities for interactions. Brianna shared, "it's hard not being able to look, physically see someone. The phone is okay, but sometimes you just want to be able to sit down face-to-face with someone and converse." Cynthia (age 62, African American, lesbian) discussed her lack of desire to date during the pandemic because of risk: "I don't want to go to any place where I can meet somebody. I don't want to be with nobody. I feel the pandemic has had an influence on that."

Black and Latinx Identities and Racism During the Pandemic

During the time period the interviews were conducted, the Black Lives Matter movement was actively protesting police and White supremacist violence against Black people and people of color. This movement, along with other political events, formed a sociopolitical context impacting the experiences of all participants, especially SMWOC. Although many of the Black and Latinx participants reported experiencing structural and interpersonal racism before the pandemic, the pandemic and political events seemed to amplify feelings of risk, danger, and vulnerability.

Several Black and Latinx participants reported awareness of stigmatization of Black and Latinx people that may have increased during the pandemic, and vulnerability because of their gender, while their sexual identity was less obvious or invisible to others. Ruth (age 71, African American, lesbian) commented, "Statistics are showing that Black people are more at risk [for COVID-19] because of hypertension and diabetes, [so] people would be more leery of being around you [but] they may not ever know anything about your sexual orientation." Brianna reported harassment "in certain neighborhoods" because of her race and gender, "but I really don't stand out as a lesbian." On the other hand, racial stigmatization was less of a factor for Anna because of her light colored skin until she explicitly identified herself as Latina.

In this context, most of the Black and Latinx participants described feeling threatened by violence that occurred during protests and by race-motivated violence in general (including harassment by police or governmental actors), —as well as fears of contracting the COVID-19 virus. They described how they assessed safety in their activities, and how their interactions and dialogues with others changed in this context. Several Black participants also acknowledged that racism and past government abuse of Black people impacted their view of the government response to the pandemic.

Violence and Protests During a Pandemic—Violence associated with activism and protests created a climate of fear which was especially salient for participants living in neighborhoods where protests occurred, resulting in extra stress. Cynthia explained her feelings of vulnerability as a Black woman in the political climate during the pandemic, making her nervous and vigilant about her safety: "I can say there has been an energy shift that I feel. I need to be aware. When I'm home, if I hear noise, I am on it. I go to check. When I am outside, I look around."

Another participant, Hanna, described how violence associated with protests of police and White supremacist abuse and killings of Black people increased her isolation:

Isolated? Yes. Right after those riots broke out it was just devastating because my area where I live, the community was just destroyed. I went — just not thinking — to the ATM and it was busted open. It was scary to go to Walgreens — the store was closed up. A lot of places will not come back, they can't afford it and it's kind of scary. I know there's been race riots, but this is a new era. I would just stay in the house. I was fearful. You don't know -- who's a good guy, who's not a good guy.

Jada was also frightened about leaving home because “people are getting beat up all the time” by police and counter-protestors, but she attended protest rallies and activist trainings. She reported that the protest organizers actively tried to prevent the spread of COVID-19 by “promoting people wearing masks, often they had masks there. They passed around hand sanitizer. They were really good with that.” Ruth expressed support of protests but concerns about safety from violence and COVID-19,

Most people I am seeing here are wearing masks [during protests]. While I understand and support the marches, I don't want to be in the wrong place at the wrong time. Whether it's because of a march or the looting or just the violent police nature, those are the things that make me stay more at home.

Police violence, and the agitation and rioting by White supremacists, diverted attention from the pandemic and added new threats to communities, especially for Black and Latinx SMW. Jessica (age 49, African American, who identified as heterosexual in her relationship with her current male partner) described how she managed her participation in the protests while trying to stay safe in the pandemic:

It's just horrible that [wearing masks] is politicized, just like the Black Lives Matter has been politicized. So, if you're for Black Lives Matter you're anti-police, and it's like, no, you're not. I'm a cop's kid. I'm not anti-police. But my life matters. I'm saying everything is politics. I think I'm less afraid of COVID than I am with the unrest in the world. In the early part of the pandemic is when the Ahmaud Arbery case in Atlanta happened. I mean, I am a Black woman, so that happened. Then people everywhere were doing marches for Ahmaud. I was trying to be careful so I walked by myself. ... It's almost like nobody's talking about COVID as much. But people are still dying.

Dialogues about Race and Racism—Several SMWOC noted an increase in social awareness about race and their dialogues with others in the context of Black Lives Matter and anti-racism movements. As news coverage of the movement and incidents of violence increased awareness, Black participants noticed changes in behaviors of people around them (especially White people). Attempts by others to engage about issues involving race were noticeable. For example, Lisa observed,

I have experienced being in a place where the majority of the people are White male -- I have noticed [a change], and I don't know if they're trying to not offend me, or Black women in general, or Black people in general because I guess now

[racism] is noticeable to them. Now that microaggression is an everyday word, people are actually noticing. Black Lives Matter and what happened to George Floyd unfortunately crystallized exactly what people have been talking about for years about the racial injustice of some police officers.

Interactions of Ruth (a Black woman) with a White friend revolved around racism within the context of the pandemic, creating an opportunity for inter-racial dialogue:

We have very good conversations and I feel very close to her. The other side of that is it's not only because of the pandemic, but because of the whole sociopolitical atmosphere right now. She is a person that wants to seek my consult about a lot of Black stuff. She is a White woman and we've just become very close and talk about a lot of policies and a lot of Black Lives Matter stuff.

