

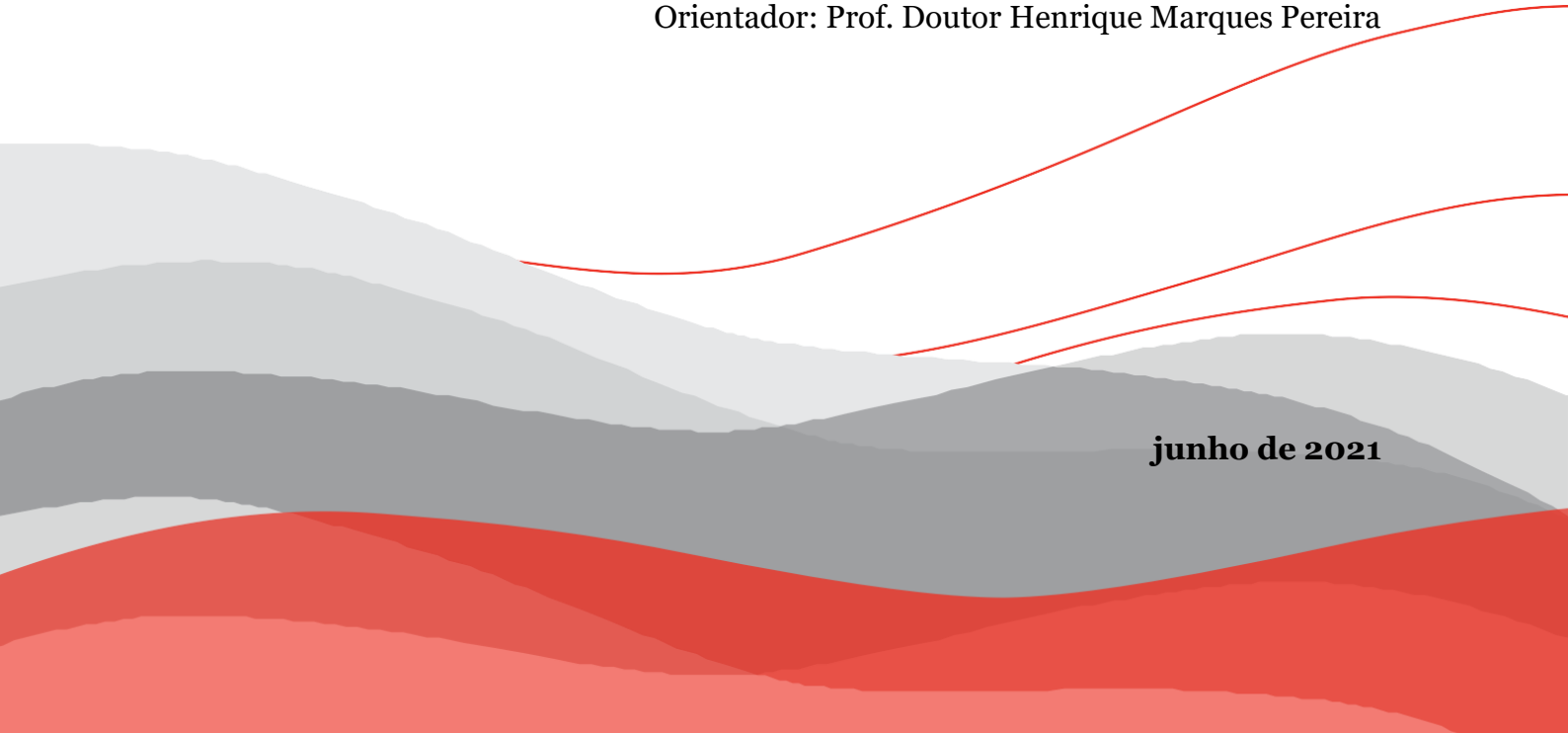
COVID-19, Anxiety Symptoms and Psychosocial Risks through the Lens of Sexual Orientation

Jéssica Serra Pedro

Dissertação para obtenção do Grau de Mestre em
Psicologia Clínica e da Saúde
(2^o ciclo de estudos)

Orientador: Prof. Doutor Henrique Marques Pereira

junho de 2021



Dedication

Aos meus avôs.

Acknowledgment

Em primeiro lugar, um agradecimento enorme ao Professor Doutor Henrique Pereira, orientador da presente dissertação, por toda a atenção, disponibilidade, apoio e incentivo durante este percurso.

Aos meus pais, por terem feito sempre tudo para que os meus sonhos fossem alcançados, independentemente dos sacrifícios necessários. São o meu porto seguro.

Ao meu irmão, pelas palavras de encorajamento, por toda a paciência e por nunca me deixar desamparada.

Ao Miguel, pelo carinho, amor e apoio inesgotáveis.

À minha família, por todo o incentivo.

À Mariana, por toda a generosidade e disponibilidade incondicionais, mas, principalmente, por ter sido um verdadeiro ombro amigo durante esta caminhada.

À Bruna P., pela amizade sincera e por ser uma fonte infinda de motivação.

Por fim, à Rita, à Ana, à Bruna B. e à Jéssica, pela amizade e por todas as partilhas e aventuras vividas. À Rita, em especial, pela presença constante em todos os momentos. Sou grata por terem sido as minhas companheiras deste percurso.

Um obrigado nunca será suficiente.

Abstract

This dissertation is presented in a scientific article format and encompasses two investigations, as well as a general discussion.

The first investigation aims to explore the impact of COVID-19 on anxiety symptoms by analyzing discrepancies due to sexual orientation in a Portuguese-speaking sample. 1590 individuals participated in the study, 63% women and 88% self-identified as heterosexual. The results obtained reveal that anxiety symptoms were higher than expected, and several significant differences were found: women and bisexual participants presented higher anxiety symptoms than men and heterosexual and gay or lesbian participants. It was also visible that anxiety symptoms were negatively correlated with age and positively with the aggravated responses of COVID-19, the Fear of COVID-19 and the Negative Impact of COVID-19. Finally, hierarchical linear regression analysis showed that age, gender and sexual orientation explained 9% of the anxiety variation symptoms, moving to 28% when added the Fear and Negative Impact of COVID-19. In conclusion this study provides an important contribution to the understanding of factors arising from the pandemic that may affect the mental health of sexual minorities.

The second investigation aims to understand the psychosocial impact of the COVID-19 pandemic on the experiences and perception of Portuguese and Brazilian LGB people. The study included 65 participants self-identified as LGB who answered the open-ended question: "As a sexual minority person, please elaborate on how the COVID-19 pandemic has impacted on your life". A thematic analysis of the participants' responses was carried out, which revealed nine recurrent themes, including mental health, isolation, relationships, work-related problems, financial problems, education-related problems, LGBTQI issues, coping and changes, encompassing these themes 18 subcategories. In conclusion, the results give voice to the Portuguese and Brazilian LGB during the COVID-19 pandemic, revealing specific challenges intensified by stigma and sexual discrimination, expanded by preexisting social inequalities.

In the general discussion, some implications relating to the two investigations presented are discussed and some suggestions are provided according to the results obtained.

Keywords

Anxiety Symptoms; Fear of COVID-19; Negative Impact of COVID-19; Sexual Orientation; LGB People; Psychosocial Impacts; Portugal; Brazil.

Resumo Alargado

A presente dissertação pretende avaliar, através do primeiro artigo científico, o impacto da COVID-19 nos sintomas de ansiedade, analisando eventuais discrepâncias em função da orientação sexual, e, por meio do segundo, compreender o impacto psicossocial nas experiências e percepção de pessoas LGB durante a pandemia COVID-19. Neste sentido, espera-se contribuir para a compreensão e o esclarecimento de fatores consequentes da pandemia em curso na saúde mental das minorias sexuais.

Relativamente ao estudo exposto no capítulo 1, os dados foram recolhidos através de um site online criado com essa finalidade, no qual foram expostos os objetivos do estudo, as instruções de preenchimento e esclarecidas as questões éticas. Os critérios de inclusão compreendiam ter idade igual ou superior a 18 anos e ser falante nativo de Português (de Portugal ou do Brasil). Colaboraram no estudo 1590 participantes, sendo 63% mulheres e 88% autoidentificados como heterossexual, 6.1% como bissexual e 5.9% como gay ou lésbica.

Os participantes responderam à escala de Sintomas de Ansiedade do BSI-18, de modo a identificar problemas ou sintomas vivenciados na semana anterior; à escala de Medo da COVID-19, com o intuito de avaliar a presença de medo resultante da pandemia; e à escala de Impacto Negativo da COVID-19, por forma a medir a percepção dos participantes quanto ao impacto negativo da pandemia nas suas vidas. A consistência interna revelou-se adequada para todas as medidas, em concreto .94 pontos na escala de Sintomas de Ansiedade do BSI-18 e .86 pontos nas escalas Medo e Impacto Negativo da COVID-19, traduzindo uma excelente confiabilidade.

Foi realizado um Teste-t de amostras independentes que revelou que as mulheres da amostra apresentaram níveis mais elevados de sintomas de ansiedade ($M=1.14$) comparativamente com os homens ($M=.86$). A ANOVA de uma via demonstrou que os participantes autoidentificados como bissexuais apresentaram níveis mais elevados de sintomas de ansiedade ($M=1.45$), seguidos dos gays ou lésbicas ($M=1.30$) e heterossexuais ($M=.99$). O teste de correlação de Pearson permitiu constatar que os sintomas de ansiedade se correlacionam forte e negativamente com a idade ($r=-.203$), e se correlacionam forte e positivamente com o Medo da COVID-19 ($r=.363$), com o Impacto Negativo da COVID-19 ($r=.426$) e com as respostas agravadas da COVID-19 ($r=.505$). A análise de regressão linear hierárquica explicou inicialmente 9% da variância dos sintomas de ansiedade quando inseridas as variáveis idade, género a orientação sexual, aumentando para 28% quando inseridos o medo e o impacto negativo da COVID-19, traduzindo que todas as variáveis em análise eram preditoras de sintomas de ansiedade.

O estudo em análise procurou explorar a relação existente entre os sintomas de ansiedade, o género, a orientação sexual e os fatores inerentes à COVID-19, tais como o medo, o seu impacto e a perceção das respostas agravadas pela mesma. As principais conclusões evidenciaram o impacto desigual da COVID-19 na saúde mental da população mundial, em específico em quem se encontrava em situações de vulnerabilidade, salientando, desta forma, a necessidade de se promover a criação e desenvolvimento de estratégias de intervenção psicológica que deem resposta às dificuldades sentidas por esta população.

No que tange à investigação exibida no capítulo 2, os dados foram recolhidos por meio do site utilizado no primeiro artigo, contando igualmente com a explanação dos objetivos, das instruções de preenchimento e do asseguramento das questões éticas. Os critérios de inclusão incluíam ter idade igual ou superior a 18 anos e ser falante nativo de Português (de Portugal ou do Brasil). Contou-se com respostas de 65 participantes autoidentificados como LGB, dos quais 47.7% gay ou lésbica e 44.6% bissexual, sendo 52% homens.

Os participantes responderam à pergunta aberta “Enquanto uma pessoa pertencente a uma minoria sexual, descreva de que forma a pandemia da COVID-19 impactou a sua vida?”. Foi realizada uma análise temática das respostas dos participantes que evidenciou a presença de nove temas, compreendendo 18 categorias, nomeadamente saúde mental (depressão, ansiedade, medo, raiva e solidão), isolamento (distanciamento social e impedimentos de lazer), relacionamentos (família e amigos), problemas relacionados ao trabalho, problemas financeiros, problemas relacionados à educação, questões LGBTQI (barreiras em saúde, voltar para o armário, eventos de comemoração do orgulho e namoro virtual), *coping* (procura de apoio, acesso a informações e atividades físicas) e mudanças (mudanças comportamentais e oportunidade de crescimento).

O presente estudo pretendeu explorar a relação existente entre a pandemia, o seu impacto psicossocial e a orientação sexual. Como principais conclusões do estudo retém-se o maior risco e sofrimento percecionados pelas pessoas LGB durante a pandemia COVID-19 comparativamente a pessoas heterossexuais, demonstrando a importância de se ter em conta esta população para o desenvolvimento de estratégias para lidar com a pandemia em curso, bem como o ajuste por parte dos serviços de saúde física, mental, específicos e educacionais e a criação de redes de apoio social no decorrer da pandemia.

Palavras-chave

Sintomas de Ansiedade; Medo da COVID-19; Impacto Negativo da COVID-19; Orientação Sexual; Pessoas LGB; Impactos Psicossociais; Portugal; Brasil.

Introduction

Coronavirus disease (COVID-19) affected the lives of people around the world (Kamal et al., 2021), possibly changing the way of living and consequently created uncertainties, changes in daily routines, financial pressures and social isolation (Liet al., 2021), including for family and friends (Kamalet al., 2021). Thus, the pandemic had psychological and emotional implications in the general population (Liet al., 2021).

The COVID-19 pandemic disproportionately affects the health and well-being of the population, with greater repercussions on sexual minorities (Fisch et al., 2021; Banerjee & Rich, 2020). These inequalities may be associated with the stress of minorities, corresponding to the negative experiences that the population in question may face as a result of the way society faces it (Rich et al., 2020), resulting in experiences such as stigma, discrimination and rejection (Dürrbaum & Sattler, 2020). Thus, mental health (Kamalet al., 2021) and problems such as anxiety comprise areas significantly affected by the pandemic (Flentje et al., 2020; Kamal et al., 2021).

In order to contribute to the scientific advancement of this theme, this dissertation was developed which is integrated in the project "HEPHAESTUS" directed in Portugal and Brazil, aiming to evaluate the levels of Occupational Health, Psychosocial Risks and Preventive Factors in the Portuguese and Brazilian populations. Its presentation will be made in scientific article format and written in English. It is divided in three chapters, consisting in each of the first two a scientific article and in the last a general discussion in which an articulation will be made between the results obtained in the articles presented.

Chapter 1 refers to research developed in the area of mental health that aims to explore the impact of COVID-19 on anxiety symptoms, analyzing possible discrepancies between different sexual orientations. This study can be classified as descriptive, because it allows the research, analysis, recording and interpretation of the data obtained; comparative, given that it allows the comparison of the variables under investigation between two different groups; correlational, since it simultaneously assess, establishes and quantifies the relationships between the variables; and predictive, as it identifies patterns that may reveal future trends. For data collection, a sociodemographic questionnaire was used and measures were applied, such as the anxiety symptoms subscale of the Brief Symptoms Inventory-18 (BSI-18), the COVID-19 Fear scale and the COVID-19 Negative Impact scale. With a total of 1590 participants, their ages were between 18 and 74 years, with an average age of 33.68

years. More than half of the participants were women (63%), the vast majority self-identified as heterosexual (88%), 6.1% as bisexual and 5.9% as gay or lesbian.

With regard to chapter 2, it presents an investigation in the psychosocial area whose objective is to understand the psychosocial impact of the COVID-19 pandemic on the experiences and perception of Portuguese and Brazilian LGB people. It can be classified as a qualitative study, since it allows the collection, the study and the understanding of narrative data. In order to collect the data, a socio-demographic questionnaire and a single open-ended question: "As a sexual minority person, please elaborate on how the COVID-19 pandemic has impacted on your life". A total of 65 participants self-identified as LGB were part of the study, whose ages varied between 19 and 67 years, comprising an average age of 34.48 years. More than half of the participants were men (52%), 47.7% self-identified as gay or lesbian and 44.6% self-identified as bisexual.

Chapter 3 has a general discussion where some implications are addressed and suggestions presented according to the results obtained. Thus, the results obtained in the two studies showed a greater impact on the mental health of LGB people due to the COVID-19 pandemic when compared to the remaining population.

Index

Dedication	iii
Acknowledgment	v
Abstract	vii
Resumo Alargado	x
Introduction	xiv
List of Tables	xx
List of Acronyms	xxii
Chapter 1: Measuring Anxiety Symptoms during the COVID-19 Pandemic through the Lens of Sexual Orientation	1
Abstract	2
1. Introduction	3
2. Materials and Methods	4
3. Results	6
4. Discussion	9
5. Conclusions	10
6. Ethical Statements	11
References	11
Chapter 2: Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay and Bisexual People living in Portugal and Brazil - A Qualitative Study	20
Abstract	21
1. Introduction	22
2. Method	24
2.1. Participants	24
2.2. Measures	25
2.3. Procedures	25
2.4. Analysis	26
3. Results	26
4. Discussion	34
5. Limitations and Future Directions	36
6. Conclusions and Implications	37
References	38
Chapter 3: General Discussion	47
References	50
Appendices	52

Annexes 53

List of Tables

Tabela 1. – Sociodemographic characteristics of the participants

Tabela 2. – Results for Anxiety symptoms by genders

Tabela 3. – Results for Anxiety symptoms by Sexual Orientations

Tabela 4. – Results for Tukey Post HOC Comparison groups of Sexual Orientation

Tabela 5. – Correlation Matrix

Tabela 6. – Hierarchical Linear Regression Analyses of independent variables' impacts on Anxiety Symptoms

Tabela 7. – Sociodemographic Characteristics of the Participants

Tabela 8. – Key themes identified

List of Acronyms

COVID-19	Coronavirus Disease
WHO	World Health Organization
LGB	Lesbian, gay and bisexual
STF	Supremo Tribunal Federal
BSI-18	Brief Symptom Inventory-18
EuroPsy	European Certificate in Psychology

Chapter 1: Measuring Anxiety Symptoms during the COVID-19 Pandemic through the Lens of Sexual Orientation

This chapter was written according to the following scientific activities;

- Submitted Article

Pedro, J., & Pereira, H. (submitted). Measuring anxiety symptoms during the COVID-19 pandemic through the lens of sexual orientation. *Alpha Psychiatry*.

- Published Abstract

Pedro, J., & Pereira, H. (2021). Medindo os sintomas de ansiedade durante a pandemia COVID-19 através da lente da orientação sexual. *Proceedings of the XXIX Congresso Internacional INFAD*.

- Oral Presentations

Pedro, J., & Pereira, H. (2021, May 7th). Medindo os sintomas de ansiedade durante a pandemia COVID-19 através da lente da orientação sexual. [Conference session] XXIX Congresso Internacional INFAD – Confiança em tempos de crise, Coimbra.

Abstract

Objective: This research seeks to explore the impact of COVID-19 on anxiety symptoms, analyzing discrepancies of sexual orientation in a Portuguese-speaking sample. *Materials and Methods:* 1590 individuals participated, 63% were women, and 88% self-identified as straight. Participants responded to the anxiety sub-scale of the Brief Symptoms Inventory-18, the fear of COVID-19 scale, and the COVID-19 negative impact scale. *Results:* Anxiety symptoms observed were higher than expected, and several significant differences were obtained: women and self-identified bisexual participants had higher levels of anxiety symptoms compared to male and straight and gay or lesbian participants. Anxiety symptoms negatively correlated with age and positively correlated with COVID-19 aggravated responses, Fear of COVID-19, and Negative Impact of COVID-19. Hierarchical linear regression analysis showed that age, gender, and sexual orientation explained 9% of the variance of anxiety symptoms, and when Fear and the Negative Impact of COVID-19 were added, the model explained 28% of the results. *Conclusion:* This study provides an important contribution to the understanding of factors arising from the pandemic that may have an impact on the mental health of sexual minorities.

Keywords

Anxiety Symptoms; Fear of COVID-19; Negative Impact of COVID-19; Sexual Orientation; LGB people.

1. Introduction

Coronavirus Disease (COVID-19) was declared a pandemic by the World Health Organization (WHO) in March 2020^{1,2} and was defined as a respiratory disease^{3,4} that has caused over 2.7 million deaths as of March 2021⁵. Thus, worldwide concern for health, social, political, and economic issues emerged^{6,7,8,9,19}. To control the spread of the disease, hygiene measures were imposed by local governments, such as social distancing¹¹ and lockdown³, which led to the increase of mental health problems¹², including anxiety.

Anxiety can be a positive motivation generator, but it usually causes negative effects on both physical and mental health¹³, especially under adverse circumstances, such as the COVID-19 outbreak^{14,15,16}. Furthermore, drastic changes associated with the pandemic such as loss of salaries, loneliness¹⁷, uncertainty, depression, and post-traumatic stress¹⁸, may have led people to feel impotent, fearful, and anxious¹⁹, intensifying pre-existing psychiatric symptoms²⁰. Aspects such as lack of trust in public health authorities²¹, decreased adherence to public health measures²², and stigma felt by those who contracted COVID-19 can lead to discouragement from testing²³ contributing to an increase in anxiety levels.

Anxiety symptoms triggered by the COVID-19 pandemic can cause several impairments in psychosocial functioning^{15,24}, especially among people from socially disadvantaged groups, such as sexual minorities⁹, because lesbian, gay and bisexual (LGB) people already suffer from sexual discrimination and victimization^{25,26}, creating aggravated risk factors, such as domestic violence²⁷, isolation and trauma²⁸, loss of privacy²⁹, increased risk of unemployment, unstable housing³⁰, and drug and alcohol abuse³¹. This is due to the influence of sexual minority stress^{32,33} that decreases psychological well-being³⁴ through experiences of sexual stigma³⁵, social exclusion³⁶, trauma³⁷, and the accentuation of eventual psychiatric comorbidity³⁸. LGB people can be the target of prejudice, harassment, and denial of their civil and human rights³⁹ and become be more vulnerable to victimization and family rejection⁴⁰, depression, anxiety⁴¹, and suicidal ideation⁴².

In recent years, important progress has been made at the legislative level to include sexual minorities' inequality measures^{43,44,45}. In Portugal, for example, a non-discrimination clause based on sexual orientation was included in the Portuguese Constitution⁴⁶, and in 2010 a law was implemented to allow same-sex couples to marry⁴⁷ and in 2016 a law was approved to allow same-sex couples to adopt and joint-adopt children⁴⁸. Despite this, LGB people continue to deal with prejudice⁴⁹ and negative social attitudes^{50,51,52}, mainly due to the influence of Catholic traditions that

remain active in Portuguese society⁴⁴, and also to etiological beliefs related to sexual minority expression⁵³ that perpetuate prejudice and social discrimination^{54,55}. This reality is also shared by Brazilian societal norms where discrimination, violence, and exclusion of LGB people is still a reality^{56,57}. Although homophobia was considered a crime by the Supreme Federal Court (STF)⁵⁸, Brazil is the country with the highest rate of hate crimes against LGB people⁵⁶.

Little attention has been given to the impact of COVID-19 on anxiety symptoms in LGB people in Portuguese-speaking countries. Therefore, there is a need to examine whether sexual minorities are uniquely affected by the COVID-19 pandemic and if they are disproportionately impacted on anxiety levels. We aim to fill this gap by conducting this study.

2. Materials and Methods

The Research protocol used in the present research encompasses four instrument measures: the sociodemographic questionnaire, the Anxiety subscale of the Brief Symptom Inventory-18, the Fear of COVID-19 scale, and the Negative Impact of COVID-19.

Demographic Information. The sociodemographic information of the sample participants was collected through a questionnaire. Participants were asked about their age, gender, nationality, sexual orientation, marital status, socioeconomic status, among other characteristics.

Anxiety Symptoms. The participants responded to the anxiety symptoms subscale of the Portuguese version of the Brief Symptom Inventory 18 (BSI-18)⁵⁹ to assess the possible problems or symptoms experienced in the previous week. The anxiety subscale focuses on the main symptoms of anxiety disorders, which include feeling nervous, restless or tense, having a sense of impending danger, panic or doom, having an increased heart rate, breathing rapidly (hyperventilation), sweating, among others. The global severity index provides a measure of the individuals' levels of psychological malaise, which is obtained from the sum of the 6 items on the scale, with the highest scores revealing a more intense psychosymptomatology. The internal consistency obtained in the present study was $\alpha=.94$, which reveals excellent reliability. To complement the assessment of Anxiety Symptoms, a question was asked regarding the participants' perception of the worsening responses due to the pandemic: "How were the responses you gave to the previous questions increased by the COVID-19 Pandemic?" Likert-type responses varied between 1-Nothing and 6-A lot.

Fear of and Negative Impact of COVID-19. Participants also responded to the Fear of COVID-19 scale and the Negative Impact of COVID-19 scale. The fear of COVID-19 scale was originally developed by Ahorsu et al.¹⁹, and, as in the original version, the Portuguese version was made of seven items, ranging in score from 1 to 5 as measured by a Liker-type scale, higher scores meaning a greater the fear of COVID-19⁶⁰. Examples of questions are as follows: "It makes me uncomfortable to think about Corona", "When I watch news and stories about Corona on social media, I become nervous or anxious" or "I am afraid of losing my life because of Corona". Regarding the Negative Impact of the COVID-19 scale, it allowed measuring the participants' perception of the negative impact that the pandemic had on their lives. It consisted of ten items related to the various areas of psychosocial functioning, ranging in score from 1 to 5 as measured by a Liker-type scale with higher scores meaning the greater negative impact of COVID-19⁶⁰. Examples of questions are as follows: "Compared to my life before the COVID-19 pandemic, it had a negative impact ... on my professional or academic life, ...on my family life, ...on my financial life, etc." The internal consistency obtained was $\alpha=.87$ for both scales, which indicates excellent reliability.

This research was carried out through an online website that was available between October and December 2020. Participation was voluntary, and participants were referred to a linked website created specifically for this investigation. The first page of the questionnaire explained the objectives of the study and informed participants about how to fill it in, how to withdraw from the study, and how to contact the authors for more information. They were also asked to read and agree to an informed consent waiver.

A total of about 8000 notifications were sent and 1590 participants responded voluntarily (20% response rate). The dissemination of the survey complied with all of the ethical principles of informed consent, anonymity, and confidentiality. Neither rewards nor other incentives were offered. Inclusion criteria included the following: being older than 18 years of age, to be a Portuguese native speaker (from Portugal or Brazil). Ethical approval for this study was granted by the Ethics Committee of the University of Beira Interior, Portugal (code CEUBI-Pj-2020-088).

Data analysis. Descriptive statistics were performed to describe the sample (mean, standard deviation, frequencies, and percentages). Student t-tests and one-way ANOVAs were conducted to evaluate differences between comparison groups. To assess the association between relationship fear of COVID-19, the negative impact of COVID-19, and Anxiety Symptoms, Pearson Correlation Coefficients were conducted. Finally, a hierarchical linear regression analysis was conducted to examine the effects

of independent variables (Age, Gender, Sexual orientation, fear of COVID-19, and negative impact of COVID-19) on the dependent variable (Anxiety Symptoms).

3. Results

The study participants included 1590 people, 76.8% were Portuguese and 23.2% Brazilian. Participants ranged from 18 to 74 years old, with an average of 33.68 years ($SD=12.95$), and 63% were female. Regarding marital status, 56.8% were single and 25.9% were married. In general, participants possessed elevated educational attainment levels, with 68% having a university education. Furthermore, participants predominantly lived in urban areas, with 4.1% living in small cities and 30.5% in large cities. Concerning socioeconomic status, 57.8% claimed to possess middle socioeconomic status, 24.1% asserted that they held lower-middle socioeconomic status, and 4.3% claimed to have low socioeconomic status. When asked about their sexual orientation, the vast majority of participants self-identified as heterosexual (88%), while 6.1% self-identified as bisexual and 5.9% as gay or lesbian. Regarding professional status, the vast majority of participants stated that they were currently employed (48.9%) or self-employed (8.6%). Table 1 describes sociodemographic characteristics in greater detail.

Table 1. Sociodemographic characteristics of the participants ($N=1590$; $M_{age}=33.68$; $SD=12.95$).

Variable	Category	N	%
Gender	Women	1002	63.0
	Men	588	37.0
Nationality	Portuguese	1221	76.8
	Brazilian	369	23.2
Marital Status	Single	903	56.8
	Married	412	25.9
	De facto union	167	10.5
	Divorced/Separated	94	5.9
	Widower	14	.9
Educational Attainment	No schooling	2	.1
	Up to 9 years of school	57	3.6
	Up to 12 years of school	437	27.5
	Undergraduate degree	537	33.8
	Postgraduate degree	388	24.4
	Ph.D.	169	10.6
Place of residence	Small rural	280	17.6
	Big rural	154	9.7
	Small urban	671	42.2

	Big urban	485	30.5
Socioeconomic Status	Low	68	4.3
	Medium-Low	383	24.1
	Medium	919	57.8
	Medium-High	205	12.9
	High	15	1.0
Sexual Orientation	Straight	399	88.0
	Bisexual	97	6.1
	Gay or Lesbian	94	5.9
Professional Status	Unemployed	36	2.3
	Student	425	26.7
	Working student	186	11.7
	Self-employed	139	8.7
	Employed	779	49.0
	Retired	25	1.6

Study participants presented higher levels of anxiety symptoms ($M=1.04$; $SD=.79$) than the general population ($M=.94$; $SD=.77$), but lower levels of anxiety than the clinical population⁶¹. Table 2 describes the anxiety symptoms results by gender, which indicated that women ($M=1.14$; $SD=.80$) significantly scored higher than men ($M=.86$; $SD=.73$) ($p<.001$).

Table 2. Results for Anxiety symptoms by genders

Gender	<i>M(SD)</i>	<i>t(df)</i>	<i>p</i>
Women	1.14(.80)	6.32(1336)	.000*
Men	.86(.73)		

* $p<.001$

Table 3 shows results for anxiety levels by sexual orientations. Statistically significant differences were found concerning participants' self-assessment of anxiety symptoms ($F(2)= 9.73$; $p<.001$). Participants self-identifying as bisexual displayed the highest scores ($M= 1.45$; $SD=.88$), followed by self-identified gay or lesbian participants ($M=1.30$; $SD=.82$). Self-identified straight participants displayed the lowest scores ($M=.99$; $SD=.76$).

Table 3. Results for Anxiety symptoms by Sexual Orientations

Sexual Orientation	<i>M(SD)</i>	<i>F(df)</i>	<i>p</i>
Straight	.99(.76)	19.73(2)	.000*
Bisexual	1.45(88)		
Gay or Lesbian	1.30(82)		

* $p<.001$

Table 4 shows the adjusted Tukey post-test means of three groups of sexual orientations. The mean I-J difference was significant for all comparisons ($p < .05$) except for bi-sexual and gay or lesbian comparison.

Table 4. Results for Tukey Post HOC Comparison groups of Sexual Orientation

Dependent Variable	(I) Sexual Orientation	(J) Sexual Orientation	Mean Difference I-J	p
Anxiety Symptoms	Straight	Bisexual	-.45615	.000**
		Gay or Lesbian	-.30717	.001*
	Bisexual	Straight	.45615	.000**
		Gay or Lesbian	.14898	.407
	Gay or Lesbian	Straight	.30717	.001*
	Bisexual	-.14898	.407	

* $p < .05$; ** $p < .001$

As shown in Table 5, the study conducted a correlation analysis to determine the levels of association among anxiety symptoms and age, Fear of COVID-19, Negative Impact of COVID-19, and COVID-19 aggravated responses. Correlation coefficients showed that anxiety symptoms were strongly and negatively correlated with age ($r = -.203$; $p < .001$), and strongly and positively correlated with Fear of COVID-19 ($r = .363$; $p < .001$), Negative Impact of COVID-19 ($r = .426$; $p < .001$), and COVID-19 aggravated responses ($r = .505$; $p < .001$).

Table 5. Correlation Matrix

	1	2	3	4	5
1 – Age	1				
2 – Fear of COVID-19	.008	1			
3 – Negative Impact of COVID-19	-.037	.402**	1		
4 – COVID-19 Aggravated responses	-.085**	.464**	.557**	1	
5 – Anxiety Symptoms	-.203**	.363**	.426**	.505**	1

** $p < .001$

Finally, the study performed a hierarchical linear regression analysis to assess the effects of independent variables (age, gender, sexual orientation, Fear of COVID-19, Negative Impact of COVID-19) on anxiety symptoms. The variables "age", "gender" and "sexual orientation" were added in the first block (Model I). COVID-19's Fear and Negative Impact were added in the second block (Model II). The first block of analysis explained 9% of the variance of Anxiety Symptoms, while the second block explained 28%. Thus, as shown in Table 6, all variables are strong predictors of Anxiety Symptoms.

Table 6. Hierarchical Linear Regression Analyses of independent variables' impacts on Anxiety Symptoms

Variables	Model I			Model II		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Age	-.011	.002	-.172**	-.011	.001	-.177**
Gender	-.280	.044	-.174**	-.184	.040	-.114**
Sexual Orientation	.267	.041	.177**	.150	.037	.100**
Fear of COVID-19				.200	.025	.211**
Negative Impact of COVID-19				.283	.023	.319**
R ²	.089			.279		
F	41.943**			100.545**		

***p* < .001

4. Discussion

The focus of the present study was to measure the impact of COVID-19 on anxiety symptoms through the lens of sexual orientation. Overall anxiety symptoms in the sample were high because of the harmful effects of the COVID-19 pandemic on people's psychological well-being⁶² and are similar to other findings^{16,63}. Bereavement, isolation, loss of income, and fear are triggering mental health conditions that many people face and lead to increased levels of anxiety.

Our findings show that women have higher levels of anxiety symptoms when compared to men. These results are similar to other studies conducted during the COVID-19 pandemic in Portugal and Brazil⁶⁴, and in China⁶. This gender inequality is most likely related to the fact that women feel more heavily the negative consequences of prolonged lockdown measures since they have less access to social protection, are more likely to be burdened with unpaid care and domestic work, tend to earn less, and have fewer savings and tend to face an increase in loneliness and a decrease in their spiritual well-being⁶⁵. Additionally, women may be more likely to feel the burden of social distancing and to have concerns related not only to the disease but also to the possible infection of family members⁶.

Gender inequalities were exacerbated by the COVID-19 pandemic^{66,67} and so were sexual orientation inequalities⁶⁸. Our findings confirm that the prevalence of anxiety symptoms differed according to participants' sexual orientation. More specifically, self-identified bisexual participants experienced significantly higher levels of anxiety when compared to straight and gay or lesbian participants. Before the outbreak of COVID-19, bisexual people already showed higher values of anxious

symptoms compared to straight and gay or lesbian people⁶⁹. These disparities can be attributed to aspects such as discrimination based on sexual orientation (biphobia) and the lack of support for bisexual people⁷⁰.

Other studies have demonstrated a high prevalence of anxiety symptoms in LGB people, particularly associated with emotional distress, lower levels of social support and reduced social contacts⁷¹, exposure to sexual stigma⁷², low self-esteem⁷³ lack of social support⁷⁴, social isolation⁷⁵, unemployment and lack of job opportunities⁷⁶, and loneliness⁷⁷.

The assessment of worsened anxiety symptoms during the COVID-19 pandemic among sexual minorities is a demonstration of how adverse circumstances disproportionately impact mental health outcomes⁷⁸. Our results show that being older, being male, being LGB, and having higher scores of Fear of COVID-19 and Negative Impact of COVID-19 are strongly associated with anxiety symptoms. These results are likely intertwined with social distancing and lockdown measures and quality of access to COVID-19 related information⁷⁹, but also with the tangible impact that the pandemic has had in most varied contexts of daily life, such as professional, academic, leisure, or relationships levels⁶⁰. Thus, stressors caused by COVID-19, such as fear of death, restrictions on the performance of outdoor activities, and feelings of loneliness¹⁶ may trigger anxiety symptoms.

The COVID-19 pandemic has heightened anxiety conditions in people worldwide due to changes in community function but affected sexual minority populations because of factors such as fear of stigmatization or declining care because of prior negative experiences. Hence, our study highlights the need for health care professionals to support, affirm and provide critical care for the LGB community to manage and maintain their mental health, during the COVID-19 pandemic^{80,81}.

Limitations of this study include its nonprobability sampling and limited generalizability. This was an online survey focused on people who have online access. Even though the proportion of LGB participants in the sample is reflective of the prevalence in the population (around 10%), a comparative analysis may have been subject to bias since comparison groups are disproportionate. Also, the sample was disproportionately differentiated, with contributions from two distinct cultural settings (Portugal and Brazil). Future studies should include more varied samples and other research methodologies, such as face-to-face inquiries or qualitative analysis. Also, longitudinal methodologies would be important to assess the long-term impact of the COVID-19 pandemic on anxiety symptoms in sexual minority groups.

5. Conclusions

This was an important contribution to the analysis of how the COVID-19 pandemic has unevenly affected the mental health of the world population. Those who were in a vulnerable situation were the ones who suffered most from the consequences of this new reality, and this negative impact highlights the need for further research in the area of mental health, specifically with groups of greater vulnerability. Given that the consequences of this pandemic can prolong over time, it would be crucial to devise psychological intervention strategies to respond to the needs and difficulties of the more vulnerable groups, such as women and LGB people. This study provides a very important contribution to the understanding and clarification of factors arising from the pandemic that may have an impact on the mental health of sexual minorities.

6. Ethical Statements

Funding: This research was not funded.

Institutional Review Board Statement: The research was approved by the university research ethics board.

Informed Consent Statement: All subjects gave their informed consent for inclusion before they participated in the study.

Data Availability Statement: The data presented in this study are available upon request.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Johnson S, Dalton-Locke C, Vera San Juan, N, et al. Impact on mental health care and on mental health service users of the COVID-19 pandemic: A mixed methods survey of UK mental health care staff. *Soc Psychiatry Psychiatr Epidemiol.* 2021;56:25–37. <https://doi.org/10.1007/s00127-020-01927-4>
2. Rains LS, Johnson S, Barnett P, Steare T, Needle JJ, et al. Early impacts of the COVID-19 pandemic on mental health care and on people with mental health

conditions: Framework synthesis of international experiences and responses. *Soc Psychiatry Psychiatr Epidemiol.* 2020;56:13-24. <https://doi.org/10.1007/s00127-020-01924-7>

3. Ritish D, Dinakaran D, Chander R, Murugesan M, Ibrahim FA, et al. Mental health concerns in quarantined international air passengers during COVID-19 pandemic – An experiential account. *Asian J Psychiatr.* 2020;53. <https://doi.org/10.1016/j.ajp.2020.102364>

4. World Health Organization. Coronavirus. Retrieved on October 22, 2020 from: https://www.who.int/healthtopics/coronavirus#tab=tab_3

5. World Health Organization. WHO Coronavirus (COVID-19). Retrieved on March 19, 2021 from: <https://covid19.who.int>

6. Wang C, Pan R, Wan X, Tan Y, Xu L, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in china. *Int J Environ Res Public Health.* 2020;17(5). <https://doi.org/10.3390/ijerph17051729>

7. Wang C, Pan R, Wan X, Tan Y, Xu L, et al. A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *Brain Behav Immun.* 2020;87:40–48. <https://doi.org/10.1016/j.bbi.2020.04.028>

8. Wang C, Horby PW, Hayden FG, Gao GF. A novel coronavirus outbreak of global health concern. *Lancet.* 2020;395(10223):470–473. [https://doi.org/10.1016/S0140-6736\(20\)30185-9](https://doi.org/10.1016/S0140-6736(20)30185-9)

9. Phillips G, Felt D, Ruprecht MM, Wang X, Xu J, et al. Addressing the disproportionate impacts of the COVID-19 pandemic on sexual and gender minority populations in the united states: Actions toward equity. *LGBT Health.* 2020;7(6):279-282. <https://doi.org/10.1089/lgbt.2020.0187>

10. Oosterhoff B, Palmer CA, Wilson J, Shook N. Adolescents' motivations to engage in social distancing during the COVID-19 pandemic: Associations with mental and social health. *J Adolesc Health.* 2020;67(2):179-185. <https://doi.org/10.1016/j.jadohealth.2020.05.004>

11. Shilo G, Mor Z. COVID-19 and the changes in the sexual behavior of men who have sex with men: Results of an online survey. *J Sex Med.* 2020;17(10):1827–1834. <https://doi.org/10.1016/j.jsxm.2020.07.085>

12. Allen S. COVID-19 is straining mental health - Could technology be the answer? *IEEE Pulse.* 2020;11(4):8–13. <https://doi.org/10.1109/MPULS.2020.3008355>

13. Labrague LJ, De los Santos JAA. COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *J Nurs Manag.* 2020;28(7):1653–1661. <https://doi.org/10.1111/jonm.13121>

14. Sögütlü Y, Sögütlü L, Gökteş SS. Relationship of COVID-19 pandemic with anxiety, anger, sleep and emotion regulation in healthcare professionals. *J Contemp Med.* 2021;11(1):41-49. <https://doi.org/10.16899/jcm.804329>
15. Wheaton MG, Prikhidko A, Messner GR. Is fear of COVID-19 contagious? The effects of emotion contagion and social media use on anxiety in response to the coronavirus pandemic. *Front Psychol.* 2021;11. <https://doi.org/10.3389/fpsyg.2020.567379>
16. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, et al. The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet.* 2020;395(10227):912-920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
17. Luchetti M, Lee JH, Aschwanden D, Sesker A, Strickhouser JE. The trajectory of loneliness in response to COVID-19. *Am Psychol.* 2020;75(7):897-908. <http://dx.doi.org/10.1037/amp0000690>
18. Guo Q, Zheng Y, Shi J, Wang J, Li G, et al. Immediate psychological distress in quarantined patients with COVID-19 and its association with peripheral inflammation: A mixed-method study. *Brain Behav Immun.* 2020;88:17-27. <https://doi.org/10.1016/j.bbi.2020.05.038>
19. Ahorsu DK, Lin CY, Imani V, Saffari M, Griffiths M, Pakpour AH. The fear of COVID-19 scale: Development and initial validation. *Int J Ment Health Addict.* 2020;<https://doi.org/10.1007/s11469-020-00270-8>
20. Magano J; Vidal DG, Sousa HFP, Dinis MAP, Leite A. Validation and psychometric properties of the Portuguese version of the coronavirus anxiety scale (CAS) and fear of COVID-19 scale (FCV-19S) and associations with travel, tourism and hospitality. *Int J Environ Res Public Health.* 2021;18(427). <https://doi.org/10.3390/ijerph18020427>
21. Cénat JM. US deportation policies in the time of COVID-19: A public health threat to the Americas. *Public Health.* 2020;185:4-5. <https://doi.org/10.1016/j.puhe.2020.05.017>
22. Cénat JM, Blais-Rochette C, Kokou-Kpolou CK, Noorishad P-G, Mukunzi JN, et al. Prevalence of symptoms of depression, anxiety, insomnia, posttraumatic stress disorder, and psychological distress among populations affected by the COVID-19 pandemic: A systematic review and meta-analysis. *Psychiatry Res.* 2021;295. <https://doi.org/10.1016/j.psychres.2020.113599>
23. Bruns DP, Kraguljac NV, Bruns TR. COVID-19: Facts, cultural considerations, and risk of stigmatization. *J Transcult Nurs.* 2020;31(4):326-332. <https://doi.org/10.1177/1043659620917724>

24. Asmundson GJG, Taylor S. How health anxiety influences responses to viral outbreaks like COVID-19: What all decision-makers, health authorities, and health care professionals need to know. *J Anxiety Disord.* 2020;71. <https://doi.org/10.1016/j.janxdis.2020.102211>
25. Suen YT, Chan RCH, Wong EMY. Effects of general and sexual minority-specific COVID-19-related stressors on the mental health of lesbian, gay, and bisexual people in Hong Kong. *Psychiatry Res.* 2020;292. <https://doi.org/10.1016/j.psychres.2020.113365>
26. Kittiteerasack P, Steffen A, Matthews A. The influence of minority stress on the level of depression among Thai LGBT adults. *Jurnal Keperawatan Indonesia.* 2020;23(1):74-84. <https://doi.org/10.7454/jki.v23i1.1073>
27. Newcomb ME, Hill R, Buehler K, Ryan DT, Whitton SW, Mustanski B. High burden of mental health problems, substance use, violence, and related psychosocial factors in transgender, non-binary, and gender diverse youth and young adults. *Arch Sex Behav.* 2019;49:645–659. <https://doi.org/10.1007/s10508-019-01533-9>
28. Operario D, Gamarel KE, Grin BM, Lee JH, Kahler C, et al. Sexual minority health disparities in adult men and women in the United States: National health and nutrition examination survey, 2001–2010. *Am J Public Health.* 2015;105(10):27-34. <https://doi.org/10.2105/AJPH.2015.302762>
29. Bishop A. Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ People. OutRight Action International 2020.
30. Santos GM, Ackerman B, Rao A, Wallach S, Ayala G, et al. Economic, mental health, HIV prevention and HIV treatment impacts of COVID-19 and the COVID-19 response on a global sample of cisgender gay men and other men who have sex with men. *AIDS Behav.* 2020;25:311–321. <https://doi.org/10.1007/s10461-020-02969-0>
31. Sanchez TH, Zlotorzynska M, Rai M, Baral SD. Characterizing the impact of COVID-19 on men who have sex with men across the United States in april, 2020. *AIDS Behav.* 2020;24(7):2024–2032. <https://doi.org/10.1007/s10461-020-02894-2>
32. Stojisavljevic S, Djikanovic B, Matejic B. 'The devil has entered you': A qualitative study of men who have sex with men (MSM) and the stigma and discrimination they experience from healthcare professionals and the general community in Bosnia and Herzegovina. *PLoS One.* 2017;12(6). <https://doi.org/10.1371/journal.pone.0179101>
33. Price-Feeney M, Green AE, Dorison S. Understanding the mental health of transgender and nonbinary youth. *J Adolesc Health.* 2020;66(6):684-690. <http://dx.doi.org/10.1016/j.jadohealth.2019.11.314>