Linking Past Institutional, Cultural, and Systemic Racism to the Present—

Participants described dynamics of racism and health inequities in the context of history, connecting past to present and future. Ruth described how as a Black woman she experiences the pandemic differently than her White friend because of historical racism,

My White friend decided she was going to join the [COVID-19 vaccine] test study. All of my Black friends and I feel that we're not even taking the vaccine. You know, Tuskegee was not that very long ago, so we don't very much trust the government. I won't say the medical community, but the government. I don't know, if the vaccine comes, even this year, it would probably have to be at least next year before I would even think about having it.

Narratives of participants highlighted that, while the COVID-19 pandemic is new, racism is not. Participants described their increasing awareness of social injustice, and placed the Black Lives Matter movement within a broader historical perspective. There were expressions of the sentiment that coping with the pandemic would end but fighting racism would continue. Hanna noted, "scientifically, there's got to be an end to the pandemic. [But] with all this rising up [against racism], that's something we have to deal with for the rest of our lives."

Impacts at Interpersonal, Institutional, and Cultural Levels

Although not all experiences shared by participants were specifically linked by participants to their SMW identities, from a systems perspective these experiences may have impacts related to sexual identity or create additional implications or risks for SMW when situated within the ecological system of interactions. Participants in this sample spoke of their experiences at the interpersonal (relationships), institutional (workplace), and cultural (public spaces) levels.

Negotiating Relationships—Participants described changes in their relationship with a partner, how and when they spent time with family and friends, and the ways they interacted within their communities. Their descriptions reflected attempts to understand and adapt to the evolving environment and negotiate safer spaces within these relationships.

Negotiating with Romantic Partners.: Changing routines, and new stressors and challenges resulted in conversations, negotiations, and agreements about safety in the context of pandemic risks. Adaptations required communication and “teamwork” to establish new routines based on different preferences or needs of each partner. For example, Maria described her relationship as “solid,” but still needing to work through pandemic related stressors. She provided an example of a negotiation: “My partner asked me not to do certain things like going to the gym, so I no longer go to the gym. I was not happy because I was going to wear my mask, but I said, okay I won’t go.” Other participants negotiated new routines, coordinating activities with their partner. Jasmine (age 72, African American, lesbian) discussed the changes as she and her partner provided caregiving for her 95-year-old mother:

We immediately decided no hugs.... My partner and I do a safe hug - a quick hug - which is kind of funny, but it’s kind of sad too. ...Since I’m primary caregiver, I need to be mostly in the house and my partner is the one who goes and picks up groceries, runs to the bank, runs to the post office, always in a mask, but she does those things to try and keep us safe. I think it’s difficult and stressful.

The pandemic created obstacles to spending time together for those who did not live with their partner or who were in a dating relationship. For Anna, the pandemic created the “very difficult” circumstance of maintaining a relationship with a partner living in Canada: “There’s no possibility of seeing each other and we don’t know how long it’s going to be. The fact that we’re continuing to make time for each other every day as if this was somehow normal, that keeps me focused on the relationship as viable.” For others living in the same city as their partner, negotiations revolved around risks. Ruth explained that her partner lives with other family members, so Ruth “didn’t want to go and spend the weekend because her nephew works and her sister is a nurse,” but after everyone received negative COVID tests, she felt safer visiting.

Dynamics related to negotiating pandemic-related safety also sometimes led to the disruption of a relationship. For example, Cynthia reported that her girlfriend, “wasn’t really taking precautions or wearing [her] mask. I knew that if she came here we would be in close proximity, no doubt sleeping together, and I said, ‘No, it’s not a good time’ and we haven’t talked since.” The pandemic also presented challenges for ending a relationship. Lori described negotiating space after the break-up of a long-term relationship, noting that “if it wasn’t [for] COVID I would be more focused on moving out more quickly, but it feels like there’s a lot of barriers to that. ...We’re taking turns staying at other people’s houses. We’re trying to give each other space.”

Connecting to and Distancing in Relationships with Family.: Participants’ relationships with family were impacted, especially in the frequency and type of contact. For some, larger family gatherings, such as birthday parties, were avoided. Others were unable to see family members in person, but maintained contact through Zoom. Visits with elderly family members were limited out of caution, including not seeing them as often or keeping distance while helping with care. For example, prior to the pandemic Brianna visited nearby family members every day, but was limiting the frequency of visits and physically distancing out

of concern for “the little ones and older folks – I don’t want to expose them to anything. I feel like I’m protecting them.” Hanna cancelled a visit with her brother and sister, and asked, “at what point do I see my family again?” The pandemic also caused more general worries about family well-being. Lori relates worrying about her sister and mother, and particularly her grandmother, who lives in a nursing home: “She tested positive for COVID and she’s 91. The thought of her being alone and not being able to have anyone come visit her and [her] dying was really upsetting to me.”

A few participants described avoiding family members who perceived the pandemic to be a hoax or who did not take safety precautions. For example, Emily reported that “I have a brother who thinks it’s a whole hoax.” Olivia, on the other hand, used the risk of the pandemic to “make it easier to not see my family, so I don’t have to deal with the family drama.”

Connecting with Friends and Social Communities.: The pandemic created changes in how participants interacted with friends and in larger social communities. Anna summed it up as “my entire social dynamic has changed.” Feelings of disconnection and isolation were common as participants attempted to stay connected through a variety of strategies, including physically distanced visits and online platforms. For example, Brianna explained the circumstances leading to her feeling of isolation: “My close friends are nurses as well, so they are in the same predicament I am in. We talk when we can, but everybody is just so exhausted and we really don’t have time for each other anymore.” Ruth, who was retired, used volunteer activities as a way to socialize: “That gave me a whole new group of friends. All of that has halted. Some of us do talk to on the phone.” Barbara experienced feelings of loneliness because of changes in her social activities,

I used to go to church and I haven’t done that since the pandemic started. ... We just don’t go over to somebody’s house and go inside the house. One of my friends has a fire pit we do sometimes eat together outside, but we wear masks and stay six feet apart.