34. Barry C, Speed D, Best L. Negative social experiences mediate the relationship between sexual orientation and mental health. *J Homosex.* 2020. <https://doi.org/10.1080/00918369.2020.1819710>
35. Pereira H, Cunha MJ, Monteiro S, Esgalhado G, Afonso RM, Loureiro M. Affirmative competence and practices of mental health professionals with LGB clients: An ibero-american study. *Community Ment Health J.* 2019;55:884–893. <https://doi.org/10.1007/s10597-019-00373-0>
36. Gevonden MJ, Selten JP, Myin-Germeys I, de Graaf R, ten Have M, et al. Sexual minority status and psychotic symptoms: Findings from the Netherlands mental health survey and incidence studies (NEMESIS). *Psychol Med.* 2014;44(2):421–433. <https://doi.org/10.1017/S0033291713000718>
37. Roberts AL, Austin SB, Corliss HL, Vander Morris AK, Koenen KC. Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. *Am J Public Health.* 2010;100(12):2433–2441. <https://doi.org/10.2105/AJPH.2009.168971>
38. Bränström R, Pachankis JE. Sexual orientation disparities in the co-occurrence of substance use and psychological distress: A national population-based study (2008–2015). *Soc Psychiatry Psychiatr Epidemiol.* 2018;53:403–412. <https://doi.org/10.1007/s00127-018-1491-4>
39. Whaibeh E, Mahmoud H, Vogt EL. Reducing the treatment gap for LGBT mental health needs: The potential of telepsychiatry. *J Behav Health Serv Res.* 2020;47(3):424–431. <https://doi.org/10.1007/s11414-019-09677-1>
40. Schuler MS, Stein BD, Collins RL. Differences in substance use disparities across age groups in a national cross-sectional survey of lesbian, gay, and bisexual adults. *LGBT Health.* 2019;6(2). <https://doi.org/10.1089/lgbt.2018.0125>
41. Hall WJ. Psychosocial risk and protective factors for depression among lesbian, gay, bisexual, and queer youth: A systematic review. *J Homosex.* 2018;65(3):263–316. <https://doi.org/10.1080/00918369.2017.1317467>
42. Yıldız E. Suicide in sexual minority populations: A systematic review of evidence-based studies. *Arch Psychiatr Nurs.* 2018;32(4):650–659. <https://doi.org/10.1016/j.apnu.2018.03.003>
43. Costa PA, Pereira H, Leal I. “The contact hypothesis” and attitudes toward same-sex parenting. *Sex Res Soc Policy.* 2015;12:125–136. <https://doi.org/10.1007/s13178-014-0171-8>
44. Pereira H, Serrano JP, de Vries B, Esgalhado G, Afonso RM, Monteiro S. Aging perceptions in older gay and bisexual men in Portugal: A qualitative study. *Int J Aging Hum Dev.* 2018;87(1):5–32. <https://doi.org/10.1177/0091415017720889>

45. Pereira H, de Vries B, Serzedelo A, Serrano JP, Afonso RM, et al. Growing older out of the closet: A descriptive study of older LGB persons living in Lisbon, Portugal. *Int J Aging Hum Dev.* 2019;88(4):422–439. <https://doi.org/10.1177/0091415019836107>
46. Batista IC, Pereira H. Mental health, resilience and HIV in older gay and bisexual men. *Educ Gerontol.* 2020;46(9). <https://doi.org/10.1080/03601277.2020.1785673>
47. Pereira H; Costa PA. Modeling the impact of social discrimination on the physical and mental health of Portuguese gay, lesbian and bisexual people. *Innovat Eur J Soc Sci Res.* 2016;29(2):205–217. <https://doi.org/10.1080/13511610.2016.1157683>
48. Pereira H, Monteiro S. The role of political and legislative changes in the everyday lives of LGB individuals: The case of Portugal. *Sex Res Soc Pol.* 2017;14:300–309. <https://doi.org/10.1007/s13178-016-0261-x>
49. Pereira H. Improving access to health care for lesbian, gay and bisexual people. *Diversity & Equality in Health and Care.* 2016;13(2):207–210. <https://doi.org/10.21767/2049-5471.1000e15>
50. Costa PA, Pereira H, Leal I. Internalized homonegativity, disclosure, and acceptance of sexual orientation in a sample of Portuguese gay and bisexual men, and lesbian and bisexual women. *J Bisex.* 2013;13(2):229–244. <https://doi.org/10.1080/15299716.2013.782481>
51. Oliveira JM, Costa CG, Nogueira C. The workings of homonormativity: Lesbian, gay, bisexual, and queer discourses on discrimination and public displays of affections in Portugal. *J Homosex.* 2013;60(10):1475–1493. <https://doi.org/10.1080/00918369.2013.819221>
52. European Union Council. EU human rights guidelines on non-discrimination in external action. EUC: Brussels. 2019.
53. Costa PA, Almeida R, Anselmo C, Ferreira A, Pereira H, Leal I. University students' attitudes toward same-sex parenting and gay and lesbian rights in Portugal. *J Homosex.* 2014;61(12):1667–1686. <https://doi.org/10.1080/00918369.2014.951253>
54. European Union Council. EU priorities at United Nations Human Rights Fora in 2020. Brussels. 2020.
55. European Union Council. Declaration by the High Representative Josep Borrell on behalf of the European Union on the occasion of the International Day Against Homophobia, Transphobia and Biphobia. Brussels. 2020.
56. da Silva LC, de Oliveira RS, Carvalho APD. Os avanços e desafios na contemporaneidade quanto ao processo de garantia dos direitos humanos para a população LGBT no Brasil. *Revista Jurídica Luso-Brasileira.* 2020;4:1893–1917.

57. Carvalho CA, Azevêdo JHP. Do AZT à PrEP e à PEP: AIDS, HIV, movimento LGBTI e jornalismo. *Rev Ele Comunicação Informação & Inovação em Saúde*. 2019;13(2):240-60. <http://dx.doi.org/10.29397/reciis.v13i2.1698>
58. Araújo FRS, Figueiredo REB. A criminalização da homofobia pelo supremo tribunal federal e os possíveis limites na formação dos precedentes penais. *Rev Thesis Juris* 2020,9(1),53-72. <http://doi.org/10.5585/rtj.v9i1.16546>
59. Nazaré B, Pereira M, Canavarro MC. Avaliação breve da psicossintomatologia: Análise fatorial confirmatória da versão portuguesa do Brief Symptom Inventory 18 (BSI 18). *An Psicológica*. 2017;35(2):213–230. <https://doi.org/10.14417/ap.1287>
60. Pereira H, Esgalhado G, Costa V, Monteiro S, Oliveira V. Propriedades Psicométricas das Escalas de Medo e Impacto Negativo face à COVID-19. *Psicologia, Saúde & Doenças*. 2021,
61. Canavarro MC. Inventário de sintomas psicopatológicos (BSI): Uma revisão crítica dos estudos realizados em Portugal. In *Avaliação Psicológica – Instrumentos validados para a população portuguesa*; Simões, M.R., Machado, C., Gonçalves, M.M., Almeida, L.S. Eds.; Quarteto Editora: Coimbra, Portugal. 2007; 3:305-327.
62. Arafa A, Mohamed A, Saleh L, Senosy S. Psychological impacts of the COVID 19 pandemic on the public in Egypt. *Community Ment Health J*. 2020;57:64–69. <https://doi.org/10.1007/s10597-020-00701-9>
63. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, Kaushal V. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian J Psychiatr*. 2020;51. <https://doi.org/10.1016/j.ajp.2020.102083>
64. Passos L, Prazeres F, Teixeira A, Martins C. Impact on mental health due to COVID-19 pandemic: Cross-sectional study in Portugal and Brazil. *Int J Environ Res Public Health*. 2020;17(18):6794; <https://doi.org/10.3390/ijerph17186794>
65. Betron M, Gottert A, Pulerwitz J, Shattuck D, Stevanovic-Fenn, S. Men and COVID-19: Adding a gender lens. *Glob Public Health*. 2020;15(7):1090-1092. <https://doi.org/10.1080/17441692.2020.1769702>
66. Ausín B, González-Sanguino C, Castellanos MA, Muñoz M. Gender-related differences in the psychological impact of confinement as a consequence of COVID-19 in Spain. *J Gend Stud*. 2020;30(1):29-38. <https://doi.org/10.1080/09589236.2020.1799768>
67. Lee SA. Coronavirus anxiety scale: A brief mental health screener for COVID-19 related anxiety. *Death Stud*. 2020;44(7):393-401, <https://doi.org/10.1080/07481187.2020.1748481>

68. Campos JADB, Martins BG, Campos LA, Marôco J, Saadiq RA, Ruano R. Early psychological impact of the COVID-19 pandemic in Brazil: A national survey. *J Clin Med.* 2020;9(9). <https://doi.org/10.3390/jcm9092976>
69. Gilmour H. Sexual orientation and complete mental health. *Health Rep.* 2019;30(11):3–10. <https://doi.org/10.25318/82-003-x201901100001-eng>
70. Ross LE, Salway T, Tarasoff LA, MacKay JM, Hawkins BW, Fehr CP. Prevalence of depression and anxiety among bisexual people compared to gay, lesbian, and heterosexual individuals: A systematic review and meta-analysis. *J Sex Res.* 2018;55(4-5):435-456. <https://doi.org/10.1080/00224499.2017.1387755>
71. Moore SE, Wierenga KL, Prince DM, Gillani B, Mintz LJ. Disproportionate impact of the COVID-19 pandemic on perceived social support, mental health and somatic symptoms in sexual and gender minority populations. *J Homosex.* 2021;68(4):577-591. <https://doi.org/10.1080/00918369.2020.1868184>
72. Salerno JP, Williams ND, Gattamorta K.A. LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. *Psychol Trauma.* 2020;12(1):239-242. <http://dx.doi.org/10.1037/tra0000837>
73. Lawal AM, Alhassan EO, Mogaji HO, Odoh IM, Essien EA. Differential effect of gender, marital status, religion, ethnicity, education and employment status on mental health during COVID-19 lockdown in Nigeria. *Psychol Health Med.* 2020. <https://doi.org/10.1080/13548506.2020.1865548>
74. Leach LS, Butterworth P. Depression and anxiety in early adulthood: Consequences for finding a partner, and relationship support and conflict. *Epidemiol Psychiatr Sci.* 2020;29:1-9. <https://doi.org/10.1017/S2045796020000530>
75. Xiong J, Lipsitz O, Nasri F, Lui LMW, Gill H, et al. Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *J Affect Disord.* 2020;277:55-64. <https://doi.org/10.1016/j.jad.2020.08.001>
76. Paulino M, Dumas-Diniz R, Brissos S, Brites R, Alho L, et al. COVID-19 in Portugal: Exploring the immediate psychological impact on the general population. *Psychol Health Med.* 2020;26(1). <https://doi.org/10.1080/13548506.2020.1808236>
77. Hwang T-J, Rabheru K, Peisah C, Reichman W, Ikeda M. Loneliness and social isolation during the COVID-19 pandemic. *Int Psychogeriatr.* 2020;32(10):1217–1220. <https://doi.org/10.1017/S1041610220000988>
78. Drabble LA, Eliason MJ. Introduction to the special issue: Impacts of the COVID-19 pandemic on LGBTQ+ health and well-being. *J Homosex.* 2021;68(4):545-559. <https://doi.org/10.1080/00918369.2020.1868182>

79. Amsalem D, Dixon LB, Neria Y. The coronavirus disease 2019 (COVID-19) outbreak and mental health. Current risks and recommended actions. *JAMA Psychiatry*. 2019;78(1):9-10. <https://doi.org/10.1001/jamapsychiatry.2020.1730>
80. Valiente C, Contreras A, Peinado V, Trucharte A, Martínez AP, Vázquez C. Psychological adjustment in Spain during the COVID-19 pandemic: Positive and negative mental health outcomes in the general population. *Span J Psychol*. 2021;24. <https://doi.org/10.1017/SJP.2021.7>
81. Zhou S-J, Zhang L-G, Wang L-L, Guo Z-C, Wang J-Q, et al. Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID 19. *Eur Child Adolesc Psychiatry*. 2020;29:749-758. <https://doi.org/10.1007/s00787-020-01541-4>

Chapter 2: Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay and Bisexual People living in Portugal and Brazil - A Qualitative Study

This chapter was written according to the following scientific activities;

- Publications

Pereira, H., Pedro, J., Mendes, C., Duarte, M., & Silva, P. G. (2021). Psychosocial impacts of COVID-19 pandemic on lesbian, gay, and bisexual people living in Portugal and Brazil - A qualitative study. *Journal of Psychosexual Health*, 1-14. <https://doi.org/10.1177/26318318211017466>

- Published Abstract

Pereira, H., Pedro, J., Mendes, C., Duarte, M., & Silva, P. G. (2021). Psychosocial impacts of COVID-19 pandemic on lesbian, gay, and bisexual people living in Portugal and Brazil - A qualitative study. *Proceedings of the XXIX Congresso Internacional INFAD*.

- Oral Presentations

Pedro, J., & Pereira, H. (2021, may 7th). Impactos psicossociais da pandemia da COVID-19 sobre as pessoas lésbicas, gays e bissexuais que vivem em Portugal e no Brasil – Um estudo qualitativo. [Conference session] XXIX Congresso Internacional INFAD – Confiança em tempos de crise, Coimbra.

- Awards

Distinction of Best Oral Communication at the XXIX INFAD International Congress (2021, May 7th) which took place online, with the work “Impactos psicossociais da pandemia da COVID-19 sobre as pessoas lésbicas, gays e bissexuais que vivem em Portugal e no Brasil – Um estudo qualitativo”.

Abstract

Introduction: Not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impacts of COVID-19 on Lesbian, Gay, and Bisexual (LGB) people, especially from a qualitative perspective. *Materials and Methods:* A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (SD=11.66), ranging from 19 to 67. We used an online interview approach in an asynchronous format. All study respondents completed a structured inquiry consisting of a short section of sociodemographic questions and a single open-ended question: "As a sexual minority person, please elaborate on how the COVID-19 pandemic has impacted your life". *Results:* The thematic analysis of the participants' responses revealed nine recurring themes, encompassing 18 subcategories to occur: mental health (depression, anxiety, fear, anger, and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work-related problems, financial problems, education-related problems, LGB issues (health barriers, going back to the closet, pride celebration events and online dating), coping (seeking support, accessing information and physical activities) and changes (behavioral changes and opportunity to grow). *Conclusions:* Our results give voice to LGB Portuguese and Brazilian people during the COVID-19 pandemic demonstrating specific challenges exacerbated by stigma and sexual discrimination amplified by preexistent social inequalities.

Keywords

COVID-19; psychosocial impacts; LBG people; Portugal; Brazil; qualitative research.

1. Introduction

The COVID-19 outbreak started in December 2019 in China (Rains et al., 2020), and its rapid spread around the globe (Farkas & Romaniuk, 2020) made it recognized by the World Health Organization (WHO) as a worldwide pandemic (Velavan & Meyer, 2020). In Portugal, the first cases emerged in March 2020 (Nogueira et al., 2020) and, in the same month, a state of emergency was declared as a way to contain the spread of the virus, with lockdown measures put in place (Marques da Costa & Marques da Costa, 2020). In Brazil, the first cases appeared in February 2020 (Cavalcante et al., 2020), and like in other countries, measures of social distancing, travel restrictions, and quarantine were adopted (Aquino et al., 2020), impacting the social and financial structures of the country (Torres et al., 2020).

As a worldwide public health concern, the COVID-19 pandemic had several impacts in the most different domains and areas of society (Ruprecht et al., 2020), namely an economic crisis, an increase in unemployment, and the stagnation of world markets (Nicola et al., 2020). The need for social distance meant that, on the one hand, many companies and organizations adopted a teleworking regime (Antonelli-Ponti et al., 2020), and on the other hand, lockdown measures and the duty to stay at home increased isolation and the need to create changes and adjustments to the general population's daily life and routines (Banerjee & Nair, 2020). Thus, the impact of the pandemic had repercussions at social, psychological, and emotional levels since most countries assumed lockdown and social distance as primary measures for the containment of the virus, which contributed to the compromise of mental health, especially anxiety and depressive symptoms (Dubey et al., 2020). This adverse circumstance may have impacted more on the lives of previously more vulnerable populations, such as lesbian, gay, and bisexual (LGB) people.

The literature constantly identifies significant discrepancies between heterosexual and LGB people concerning mental health and well-being, sexual minorities scoring lower (Moore et al., 2021; Salerno, et al., 2020). Additionally, sexual minorities are also more prevalent for having mood disorders such as anxiety, experiencing suicidal ideation and behavior, misusing illicit substances (Krueger et al., 2020; Pereira et al., 2019), and experiencing difficulties accessing health, employment, and other socio-economic resources (Rodriguez-Seijas et al., 2020). Thus, in the specific case of COVID-19, the global response to this problem can lead to the creation of psychosocial threats associated with the mental health of sexual minorities (Salerno et al., 2020).

The minority stress model may explain how COVID-19 had a more significant impact on LGB people than on heterosexual people (Meyer, 2003; 2015; Moore et al., 2021) because it causes reduced well-being and greater levels of mental health impairment related to exacerbating and intensifying of preexistent vulnerabilities and inequalities in society (Moore et al., 2021; Salerno, Williams, et al., 2020). Lockdown measures forced many LGB people to cease having access to social and community groups that are essential sources of support, thus increasing the psychosocial impairment during the pandemic, including anxiety and depressive symptoms (Salerno, Devadas, et al., 2020; Suen et al., 2020; Amsalem et al., 2021; (Rodriguez-Seijas et al., 2020) as well as limited access to mental health services despite the increase of electronic interventions (Allen, 2020).

The psychosocial impact on the LGB population can be associated with the economic crisis since LGB people are more susceptible to experiencing financial and economic constraints (Banerjee & Nair, 2020). Sexual stigma, homophobia, biphobia, and other forms of violence against sexual minorities can lead to unfavorable circumstances, an increased risk of exposure to the virus, and consequently, to facing difficulties in accessing professional care for the psychosocial suffering caused by the pandemic (Ruprecht et al., 2020), thus evidencing the relevance and need for social support in the mental health of sexual minorities (Burton et al., 2019).

Concerning the Portuguese socio-political context, the progressive acceptance of sexual minorities in western countries, as is the case in Portugal, does not invalidate the occurrence of experiences associated with stigma and discrimination (Rankin et al., 2010). Although the country has undergone socio-political and legislative advances, in particular the introduction of a non-discrimination clause based on sexual orientation in the Portuguese Constitution in 2004, the 2010 law allowing same-sex marriage, and the 2016 law that allows same-sex couples to adopt children (Pereira & Monteiro, 2017), it did not stop Portuguese LGB people from facing sexual prejudice (Pereira, 2016; Ferro & Pereira, 2021).

The Brazilian socio-political context is guided by a conservative mentality, which is reflected in the fact that Brazil is one of the countries with the highest rate of crimes for homophobia (Keske & Marchini, 2019). Thus, sexual minorities in Brazil are more likely to experience insecurity, hostility, and violence since laws and measures aimed at criminalizing hate attitudes against sexual minorities have not yet been adopted (Alves & Pereira, 2020), and consequently, laws that protect the rights of the LGB community (Mello et al., 2014) are still ineffective in Brazil.

Not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impact of COVID-19 on LGB people, especially from a qualitative

perspective. Articulating these issues and giving voice to Portuguese and Brazilian LGB people is our study's primary goal. We correspondingly adopted a qualitative approach to present our research results on the COVID-19-related psychosocial experiences and perceptions of LGB participants to weave lessons for a more inclusive psychosocial intervention during the pandemic and future adverse circumstances.

2. Method

2.1. Participants

A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. 32 participants were from Portugal and 33 from Brazil. The average age was 34.48 years (SD=11.66), ranging from 19 to 67. Half (50.7%) of participants identified as gay or lesbian, and the other half as bisexual. In table 7, we describe in greater detail sociodemographic information. Both samples were highly educated; most participants were single and from urban origin. The equality of variances for all variables was calculated for the two groups of Portuguese and Brazilian participants with Levene's homogeneity test. The resulting *p*-value (>.05) showed that the obtained differences in sample variances were homogeneous.

Table 7. Sociodemographic Characteristics of the Participants

		Portugal (n=32, Mean Age=32.14, SD=11.05)		Brazil (n=33, Mean Age= 36.50, SD=12.00)		Total (n=65; Mean Age=34.48, SD=11.66)	
		n	%	n	%	n	%
		Gender	Male	12	18.5	22	33.8
	Female	20	30.8	11	16.9	31	47.7
Marital status	Single	24	36.9	18	27.7	42	64.6
	Married	6	9.2	6	9.2	12	18.5
	Divorced	1	1.5	3	4.6	4	6.1
	Civil union	2	3.1	5	7.7	7	10.8
Education	Up to 12 years	11	16.9	3	4.6	14	21.5
	University –BA	9	13.8	9	13.8	18	27.7
	University – MA	11	16.9	12	18.5	23	35.4
	University – PhD	1	1.5	9	13.8	10	15.4
Place of residence	Urban	27	41.5	32	49.2	59	90.8
	Rural	5	7.7	1	1.5	6	9.2
Socio-economic status	Low	2	3.1	1	1.5	3	4.6
	Low-average	14	21.5	12	18.5	26	40
	Average	13	20	15	23.1	28	43.1
	Average-high	3	4.6	3	4.6	6	9.2
	High	0	0	2	3.1	2	3.1
Sexual orientation	Gay or Lesbian	18	27.7	15	23.1	33	50.7
	Bisexual	15	23.1	17	26.1	32	49.3

2.2. Measures

We used the online interview approach in an asynchronous format, adhering to the guidelines of O'Connor and Madge (2008) and Hamilton and Bowers (2006). Online interviewing was conducted in non-real-time or asynchronously facilitated via email, with the advantage of online recruitment possibilities, which constitute an enhanced opportunity to discuss sensitive topics with greater openness and readiness. All study respondents were invited to complete a structured inquiry consisting of a short section of sociodemographic questions (age, gender, nationality, education, socio-economic status, marital status, and place of residence) and a single open-ended and fundamental question: "As a sexual minority person, please elaborate on how the COVID-19 pandemic has impacted on your life". The inquiry was expected to take around 10 minutes. Participants responded to this outreach online through one website created for this purpose, in Portuguese language (standardized for both European and Brazilian Portuguese). The first page of the questionnaire explained the study's objectives, informed participants about how to complete the survey, their freedom to withdraw from the study, and how to contact the authors for further information if needed.