She also noted that the international students she had hosted in her house for the past decade were no longer allowed in the country, leaving her alone in her home with “just my two dogs.”

Some participants adapted to the pandemic by viewing it as an opportunity to build closer relationships. Even with physical distancing and fewer in-person visits, Maria shared, “I think my relationships have grown a little bit closer because we’re all going through the same thing.” She explained that the crisis “brings a different level of conversation, and I think people are feeling a little bit less intimidated or less afraid to share their feelings, and I think that’s been good. There are people who I haven’t really had a lot of contact within recent years have reached out to me and we’ve become closer.”

Workplace Changes and Adaptations—Although most participants remained employed over the course of the pandemic, shelter-in-place guidelines were stressful as participants navigated transitioning to working from home. The pandemic was especially

disruptive for participants who worked in healthcare. The pandemic caused job insecurity or income loss for some.

Working at Home.: For a couple of participants who worked from home before the pandemic, shelter-in-place did not change where they worked. Other participants were suddenly forced to make new workspaces in their home. Jada shared, “It’s stressful because [my partner] has to work remotely too and we have one desk.” A few participants adjusted by trying to see positives in working from home. Brianna reported “I have a small business, so I’ve been working on some things that I didn’t have time for before.” Teresa (age 49, Latinx, lesbian) explained her experience changing from weekly travel to remote work, “I wake up and go to my [home] office and then just hang out in my house. I don’t miss traveling at all. This has been a welcome change for me.” Lori shared, “There are definitely parts I enjoy like not having to commute [and] being able to like do laundry in the middle of the day and spend more time with my dog.”

Working in Healthcare.: Those working in home healthcare were forced to assess the risks of their jobs. Jada switched to new work, explaining, “I quit my job as a healthcare worker in a home where there were people who came to visit and it felt unsafe.” Brianna, who also worked in home-based care, experienced a reduction in hours because “a lot of people are not wanting me to come to their home.”

Healthcare workers based in hospitals or clinics expressed stress because of the increased risk of exposure to the virus through their jobs. Christina, who works as a nurse in a hospital, described: “It’s been scary. ... We’ve kind of gotten into a routine of knowing what we need to do and the inevitability of like, hey, we may get COVID. It’s kind of all fatalistic but we’re just kind of waiting to get sick.”

Job Insecurity and Income.: For some participants, changes in their work situation necessitated coping with uncertainties about job security and income. Anna experienced anxiety about her job security, explaining that she was still employed but “I can just see another round of cuts coming in and my livelihood would be imperiled.” Barbara told the story of on-going changes in her workplace:

In March when we had the stay-at-home order, the place where I work shut down for a week and I stayed home. Then [the place I work] brought us back, but they brought us back part-time with a pay cut, which was hard because I needed the income. Then my workplace, which prints graphics for offices, buildings, and retail, had a lot of work. So, they brought us back full time, and then somebody got sick in our office so we were sent home again for a few days.

Navigating the Pandemic in Public Spaces—Participants reported a wide range of experiences and reactions in navigating public spaces. Observance of safety guidelines sometimes changed as participants traveled to different areas, even in the same city. Maria, described an incident when she and her wife were dining at a restaurant and noticed the staff were not adhering to mask guidelines:

We brought it to attention of the manager and a couple different people that were walking around without masks in the restaurant got angry at us for mentioning it and cussed us out. One of them even says, ‘I don’t have to wear a mask, I’m a Republican’.

A couple of participants described finding hope through their interactions with others, with the pandemic bringing people together, or seeking opportunities for extend kindness to others. Brianna explained,

I see people helping out each other more. I’ll see somebody at the gas station with no gloves on so I give them some gloves or I gave a guy a mask the other day. Extra stuff to help somebody -- if they don’t have something and I have an extra one, I don’t have a problem giving it to them.

Discussion

The sudden onset and widespread impacts of the COVID-19 pandemic make it particularly important to understand the general and specific impacts on marginalized groups, including SMW. Research shows that sexual minority individuals are at disproportionately high risk related to the pandemic, including the economic and social impacts of mitigation efforts (Drabble & Eliason, 2021). We used a descriptive phenomenological approach to better understand impacts of the pandemic on SMW’s lives and experiences.

Participants in the current study expressed feelings of loss of connection to LGBTQ friends and the LGBTQ community as a result of stay-at-home guidelines and restrictions that closed businesses and spaces, and cancelled events. Although many participants created social “bubbles” in order to maintain connections with LGBTQ friends and receive social support, these opportunities for interaction were restricted. Past research has indicated that receiving social support from friends and chosen family is important to the health and well-being of SMW, who may not receive as much support from family-of-origin, or who have disproportionately high levels of stress (Roberts & Christens, 2020; Tabaac et al., 2015). Relatedly, Moore and colleagues reported that sexual and gender minorities in their study experienced less social support during the pandemic than cisgender heterosexuals (Moore et al., 2021). Recent studies confirm that the lack of access to LGBTQ affirming spaces during the COVID-19 pandemic has a negative impact on wellbeing (Anderson & Knee, 2020; Grant et al., 2021). Changes in the availability of LGBTQ spaces impacted the opportunity to meet new people and, for single SMW, the opportunity to meet potential dating partners.

Several SMW in our study reported loss of in-person contact with family members, and some noted additional strains related to caring for, or anxiety about the possibility of transmitting the COVID-19 virus to, aging family members. Although not described by participants as directly related to their sexual identity, these conditions may increase isolation and symptoms of depression and anxiety (which disproportionately impact SMW). Additional research is needed to explore the long-term impacts on relationships with family-of-origin during the pandemic.

The pandemic may have created risks for SMW's relationships with their partners given that they exist within a stigmatizing context. Stress outside a relationship may exacerbate stressors within a relationship, taxing dyadic coping, problem-solving, and communication skills (Pietromonaco & Overall, 2020); pandemic stress may have a disproportionate impact on same-sex couples, especially those with multiple marginalized identities (Li & Samp, 2021). Participants in the current study described multiple stresses in their relationships, such as the need to negotiate boundaries and routines, decisions about COVID-related risks, and relationship maintenance and dissolution. Negotiating changes and disruptions caused by the pandemic can add additional stress in relationships; however, same-sex couples may be better at such negotiations than different-sex couples (Reczek & Umberson, 2012). In a study with same-sex couples during the pandemic, although there was no difference in pandemic-related impacts or COVID-related threats, SMW reported significantly higher levels of relationship satisfaction and significantly lower intention to terminate their relationships than sexual minority men (Li & Samp, 2021). SMW may be more proficient in navigating challenges by attending to their partner's needs and emotions, and balancing autonomy and togetherness (Umberson et al., 2015), although the long-term impacts of these challenges on relationships requires investigation.

Black and Latinx SMW described challenges in the context of the pandemic and structural racism, violence, and inflammatory political rhetoric. They often described being seen first for their race and sex/gender, and that their sexual identity may or may not be visible to others. Visibility of race and sex/gender for several participants was viewed as increasing the threat of physical violence. As women of color living within intersecting racist and sexist systems of oppression, these participants often communicated feeling a heightened sense of vulnerability.

Although participants varied considerably in how they situated themselves in relation to racial justice protests taking place at the time of the interviews, narratives often highlighted their perceptions that systemic racism necessitated social justice actions. Complex calculations about personal safety has been echoed in recent research documenting ways that Black Lives Matters protestors attempted to reduce risk of COVID-19 transmission, even when convening in groups (Arana-Chicas et al., 2020). These findings underscore the importance of exploring community-level adaptations to risk and health in the context of on-going activism, and the need to assess and respond with resources in neighborhoods at risk during the pandemic because of racism and other systems of oppression.

Economic stressors and work-related changes may be particularly salient for SMW. Changes in structural aspects of employment (e.g., working from home), the associated disconnection from co-workers, uncertainty related to employment, and financial stresses were noted by several participants. The short- and long-term impacts and recovery from financial stress will be important to document given that SMW, particularly SMWOC, have fewer economic resources and are more likely to have experienced losses or reductions in employment during the pandemic (Gruberg & Madowitz, 2020; Kantamneni, 2020; Sears et al., 2021).

SWM have reported higher levels of stress related to possible community-based COVID-19 exposure than heterosexual women (Potter et al., 2020), and Black and Latinx people are at

a greater risk of contracting COVID-19 than their White peers (SAMHSA, 2020). In public spaces, SMW may feel heightened vulnerability, especially in conflictual situations where they have to make decisions about their safety. However, not all participants' perceptions of public spaces were negative; some participants reported increased opportunities for social connection and mutual support. Given reported decreases in social support among LGBTQ individuals during the pandemic (Moore et al., 2021), positive public social contact with others may prove protective against negative mental health outcomes for SMW.

Implications for Clinicians and Researchers

Participants described a wide range of stressors individually (e.g., concerns about safety), in interpersonal interactions (e.g., relationship strain), and in navigating public spaces. Prior to the pandemic, SMW in the CHLEW study reported high rates of distress and high unmet needs for mental health care (Jeong et al., 2016). Multiple stressors and continued social inequities may increase disparities in psychological distress for SMW, underscoring the importance of addressing mental health concerns during and after containment of the pandemic (Brooks et al., 2020; Salerno, Devadas, et al., 2020).

Individual sources of distress and mental health concerns have been worsened by the pandemic (Veldhuis et al., 2021). Research in the Chicago area, where a majority of participants in the current study resided, has documented disparities in access to health and mental health supports among Black, Latinx, and sexual minority adults compared to White and heterosexual adults—both before and during the pandemic (Ruprecht et al., 2021). Loss of employment due to the pandemic may result in more limited access to health care. The pandemic has amplified the need to address health equity, reduce fragmentation in public health responses, and ensure equitable access to mental and physical health care (Lal et al., 2020). These issues are particularly salient to SMW and other marginalized groups.

Heightened screening for psychological distress is important for all people, but may be particularly important for sexual minority populations (Flentje et al., 2020; Veldhuis et al., 2021). Large scale public health messaging to destigmatize distress, and mental health services delivered by diverse and culturally competent mental health service providers, are essential during and after the pandemic crisis (Pedrosa et al., 2020; Veldhuis et al., 2021). Clinicians might assess and address the impact of having less and decreased social support from friends and family, as well as stress related to caregiving in the context of COVID-19 when working with SMW. Drawing on research about LGBTQ coping during COVID-19 and other crises, helping professionals can support resiliency by focusing on SMW's strengths and encouraging them to maintain or create new connections to peers and community (Gonzalez et al., 2021; Jackson, 2017).

Preliminary research has demonstrated that connecting with others via virtual platforms can offer similar benefits to in-personal socialization (Rodriguez-Seijas et al., 2020). One study found that virtual socialization was associated with reduced symptoms of depression among sexual and gender minorities (SGM) and non-SGM participants who self-reported being in quarantine (Rodriguez-Seijas et al., 2020). Although an important source of connection, not all SMW have access to reliable technology or the internet (Lai & Widmar, 2021). Further

research is needed to understand how lower socio-economic status or lack of access to technologies may compound isolation during the pandemic.