2.3. Procedures

Participants were recruited online and were invited to fill out an interview script between October 2020 and November 2020 during pandemic times. Recruitment targeted specifically self-identified sexual minority individuals and involved internet notifications (emails and electronic messages) sent to LGB organizations in Portugal and Brazil, social networks such as Facebook, and mailing lists. Accessible online information concerning the study presented its goals and procedures and included all the principles of traditional research ethics: confidentiality and anonymity, and informed consent. Participation in the study was formalized after acknowledging the guidelines of informed consent. The interview script's design phase (question format, content, order, number, and question delivery) led to a script with a single central open-ended question. This was a deliberate choice by the researchers, designed to meet the requirements indicated by Hsieh and Shannon (2005) for subsequent data content analysis. Confidentiality was assured by using codes on data documents, encrypting identifiable data, assigning security codes to computerized records, and limiting access to identifiable information (IP address). The Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088) approved this study.

2.4. Analysis

The transcripts from all interviews were entered in NVivo (version 12), which is a software used for qualitative methods research. Specifically, it analyzes the unstructured text, namely, qualitative content analysis, to identify concepts that emerge from the text, subsequently linked together (Ryan and Bernard, 2000). We adopted a conventional content analysis approach that enabled us to gain direct information from participants without imposing preconceived categories and names for the categories derived from the data (Hsieh and Shannon, 2005). Two experts examined all transcripts independently, thus identifying broader principal themes that emerged from the interview. These two experts then followed a "negotiated agreement" approach (Campbell, Quincy, Osserman, & Pedersen, 2013) to assess intercoder reliability, compare codings, and discuss disagreement to reconcile and reach a final version. Based on this conjoint analytic procedure, the final broader themes were organized, assessed, analyzed, and presented. The illustrative quotations used came from the online interviews and indicated each participant's age, nationality, gender, and sexual orientation.

3. Results

The thematic analysis of the participants' responses revealed nine recurring themes, encompassing 18 subcategories to occur, as shown in table 8. Subcategories that were mentioned less than five times were excluded from this analysis. The results are presented comparatively between Portugal and Brazil.

Table 8. Key themes identified

Theme	Subcategory	Portugal	Brazil
Mental health	Sadness/Depression	10	7
	Anxiety/Stress	12	11
	Fear/Panic	8	8
	Anger	5	6
	Loneliness	6	5
Isolation	Social distancing	14	12
	Leisure impediments	9	7
Relationships	Family	8	10
	Friends	7	8
Work	Work-related problems	13	11
Education	Education-related problems	9	9
Finances	Money problems	7	9
Change	Behavioral changes	10	9
	Opportunity to grow	7	6
Coping	Seeking support	8	6
	Accessing information	7	7
	Physical activities	5	8
LGBTQI issues	Health barriers	5	5
	Going back to the closet	6	7
	Pride celebration events	7	9

The following are descriptions and discussion of these themes, providing illustrative quotes from our participants.

Mental Health

LGB people traditionally present poorer mental health indicators than heterosexual people due to the effect of sexual stigma and discrimination, as suggested by the minority stress theory (Meyer, 2003). In the scenario of COVID-19, the pandemic significantly affected our participants' mental health by creating discourses of sadness and depression, anxiety and stress, fear and panic, anger, and loneliness. These negative emotional manifestations were increased by the pandemic circumstances, given that, in some cases, self-assessment of mental health was already poor and was worsened by the impediment of maintaining social and family support contacts, by the need to adapt to behavioral changes and permanent immersion in a threatening, dangerous environment. The uncertainty about the future, the fear of catching the disease, the fear of losing their jobs, and the anger at the criticism of the way governments managed the pandemic have created intense feelings of anxiety, yet more accentuated by loneliness.

"COVID-19 has had a very negative impact on my life because my mental health was already fragile before the pandemic; the problem is that now, due to knowing that I cannot be with my friends or family, I get much sadder. I need the touch, the kisses, and the hugs to be happier." – Bisexual man, 19 years old, Portugal.

"As I belong to the risk group and have family members with whom I live daily who also do, I feel sad and hopeless when I see people not wearing a mask, and where I live, the elderly who walk around without a mask predominate. It really affects my life." – Gay man, 54 years old, Brazil.

"It made me postpone or suspend opportunities that were about to happen, suspending my life. This creates a lot of anxiety and insecurity about the future." – Bisexual man, 37 years old, Portugal.

"The new job requests happen in a virtual environment, which is not at all welcoming. Besides, it creates much anxiety because I want to adapt and participate, but it is not easy. However, it is not only anxiety about the present, but also about the future, the reorganization of society and its mechanisms, an aggravated situation where one is in a condition of vulnerability." – Bisexual man, 34 years old, Brazil.

"Physical symptoms of anxiety arose, but I had a hard time noticing them and asking for medical help. Only later was it confirmed that I had anxiety, I started taking medication and took up psychotherapy." – Lesbian woman, 22 years old, Portugal.

"Working in healthcare, I was very overwhelmed. My grandmother had cancer, and I was afraid to visit her because of the pandemic, and she eventually passed away without my being able to live with her at the end of her life. Before the pandemic, I bought a property, and this burden has repercussions on my financial life. It has been a tough year. Lot's of stress." – Bisexual man, 29 years old, Brazil.

The socio-labor transformations imposed by the pandemic have created several fears, especially those of infecting the most vulnerable people around them, such as parents or grandparents, fear of becoming infected with COVID-19, fear of losing their jobs, and fear of being around people and socializing. Thus, the discourses of our participants demonstrate the greater vulnerability resulting from belonging to a sexual minority, namely, the feeling unprotected and without social support, which, in turn, generated feelings of anger.

"I am very affected by COVID-19 because I live with my elderly parents, and I am afraid they are contracting it." - Gay man, 41 years old, Brazil.

"I had a drastic salary reduction that will go until December 2021 by collective agreement (for the non-dismissal of all employees). I had COVID-19 and stayed away from everything and everyone during quarantine, and I still (even after three months) have some symptoms (sequelae). I'm afraid (despite all the care) that my parents would get the disease." - Gay man, 42 years old, Brazil.

"I am afraid of socializing and panicked every time I was around people." – Bisexual woman, 33 years, Portugal.

"The pandemic has changed my whole life routine and that of my family. The fact that my country's authorities do not take proper action to control de disease makes me angry and constantly stressed." - Bisexual man, 34 years old, Brazil.

"I feel loneliness, many difficulties in relating to people, and much stress because I have little work and many difficulties in paying the bills." – Gay man, 36 years old, Portugal.

Isolation

LGB people, especially the most vulnerable, such as young or older LGB people, are more likely to feel socially isolated due to the circumstances of marginalization and anticipation of rejection by family and friends, especially when access to available community support structures is not possible. Given that one of the prophylactic measures to contain the pandemic involves precisely the prescription of isolation and social distancing, this has had a significant impact on our participants' lives, especially

on mental health, being intrinsically linked to feelings of anxiety, depression, and even suicide.

"Social isolation made life quite complicated." - Lesbian woman, 37 years old, Brazil.

"Social isolation has considerably worsened my mental health." – Bisexual woman, 33 years old, Portugal.

"The existence of the disease (COVID-19) itself did not affect me much. What affected me a lot was the need for indefinite isolation at a time of drastic and important changes (going to university), uncertainties, and a lack of sharing experiences with other first-year students. It affected me a lot at the mental level". – Bisexual man, 20 years old, Portugal.

"The impact of the pandemic on physical health is real and visible. The emotional impact is also real but invisible, at least in the short term, and it worries me. I am worried about people's emotional isolation. At a time when we need to feel close and supported by our own, it is when we are required to stay far away." – Bisexual woman, 30 years old, Portugal.

"The pandemic had a very negative impact on me, especially at the time of the state of emergency and now that I am at home in isolation. Being closed at home and having too much free time makes me think about many things, even suicide, something that has not happened in a long time." – Gay man, 32 years old, Portugal.

Several participants reported that isolation harmed previously commonplace leisure activities. Given that many of these activities were associated with maintaining physical and mental health, namely to mediate stress, the negative impact of not having these activities causes in their lives is notorious.

"My work has been entirely at a distance since the end of March 2020, and this often leaves me exhausted because I work more than I should, and I cannot distinguish between work and leisure time. This lack of boundaries makes me constantly concerned about work and personal life at all times." – Bisexual woman, 24 years old, Brazil.

"The pandemic prevented leisure activities that, for me, were fundamental to be able to destress." – Gay man, 59 years old, Brazil.

"As a hairdresser, I was not able to work and, at the same time, without being able to do the leisure activities that gave me pleasure." – Gay man, 43 years old, Portugal.

"As I live in a more rural area and with a specific work with poor contact with the public, the pandemic has only changed the way I do leisure activities. Since the beginning of the pandemic, I have been avoiding cities, shopping malls, cinema, etc." – Gay man, 37 years old, Portugal.

Relationships

Most participants mentioned significant relationships, especially family and friends, as areas significantly affected by the COVID-19 pandemic. The circumstances of isolation activated feelings of responsibility, fear of contagion, and maintenance of pre-established dynamics, namely maintaining physical and emotional balance.

"For me, the main impact of this pandemic was the distancing of my family." – Gay man, 25 years old, Brazil.

"I do not care about myself. I care about my family. I do not mind dying, but I do not want my family members to die." – Bisexual woman, 37 years old, Brazil.

"COVID-19 shook all structures, social, labor and economical, but the worst was at the time the lockdown was enacted, I was isolated from all my family and friends, and this brought many negative impacts to my physical and emotional health." – Gay man, 36 years old, Brazil.

On the other hand, especially for younger participants, it was clear the pandemic's negative impact on maintaining friendship relationships, which were one of the primary sources of social support that LGB youth are more likely to feel (Pereira & Esgalhado, 2021). The lack of maintenance of friendship relationships activated feelings of vulnerability and low self-esteem associated with others' anticipation of rejection.

"I feel like I walked away from my friends during the pandemic, and somehow I was responsible for it." - Bisexual woman, 23 years old, Brazil.

"The biggest impact I felt was at an emotional levels because I stopped having the routine of going to college, not being able to see many of my friends, interact with them, and not being able to do the things I like most with them... this has been quite complicated." – Bisexual woman, 23 years old, Portugal.

Work and Finances

Workplaces can be, for most LGB people, contexts that are not open to visibility. For this reason, many people choose to stay in the closet, hiding their sexual orientation for fear of harassment, discrimination, or oppression. The COVID-19 pandemic, coupled with wage and labor restrictions, has activated many of these fears in our participants.

"I am afraid I will be out of work. I depend on my work to survive, and the fact that I work in the primary sector as a bi-man does not help. What would be worse than being discriminated against for being bisexual? Being discriminated against for being bisexual and unemployed." – Bisexual man, 35 years old, Brazil.

"I had to accept the company's conditions on downsizing and laying-off because at this moment, and there is no alternative. This leaves me in a very precarious situation." – Gay man, 42 years old, Brazil.

Education

The impact of COVID-19 on our participants' education stems mainly from the pandemic changes in the nature and quality of teaching-learning activities. More or less promptly, governments have determined measures to stop the school/university activities or continue them in an online format.

"The lack of government actions to return to academic activities will leave permanent marks of delay in my professional curriculum." – Bisexual man, 25 years old, Brazil.

"My doctoral program course and all classes have moved to the online format. My field project for doctoral research has been completely modified. I had COVID-19 and stayed away from everything and everyone and lost track of things." – Gay man, 42 years old, Brazil.

"Study activities have changed dramatically, I have had constant requests for online events and to publish articles, and to be bombarded with "interesting" lives, as well as invited to attend communications, and I have the willingness to participate in everything even if it is humanly impossible." – Bisexual man, 34 years old, Brazil.

Behavioral changes

The pandemic's behavioral changes, namely the adoption of new hygiene habits and prophylaxis of virus infection, were not easy to implement because they were not generated from intrinsic motivations but rather externally imposed by health authorities to prevent the occurrence of contagions. These circumstances have forced many of our participants to review their core value systems, although some may have been in a phase of contemplation and distanced from tangible threats.

"I was forced to review several behaviors in particular and in general, due to the severity of the problem, as well as its consequences, often unknown." – Bisexual man, 67 years old, Brazil.

"I had to change the way I perceive having control in life because plans change daily or are only made for the short term." – Gay man, 42 years old, Brazil.

Personal growth

For many of our participants, the COVID-19 pandemic constituted an opportunity for personal growth. From a new world organization, unfamiliar and uncertain, unpredictable and uncontrollable, many managed to take advantage of

adversity to solve chronic problems, improve health habits, or start new achievements. These participants were able to interpret and respond to the crisis with a positive attitude, relativizing and looking at difficulty, and embracing adversity, generating positive emotions integrated into their purpose of human growth.

"It all turned out to be OK because I am in telework, and it physically took me away from what disturbs me in professional terms, bad people and the bad environment in the workplace. This allowed me to feel better about myself and my abilities." – Lesbian woman, 30 years old, Portugal.

"I had no negative impact. On the contrary, during the pandemic, I improved my eating habits, approached some important people, started exercising regularly, and some situations (such as seeing the struggle of doctors and nurses, for example) renewed my hopes in humanity, in a way." – Bisexual woman, 27 years old, Brazil.

"It forced me to change the way I relate to others. I started a new relationship in the middle of the pandemic, which has survived until now, and is now solidified, which is the best I could ask for." – Gay man, 28 years old, Portugal.

Coping mechanisms

Several participants mentioned the importance of seeking support to address the specific need to deal with the pandemic's negative consequences, namely the search for physical and mental healthcare. Other participants mentioned the importance of keeping physical activity a fundamental strategy for maintaining physical sanity and meditation to maintain mental sanity. Limited access to COVID-19-related information was also mentioned as a valuable and effective way to mediate the pandemic's negative impact.

"I started to have physical and psychological symptoms. At first, I was afraid to seek medical services due to hospitals' barriers and fear of catching COVID-19. However, then I was able to make an appointment and started taking medications and doing psychotherapy, which has helped a lot to deal with various issues." Gay man, 22 years old, Portugal.

"I live in a house, and I practice slackline on the outside. Therefore, physical activities were not impacted, and this has helped me feel good. I value contact with nature, plants, and trees. Although there is social isolation, I have plenty of space to walk around. Nature calms me down. Besides, I practice meditation, and this also contributes to being relaxed in the face of difficulties. I watch little and selected news, and this selectivity of information helps me feel good. I try to focus on the solutions,

avoiding putting the problem bigger than is necessary." – Gay man, 27 years old, Brazil.

LGBTQI issues

Participants mentioned specific aspects of the impact of COVID-19 on their lives as sexual minority people due to social inequalities that they face, which may harm their well-being, as it is likely that people most marginalized by society due to their minority sexual status will have more difficulties when adapting to new circumstances. This reflects fewer resources, fewer traditional sources of social support, and constant exposure to adverse social circumstances characterized by discrimination and social exclusion. Some participants mentioned the difficulties in accessing health care, not only because they were afraid of the COVID-19 infection that could occur when going to the hospital/health center, but also because they had some specific pathology, for example, HIV, which involved greater visibility of their sexual orientation, thus anticipating increased stress. Other participants expressed their frustration at the cancellation of LGB pride celebration events and activities. These are moments of affirmation of minority sexual identities that lack constant visibility. The fact that they could not be carried out for epidemiological reasons has also generated some fear about the strengthening of invisibility and hate discourses toward LGB people.

On the other hand, it was mentioned by some participants that, in this pandemic circumstance, they were forced to return to the closet, either explicitly or implicitly, for example, when they had to return to live at their parents, and the topic of sexual identity was found to be a taboo. Job hunting as an LGB person also created fears about being discriminated against at the workplace. Finally, some participants reported specific difficulties in the search for sexual or meaningful relationships. Although it was easy to establish contacts through online dating sites or apps, the pandemic imposed physical barriers that were not easy to manage and put in stand-by many loving expectations.

"Being HIV positive and therefore with immunity problems, I was afraid that getting COVID-19 would be a death sentence for me. So, I did not leave the house and even let the antiretroviral medication run out. Fortunately, it was possible to have it delivered to my house, which prevented me from going out." – Gay man, 31 years old, Portugal.

"I was very sorry that all LGB pride celebration events had to be canceled. These are significant moments for LGB activism, a time of celebration and joy, and the affirmation and strengthening of minority identities that cannot be forgotten and deserve to be dignified. I hope that soon everything will be able to return to normal." – Lesbian woman, 26 years old, Portugal.

"Unfortunately, I lost my job and ran out of money to pay for rent and had to go back to my parents' house, who never accepted my being gay. We live in a tense environment where nobody talks. I had to go back to the closet, and I feel like I am 16 again. Backsliding like this is very bad." – Gay man, 38 years old, Brazil.

"It is a paradox, nowadays, social networks bring us closer, but with the pandemic, you cannot do much with it. I have made some contacts, I would like to get a girlfriend, but then it was so challenging, if not impossible, to have a date. The fears that the pandemic brings are very frustrating." – Lesbian woman, 26 years old, Brazil.

4. Discussion

This study aimed to understand the psychosocial impacts of the COVID-19 pandemic on Portuguese and Brazilian LGB people. General results show different themes emerged: mental health, isolation, relationships, work, education, finances, changes, coping, and LGBT issues. These results corroborate with others, in which LGB people are also suffering from more significant psychosocial stressors during the pandemic (Sanchez et al., 2020; Barrientos et al., 2021; Santos et al., 2020; Suen, Chan & Wong, 2020). Understanding these results is especially important since these stressors can further increase physical and mental health disparities in an already vulnerable population due to oppression from a discriminatory social environment (Frost et al., 2015; Meyer, 2013; Pereira and Costa, 2017).

The LGB population is one of the groups most affected by COVID-19 (Suen, Chan & Wong, 2020). These individuals were already at a social disadvantage due to sexual stigma, prejudice, and society's discrimination against their sexual orientation (Flores, 2019), which negatively impacts their mental health (Meyer, 2003). Moreover, LGB people have a higher prevalence of problems related to mental health functioning (Pereira & Costa, 2016), including higher levels of depression, anxiety, and suicidal ideation (Pereira & Rodrigues, 2015; Plödrel & Trambly, 2015), compared to their heterosexual peers (Barnes, Hatzenbuehler, Hamilton & Keyes, 2014). Thus, our study results are in line with the existing literature that shows that the emergence of the COVID-19 pandemic and the adoption of lockdown measures to contain it has aggravated LGB people's mental health (Moore et al., 2021).

Some participants still mentioned the difficulties in accessing health care, mainly by those who had some pathology, such as HIV. According to the OutRight Action (2020) report, sexual minority people without antiretroviral treatment are at risk of contracting the most severe cases of COVID-19. Fear and concerns about how

they would be treated, anticipated stigma, discrimination, and isolation were also associated with the delay in seeking health care (OutRight Action, 2020), which contributed to the negative impact on their physical health as well (Barros et al., 2020).

The adoption of COVID-19 lockdown measures led to a reduction in contact with family and friends by the participants in this study. The fear that their family and friends would be infected with the new coronavirus (da Silva Junior et al., 2020) may have affected these relationships' maintenance. Moreover, adopted measures resulted in feelings of loneliness and rejection in the sample, which led to depressive and anxiogenic symptoms (Hwang et al., 2020). Since the pandemic caused many LGB individuals to have to stay at home longer or move in with family members (Silva, 2020), some participants pointed to their need to return to the closet and deal with family stress. This was because many sexual minority people tend to suffer from prejudice and rejection from their own families (Pereira, Silva, Botelho & Macedo, 2019), with increased conflictual dynamics (Silva, 2020). During the pandemic, a hostile family climate was associated with higher levels of depression and anxiety (Gato, Leal & Seabra, 2020).

Additionally, LGB individuals had less contact with LGB community systems (Gibb et al., 2020) and the cancellation of Pride events seems to have negatively affected some of our participants. This is of particular relevance, insofar as pride celebration events have been proved to be an essential resource for resilience, connection, and support for sexual minority people (Frost & Meyer, 2012), being associated with higher levels of overall well-being (Meyer, 2015, McConnell et al., 2018). The search for sexual or significant relationships was also affected, which, according to Sanchez et al. (2020), is a concern since intimate relations are generally considered protective for mental and physical health and relationships (Hill, 2020; LGBT Foundation, 2020). Finally, lockdown also prevented our participants from taking part in leisure activities, such as going to the cinema, traveling, or going to the gym, which harmed their lives since these activities promote the overall quality of life (Ribeiro et al., 2020).

The LGB population is subject to a stressful social environment created from sexual stigma, prejudice, and discrimination, often exhibiting feelings of internalized shame about their sexual identity (King et al., 2008), which can also occur at the workplace (Fonseca et al., 2020). In a study by Pereira & Costa (2016), 24% of the sample participants stated that they felt the need to hide their sexual orientation in the workplace to avoid discrimination experiences. According to the literature (Badgett et al., 2013; 2019), financial problems severely affect the LGB community, especially in Brazil. For example, in a Brazilian study of about 10,000 LGB people, one in five

participants reported not having any income due to the pandemic, with four out of ten were unable to survive without a salary for more than one month (Pereira et al., 2020). This seems to reflect how the heteronormativity model imposed by society (Pereira & Costa, 2016) may have harmed the participants in this study (Gross & Carlos, 2015).

The COVID-19 pandemic led governments to shut down several educational establishments and continue teaching activities in an online format. However, distance learning tends to exacerbate existing inequalities since not all students have the necessary and quality equipment to take classes online (Souza, Franco & Costa, 2016). Also, many teachers and professors felt overwhelmed and needed to learn, in a short time, how to use digital platforms (Dias & Pinto, 2020), which may have negatively influenced the learning outcomes of those of our participants who were students (Maia & Dias, 2020).

Despite the difficulties and stigma experienced by LGB people in this study, the pandemic's behavioral changes led many participants to reflect on their life values, manage to respond to the crisis positively, embrace adversity, and focus on their personal growth. Many have adopted strategies such as seeking physical and mental health care, exercising, meditating, and maintaining limited access to information related to COVID-19 to lessen the negative impact of the pandemic and maintain good physical and mental health levels.

This positive outlook may be linked to the participants' sense of belonging in their minority category and resilience (Batista & Pereira, 2020), which helped identify a certain level of positive marginality (Unger, 2000). Coherence with their marginal status helped build a sense of authenticity and well-being, enabling the pandemic crisis to create higher resilience levels (Goldbach, Knutson, & Milton, 2020).

5. Limitations and Future Directions

This study is not without limitations. The first one refers to the transversal nature of the study. As the pandemic's future is still uncertain and people are usually influenced by their environment (Winnicott, 1988), individuals' perceptions can be altered according to their success. In this sense, it would be helpful to investigate psychosocial impacts' perception over time in a longitudinal study that could contribute to the long-term understanding of issues sensitive to the LGB community during and after the COVID-19 pandemic.

Given the qualitative nature of this research, we decided not to separate the results by sexual orientation or nationality, considering that, in general, all participants represent a sexual minority subject to discrimination and social stigma (Meyer, 2003).

However, in future studies, it would be intriguing to compare the specificities of each of the sexual minority's categories, as in the case of bisexuals, who, because of the double stigma effect, may suffer more from significant psychosocial stressors, which affect their physical and mental health (Alley and Strassberg, 2020). Or, in the case of Brazil's society being so violent toward sexual minority people, in future studies, it would be helpful to examine these exacerbated influences in the psychosocial well-being of LGB people.

Finally, the fact that the sample was collected online is also a limitation. It was composed of single, middle-class participants with university training and from urban environments, thus not being representative of all LGB people in Portugal and Brazil. Despite this, our intention was not to generalize the results but rather to put the voice of this minority group on the social agenda so that their perceptions on the psychosocial impact of COVID-19 in their lives are heard. In future studies, it would be convenient to add larger and more representative samples, which would contribute to the adoption of relevant policies to promote the fundamental rights of sexual minorities in times of COVID-19 pandemic.

6. Conclusions and Implications

This study provides an important contribution to current knowledge of the psychosocial factors resulting from the pandemic that impacted LGB individuals in Portugal and Brazil. The COVID-19 pandemic poses specific challenges exacerbated by stigma and sexual discrimination and amplifies social inequalities (Pereira et al., 2020; OutRight Action, 2020). Despite this, several participants proved to be positive, resilient and determined to their personal growth, which is an essential factor in strengthening the LGB community.

Given that the consequences of COVID-19 may extend over time, it is necessary to place this population in the center of pandemic strategies, maintain organizations that represent LGB rights, physical, mental and specific, educational health services, as well as other social support networks (food, safe shelter, etc.) available during the pandemic (United Nations High Commissioner for Human Rights - OHCHR, 2020; OutRight Action, 2020). It is also important to reach both inside and outside the LGB communities to increase efforts to mitigate the negative impact already existing and enhanced by the pandemic.

References

- Allen, S. (2020). COVID-19 Is straining mental health - Could technology be the answer? *IEEE Pulse*, 11(4), 8–13. <https://doi.org/10.1109/MPULS.2020.3008355>
- Alley, J., & Strassberg, D. S. (2020). Sexual Minorities 'Psychosexual Adjustment as Reflected in the Multidimensional Sexuality Questionnaire (MSQ). *Journal of Bisexuality*, 20(4), 400-416. <https://doi.org/10.1080/15299716.2020.1820419>
- Alves, F. L. de F., & Pereira, P. F. S. (2020). A Necessidade de Políticas Públicas de Trabalho Específicas para a Comunidade LGBTI+ durante a Pandemia. *Revista Da Seção Judiciária Do Rio de Janeiro*, 24(48), 106–129. <https://doi.org/https://doi.org/10.30749/2177-8337>
- Amsalem, D., Dixon, L. B., & Neria, Y (2021). The coronavirus disease 2019 (COVID-19) outbreak and mental health. Current risks and recommended actions. *JAMA Psychiatry*, 78(1), 9-10. <https://doi.org/10.1001/jamapsychiatry.2020.1730Antonelli-Ponti>
- Batista, I. C., & Pereira, H. (2020). Mental health, resilience and HIV in older gay and bisexual men. *Educational Gerontology*, 46(9). <https://doi.org/10.1080/03601277.2020.1785673>
- Cardoso, F., Pinto, C., & Silva, J. A. (2020). Efeitos da pandemia de COVID-19 no Brasil e em Portugal: estresse peritraumático. *Revista Psicologia Em Pesquisa*, 14(4), 239–259. <https://doi.org/10.34019/1982-1247.2020.v14.32262>
- Aquino, E. M. L., Silveira, I. H., Pescarini, J. M., Aquino, R., Souza-Filho, J. A., Rocha, A. dos S., Ferreira, A., Víctor, A., Teixeira, C., Machado, D. B., Paixão, E., Alves, F. J. O., Pilecco, F., Menezes, G., Gabrielli, L., Leite, L., Almeida, M. da C. C., Ortelan, N., Fernandes, Q. H. R. F., ... Lima, R. T. dos R. S. (2020). Social distancing measures to control the COVID-19 pandemic: Potential impacts and challenges in Brazil. *Ciência e Saúde Coletiva*, 25, 2423–2446. <https://doi.org/10.1590/1413-81232020256.1.10502020>
- Badgett, M. V. L., Durso, L. E. & Schneebaum, A. (2013). New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community. June, 45. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

- Badgett, M. V. L., Waaldijk, K. & Rodgers, Y. van der M. (2019). The relationship between LGBT inclusion and economic development: Macro-level evidence. *World Development*, 120, 1–14. <https://doi.org/10.1016/j.worlddev.2019.03.011>
- Banerjee, D., & Nair, V. S. (2020). “The Untold Side of COVID-19”: Struggle and Perspectives of the Sexual Minorities. *Journal of Psychosexual Health*, 2(2), 113–120. <https://doi.org/10.1177/263183182093901>
- Barnes, D. M., Hatzenbuehler, M. L., Hamilton, A. D., & Keyes, K. M. (2014). Sexual orientation disparities in mental health: the moderating role of educational attainment. *Social Psychiatry and Psychiatric Epidemiology*, 49, 1447–1454. <https://doi.org/10.1007/s00127-014-0849-5>
- Barrientos, J., Guzmán-González, M., Urzúa, A. & Ulloa, F. (2021). Psychosocial impact of COVID-19 pandemic on LGBT people in Chile. *Sexologies*, 30, 35–41. <https://doi.org/10.1016/j.sexol.2020.12.006>
- Barros, M. B. de A., Lima, M. G., Malta, D. C., Szwarcwald, C. L., de Azevedo, R. C. S., Romero, D., Júnior, P. R. B. de S.; Azevedo, L. O., Machado, Í. E., Damacena, G. N., Gomes, C. S., Werneck, A. de O., da Silva, D. R. P., de Pina, M. de F., & Gracie, R. (2020). Relato de tristeza/depressão, nervosismo/ansiedade e problemas de sono na população adulta brasileira durante a pandemia de COVID-19. *Epidemiologia e Serviços de Saude : Revista Do Sistema Unico de Saude Do Brasil*, 29(4), 1-12. <https://doi.org/10.1590/s1679-49742020000400018>
- Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. *American Journal of Public Health*, 102(7), 1267–1273. <https://doi.org/10.2105/AJPH.2012.300750>
- Burton, C. L., Wang, K., & Pachankis, J. E. (2019). Psychotherapy for the spectrum of sexual minority stress: application and technique of the ESTEEM treatment model. *Cognitive and Behavioral Practice*, 26(2), 285–299. <https://doi.org/10.1016/j.cbpra.2017.05.001>
- Campbell, J., Quincy, C., Osserman, J., & Pedersen, O. (2013). Coding In-depth semi-structured interviews: problems of unitization and intercoder reliability and agreement. *Sociological Methods & Research*, 42(3), 294–320.

- Cavalcante, J. R., Cardoso-dos-Santos, A. C., Bremm, J. M., Lobo, A. de P., Macário, E. M., Oliveira, W. K. de, & França, G. V. A. de. (2020). COVID-19 no Brasil: evolução da epidemia até a semana epidemiológica 20 de 2020. *Epidemiologia e Serviços de Saúde*, 29(4), 1–13. <https://doi.org/10.5123/s1679-49742020000400010>
- da Silva Junior, F.J.G., Sales, J.C.E.S., Monteiro, C.F.D.S., Costa, A.P.C., Campos, L.R.B., Miranda, P.I.G., Monteiro, T.A.D.S., Lima, R.A.G., & Lopes-Junior, L.C. (2020). Impact of COVID-19 pandemic on mental health of young people and adults: A systematic review protocol of observational studies. *BMJ Open*, 10, 1–6. <https://doi.org/10.1136/bmjopen-2020-039426>
- da Silva Fonseca, A. G., dos Santos, C. R., Batista, M. V. R., de Sousa, J. R., Silva, A. M., da Rocha, E. A., & Silveira, G. E., (2020). Mercado de trabalho: análise teórica quanto a interferência dos fatores preconceito, estereótipos e discriminação no âmbito trabalhista. in de Souza, L. P. (Ed.), *Pesquisas em Administração* (1-85). Editora Inovar. <https://doi.org/10.36926/editorainovar-978-65-86212-54-9>
- Dias, E., & Pinto, F. C. F. (2020). A Educação e a Covid-19. *Ensaio: Avaliação e Políticas Públicas em Educação*, 28(108), 545-554. <https://doi.org/10.1590/s0104-40362019002801080001>
- Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., Lahiri, D., & Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(5), 779–788. <https://doi.org/10.1016/j.dsx.2020.05.035>
- Farkas, K. J., & Romaniuk, J. R. (2020). Social Work, Ethics and Vulnerable Groups in the Time of Coronavirus and Covid-19. *Society Register*, 4(2), 67–82. <https://doi.org/10.14746/sr.2020.4.2.05>
- Ferro, M., & Pereira, H. (2021). Sexual Prejudice in the Portuguese Political Context. *Social Sciences*, 10, 56. <https://doi.org/10.3390/socsci10020056>
- Flores A. (2019). *Social acceptance of LGBT people in 174 countries, 1981 to 2017*. Los Angeles, CA: The Williams Institute
- Frost M. D. & Meyer H. I. (2012). Measuring Community Connectedness between Diverse Sexual Minority Populations. *The Journal of Sex Research*, 49(1), 36-49. <http://doi.org/10.1080 / 00224499.2011.565427>

- Gato, J., Leal, D. & Seabra, D. (2020). When home is not a safe haven: Effects of the COVID-19 pandemic on LGBTQ adolescents and young adults in Portugal. *Psicologia*, 34(2), 89–100. <https://doi.org/10.17575/psicologia.v34i2.1667>
- Gibb, J.K., DuBois, L.Z., Williams, S., McKerracher, L., Juster, R.P., & Fields, J. (2020). Sexual and gender minority health vulnerabilities during the COVID-19 health crisis. *American Journal of Human Biology*, 32(5), 1–9. <https://doi.org/10.1002/ajhb.23499>
- Goldbach, C., Knutson, D., & Milton, D. C. (2020). LGBTQ+ people and COVID-19: The importance of resilience during a pandemic. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000463>
- Gross, J., & Carlos, P. P. (2015). Da construção da sexualidade aos direitos LGBT: uma lenta conquista. *Revista Eletrônica Direito e Política*, 10(2). www.univali.br/direitoepolitica
- Hamilton, R., & Bowers, B. (2006). Internet recruitment and email interviews in qualitative studies. *Qualitative Health Research*, 16(6), 821–835.
- Hill, M. (2020). Sex During the COVID-19 pandemic: A note From Dr Mike Hill, LGBT Foundation Trustee. LGBT Foundation. <https://lgbt.foundation/sexualhealth/sexduringcovid-19pandemic>
- Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288.
- Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International Psychogeriatrics*, 1-4. <https://doi.org/10.1017/S1041610220000988>
- Keske, H. A. G., & Marchini, V. C. (2019). A Criminalização Da Homofobia No Brasil: Análise Jurisprudencial E Doutrinária. *Revista Prâksis*, 16(2), 34–56. <https://doi.org/10.25112/rpr.v2i0.1761>
- King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate selfharm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8(70), 1–17. <https://doi.org/10.1186/1471-244X-8-70>

- Krueger, E. A., Fish, J. N., & Upchurch, D. M. (2020). Sexual orientation disparities in substance use: Investigating social stress mechanisms in a national sample. *American Journal of Preventive Medicine*, 58, 59–68. <https://doi.org/10.1016/j.amepre.2019.08.034>
- LGBT Foundation. (2020). 10 Ways to Reduce Health Risks During Sex. <https://lgbt.foundation/sexualhealth/sexduringcovid-19pandemic/reducerisks>
- Maia, B. R., & Dias, P. C. (2020). Ansiedade, depressão e estresse em estudantes universitários: o impacto da COVID-19. *Estudos de Psicologia (Campinas)*, 37, 1–8. <http://dx.doi.org/10.1590/1982-0275202037e200067>
- Marques da Costa, E., & Marques da Costa, N. (2020). A Pandemia COVID-19 em Portugal Continental - Uma Análise Geográfica da Evolução Verificada nos Meses de Março e Abril. *Revista Brasileira de Geografia Médica e Da Saúde*, 72–79. <https://doi.org/10.14393/Hygeia0054396>
- McConnell, E. A., Janulis, P., Phillips, G. II, Truong, R., & Birkett, M. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 1–12. <https://doi.org/10.1037/sgd0000265>
- Mello, L., Avelar, R. B., & Brito, W. (2014). Políticas públicas de segurança para a população LGBT no Brasil. *Revista Estudos Feministas*, 22(1), 297–320. <https://doi.org/10.1590/S0104-026X2014000100016>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 3–26. <https://doi.org/10.1037/2329-0382.1.S.3>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209–213. <https://doi.org/10.1037/sgd0000132>

- Moore, S. E., Wierenga, K. L., Prince, D. M., Gillani, B., & Mintz, L. J. (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), 1–15. <https://doi.org/10.1080/00918369.2020.1868184>
- Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., Agha, M., & Agha, R. (2020). The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *International Journal of Surgery*, 78, 185–193. <https://doi.org/10.1016/j.ijvsu.2020.04.018>
- Nogueira, P. J., Araújo Nobre, M., Nicola, P. J., Furtado, C., & Carneiro, A. V. (2020). Excess Mortality Estimation During the COVID-19 Pandemic in Portugal: Preliminary Data from Portugal. *Revista Científica Da Ordem Dos Médicos*, 33(6), 376–383. <https://doi.org/10.20344/amp.13928>
- O'Connor, H., & Madge, C. (2008). Internet-based interviewing. In N. Fielding, R. Lee, & G. Blank (Eds.), *The sage handbook of online research methods* (pp. 271–289). Sage: London.
- OHCHR (Office of the High Commissioner Human Rights). (2020). *COVID-19 and the human rights of LGBTI people*. <https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf>
- OutRight Action International. (2020). *Vulnerability Amplified: The impact of the COVID-19 Pandemic on LGBTIQ People*. https://outrightinternational.org/sites/default/files/COVIDsReportDesign_FINAL_LR_o.pdf
- Pereira, A. A., Silva, G. A. A., Botelho, L. S., & Macedo, S. B. M. (2019). Preconceito familiar: um determinante da depressão na comunidade LGBT em Uberlândia-MG. *Reunião Anual de Ciências*, 9(1).
- Pereira, B., Cardoso, É., Feno, D., Oliva, F. de P. O., Lena, F. F. de, Mohallem, G., Pinheiro, I., Nascimento, J., Borges, P., Matoso, R. E. B. & Silva, S. A. G. da. (2020). Diagnóstico LGBT+ na Pandemia. https://static1.squarespace.com/static/5b310b91af2096e89a5bc1f5/t/5ef78351fb8ae15cc0e0b5a3/1593279420604/%5Bvote+lgbt+%2B+box1824%5D+diagnóstico+LGBT%2B+na+pandemia_completo.pdf

- Pereira, H. (2016). Improving access to health care for lesbian, gay and bisexual people. *Diversity & Equality in Health and Care*, 13(2), 207-210. <https://doi.org/10.21767/2049-5471.1000e15>
- Pereira, H., & Costa, P. A. (2016). Modeling the impact of social discrimination on the physical and mental health of Portuguese gay, lesbian and bisexual people, *Innovation: The European Journal of Social Science Research*, 29(2), 205-217. <https://doi.org/10.1080/13511610.2016.1157683>
- Pereira, H., Cunha, M. J., Monteiro, S., Afonso, R. M., Esgalhado, G., & Loureiro, M. (2019). Affirmative Competence and Practices of Mental Health Professionals with LGB Clients. *Community Mental Health Journal*, 55, 884–893. <https://doi.org/10.1007/s10597-019-00373-0>
- Pereira, H., & Esgalhado, G. (2021). Intimate Dynamics and Relationship Satisfaction among LGB Adolescents: The Role of Sexual Minority Oppression. *Children*, 8(3), 231. <https://doi.org/10.3390/children8030231>
- Pereira, H., & Monteiro, S. (2017). The role of political and legislative changes in the everyday lives of LGB individuals: The case of Portugal. *Sexuality Research and Social Policy*, 14, 300–309. <https://doi.org/10.1007/s13178-016-0261-x>
- Pereira, H. & Rodrigues, P. (2015). Internalized Homophobia and Suicidal Ideation among LGB Youth. *Journal of Psychiatry*, 18(2), 1 - 6. <https://doi.org/10.4172/Psychiatry.1000229>
- Plöderl, M., & Tremblay, P. (2015). Mental health of sexual minorities. A systematic review. *International Review of Psychiatry*, 27(5), 367–385. <https://doi.org/10.3109/09540261.2015.1083949>
- Rains, L. S., Johnson, S., Barnett, P., Steare, T., Needle, J. J., Carr, S., Taylor, B. L., Bentivegna, F., Edbrooke-Childs, J., Scott, H. R., Rees, J., Shah, P., Lomani, J., Chipp, B., Barber, N., Dedat., Z., Oram, S., Morant, N., & Simpson, A. (2020). Early impacts of the COVID-19 pandemic on mental health care and on people with mental health conditions: framework synthesis of international experiences and responses. *Social Psychiatry and Psychiatric Epidemiology*. <https://doi.org/10.1007/s00127-020-01924-7>

- Rankin, S. R., Weber, G., Blumenfeld, W., & Frazer, S. (2010). *2010 state of greater education for lesbian, gay, bisexual and transgender people*. Charlotte, NC: Campus Pride.
- Ribeiro, O. C. F., de Santana, G. J., Tengan, E. Y. M., da Silva, L. W. M., & Nicolas, E. A. (2020). Os impactos da pandemia da COVID-19 no lazer de adultos e idosos. *Revista do Programa de Pós-graduação Interdisciplinar em Estudos do Lazer - UFMG*, 23(3). <https://doi.org/10.35699/2447-6218.2020.25456>
- Rodriguez-Seijas, C, Fields, E. C., Bottary, R., Kark, S. M., Goldstein, M. R., Kensinger, E. A., Payne, J. D., & Cunningham, T. J. (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. <https://doi.org/10.3389/fpsy.2020.590318>
- Ruprecht, M. M., Wang, X., Johnson, A. K., Xu, J., Felt, D., Ihenacho, S., Stonehouse, P., Curry, C. W., DeBroux, C., Costa, D., & Phillips, G. (2020). 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. <https://doi.org/10.1007/s11524-020-00497-9>
- Ryan, G. W., & Bernard, R. (2000). Data management and analysis methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 769–802). Thousand Oaks: Sage.
- Salerno, J. P., Devadas, J., Pease, M., Nketia, B., & Fish, J. N. (2020). Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being. *Public Health Reports*, 135(6), 721–727. <https://doi.org/10.1177/0033354920954511>
- Salerno, J. P., Williams, N. D., & Gattamorta, K. A. (2020). LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(1), 239–242. <https://doi.org/10.1037/tra0000837>
- Sanchez, T. H., Zlotorzynska, M., Rai, M. & Baral, S. D. (2020). Characterizing the Impact of COVID-19 on Men Who Have Sex with Men Across the United States in April, 2020. *AIDS and Behavior*, 24(7), 2024–2032. <https://doi.org/10.1007/s10461-020-02894-2>

Santos, G. M., Ackerman, B., Rao, A., Wallach, S., Ayala, G., Lamontage, E., Garner, A., Holloway, I. W., Arreola, S., Silenzio, V., Strömdahl, S., Yu, L., Strong, C., Adamson, T., Yakusik, A., Doan, T. T., Huang, P., Cerasuolo, D., Bishop, A., ... Howell, S. (2020). Economic, Mental Health, HIV Prevention and HIV Treatment Impacts of COVID-19 and the COVID-19 Response on a Global Sample of Cisgender Gay Men and Other Men Who Have Sex with Men. *AIDS and Behavior*, 25(2), 311–321. <https://doi.org/10.1007/s10461-020-02969-0>

Silva, W. A. D. (2021). Covid-19 no Brasil: estresse como preditor da depressão. *Epidemiologia e Serviços de Saúde*, 29(4), 1-20. <https://doi.org/10.1590/SciELOPreprints.1132>

Souza, S., Franco, V. S., & Costa, M. L. F. (2016). Educação a distância na ótica discente. *Educação e Pesquisa*, 42(1), 99-114. <https://doi.org/10.1590/s1517-9702201603133875>

Suen, Y. T., Chan, R. C. H., & Wong, E. M. Y. (2020). Effects of general and sexual minority-specific COVID-19-related stressors on the mental health of lesbian, gay, and bisexual people in Hong Kong. *Psychiatry Research*, 292. <https://doi.org/10.1016/j.psychres.2020.113365>

Torres, T. S., Hoagland, B., Bezerra, D. R. B., Garner, A., Jalil, E. M., Coelho, L. E., Benedetti, M., Pimenta, C., Grinsztejn, B., & Veloso, V. G. (2020). Impact of COVID-19 Pandemic on Sexual Minority Populations in Brazil: An Analysis of Social/Racial Disparities in Maintaining Social Distancing and a Description of Sexual Behavior. *AIDS and Behavior*. <https://doi.org/10.1007/s10461-020-02984-1>

Unger, R. K. (2000). Outsiders inside: Positive marginality and social change. *Journal of Social Issues*, 56, 163–179. <http://doi.org/10.1111/0022-4537.00158>

Velavan, T. P., & Meyer, C. G. (2020). The COVID-19 epidemic. *Tropical Medicine and International Health*, 25(3), 278–280. <https://doi.org/10.1111/tmi.13383>

Winnicott, D. W. (1988). *Natureza humana*. Rio de Janeiro: Imago.