Limitations and Future Research

Findings from this study should be interpreted and generalized with caution. First, the study intentionally over-sampled specific groups of SMW that may have been disproportionately impacted by the COVID-19 pandemic; therefore, findings cannot be assumed to represent all SMW, including indigenous SMW or two-spirit people, SMW from different racial/ethnic groups, with different levels of socio-economic resources, or with gender diverse identities. Second, the sample was drawn from an on-going study that recruited participants who lived in the larger Chicago metropolitan area, where most of the participants continue to live. Impacts of the pandemic may differ for SMW in other regions of the country or who reside outside urban areas. Third, the current study did not specifically address how stressors described by participants, such as racism in local communities, shifts in employment, or living with isolation, may have impacted physical or behavioral health. Future studies with larger samples and different methodologies, including longitudinal studies, are needed to examine the acute and longer-term health impacts of the pandemic and related mitigation strategies among diverse SMW.

The age range of the sample was limited (33 to 72 years old); future research needs to explore the impact on younger and older cohorts of SMW. LGBTQ young people and older adults have been identified as most at risk for negative impacts of reduced access to social connection throughout the pandemic. For LGBTQ young people, moving education to virtual platforms caused many to lose access to their LGBTQ networks, and increase engagement with family systems (that may or may not be aware of, approve of, or accept their sexual identity) (Fish et al., 2020; Salerno, Devadas, et al., 2020). Similarly, for LGBTQ older adults, social distancing guidelines have further reduced access to LGBTQ spaces and non-family social networks, leading to increased feelings of social isolation (Krause, 2021; Seegert, 2020).

The current study provided insights about the experiences of SMW during a major crisis. Data collected during the COVID-19 pandemic should be used to inform crisis preparedness plans that include tailoring for marginalized populations (Grant et al., 2021; Phillips II et al., 2020). Health care and social service providers need training in delivering culturally responsive care during crises (Phillips II et al., 2020). Sustaining and investing in LGBTQ organizations is important to fostering social support and building individual and community resilience during and after crisis events (Goldbach et al., 2020). The findings underscore the importance of understanding the full range of experiences and impacts of the pandemic on SMW, and other marginalized groups, and how supportive services may be created to help alleviate the negative impacts in the short and long-term.

Acknowledgements:

The authors would like to thank Kelly Martin and Pat Ruch, University of Illinois at Chicago, for assistance with study planning and recruitment.

Funding for this project is from the Columbia University School of Nursing discretionary fund. Drs. Bochicchio and Hughes are currently supported by R01AA013328-14, to T.L. Hughes, from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Dr. Munroe is supported by an NIAAA training grant (T32AA007240, PI: S. Zemore) and center grant (P50AA005595, PI: W. K. Kerr). Dr. Veldhuis' work on this manuscript was supported by NIAAA Pathway to Independence Award (K99AA028049). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or Columbia University.

References

- Anderson AR, & Knee E (2020). Queer isolation or queering isolation? Reflecting upon the ramifications of COVID-19 on the future of queer leisure spaces. *Leisure Sciences, Advance of publication*. 10.1080/01490400.2020.1773992
- Arana-Chicas E, Jones BD, Cartujano-Barrera F, & Cupertino AP (2020). "I felt what was happening in our country [USA] with race was so much scarier than the [COVID-19] virus." Black Lives Matter protesters' beliefs and practices during the COVID-19 pandemic [Preprint]. *Research Square*(Preprint), PPR211295. 10.21203/rs.3.rs-68862/v1
- Banerjee D, & Nair VS (2020). "The untold side of COVID-19": Struggle and perspectives of the sexual minorities. *Journal of Psychosexual Health*, 2(2), 113–120. 10.1177/2631831820939017
- Barbosa C, Cowell AJ, & Dowd WN (2020). Alcohol Consumption in Response to the COVID-19 Pandemic in the United States. *Journal of Addiction Medicine, Advance of publication*. 10.1097/ADM.0000000000000767
- Bartel S, Sherry S, & Stewart S (2020). Self-isolation: A significant contributor to cannabis use during the COVID-19 pandemic. *Substance Abuse, Advance online publication*. 10.1080/08897077.2020.1823550
- Baumel K, Hamlett M, Wheeler B, Hall D, Randall AK, & Mickelson K (2021). Living through COVID-19: Social distancing, computer-mediated communication, and well-being in sexual minority and heterosexual adults. *Journal of Homosexuality*, 68(4), 673–691. 10.1080/00918369.2020.1868190 [PubMed: 33523776]
- Bochicchio LA, Drabble LA, Riggle EDB, Munroe C, Wootton AR, & Hughes TL (2021). Understanding alcohol and marijuana use among sexual minority women during the COVID-19 pandemic: A descriptive phenomenological study. *Journal of Homosexuality*, 68(4), 631–646. [PubMed: 33439793]
- Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, & Rubin GJ (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912–920. 10.1016/S0140-6736(20)30460-8
- Cerezo A, Ramirez A, O'Shaughnessy T, Sanchez A, Mattis S, & Ross A (2021). Understanding the power of social media during COVID-19: Forming social norms for drinking among sexual minority gender expansive college women. *Journal of Homosexuality*, 68(3), 560–576. 10.1080/00918369.2020.1868183 [PubMed: 33428564]
- Colaizzi P (1978). Psychological research as a phenomenologist views it. In Valle RS & King M (Eds.), *Existential Phenomenological Alternatives for Psychology* (pp. 49–71). Open University Press.
- Cresswell JW, & Poth CN (2018). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. SAGE Publications.
- Drabble LA, & Eliason MJ (2021). Introduction to special issue: Impacts of the COVID-19 pandemic on LGBTQ+ health and well-being. *Journal of Homosexuality*, 68(4), 545–559. 10.1080/00918369.2020.1868182 [PubMed: 33439789]
- Egede LE, & Walker RJ (2020). Structural racism, social risk factors, and Covid-19—A dangerous convergence for Black Americans. *New England Journal of Medicine*, 383(12), e77. 10.1056/NEJMp2023616
- Fish JN, McInroy LB, Paceley MS, Williams ND, Henderson S, Levine DS, & Edsall RN (2020). "I'm kinda stuck at home with unsupportive parents right now": LGBTQ youths' experiences with COVID-19 and the importance of online support. *Journal of Adolescent Health*, 67(3), 450–452. 10.1016/j.jadohealth.2020.06.002

- Flentje A, Obedin-Maliver J, Lubensky ME, Dastur Z, Neilands T, & Lunn MR (2020). Depression and anxiety changes among sexual and gender minority people coinciding with onset of COVID-19 pandemic [brief report]. *Journal of general internal medicine*, 35(9), 2788–2790. 10.1007/s11606-020-05970-4 [PubMed: 32556877]
- Garcia MA, Homan PA, García C, & Brown TH (2020). The color of COVID-19: Structural racism and the pandemic's disproportionate impact on older racial and ethnic minorities. *The Journals of Gerontology: Social Sciences Series B*, 76(3), e75–e80. 10.1093/geronb/gbaa114
- Gibb JK, DuBois LZ, Williams S, McKerracher L, Juster RP, & Fields J (2020). Sexual and gender minority health vulnerabilities during the COVID-19 health crisis [Commentary]. *American Journal of Human Biology*, 32(5), e23499. 10.1002/ajhb.23499 [PubMed: 32910838]
- Goldbach C, Knutson D, & Milton DC (2020). LGBTQ+ people and COVID-19: The importance of resilience during a pandemic. *Psychology of Sexual Orientation and Gender Diversity*. 10.1037/sgd0000463
- Goldberg SB (2020). COVID-19 and LGBT rights. In Pistor K (Ed.), *Law in the Time of COVID-19* (pp. 99–108). Columbia Law School. https://scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=3691&context=faculty_scholarship
- Gonzales G, de Mola EL, Gavulic KA, McKay T, & Purcell C (2020). Mental health needs among lesbian, gay, bisexual, and transgender college students during the COVID-19 pandemic. *Journal of Adolescent Health*, 67(5), 645–648. 10.1016/j.jadohealth.2020.08.006
- Gonzalez KA, Abreu RL, Arora S, Lockett G, & Sostre J (2021). "Previous resilience has taught me that I can survive anything:" LGBTQ resilience during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity*, Advance of publication.
- Grant R, Gorman-Murray A, & Walker B (2021). The spatial impacts of COVID-19 restrictions on LGBTIQ wellbeing, visibility and belonging in Tasmania, Australia. *Journal of Homosexuality*, 68(4), 647–662. 10.1080/00918369.2020.1868188 [PubMed: 33492203]
- Gravlee CC (2020). Systemic racism, chronic health inequities, and COVID-19: A syndemic in the making? *American Journal of Human Biology*, e23482. 10.1002/ajhb.23482 [PubMed: 32754945]
- Gruberg S, & Madowitz M (2020). Same-sex couples experience higher unemployment rates throughout an economic recovery. Center for American Progress. Retrieved May 15, 2020 from <https://www.americanprogress.org/issues/lgbtq-rights/news/2020/05/05/484547/sex-couples-experience-higher-unemployment-rates-throughout-economic-recovery/>
- Hughes TL, Veldhuis CB, Drabble LA, & Wilsnack SC (2020). Substance use among sexual minority women: A global scoping review. *PLOS One*, 15(3), Article e0229869. 10.1371/journal.pone.0229869
- Human Rights Campaign. (2020). The economic impact of COVID-19 on Black LGBTQ people. https://assets2.hrc.org/files/assets/resources/COVID19-EconImpact-Black-August2020.pdf?_ga=2.41809954.1630775955.1609957122-972520887.1608232212
- Jackson SD (2017). "Connection is the antidote": Psychological distress, emotional processing, and virtual community building among LGBTQ students after the Orlando shooting. *Psychology of Sexual Orientation and Gender Diversity*, 4(2), 160–168. 10.1037/sgd0000229
- Jeong YM, Veldhuis CB, Aranda F, & Hughes TL (2016). Racial/ethnic differences in unmet needs for mental health and substance use treatment in a community-based sample of sexual minority women. *Journal of Clinical Nursing*, 25(23–24), 3557–3569. 10.1111/jocn.13477 [PubMed: 27461857]
- Kantamneni N (2020). The impact of the COVID-19 pandemic on marginalized populations in the United States: A research agenda. *Journal of Vocational Behavior*, 119, Article 103439. 10.1016/j.jvb.2020.103439
- Kim SJ, & Bostwick W (2020). Social vulnerability and racial inequality in COVID-19 deaths in Chicago. *Health Education & Behavior*, 47(4), 509–513. 10.1177/1090198120929677 [PubMed: 32436405]
- Kneale D, & Becares L (2020). The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantime Study. *medRxiv*(Preprint), PPR195934. 10.1101/2020.08.03.20167403