Chapter 3: General Discussion

This dissertation presents itself as a requirement for obtaining a Masters degree in Clinical and Health Psychology from the Universidade da Beira Interior. Its objective, through the first article, was to explore the impact of the COVID-19 pandemic on anxiety symptoms due to sexual orientation, thus contributing to the increase of knowledge in this specific area. The ongoing pandemic has promoted many studies associated with it, but there is still a need for more exploration on its impact on sexual minorities.

The results obtained in the first study presented, revealed that sexual minorities suffered a greater impact on mental health due to the COVID-19 pandemic compared to the rest of the population. There are emphasized high levels of anxiety symptoms, which are higher than initially expected even for the general population, but still under the clinical population levels. When comparing participants that self-identified as heterosexual, gay or lesbian and bisexual, it was the latter who showed higher levels of anxiety symptoms.

It was also found that the lower the age, the more fear of COVID-19, and that the more negative impact of COVID-19 and the greater the perception of worsening in the experience of COVID-19, the higher the levels of anxiety symptoms. It was also possible to verify that age, gender and sexual orientation, as well as the fear of COVID-19 and the negative impact of COVID-19 constituted predictors of anxiety symptoms.

Through the second study, it was intended to understand the psychosocial impact on the experiences and perception of LGB people during the COVID-19 pandemic. This investigation proves to be a pioneer in its attempt to analyze the personal perceptions of participants self-identified as LGB regarding the perceived psychosocial impact resulting from COVID-19, and there are, to date, no studies that analyze the variables in question in Portugal and Brazil. The results showed the negative impact of COVID-19 on LGB people who participated in the study, which is specifically visible through the discourses of sadness and depression, anxiety and stress, fear and panic, anger and loneliness, the consequences of mandatory social distancing and leisure impediments, the distancing of family and friendship affective relationships, the problems related to the work context, monetary issues and education, as well as the barriers to access health care, the return to the closet, the cancellation of pride events and the difficulties related to the development of virtual love relationships. Still, the COVID-19 pandemic allowed participants to adopt measures to address the problem, such as the search for support, especially physical and mental

health care, limited access to information on the pandemic and the promotion of physical activity, as well as increased opportunities for behavioral and growth changes.

Analyzing the results obtained in the two studies exposed, it is verified that the COVID-19 pandemic significantly impacted those who were somehow more vulnerable, such as sexual minorities. Mental health was one of the areas identified as affected the most in both studies, predominantly the anxiety symptoms perceived by women, bisexual and gay or lesbian participants in the first study and 23 participants in the second study. Given that prior to the pandemic, mental health and public health systems were not prepared to meet the specific health needs of this population (Williams & Fish, 2020), it may be expected that in the face of a pandemic problem these difficulties have been further evident, leading to repercussions on mental health. It is important to bear in mind that the COVID-19 pandemic, in addition to the impact on mental health, has entailed isolation requirements, restrictions on relationships, work-related problems, education and finances, as well as difficulties associated with LGBTQI specificities. In addition to the repercussions of the pandemic in all these areas, it is worth noting the possibility that each of them has influenced each other.

In this sense, we present some suggestions that aim to minimize the results presented. Considering the high levels of anxiety symptoms presented, it may be relevant that these data reach those entitled such as legislators, who can put into practice policies aimed at specific mental health care, in order to promote the maintenance of specific policies for the inclusion and integration of sexual minorities. Additionally, self-care practices may benefit mental health, such as physical exercise and establish eating habits, leisure, sleep hygiene and routine (Galea et al., 2020; Ghebreyesus, 2020).

To address the needs, difficulties and differences felt in terms of access to public health systems, it is crucial that, in this case too, legislators have access to this information, so that they can act in this direction, by promoting employment equity and eliminating existing discrepancies, therefore increasing the quality of the services provided.

The studies can also serve as a basis for improving the practices of psychologists working on gender issues and sexual minorities, both within and outside the pandemic context, because pre-existing vulnerabilities were already a reality. Thus, it may be useful for professional practice to be carried out through inclusive action, with affirmative practices and elimination of prejudice and discrimination. These data are not only applicable to psychologists working with the population under analysis, but to all professionals in the area in general. The results obtained in this investigation present some contributions to clinical and health practice, especially for clinical and

health psychologists, since they have access to relevant and current scientific knowledge from it, which may, on the one hand, improve and increase the information available to them and, on the other hand, improve their professional practice.

Given the possibility of the COVID-19 pandemic continuing to be a reality for an uncertain period of time, it would be really important for practices such as those presented to be implemented to adjust and adapt reality to the needs of LGB people.

We live in a period marked by the desire to include others more and more and to demystify the difference by replacing it with equality. However, in Portugal the entrenched beliefs continue to be difficult to deconstruct, which contributes to the prejudice towards homosexuality and bisexuality lasting and in time. It is expected to be a long way towards equality and respect, yet it is not something unattainable.

In accordance with the established by the European Certificate in Psychology (EuroPsy) (EFPA, 2015), it is expected that students acquire, at this phase of the academic path basic skills in relation to research, and for this purpose, a project similar to the one presented is developed aiming to lead to confrontation with ethical issues integrated in research in Clinical and Health Psychology, through the use of basic methods belonging to the area. In this sense, the realization of this dissertation in a scientific article format allowed the acquisition of research skills in the area of Clinical Psychology and Health during the various procedural stages. Stand out skills such as the construction of a work plan, the recollection of data in online format, the processing of statistical data through computer programs created for this purpose, the analysis, reflection and critical interpretation of the results achieved, the recollection of information through the reading of other scientific articles, as well as the processing of it and its conversion into intelligible information, a process that culminated in the writing of the research carried out and displayed. It also adds the ability to communicate to several scientific audiences the research developed, namely by written reproduction in the framework of the dissertation and verbal communication in the context of the participation in the XXIX Congresso Internacional INFAD, in which the studies referred were presented with an international diffusion. Thus, it is concluded that the two scientific articles fulfilled a very important mission, in particular to disseminate the results obtained by wider audiences, positively affecting other scientific agents and of social change.

References

- Banerjee, D., & Nair, V. S. (2020). The untold side of COVID-19: Struggle and perspectives of the sexual minorities. *Journal of Psychosexual Health, 2*(2), 113–120. <https://doi.org/10.1177/2631831820939017>
- Baumel, K., Hamlett, M., Wheeler, B., Hall, D., Randall, A. K., & 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. <https://doi.org/10.1080/00918369.2020.1868190>
- Dürubaum, T., & Sattler, F. A. (2020). Minority stress and mental health in lesbian, gay male, and bisexual youths: A meta-analysis. *Journal of LGBT Youth, 17*(3), 298-314. <https://doi.org/10.1080/19361653.2019.1586615>
- European Federation of Psychologist's Associations – EFPA. (2015). *EuroPsy – Certificado Europeu de Psicologia*. Retirado de https://www.ordemdos psicologos.pt/ficheiros/documentos/europsy_regulament o.pdf
- Fish, J. N., Salerno, J., Williams, N. D., Rinderknecht, G., Drotning, K. J., Sayer, L., & Doan, L. (2021). Sexual minority disparities in health and well-being as a consequence of the COVID-19 pandemic differ by sexual identity. *LGBT Health, 8*(4), 263-272. <https://doi.org/10.1089/lgbt.2020.0489>
- Flentje, A., Obedin-Maliver J., Lubensky, M. E., Dastur, Z., Neilands, T., & Lunn, M. R. (2020). Depression and anxiety changes among sexual and gender minority people coinciding with onset of COVID-19 pandemic. *Journal of General Internal Medicine, 35*(9), 2788-2790. <https://doi.org/10.1007/s11606-020-05970-4>
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine, 180*(6), 817-818. <https://doi.org/10.1001/jamainternmed.2020.1562>
- Ghebreyesus, T. A. (2020). Addressing mental health needs: An integral part of COVID-19 response. *World Psychiatry, 19*(2), 129-130. <https://doi.org/10.1002/wps.20768>

- Kamal, K., Li, J. J., Hahm, H. C., & Liu, C. H. (2021). Psychiatric impacts of the COVID-19 global pandemic on U.S. sexual and gender minority young adults. *Psychiatry Research, 299*. <https://doi.org/10.1016/j.psychres.2021.113855>
- Li, F., Luo, S., Mu, W., Li, Y., Ye, L., Zheng, X., Xu, B., Ding, Y., Ling, P., Zhou, M., & Chen, X. (2021). Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry, 21*(16). <https://doi.org/10.1186/s12888-020-03012-1>
- Rich, A. J., Salway, T., Scheim, A., & Poteat, T. (2020). Sexual minority stress theory: Remembering and honoring the work of Virginia Brooks. *LGBT Health, 7*(3), 124–127. <https://doi.org/10.1089/lgbt.2019.0223>
- Williams, N., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. *Health Services Research, 55*(6), 932–943. <https://doi.org/10.1111/1475-6773.13559>

Appendices

Appendix 1 - Proof of Submission of the Scientific Article
*Measuring Anxiety Symptoms during the COVID-19 Pandemic
through the Lens of Sexual Orientation*



Dashboard

Submitting and resubmitting manuscripts

[Read more ...](#)



 <https://orcid.org/0000-0001-9448-682X>

	Submission/Title/Type	Status	Action
 Delete [Author files]	<p>Confirmed as: Corresponding Author</p> <p>Manuscript ID: ALPHAPSY-2021-88/R1 RESUBMISSION - (281)</p> <p>Measuring Anxiety Symptoms during the COVID-19 Pandemic through the Lens of Sexual Orientation</p> <p>Type: Original Article</p> <p>Authors: Jéssica Pedro (Co-author), Henrique Pereira (Corresponding Author)</p> <p>Submitted: 2021-03-29</p>	In review	 See progress

Appendix 2 - Publication of the Scientific Article *Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay and Bisexual People living in Portugal and Brazil - A Qualitative Study*

Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study

Journal of Psychosexual Health
1–14

© The Author(s) 2021
Reprints and permissions:
in.sagepub.com/journals-permissions-india
DOI: 10.1177/26318318211017466
journals.sagepub.com/home/ssh



Henrique Pereira^{1,2} , Jéssica Pedro¹, Cindy Mendes¹, Mariana Duarte¹ and Patrícia G Silva¹

Abstract

Introduction: Not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impacts of COVID-19 on lesbian, gay, and bisexual (LGB) people, especially from a qualitative perspective.

Materials and Methods: A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. We used an online interview approach in an asynchronous format. All study respondents completed a structured inquiry consisting of a short section of sociodemographic questions and a single open-ended question: “As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted your life.”

Results: The thematic analysis of participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur: mental health (depression, anxiety, fear, anger, and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work-related problems, education-related problems, financial problems, changes (behavioral changes and opportunity to grow), coping (seeking support, accessing information and physical activities), and LGBTQI topics (health barriers, going back into the closet, pride celebration events, and online dating).

Conclusions: Our results provide voice to LGB Portuguese and Brazilian people during the COVID-19 pandemic demonstrating specific challenges exacerbated by stigma and sexual discrimination amplified by preexistent social inequalities.

Keywords

COVID-19, psychosocial impacts, LBG people, Portugal, Brazil, qualitative research

Received 27 Mar 2021; revised 26 Apr 2021; accepted 26 Apr 2021

Introduction

The COVID-19 outbreak started in December 2019 in China,¹ and its rapid spread around the globe² made it recognized by the World Health Organization as a worldwide pandemic.³ In Portugal, the first cases emerged in March 2020⁴ and, in the same month, a state of emergency was declared as a way to contain the spread of the virus, with lockdown measures put in place.⁵ In Brazil, the first cases appeared in February 2020,⁶ and like in other countries, measures of social distancing, travel restrictions, and quarantine were adopted,⁷ impacting on social and financial structures of the country.⁸

As a worldwide public health concern, the COVID-19 pandemic had several impacts in the most different domains and areas of society.^{9–11} Lockdown measures and the duty

¹ Department of Psychology and Education, Faculty of Human and Social Sciences, University of Beira Interior, Estrada do Sineiro, Covilhã, Portugal

² The Research Center in Sports Sciences, Health and Human Development (CIDESD), Vila Real, Portugal

Corresponding author:

Henrique Pereira, Department of Psychology and Education, Faculty of Human and Social Sciences, University of Beira Interior, Estrada do Sineiro, Covilhã 6200-209, Portugal.

E-mail: hpereira@ubi.pt



to stay at home increased isolation and the need to create changes and adjustments to the general population's daily life and routines¹² which contributed to the compromise of mental health.¹³ This adverse circumstance may have impacted more on the lives of previously more vulnerable populations, such as LGBTQI individuals.

The literature constantly identifies significant discrepancies between heterosexual and LGBTQI individuals concerning mental health and well-being, sexual minorities scoring lower.^{14,15} Additionally, sexual minorities also show higher prevalence for having mood disorders such as anxiety, experiencing suicidal ideation and behavior, misusing illicit substances,¹⁶⁻¹⁸ and experiencing difficulties accessing health, employment, and other socioeconomic resources.¹⁹

The minority stress model may explain how COVID-19 had a more significant impact on LGBTQI individuals than heterosexual people¹⁴ because it causes reduced well-being and greater levels of mental health impairment related to exacerbating and intensifying of preexistent vulnerabilities and inequalities in society.^{14,15} Lockdown measures forced many LGBTQI individuals to cease having access to social and community groups that are essential sources of support, thus increasing the psychosocial impairment during the pandemic, including anxiety and depressive symptoms^{11,16-20} as well as limited access to mental health services despite the increase of electronic interventions.²¹ Therefore, the need for social and mental health support for LGBTQI individuals becomes evident.²²

Concerning the Portuguese sociopolitical context, the progressive acceptance of sexual minorities in Western countries, as is the case in Portugal, does not invalidate the occurrence of experiences associated with stigma and discrimination.²³ Although the country has undergone sociopolitical and legislative advances, such as same-sex marriage, and same-sex couples adoption,²⁴ it did not stop Portuguese LGBTQI individuals from facing sexual prejudice.^{25,26}

The Brazilian sociopolitical context is guided by a conservative mentality, which is reflected in the fact that Brazil is one of the countries with the highest rate of crimes for homophobia.²⁷ Thus, sexual minorities in Brazil are more likely to experience insecurity, hostility, and violence since laws and measures aimed at criminalizing hate attitudes against sexual minorities have not yet been adopted,²⁸ and consequently, laws that protect the rights of the lesbian, gay, and bisexual (LGB) community²⁹ are still ineffective in Brazil.

Portugal-Brazil relations have spanned over 5 centuries. In addition to a commonality of language and religion, both countries are members of the Lusophone world. As common cultural values favor the development of similar social norms, not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impact of COVID-19 on LGBTQI individuals, especially from a qualitative perspective. Articulating these issues and giving voice to Portuguese and Brazilian LGBTQI individuals is our study's primary goal. We correspondingly adopted a

qualitative approach to present our research results on the COVID-19-related psychosocial experiences and perceptions of LGB participants to weave lessons for a more inclusive psychosocial intervention during the pandemic and future adverse circumstances.

Materials and Methods

Participants

A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. Half (50.7%) of participants identified as gay or lesbian, and the other half as bisexual. In Table 1, we describe in greater detail sociodemographic information. Both samples were highly educated; most participants were single and from urban origin. The sample size was determined by thematic saturation and we collected data from those LGBTQI individuals to which we had most convenient access.

Measures

We used the online interview approach in an asynchronous format, adhering to the guidelines of O'Connor and Madge³⁰ and Hamilton and Bowers.³¹ Online interviewing was conducted in non-real-time or asynchronously facilitated via email, with the advantage of online recruitment possibilities, which constitute an enhanced opportunity to discuss sensitive topics with greater openness and readiness. All study respondents were invited to complete a structured inquiry consisting of a short section of sociodemographic questions, such as age, gender identity (male, female, or other), sexual orientation (gay/lesbian, bisexual, or other), nationality, education, socioeconomic status, marital status (single, married, divorced, civil union, or other), and place of residence, and a single open-ended and fundamental question: "As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted on your life." The inquiry was expected to take around 10 min. Participants responded to this outreach online through 1 website created for this purpose, in Portuguese language (standardized for both European and Brazilian Portuguese). The first page of the questionnaire explained the study's objectives, informed participants about how to complete the survey, their freedom to withdraw from the study, and how to contact the authors for further information if needed.

Procedures

Participants were recruited online and were invited to fill out an interview script between October 2020 and

Table 1. Sociodemographic Characteristics of the Participants

		Portugal (n = 32, Mean Age = 32.14, SD = 11.05)		Brazil (n = 33, Mean Age = 36.50, SD = 12.00)		Total (n = 65; Mean Age = 34.48, SD = 11.66)	
		n	%	n	%	n	%
Gender	Male	12	18.5	22	33.8	34	52.3
	Female	20	30.8	11	16.9	31	47.7
Marital status	Single	24	36.9	18	27.7	42	64.6
	Married	6	9.2	6	9.2	12	18.5
	Divorced	1	1.5	3	4.6	4	6.1
	Civil union	2	3.1	5	7.7	7	10.8
Education	Up to 12 years	11	16.9	3	4.6	14	21.5
	University—BA	9	13.8	9	13.8	18	27.7
	University—MA	11	16.9	12	18.5	23	35.4
	University—PhD	1	1.5	9	13.8	10	15.4
Place of residence	Urban	27	41.5	32	49.2	59	90.8
	Rural	5	7.7	1	1.5	6	9.2
Socioeconomic status	Low	2	3.1	1	1.5	3	4.6
	Low-average	14	21.5	12	18.5	26	40
	Average	13	20	15	23.1	28	43.1
	Average-high	3	4.6	3	4.6	6	9.2
	High	0	0	2	3.1	2	3.1
Sexual orientation	Gay or lesbian	18	27.7	15	23.1	33	50.7
	bisexual	15	23.1	17	26.1	32	49.3

November 2020 during pandemic times. Recruitment targeted specifically self-identified sexual minority individuals, and involved Internet notifications (emails and electronic messages) sent to LGB organizations in Portugal and Brazil, social networks such as Facebook, and mailing lists. Accessible online information concerning the study presented its goals and procedures and included all of the principles of traditional research ethics: confidentiality and anonymity, and informed consent. Participation in the study was formalized after acknowledging the guidelines of informed consent. The interview script's design phase (question format, content, order, number, and question delivery) led to a script with a single central open-ended question. This was a deliberate choice by the researchers, designed to meet the requirements indicated by Hsieh and Shannon³² for subsequent data content analysis. Confidentiality was assured by using codes on data documents, encrypting identifiable data, assigning security codes to computerized records, and limiting access to identifiable information (IP address). The Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088) approved this study.

Analyses

The transcripts from all interviews were entered in NVivo (version 12), which is a software program used for qualitative methods research to process a rich dataset of unstructured information (like interviews). The software automates manual tasks, like classifying or organizing information. Specifically,

it analyzes the unstructured text, namely, qualitative content analysis, to identify concepts that emerge from the text, subsequently linked together.³³ We adopted a conventional conceptual content analysis approach (the analysis involved quantifying and counting the presence explicit and implicit terms in order to examine the occurrence of selected terms in the data) that enabled us to gain direct information from participants without imposing preconceived categories and names for the categories derived from the data.³² The following steps for conducting the conceptual content analysis were taken: (a) we decided the level of analysis: word, word sense, phrase, sentence, themes; (b) we decided how many concepts to code for allowing flexibility to add categories through the coding process; (c) we decided to code for existence or frequency of a concept in the text; (d) we created coding rules so that similar word segments were transparently categorized in a logical fashion to provide clear distinction among concepts; (e) we developed rules for coding of the texts, to promote validity; (f) we ignored irrelevant information; (g) we coded the text using NVivo, inputting categories and having coding done automatically; and (h) we finally analyzed our results, quantifying general trends and patterns.

Trustworthiness/rigor of our study was ensured by conducting all research tasks in a precise, consistent, and exhaustive manner to enable credibility, transferability, dependability, and confirmability. COREQ compliance for this study was checked for each of the 32 criteria (rated yes/no) by the researchers. Discrepancies in study inclusion or

item ratings were resolved with the inclusion of two experts who examined all transcripts independently, thus identifying broader principal themes that emerged from the interview. These two experts then followed a “negotiated agreement” approach³⁴ to assess intercoder reliability, compare coding, and discuss disagreement to reconcile and reach a final version. Based on this conjoint analytic procedure, the final broader themes were organized, assessed, analyzed, and presented. The illustrative quotations used came from the online interviews and indicated each participant’s age, nationality, gender, and sexual orientation.

Results

The thematic analysis of the participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur, as shown in Table 2. Subcategories that were mentioned less than 5 times were excluded from this analysis. The results are presented comparatively between Portugal and Brazil.

The illustrative quotations used come directly from the online interviews and indicate the first name (a fictitious name assigned by the study’s authors), sexual orientation, and gender identity, age, and country of origin of each participant.

Mental Health

LGBTQI individuals traditionally present poorer mental health indicators than heterosexual people due to the effect of sexual stigma and discrimination, as suggested by the

minority stress theory.³⁵⁻³⁷ In the scenario of COVID-19, the pandemic significantly affected our participants’ mental health by creating discourses of sadness and depression, anxiety and stress, fear and panic, anger, and loneliness. These negative emotional manifestations were increased by the pandemic circumstances, given that, in some cases, self-assessment of mental health was already poor and was worsened by the impediment of maintaining social and family support contacts, by the need to adapt to behavioral changes and permanent immersion in a threatening, dangerous environment. The uncertainty about the future, the fear of catching the disease, the fear of losing their jobs, and the anger at the criticism of the way governments managed the pandemic have created intense feelings of anxiety, yet more accentuated by loneliness.