- Krause KD (2021). Implications of the COVID-19 Pandemic on LGBTQ Communities. *Journal of Public Health Management and Practice*, 27, S69–S71. 10.1097/PHH.0000000000001273 [PubMed: 33239566]
- Krieger N (2020). Enough: COVID-19, structural racism, police brutality, plutocracy, climate change—and time for health justice, democratic governance, and an equitable, sustainable future. *American Journal of Public Health*, 110(11), 1620–1623. 10.2105/AJPH.2020.305886 [PubMed: 32816556]
- Lai J, & Widmar NO (2021). Revisiting the digital divide in the COVID-19 era. *Applied economic perspectives and policy*, 43(1), 458–464. 10.1002/aep.13104
- Lal A, Erondur NA, Heymann DL, Gitahi G, & Yates R (2020). Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *The Lancet*, 387, 61–67. 10.1016/S0140-6736(20)32228-5
- Levitt HM, Bamberg M, Creswell JW, Frost DM, Josselson R, & Suárez-Orozco C (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, 73(1), 26–46. 10.1037/amp0000151
- Li Y, & Samp JA (2021). The impact of the COVID-19 pandemic on same-sex couples' conflict avoidance, relational quality, and mental health. *Journal of Social and Personal Relationships*, Advance of publication. 10.1177/02654075211006199
- Lounsbury DW, & Mitchell SG (2009). Introduction to special issue on social ecological approaches to community health research and action. *American Journal of Community Psychology*, 44(3), 213–220. 10.1007/s10464-009-9266-4 [PubMed: 19777338]
- Mattei G, Russo T, Addabbo T, & Galeazzi GM (2020). The COVID-19 recession might increase discriminating attitudes toward LGBT people and mental health problems due to minority stress. *International Journal of Social Psychiatry*, Advance of publication. 10.1177/0020764020960770
- Matua GA, & Van Der Wal DM (2015). Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse Researcher*, 22(6), 22–27. [PubMed: 26168810]
- Moore SE, Wierenga KL, Prince DM, Gillani B, & Mintz LJ (2021). Disproportionate impact of the COVID-19 pandemic on perceived social support, mental health and somatic symptoms in sexual and gender minority populations. *Journal of Homosexuality*, 68(4), 577–591. 10.1080/00918369.2020.1868184 [PubMed: 33399504]
- Morrow R, Rodriguez A, & King N (2015). Colaizzi's descriptive phenomenological method. *The Psychologist*, 28(8), 643–644.
- Neergaard MA, Olesen F, Andersen RS, & Sondergaard J (2009). Qualitative description—the poor cousin of health research? *BMC Medical Research Methodology*, 9, Article number 52. 10.1186/1471-2288-9-52
- O'Neill K (2020). Economic vulnerabilities to COVID-19 among LGBT adults in California. Williams Institute, UCLA School of Law. Retrieved June 1, 2020 from <https://williamsinstitute.law.ucla.edu/publications/covid-economics-lgbt-ca/>
- O'Neill K (Ed.). (2020). Health vulnerabilities to COVID-19 among LGBT Adults in California. The Williams Institute, UCLA School of Law. <https://escholarship.org/uc/item/8hc4z2gb>.
- Pedrosa AL, Bitencourt L, Fróes ACF, Cazumbá MLB, Campos RGB, de Brito SBCS, & e Silva ACS (2020). Emotional, behavioral, and psychological Impact of the COVID-19 Pandemic. *Frontiers in Psychology*, 11, Article 566212.
- Peterson ZD, Vaughan EL, & Carver DN (2020). Sexual identity and psychological reactions to COVID-19. *Traumatology*, 27(1), 6–13. 10.1037/trm0000283
- Phillips G II, Felt D, Ruprecht MM, Wang X, Xu J, Pérez-Bill E, Bagnarol RM, Roth J, Curry CW, & Beach LB (2020). Addressing the disproportionate impacts of the COVID-19 pandemic on sexual and gender minority populations in the United States: Actions toward equity. *LGBT Health*, 7(6), 279–282. 10.1089/lgbt.2020.0187 [PubMed: 32790495]
- Pietromonaco PR, & Overall NC (2020). Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. *American Psychologist*, Advance online publication. 10.1037/amp0000714