COVID-19 has had a very negative impact on my life because my mental health was already fragile before the pandemic; the problem is that now, due to knowing that I cannot be with my friends or family, I get much sadder. I need the touch, the kisses, and the hugs to be happier.

—António, bisexual man, 19 years old, Portugal.

As I belong to the risk group and have family members with whom I live daily who also do, I feel sad and hopeless when I see people not wearing a mask, and where I live, the elderly who walk around without a mask predominate. It really affects my life.

—Thiago, gay man, 54 years old, Brazil.

Table 2. Key Themes Identified

Theme	Subcategory	Portugal	Brazil
Mental health	Sadness/depression	10	7
	Anxiety/stress	12	11
	Fear/panic	8	8
	Anger	5	6
	Loneliness	6	5
Isolation	Social distancing	14	12
	Leisure impediments	9	7
Relationships	Family	8	10
	Friends	7	8
Work	Work-related problems	13	11
Education	Education-related problems	9	9
Finances	Money problems	7	9
Change	Behavioral changes	10	9
	Opportunity to grow	7	6
Coping	Seeking support	8	6
	Accessing information	7	7
	Physical activities	5	8
LGBTQI topics	Health barriers	5	5
	Going back into the closet	6	7
	Pride celebration events	7	9
	Online dating	8	7

It made me postpone or suspend opportunities that were about to happen, suspending my life. This creates a lot of anxiety and insecurity about the future.

—Pedro, bisexual man, 37 years old, Portugal.

The new job requests happen in a virtual environment, which is not at all welcoming. Besides, it creates much anxiety because I want to adapt and participate, but it is not easy. However, it is not only anxiety about the present, but also about the future, the reorganization of society and its mechanisms, an aggravated situation where one is in a condition of vulnerability.

—Rodrigo, bisexual man, 34 years old, Brazil.

Physical symptoms of anxiety arose, but I had a hard time noticing them and asking for medical help. Only later was it confirmed that I had anxiety, I started taking medication and took up psychotherapy.

—Mariana, lesbian woman, 22 years old, Portugal.

Working in healthcare, I was very overwhelmed. My grandmother had cancer, and I was afraid to visit her because of the pandemic, and she eventually passed away without my being able to live with her at the end of her life. Before the pandemic, I bought a property, and this burden has repercussions on my financial life. It has been a tough year. Lots of stress.

—Paulo, bisexual man, 29 years old, Brazil.

The socio-labor transformations imposed by the pandemic have created several fears, especially those of infecting the most vulnerable people around them, such as parents or grandparents, fear of becoming infected with COVID-19, fear of losing their jobs, and fear of being around people and socializing. Thus, the discourses of our participants demonstrate the greater vulnerability resulting from belonging to a sexual minority, namely, the feeling unprotected and without social support, which, in turn, generated feelings of anger.

I am very affected by COVID-19 because I live with my elderly parents, and I am afraid they are contracting it.

—Ricardo, gay man, 41 years old, Brazil.

I had a drastic salary reduction that will go until December 2021 by collective agreement (for the non-dismissal of all employees). I had COVID-19 and stayed away from everything and everyone during quarantine, and I still (even after three months) have some symptoms (sequelae). I'm afraid (despite all the care) that my parents would get the disease.

—Fábio, gay man, 42 years old, Brazil.

I am afraid of socializing and panicked every time I was around people.

—Cristina, bisexual woman, 33 years, Portugal.

The pandemic has changed my whole life routine and that of my family. The fact that my country's authorities do not take proper action to control the disease makes me angry and constantly stressed.

—Rodrigo, bisexual man, 34 years old, Brazil.

I feel loneliness, many difficulties in relating to people, and much stress because I have little work and many difficulties in paying the bills.

—Luís, gay man, 36 years old, Portugal.

Isolation

LGBTQI individuals, especially the most vulnerable, such as young or older LGBTQI individuals, are more likely to feel socially isolated due to the circumstances of marginalization and anticipation of rejection by family and friends, especially when access to available community support structures is not possible. Given that one of the prophylactic measures to contain the pandemic involves precisely the prescription of isolation and social distancing, this has had a significant impact on our participants' lives, especially on mental health, being intrinsically linked to feelings of anxiety, depression, and even suicide.

Social isolation made life quite complicated.

—Lara, lesbian woman, 37 years old, Brazil.

Social isolation has considerably worsened my mental health.

—Cristina, bisexual woman, 33 years old, Portugal.

The existence of the disease (COVID-19) itself did not affect me much. What affected me a lot was the need for indefinite isolation at a time of drastic and important changes (going to university), uncertainties, and a lack of sharing experiences with other first-year students. It affected me a lot at the mental level.

—João, bisexual man, 20 years old, Portugal.

The impact of the pandemic on physical health is real and visible. The emotional impact is also real but invisible, at least in the short term, and it worries me. I am worried about people's emotional isolation. At a time when we need to feel close and supported by our own, it is when we are required to stay far away.

—Beatriz, bisexual woman, 30 years old, Portugal.

The pandemic had a very negative impact on me, especially at the time of the state of emergency and now that I am at home in isolation. Being closed at home and having too much free time makes me think about many things, even suicide, something that has not happened in a long time.

—José, gay man, 32 years old, Portugal.

Several participants reported that isolation harmed previously commonplace leisure activities. Given that many of these activities were associated with maintaining physical and mental health, namely to mediate stress, the negative impact of not having these activities causes in their lives is notorious.

My work has been entirely at a distance since the end of March 2020, and this often leaves me exhausted because I work more than I should, and I cannot distinguish between work and leisure time. This lack of boundaries makes me constantly concerned about work and personal life at all times.

—Joana, bisexual woman, 24 years old, Brazil.

The pandemic prevented leisure activities that, for me, were fundamental to be able to de-stress.

—Manoel, gay man, 59 years old, Brazil.

As a hairdresser, I was not able to work and, at the same time, without being able to do the leisure activities that gave me pleasure.

—Bruno, gay man, 43 years old, Portugal.

As I live in a more rural area and with a specific work with poor contact with the public, the pandemic has only changed the way I do leisure activities. Since the beginning of the pandemic, I have been avoiding cities, shopping malls, cinema, etc.

—Francisco, gay man, 37 years old, Portugal.

Relationships

Most participants mentioned significant relationships, especially family and friends, as areas significantly affected by the COVID-19 pandemic. The circumstances of isolation activated feelings of responsibility, fear of contagion, and maintenance of preestablished dynamics, namely maintaining physical and emotional balance.

For me, the main impact of this pandemic was the distancing of my family.

—Vinicius, gay man, 25 years old, Brazil.

I do not care about myself. I care about my family. I do not mind dying, but I do not want my family members to die.

—Helena, bisexual woman, 37 years old, Brazil.

COVID-19 shook all structures, social, labor and economical, but the worst was at the time the lockdown was enacted, I was isolated from all my family and friends, and this brought many negative impacts to my physical and emotional health.

—Gilberto, gay man, 36 years old, Brazil.

On the other hand, especially for younger participants, it was clear the pandemic's negative impact on maintaining

friendship relationships, which were one of the primary sources of social support that LGB youth are more likely to feel.³⁸ The lack of maintenance of friendship relationships activated feelings of vulnerability and low self-esteem associated with others' anticipation of rejection.

I feel like I walked away from my friends during the pandemic, and somehow I was responsible for it.

—Berta, bisexual woman, 23 years old, Brazil.

The biggest impact I felt was at an emotional level because I stopped having the routine of going to college, not being able to see many of my friends, interact with them, and not being able to do the things I like most with them... this has been quite complicated.

—Rita, bisexual woman, 23 years old, Portugal.

Work and Finances

Workplaces can be, for most LGBTQI individuals, contexts that are not open to visibility. For this reason, many people choose to stay in the closet, hiding their sexual orientation for fear of harassment, discrimination, or oppression. The COVID-19 pandemic, coupled with wage and labor restrictions, has activated many of these fears in our participants.

I am afraid I will be out of work. I depend on my work to survive, and the fact that I work in the primary sector as a bi-man does not help. What would be worse than being discriminated against for being bisexual? Being discriminated against for being bisexual and unemployed.

—Júlio, bisexual man, 35 years old, Brazil.

I had to accept the company's conditions on downsizing and laying-off because at this moment, and there is no alternative. This leaves me in a very precarious situation.

—Fábio, gay man, 42 years old, Brazil.

Education

The impact of COVID-19 on our participants' education stems mainly from the pandemic changes in the nature and quality of teaching-learning activities. More or less promptly, governments have determined measures to stop the school/university activities or continue them in an online format.

The lack of government actions to return to academic activities will leave permanent marks of delay in my professional curriculum.

—Vitor, bisexual man, 25 years old, Brazil.

My doctoral program course and all classes have moved to the online format. My field project for doctoral research has been completely modified. I had COVID-19 and stayed away from everything and everyone and lost track of things.

—Fábio, gay man, 42 years old, Brazil.

Study activities have changed dramatically, I have had constant requests for online events and to publish articles, and to be bombarded with “interesting” lives, as well as invited to attend communications, and I have the willingness to participate in everything even if it is humanly impossible.

—Rodrigo, bisexual man, 34 years old, Brazil.

Behavioral Changes

The pandemic’s behavioral changes, namely the adoption of new hygiene habits and prophylaxis of virus infection, were not easy to implement because they were not generated from intrinsic motivations but rather externally imposed by health authorities to prevent the occurrence of contagions. These circumstances have forced many of our participants to review their core value systems, although some may have been in a phase of contemplation and distanced from tangible threats.

I was forced to review several behaviors in particular and in general, due to the severity of the problem, as well as its consequences, often unknown.

—Hugo, bisexual man, 67 years old, Brazil.

I had to change the way I perceive having control in life because plans change daily or are only made for the short term.

—Fábio, gay man, 42 years old, Brazil.

Personal Growth

For many of our participants, the COVID-19 pandemic constituted an opportunity for personal growth. From a new world organization, unfamiliar and uncertain, unpredictable and uncontrollable, many managed to take advantage of adversity to solve chronic problems, improve health habits, or start new achievements. These participants were able to interpret and respond to the crisis with a positive attitude, relativizing and looking at difficulty, and embracing adversity, generating positive emotions integrated into their purpose of human growth.

It all turned out to be OK because I am in telework, and it physically took me away from what disturbs me in professional terms, bad people and the bad environment in the workplace. This allowed me to feel better about myself and my abilities.

—Luísa, lesbian woman, 30 years old, Portugal.

I had no negative impact. On the contrary, during the pandemic, I improved my eating habits, approached some important people, started exercising regularly, and some situations (such as seeing the struggle of doctors and nurses, for example) renewed my hopes in humanity, in a way.

—Vanessa, bisexual woman, 27 years old, Brazil.

It forced me to change the way I relate to others. I started a new relationship in the middle of the pandemic, which has survived until now, and is now solidified, which is the best I could ask for.

—Fernando, gay man, 28 years old, Portugal.

Coping Mechanisms

Several participants mentioned the importance of seeking support to address the specific need to deal with the pandemic’s negative consequences, namely the search for physical and mental health care. Other participants mentioned the importance of keeping physical activity a fundamental strategy for maintaining physical sanity and meditation to maintain mental sanity. Limited access to COVID-19-related information was also mentioned as a valuable and effective way to mediate the pandemic’s negative impact.

I started to have physical and psychological symptoms. At first, I was afraid to seek medical services due to hospitals’ barriers and fear of catching COVID-19. However, then I was able to make an appointment and started taking medications and doing psychotherapy, which has helped a lot to deal with various issues.

—Nuno, gay man, 22 years old, Portugal.

I live in a house, and I practice slackline on the outside. Therefore, physical activities were not impacted, and this has helped me feel good. I value contact with nature, plants, and trees. Although there is social isolation, I have plenty of space to walk around. Nature calms me down. Besides, I practice meditation, and this also contributes to being relaxed in the face of difficulties. I watch little and selected news, and this selectivity of information helps me feel good. I try to focus on the solutions, avoiding putting the problem bigger than is necessary.

—Roberto, gay man, 27 years old, Brazil.

LGBTQI Topics

Participants mentioned specific aspects of the impact of COVID-19 on their lives as sexual minority people due to social inequalities that they face, which may harm their well-being, as it is likely that people most marginalized by society due to their minority sexual status will have more difficulties in adapting to new circumstances. This reflects fewer resources, fewer traditional sources of social support, and constant exposure to adverse social circumstances characterized by discrimination and social exclusion. Some participants mentioned the difficulties in accessing health care, not only because they were afraid of the COVID-19 infection that could occur when going to the hospital/health center but also because they had some specific pathology, for example, HIV, which involved greater visibility of their sexual orientation, thus anticipating increased stress. Other

participants expressed their frustration at the cancellation of LGB pride celebration events and activities. These are moments of affirmation of minority sexual identities that lack constant visibility. The fact that they could not be carried out for epidemiological reasons has also generated some fear about the strengthening of invisibility and hate discourses toward LGBTQI individuals.

On the other hand, it was mentioned by some participants that, in this pandemic circumstance, they were forced to return to the closet, either explicitly or implicitly, for example, when they had to return to live at their parents, and the topic of sexual identity was found to be a taboo. Job hunting as an LGB person also created fears about being discriminated against at the workplace. Finally, some participants reported specific difficulties in the search for sexual or meaningful relationships. Although it was easy to establish contacts through online dating sites or apps, the pandemic imposed physical barriers that were not easy to manage and put in standby many loving expectations.

Being HIV positive and therefore with immunity problems, I was afraid that getting COVID-19 would be a death sentence for me. So, I did not leave the house and even let the antiretroviral medication run out. Fortunately, it was possible to have it delivered to my house, which prevented me from going out.

—Cláudio, gay man, 31 years old, Portugal.

I was very sorry that all LGB pride celebration events had to be canceled. These are significant moments for LGB activism, a time of celebration and joy, and the affirmation and strengthening of minority identities that cannot be forgotten and deserve to be dignified. I hope that soon everything will be able to return to normal.

—Inês, lesbian woman, 26 years old, Portugal.

Unfortunately, I lost my job and ran out of money to pay for rent and had to go back to my parents' house, who never accepted my being gay. We live in a tense environment where nobody talks. I had to go back into the closet, and I feel like I am 16 again. Backsliding like this is very bad.

—Guilherme, gay man, 38 years old, Brazil.

It is a paradox, nowadays, social networks bring us closer, but with the pandemic, you cannot do much with it. I have made some contacts, I would like to get a girlfriend, but then it was so challenging, if not impossible, to have a date. The fears that the pandemic brings are very frustrating.

—Jéssica, lesbian woman, 26 years old, Brazil.

Discussion

This study aimed to understand the psychosocial impacts of the COVID-19 pandemic on Portuguese and Brazilian

LGBTQI individuals. General results show different themes emerged: mental health, isolation, relationships, work, education, finances, changes, coping, and LGBTQI topics. These results corroborate with others, in which LGBTQI individuals are also suffering from more significant psychosocial stressors during the pandemic.^{17,39-41} Understanding these results is especially important since these stressors can further increase physical and mental health disparities in an already vulnerable population due to oppression from a discriminatory social environment.^{25,35,36,42}

Mental Health

The LGB population is one of the groups most affected by COVID-19.¹⁷ These individuals were already at a social disadvantage due to sexual stigma, prejudice, and society's discrimination against their sexual orientation,⁴³ which negatively impacts their mental health.^{35,36} Moreover, LGBTQI individuals have a higher prevalence of problems related to mental health functioning,²⁵ including higher levels of depression, anxiety, and suicidal ideation,^{44,45} compared to their heterosexual peers.⁴⁶ Thus, our study results are in line with the existing literature that shows that the emergence of the COVID-19 pandemic and the adoption of lockdown measures to contain it has aggravated LGBTQI individuals' mental health.¹⁴

Some participants still mentioned the difficulties in accessing health care, mainly by those who had some pathology, such as HIV. According to the OutRight Action⁴⁷ report, sexual minority people without antiretroviral treatment are at risk of contracting the most severe cases of COVID-19. Fear and concerns about how they would be treated, anticipated stigma, discrimination, and isolation were also associated with the delay in seeking health care,⁴⁷ which contributed to the negative impact on their physical health as well.⁴⁸

Isolation

The adoption of COVID-19 lockdown measures led to a reduction in contact with family and friends by the participants in this study. The fear that their family and friends would be infected with the new coronavirus⁴⁹ may have affected these relationships' maintenance. Moreover, adopted measures resulted in feelings of loneliness and rejection in the sample, which led to depressive and anxiogenic symptoms.⁵⁰ Since the pandemic caused many LGB individuals to have to stay at home longer or move in with family members,⁵¹ some participants pointed to their need to return to the closet and deal with family stress. This was because many sexual minority people tend to suffer from prejudice and rejection from their own families,⁵² with increased conflictual dynamics.⁵¹ During the pandemic, a hostile family climate was associated with higher levels of depression and anxiety.⁵³

Relationships

Additionally, LGB individuals had less contact with LGB community systems⁵⁴ and the cancellation of pride events seems to have negatively affected some of our participants. This is of particular relevance, insofar as pride celebration events have been proved to be an essential resource for resilience, connection, and support for sexual minority people,⁴² being associated with higher levels of overall well-being.^{36,55} The search for sexual or significant relationships was also affected, which, according to Sanchez et al,³⁹ is a concern since intimate relations are generally considered protective for mental and physical health and relationships.^{36,57} Finally, lockdown also prevented our participants from taking part in leisure activities, such as going to the cinema, traveling, or going to the gym, which harmed their lives since these activities promote the overall quality of life.⁵⁸

Work and Education

The LGB population is subject to a stressful social environment created from sexual stigma, prejudice, and discrimination, often exhibiting feelings of internalized shame about their sexual identity,⁵⁹ which can also occur at the workplace.⁵¹ In a study by Pereira and Costa,²⁵ 24% of the sample participants stated that they felt the need to hide their sexual orientation in the workplace to avoid discrimination experiences. According to the literature,^{60,61} financial problems severely affect the LGB community, especially in Brazil. For example, in a Brazilian study of about 10,000 LGBTIQ individuals, 1 in 5 participants reported not having any income due to the pandemic, with 4 out of 10 being unable to survive without a salary for more than 1 month.⁶² This seems to reflect how the heteronormativity model imposed by society⁴³ may have harmed the participants in this study.⁶³

The COVID-19 pandemic led governments to shut down several educational establishments and continue teaching activities in an online format. However, distance learning tends to exacerbate existing inequalities since not all students have the necessary and quality equipment to take classes online.⁶⁴ Also, many teachers and professors felt overwhelmed and needed to learn, in a short time, how to use digital platforms,⁶⁵ which may have negatively influenced the learning outcomes of those of our participants who were students.⁶⁶

Change and Coping

Despite the difficulties and stigma experienced by LGBTIQ individuals in this study, the pandemic's behavioral changes led many participants to reflect on their life values, manage to respond to the crisis positively, embrace adversity, and focus on their personal growth. Many have adopted strategies such as seeking physical and mental health care, exercising,

meditating, and maintaining limited access to information related to COVID-19 to lessen the negative impact of the pandemic and maintain good physical and mental health levels.

This positive outlook may be linked to the participants' sense of belonging in their minority category and resilience,⁶⁷ which helped identify a certain level of positive marginality.⁶⁸ Coherence with their marginal status helped build a sense of authenticity and well-being, enabling the pandemic crisis to create higher resilience levels.⁶⁹

LGBTIQ Topics

Our results suggest that the COVID-19 pandemic has impacted LGBTIQ individuals in very unique ways due to the presence of negative emotional concerns among Portuguese and Brazilian participants that led them to perceive barriers when accessing health services, to be forced to go back into the closet, to not be able to attend pride celebration events, and dealing with limitations when dating online. These psychosocial circumstances may have increased the existing vulnerabilities of this population. Our study confirms previous data from Portugal and Brazil^{70,71} concerning the impact of COVID-19 among LGBTIQ population on mental health and work-related quality of life, and this may have conditioned the access to health care services, through the anticipation of rejection and fear of the disease. On the other hand, the fact that many families do not accept their LGBTIQ family members, led many of our participants to go back into the closet, and this is not without relevant psychosocial consequences, such as LGBTIQ identity erasure on the existing heteronormative culture and exposure to sexual stigma.⁷² Also, the cancelling of all LGBTIQ pride celebration events negatively affected our participants significantly, because these events constitute a single opportunity to promote visibility, empowerment, and community support.⁷³ Finally, being forced to stay at home made LGBTIQ individuals to be more exposed to the risk of social isolation and lack of dating interaction, with a drastic decrease of regular sexual and relational activities and an increased risk of sexual and relational activities under the effect of illicit substances,⁷⁴ and sexual and intimate partner violence.⁷⁵ Therefore, the COVID-19 pandemic led to a long-lasting exposure to adverse circumstances among LGBTIQ individuals in Portugal and Brazil.

Limitations and Future Directions

This study is not without limitations. The first one refers to the transversal nature of the study. As the pandemic's future is still uncertain and people are usually influenced by their environment,⁷⁶ individuals' perceptions can be altered according to their success. In this sense, it would be helpful to investigate psychosocial impacts' perception over time in a longitudinal study that could contribute to the long-term

understanding of issues sensitive to the LGBTQI community during and after the COVID-19 pandemic, as well as its psychosexual health consequences. The pandemic's effect on psychosexual health and deprivation of "social touch" remains unknown among LGBTQI individuals but is critically detrimental to well-being.⁷⁷ As COVID-19 is a highly contagious infection, this has led to doubts relating to how sexual relationships, sexual health, and sexual well-being can be affected.

Given the qualitative nature of this research, we decided not to separate the results by sexual orientation or nationality, considering that, in general, all participants represent a sexual minority subject to discrimination and social stigma.^{35,36} However, in future studies, it would be intriguing to compare the specificities of each of the sexual minority's categories, as in the case of bisexuals, who, because of the double stigma effect, may suffer more from significant psychosocial stressors, which affect their physical and mental health.⁷⁸ Or, in the case of Brazil's society being so violent toward sexual minority people, in future studies, it would be helpful to examine these exacerbated influences in the psychosocial well-being of LGBTQI individuals.