- Potter EC, Tate DP, & Patterson CJ (2020). Perceived threat of COVID-19 among sexual minority and heterosexual women. *Psychology of Sexual Orientation and Gender Diversity*, Advance online publication. 10.1037/sgd0000454
- Reczek C, & Umberson D (2012). Gender, health behavior, and intimate relationships: Lesbian, gay, and straight contexts. *Social Science & Medicine*, 74(11), 1783–1790. 10.1016/j.socscimed.2011.11.011 [PubMed: 22227238]
- Roberts LM, & Christens BD (2020). Pathways to well-being among LGBT adults: Sociopolitical involvement, family support, outness, and community connectedness with race/ethnicity as a moderator. *American Journal of Community Psychology*, Advance online publication. 10.1002/ajcp.12482
- Rodriguez-Seijas C, Fields EC, Bottary R, Kark SM, Goldstein MR, Kensinger EA, Payne JD, & Cunningham TJ (2020). Comparing the impact of CoViD-19-related social distancing on mood and psychiatric indicators in sexual and gender minority (SGM) and non-SGM individuals. *Frontiers in Psychiatry*, 11, Article 590318. 10.3389/fpsyt.2020.590318
- Rodriguez A, & Smith J (2018). Phenomenology as a healthcare research method. *Evidence Based Nursing*, 12(4), 96–98. 10.1136/eb-2018-102990
- Romero AP, Goldberg SK, & Vasquez LA (2020). LGBT People and Housing Affordability, Discrimination, and Homelessness. University of California, Los Angeles School of Law, Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-instability/>
- Rothery M (2008). Critical ecological systems theory. In Coady N & Lehmann P (Eds.), *Theoretical perspectives for direct social work practice: A generalist-eclectic approach* (pp. 89–118). Springer.
- Ruprecht MM, Wang X, Johnson AK, Xu J, Felt D, Ihenacho S, Stonehouse P, Curry CW, DeBroux C, & Costa D (2021). Evidence of social and structural COVID-19 disparities by sexual orientation, gender identity, and race/ethnicity in an urban environment. *Journal of Urban Health*, 98, 27–40. [PubMed: 33259027]
- Salerno JP, Devadas J, Pease M, Nketia B, & Fish JN (2020). Sexual and gender minority stress amid the COVID-19 pandemic: Implications for LGBTQ young persons' mental health and well-being [Commentary]. *Public Health Reports*, 135(6), 721–727. 10.1177/0033354920954511 [PubMed: 33026972]
- Salerno JP, Williams ND, & Gattamorta KA (2020). LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S239–S242. 10.1037/tra0000837
- SAMHSA. (2020). Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. Substance Abuse and Mental Health Services Administration. Retrieved 11/21/2020 from <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>
- Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, Burroughs H, & Jinks C (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907. 10.1007/s11135-017-0574-8 [PubMed: 29937585]
- Sears B, Conron KJ, & Flores AR (2021). The Impact of the Fall 2020 COVID-19 Surge of LGBT Adults in the U.S. <https://williamsinstitute.law.ucla.edu/publications/covid-surge-lgbt/>
- Seegert L (2020). COVID-19 is hitting older LGBTQ adults especially hard. *Covering Health: Monitoring the Pulse of Health Care Journalism*, April 22. <https://healthjournalism.org/blog/2020/04/covid-19-is-hitting-older-lgbtq-adults-especially-hard/>
- Tabaac AR, Perrin PB, & Trujillo MA (2015). Multiple mediational model of outness, social support, mental health, and wellness behavior in ethnically diverse lesbian, bisexual, and queer women. *LGBT Health*, 2(3), 243–249. 10.1089/lgbt.2014.0110 [PubMed: 26788673]
- Turner-Musa J, Ajayi O, & Kemp L (2020). Examining social determinants of health, stigma, and COVID-19 disparities. *Healthcare*, 8(2), Article 168. 10.3390/healthcare8020168
- Umberson D, Thomeer MB, & Lodge AC (2015). Intimacy and emotion work in lesbian, gay, and heterosexual relationships. *Journal of Marriage and Family*, 77(2), 542–556. 10.1111/jomf.12178 [PubMed: 25814771]
- Veldhuis CB, Nesoff ED, McKowen ALW, Rice D, Ghoneima H, Wootton A, Papautsky EL, Arigo D, Goldberg SK, & Anderson J (2021). Addressing the critical need for long-term mental health

data during the COVID-19 pandemic: Changes in mental health from April to September, 2020. Preventive Medicine, 146, Article 106465. 10.1016/j.ypmed.2021.106465

Willis DG, Sullivan-Bolyai S, Knafl K, & Cohen MZ (2016). Distinguishing features and similarities between descriptive phenomenological and qualitative description research. Western Journal of Nursing Research, 38(9), 1185–1204. 10.1177/0193945916645499 [PubMed: 27106878]

Wilson BD, & Conron KJ (2020). National Estimates of Food Insecurity: LGBT people and COVID-19. <https://escholarship.org/uc/item/18d3g3w2>

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Short Statement of Significance:

Findings from this study suggest the COVID-19 pandemic impacted sexual minority women (SMW) across many areas of their lives, including issues related to their sexual identity; race/racialized identities; and more generally in their relationships, workplaces, and public spaces. Specifically, SMW were impacted in their experiences of coming out and being visible; creating social bubbles; connections to the LGBTQ community; and dating. Black and Latinx SMW reported additional impacts related to safety, dialogues about race, and on-going systemic and cultural racism.

Table 1*Participant Demographics (N = 18)*

Name *	Age	Race/Ethnicity	Sexual Identity **	Education	Relationship Status
Barbara	66	White	Only Lesbian	HS grad	Single
Jasmine	72	African American	Only Lesbian	Graduate	Committed, cohabiting
Olivia	47	Latinx	Mostly Lesbian	HS grad	Separated
Maria	63	Latinx	Only Lesbian	Some college	Committed, cohabiting
Anna	60	Latinx	Mostly Lesbian	HS grad	Committed, not cohabiting
Lori	33	White	Only Lesbian	Some college	Committed, cohabiting
Emily	63	Latinx	Only Lesbian	HS grad	Committed, cohabiting
Jada	40	African American	Queer	Some college	Committed, cohabiting
Ruth	71	African American	Only Lesbian	HS grad	Single
Jessica	49	African American	Only Heterosexual ***	<HS grad	Committed, cohabiting
Hanna	63	African American	Only Lesbian	HS grad	Committed, cohabiting
Michelle	35	African American	Mostly Lesbian	<HS grad	Committed, cohabiting
Teresa	49	Latinx	Only Lesbian	Some college	Committed, cohabiting
Cynthia	62	African American	Only Lesbian	<HS grad	Single
Lisa	51	African American	Mostly Heterosexual/Bisexual	HS grad	Separated
Brianna	44	African American	Only Lesbian	<HS grad	Single
Christina	39	Latinx	Queer	Some college	Committed, cohabiting
Tara	44	White	Only Lesbian	Graduate	Committed, cohabiting

* Participant names are pseudonyms.

** Response to a survey question.

*** Participant identified as “Only heterosexual” but reported past same-sex relationships and a non-heterosexual identity.

Table 2

Summary of Themes and Sub-themes

Themes	Sub-Themes
Coming Out and Visibility	
Creating Social Bubbles with LGBTQ Friends	
Connections with the LGBTQ Community	
Dating Challenges	
Violence and Protests During a Pandemic	
Dialogues about Race and Racism	
Linking Past Institutional, Cultural, and Systemic Racism to the Present	
Negotiating Relationships	Negotiating with Romantic Partners Connecting to and Distancing in Relationships with Family Connecting with Friends and Social Communities
Workplace Changes and Adaptations	Working from Home Working in Healthcare Job Insecurity and Income
Navigating the Pandemic in Public Spaces	