Compared to the traditional qualitative studies which use a semistructured interview guide, we have used a single open-ended question with the lack of a person-guided interview. Also, as it was purely online, there were no chances of probes or memos which could have further elaborated the rich contextual information. Finally, the study was composed of single, middle-class participants with university training and from urban environments, thus not being representative of all LGBTQI individuals in Portugal and Brazil. Despite this, the sample size and the rigor of analysis reinforce our intention to put the voice of this minority group on the social agenda so that their perceptions on the psychosocial impact of COVID-19 in their lives are heard. In future studies, it would be convenient to add larger and more representative samples, which would contribute to the adoption of relevant policies to promote the fundamental rights of sexual minorities in times of COVID-19 pandemic.

Conclusions and Implications

This study provides an important contribution to current knowledge of the psychosocial factors resulting from the pandemic that impacted LGB individuals in Portugal and Brazil. The COVID-19 pandemic poses specific challenges exacerbated by stigma and sexual discrimination and amplifies social inequalities.^{47,79} LGBTQI individuals are at increased emotional and social risks during the ongoing pandemic, and their voices are mostly unheard. Hence, there is a need for policy implementation and community awareness about their social welfare and this is vital to improving their health and well-being.^{80,81} Despite this, several participants proved to be positive, resilient, and determined to their personal growth, which is an essential factor in strengthening the LGBTQI community.

Given that the consequences of COVID-19 may extend over time, it is necessary to place this population in the center of pandemic strategies, maintain organizations that represent LGB rights, physical, mental, and specific, educational health services, as well as other social support networks (food, safe shelter, etc.) available during the pandemic.^{47,82} It is also important to reach both inside and outside the LGBTQI communities to increase efforts to mitigate the negative impact already existing and enhanced by the pandemic.

Portugal has transitioned from repressive and exclusive environments for LGBTIQ individuals to more accepting and inclusive ones and is among a handful of countries in the world that have enshrined in their constitutions the prohibition of discrimination on the grounds of sexual orientation. Nonetheless, Portuguese society is still restricted by negative societal attitudes toward LGBTIQ individuals, and our results are consistent with accumulating data indicating that psychosocial quality of life can be diminished due to exposure to social discrimination,⁸³ and policymakers in Portugal need to be particularly aware of LGBTIQ people's needs in their social inclusion decisions, currently scarce in both Portugal and Brazil.

With a rich religious history of Catholicism juxtaposed with a sexually liberal public, Brazil interacts with its LGBTIQ community in a very distinct and often conflicting manner. Being the worst transgressor of LGBTIQ rights in the world, Brazil has operated in a paradoxical situation where it is also a world leader in the campaign for LGBTIQ rights.⁸⁴ Therefore, our results can be seen as a catalyst for the Brazilian LGBTIQ human rights discourse and raise awareness to the necessity of more effective measures to end anti-LGBTIQ violence.

To begin addressing this omission, this study documented the psychosocial impacts of COVID-19 pandemic on LGB people living in Portugal and Brazil, but more research is needed, namely, the inclusion of transgender, intersexed, and queer individuals to address psychosocial disparities among these groups. In addition, quantitative research is needed to address the needs of LGBTIQ individuals that could translate into more inclusive policy measures, namely, innovation when implementing local and global actions to protect LGBTIQ individuals and facilitating the improvement of their overall levels of quality of life and psychosexual health during and after the COVID-19 pandemic.

Still, these data add to the international discourse on stigma among sexual minority persons during the COVID-19 pandemic. Furthermore, our results facilitated dialogue, questioning sources of oppression, and promoting of values which among Portuguese and Brazilian cultures are committed to social change for this group of people, ensuring the implementation of prejudiced-free practice guidelines in these 2 countries and others.

Informed Consent Statement

All subjects gave their informed consent for inclusion before they participated in the study.

Research Involving Human Participants' Statement

This research was approved by the Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088), and it was conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments regarding research involving human participants.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Henrique Pereira  <https://orcid.org/0000-0001-9448-682X>

References

- Sheridan Rains L, Johnson S, Barnett P, et al. Early impacts of the COVID-19 pandemic on mental health care and on people with mental health conditions: framework synthesis of international experiences and responses. *Soc Psychiatry Psychiatr Epidemiol.* 2021;56:13-24. doi:10.1007/s00127-020-01924-7.
- Farkas KJ, Romaniuk JR. Social work, ethics and vulnerable groups in the time of coronavirus and Covid-19. *Soc Reg.* 2020;4(2):67-82. doi:10.14746/sr.2020.4.2.05.
- Velavan TP, Meyer CG. The COVID-19 epidemic. *Trop Med Int Health.* 2020;25(3):278-280. doi:10.1111/tmi.13383.
- Nogueira PJ, Araújo Nobre M, Nicola PJ, Furtado C, Carneiro AV. Excess mortality estimation during the COVID-19 pandemic in Portugal: preliminary data from Portugal. *Rev Científica Ordem Dos Médicos.* 2020;33(6):376-383. doi:10.20344/amp.13928.
- Marques da Costa E, Marques da Costa N. A pandemia COVID-19 em Portugal continental - uma análise geográfica da evolução verificada nos meses de março e abril. *Rev Bras Geo Med Saúde.* 2020;72-79. doi:10.14393/Hygeia0054396.
- Cavalcante JR, Cardoso-dos-Santos AC, Bremm JM, et al. COVID-19 no Brasil: evolução da epidemia até a semana epidemiológica 20 de 2020. *Epid Servico Saúde.* 2020;29(4):1-13. doi:10.5123/s1679-49742020000400010.
- Aquino EML, Silveira IH, Pescarini JM, et al. Social distancing measures to control the COVID-19 pandemic: potential impacts and challenges in Brazil. *Ciencia e Saúde Coletiva.* 2020;25:2423-2446. doi:10.1590/1413-81232020256.1.10502020.
- Torres TS, Hoagland B, Bezerra DRB, et al. Impact of COVID-19 pandemic on sexual minority populations in Brazil: an analysis of social/racial disparities in maintaining social distancing and a description of sexual behavior. *AIDS Behav.* 2020. doi:10.1007/s10461-020-02984-1.
- Ruprecht MM, Wang X, Johnson AK, et al. Evidence of social and structural COVID-19 disparities by sexual orientation, gender identity, and race/ethnicity in an urban environment. *J Urban Health.* 2020;98:27-40. doi:10.1007/s11524-020-00497-9.
- Nicola M, Alsafi Z, Sohrabi C, et al. The socio-economic implications of the coronavirus pandemic (COVID-19): a review. *Int J Surgery.* 2020;78:185-193. doi:10.1016/j.ijssu.2020.04.018.
- Amsalem D, Dixon LB, Neria Y. The coronavirus disease 2019 (COVID-19) outbreak and mental health. Current risks and recommended actions. *JAMA Psychiatry.* 2021;78(1):9-10. doi:10.1001/jamapsychiatry.2020.1730.
- Banerjee D, Nair VS. "The untold side of COVID-19": struggle and perspectives of the sexual minorities. *JPsychosex Health.* 2020;2(2):113-120. doi:10.1177/263183182093901.
- Dubey S, Biswas P, Ghosh R, et al. Psychosocial impact of COVID-19. *Diabetes Metab Syndr Clin Res Rev.* 2020;14(5):779-788. doi:10.1016/j.dsx.2020.05.035.
- Moore SE, Wierenga KL, Prince DM, et al. Disproportionate impact of the COVID-19 pandemic on perceived social support, mental health and somatic symptoms in sexual and gender minority populations. *J Homosexuality.* 2021;68(4):1-15. doi:10.1080/00918369.2020.1868184.
- Salerno JP, Williams ND, Gattamorta KA. LGBTQ populations: psychologically vulnerable communities in the COVID-19 pandemic. *Psychol Trauma.* 2020;12(1):239-242. doi:10.1037/tra0000837.
- Salerno JP, Devadas J, Pease M, et al. Sexual and gender minority stress amid the COVID-19 pandemic: implications for LGBTQ young persons' mental health and well-being. *Public Health Rep.* 2020;135(6):721-727. doi:10.1177/0033354920954511.
- Krueger EA, Fish JN, Upchurch DM. Sexual orientation disparities in substance use: investigating social stress mechanisms in a national sample. *Am J Preventive Medicine.* 2020;58:59-68. doi:10.1016/j.amepre.2019.08.034.
- Pereira H, Cunha MJ, Monteiro S, et al. Affirmative competence and practices of mental health professionals with LGB clients. *Community Ment Health J.* 2019;55:884-893. doi:10.1007/s10597-019-00373-0.
- Rodriguez-Seijas C, Fields EC, Bottary R, et al. Comparing the impact of COVID-19-related social distancing on mood and psychiatric indicators in sexual and gender minority (SGM) and non-SGM individuals. *Front Psychiatry.* 2020;11:590318. doi:10.3389/fpsy.2020.590318.
- Suen YT, Chan RCH, Wong EMY. Effects of general and sexual minority-specific COVID-19-related stressors on the mental health of lesbian, gay, and bisexual people in Hong Kong. *Psychiatry Res.* 2020;292: 113365. doi:10.1016/j.psychres.2020.113365.

21. Allen S. COVID-19 is straining mental health - could technology be the answer? *IEEE Pulse*. 2020;11(4):8-13. doi:10.1109/MPULS.2020.3008355.
22. Burton CL, Wang K, Pachankis JE. Psychotherapy for the spectrum of sexual minority stress: application and technique of the ESTEEM treatment model. *Cogn Behav Pract*. 2019;26(2):285-299. doi:10.1016/j.cbpra.2017.05.001.
23. Rankin SR, Weber G, Blumenfeld W, Frazer S. *2010 State of Greater Education for Lesbian, Gay, Bisexual and Transgender People*. Campus Pride; 2010.
24. Pereira H, Monteiro S. The role of political and legislative changes in the everyday lives of LGB individuals: the case of Portugal. *Sex Res Soc Policy*. 2017;14:300-309. doi:10.1007/s13178-016-0261-x.
25. Pereira H, Costa PA. Modeling the impact of social discrimination on the physical and mental health of Portuguese gay, lesbian and bisexual people. *Innovat Eur J Soc Sci Res*. 2016;29(2):205-217. doi:10.1080/13511610.2016.1157683.
26. Ferros M, Pereira H. Sexual prejudice in the Portuguese political context. *Soc Sci*. 2021;10:56. doi:10.3390/socsci10020056.
27. Keske HAG, Marchini VC. A criminalização da homofobia no Brasil: análise jurisprudencial e doutrinária. *revista práxis*. 2019;16(2):34-56. doi:10.25112/rpr.v2i0.1761.
28. Alves FL, Pereira PFS. A necessidade de políticas públicas de trabalho específicas para a comunidade LGBTI+ durante a pandemia. *Revista Da Seção Judiciária Do Rio de Janeiro*. 2020;24(48):106-129. doi:10.30749/2177-8337.
29. Mello L, Avelar RB, Brito W. Políticas públicas de segurança para a população LGBT no Brasil. *Revista Estudos Feministas*. 2014;22(1):297-320. doi:10.1590/S0104-026X2014000100016.
30. O'Connor H, Madge C. Internet-based interviewing. In: N. Fielding, R. Lee, & G. Blank, eds. *The SAGE handbook of online research methods* (pp. 271-289). SAGE Publications; 2008.
31. Hamilton R, Bowers B. Internet recruitment and email interviews in qualitative studies. *Qualitative Health Res*. 2006;16(6):821-835.
32. Hsieh H, Shannon S. Three approaches to qualitative content analysis. *Qualitative Health Res*. 2005;15(9):1277-1288.
33. Ryan GW, Bernard R. Data management and analysis methods. In: NK Denzin & YS Lincoln, eds. *Handbook of qualitative research* (pp. 769-802). SAGE Publications; 2000.
34. Campbell J, Quincy C, Osserman J, Pedersen O. Coding in-depth semi-structured interviews: problems of unitization and intercoder reliability and agreement. *Sociol Methods Res*. 2013;42(3):294-320.
35. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bull*. 2003;129(5):674-697. doi:10.1037/0033-2909.129.5.674.
36. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Sex Orientat Gend Divers*. 2013;1(S):3-26. doi:10.1037/2329-0382.1.S.3.
37. Meyer IH. Resilience in the study of minority stress and health of sexual and gender minorities. *Psychol Sex Orientat Gend Divers*. 2015;2(3):209-213. doi:10.1037/sgd0000132.
38. Pereira H, Esgalhado G. Intimate dynamics and relationship satisfaction among LGB adolescents: the role of sexual minority oppression. *Children*. 2021;8(3):231. doi:10.3390/children8030231.
39. Sanchez TH, Zlotorzynska M, Rai M, Baral SD. Characterizing the impact of COVID-19 on men who have sex with men across the United States in April, 2020. *AIDS Behav*. 2020;24(7):2024-2032. doi:10.1007/s10461-020-02894-2.
40. Barrientos J, Guzmán-González M, Urzúa A, Ulloa F. Psychosocial impact of COVID-19 pandemic on LGBT people in Chile. *Sexologies*. 2021;30:35-41. doi:10.1016/j.sexol.2020.12.006.
41. Santos GM, Ackerman B, Rao A, et al. Economic, mental health, HIV prevention and HIV treatment impacts of COVID-19 and the COVID-19 response on a global sample of cisgender gay men and other men who have sex with men. *AIDS Behav*. 2020;25(2):311-321. doi:10.1007/s10461-020-02969-0.
42. Frost MD, Meyer HI. Measuring community connectedness between diverse sexual minority populations. *Journal of Sex Research*. 2012;49(1):36-49. doi:10.1080/00224499.2011.565427.
43. Flores A. *Social acceptance of LGBT people in 174 countries, 1981 to 2017*. The Williams Institute; 2019.
44. Pereira H, Rodrigues P. Internalized homophobia and suicidal ideation among LGB youth. *J Psychiatr*. 2015;18(2):1-6. doi:10.4172/Psychiatry.1000229.
45. Plöderl M, Tremblay P. Mental health of sexual minorities. A systematic review. *Int Rev Psychiatr*. 2015;27(5):367-385. doi:10.3109/09540261.2015.1083949.
46. Barnes DM, Hatzenbuehler ML, Hamilton AD, Keyes KM. Sexual orientation disparities in mental health: the moderating role of educational attainment. *Soc Psychiatry Psychiatr Epidemiol*. 2014;49:1447-1454. doi:10.1007/s00127-014-0849-5.
47. OutRight Action International. *Vulnerability amplified: The impact of the COVID-19 pandemic on LGBTIQ people*. 2020. https://outrightinternational.org/sites/default/files/COVIDsReportDesign_FINAL_LR_0.pdf. Accessed May 14, 2021.
48. Barros MB, Lima MG, Malta DC, et al. Relato de tristeza/depressão, nervosismo/ansiedade e problemas de sono na população adulta brasileira durante a pandemia de COVID-19. *Epidemiologia e Serviços de Saude: Revista Do Sistema Unico de Saude Do Brasil*. 2020;29(4):1-12. doi:10.1590/s1679-49742020000400018.

49. da Silva FJG Jr, Sales J, Monteiro C, et al. Impact of COVID-19 pandemic on mental health of young people and adults: a systematic review protocol of observational studies. *BMJ Open*. 2020;10:1-6. doi:10.1136/bmjopen-2020-039426.
50. Hwang TJ, Rabheru K, Peisah C, Reichman W, Ikeda M. Loneliness and social isolation during the COVID-19 pandemic. *Int Psychogeriatr*. 2020;32(10):1-4. doi:10.1017/S1041610220000988.
51. da Silva Fonseca AG, dos Santos CR, Batista MVR, et al. Mercado de trabalho: análise teórica quanto a interferência dos fatores preconceito, estereótipos e discriminação no âmbito trabalhista. In: LP de Souza, ed. *Pesquisas em Administração* (pp. 1-85). Editora Inovar; 2020.
52. Pereira AA, Silva GAA, Botelho LS, Macedo SBM. Preconceito familiar: um determinante da depressão na comunidade LGBT em Uberlândia-MG. *Reunião Anual de Ciências*. 2018;9(1):1-18.
53. Gato J, Leal D, Seabra D. When home is not a safe haven: effects of the COVID-19 pandemic on LGBTQ adolescents and young adults in Portugal. *Psicologia*. 2020;34(2):89-100. doi:10.17575/psicologia.v34i2.1667.
54. Gibb JK, DuBois LZ, Williams S, et al. Sexual and gender minority health vulnerabilities during the COVID-19 health crisis. *Am J Hum Biol*. 2020;32(5):1-9. doi:10.1002/ajhb.23499.
55. McConnell EA, Janulis P, Phillips G, et al. Multiple minority stress and LGBT community resilience among sexual minority men. *Psychol Sex Orientat Gen Divers*. 2018;5(1):1-12. doi:10.1037/sgd0000265.
56. Hill M. Sex during the COVID-19 pandemic: a note from Dr Mike Hill, LGBT Foundation Trustee. *LGBT Foundation*. <https://lgbt.foundation/sexualhealth/sexduringcovid-19pandemic>. Accessed May 14, 2021.
57. LGBT Foundation. *10 ways to reduce health risks during sex*. <https://lgbt.foundation/sexualhealth/sexduringcovid-19pandemic/reducerisks>. Accessed May 14, 2021.
58. Ribeiro OCF, de Santana GJ, Tengan EYM, et al. O impacto da pandemia da COVID-19 no lazer de adultos e idosos. *Revista do Programa de Pós-graduação Interdisciplinar em Estudos do Lazer – UFMG*. 2020;23(3). doi:10.35699/2447-6218.2020.25456.
59. King M, Semlyen J, Tai SS, Killaspy H, et al. A systematic review of mental disorder, suicide, and deliberate selfharm in lesbian, gay and bisexual people. *BMC Psychiatr*. 2008;8(70):1-17. doi:10.1186/1471-244X-8-70.
60. Badgett MVL, Durso LE, Schneebaum A. *New patterns of poverty in the lesbian, gay, and bisexual community*. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>. Accessed May 14, 2021.
61. Badgett MVL, Waaldijk K, Rodgers Y. van der M. The relationship between LGBT inclusion and economic development: Macro-level evidence. *World Dev*. 2019;120:1-14. doi:10.1016/j.worlddev.2019.03.011.
62. Pereira B, Cardoso É, Feno D, et al. *Diagnóstico LGBT+ na Pandemia*. https://static1.squarespace.com/static/5b310b91af2096e89a5bc1f5/t/5ef78351fb8ae15cc0e0b5a3/1593279420604/%5Bvote+lgbt+%2B+box1824%5D+diagnóstico+LGBT%2B+a+pandemia_completo.pdf.
63. Gross J, Carlos PP. Da construção da sexualidade aos direitos LGBT: uma lenta conquista. *Revista Eletrônica Direito e Política*. 2015;10(2),747-761.
64. Souza S, Franco VS, Costa MLF. Educação a distância na ótica discente. *Educação e Pesquisa*. 2016;42(1):99-114. doi:10.1590/s1517-9702201603133875.
65. Dias E, Pinto FCF. A Educação e a Covid-19. *Ensaio: Avaliação e Políticas Públicas em Educação*. 2020;28(108):545-554. doi:10.1590/s0104-40362019002801080001.
66. Maia BR, Dias PC. Ansiedade, depressão e estresse em estudantes universitários: o impacto da COVID-19. *Estudos de Psicologia (Campinas)*. 2020;37:1-8. doi:10.1590/1982-0275202037e200067.
67. Batista IC, Pereira H. Mental health, resilience and HIV in older gay and bisexual men. *Educ Gerontol*. 2020;46(9). doi:10.1080/03601277.2020.1785673.
68. Unger RK. Outsiders inside: positive marginality and social change. *J Soc Issues*. 2000;56:163-179. doi:10.1111/0022-4537.00158.
69. Goldbach C, Knutson D, Milton DC. LGBTQ+ people and COVID-19: the importance of resilience during a pandemic. *Psychol Sex Orientat Gen Divers*. 2020. doi:10.1037/sgd0000463.
70. Duarte M, Pereira H. The impact of COVID-19 on depressive symptoms through the lens of sexual orientation. *Brain Sci*. 2021; 11(4):523. doi:10.3390/brainsci11040523.
71. Mendes C, Pereira H. Assessing the impact of COVID-19 on work-related quality of life through the lens of sexual orientation. *Behav Sci*. 2021;11(5):58. doi:10.3390/bs11050058.
72. Duarte BJ. Forced back into the closet: a (queer) principal's attempt to maintain queer erasure. *J Cases Educ Leadersh*. 2020;23(4):20-34. doi:10.1177/1555458920956310.
73. Burris S, de Guia S, Gable L, Levin DE, Parmet WE, Terry NP, eds. *Supporting LGBT Communities in the COVID-19 Pandemic. Assessing Legal Responses to COVID-19*. Public Health Law Watch, University of Colorado Law Legal Studies Research Paper No. 20-47; 2020.
74. Sousa AFL, Queiroz A, Lima S, et al. Prática de chemsex entre homens que fazem sexo com homens (HSH) durante período de isolamento social por COVID-19: pesquisa online multicêntrica. *Cad. Saúde Pública*. 2020; 36(12):e00202420. doi:10.1590/0102-311x00202420.
75. Stephenson R, Chavanduka TMD, Rosso MT, et al. COVID-19 and the risk for increased intimate partner violence among gay, bisexual and other men who have sex with men in the United States. *J Interpers Violence*. 2021. doi:10.1177/0886260521997454.

76. Winnicott DW. *Natureza Humana*. Imago; 1988.
77. Banerjee D, Rao TSS. Sexuality, sexual well being, and intimacy during COVID-19 pandemic: an advocacy perspective. *Indian J Psychiatr*. 2020;62(4):418-426. doi:10.4103/psychiatry.IndianJPsychiatry_484_20.
78. Alley J, Strassberg DS. Sexual minorities' psychosexual adjustment as reflected in the multidimensional sexuality questionnaire (MSQ). *J Bisexuality*. 2020;20(4):400-416. doi:10.1080/15299716.2020.1820419.
79. Pereira H. Improving access to health care for lesbian, gay and bisexual people. *Divers Equal Health Care*. 2016;13(2):207-210. doi:10.21767/2049-5471.1000e15.
80. Banerjee D, Rao TSS. "The graying minority": Lived experiences and psychosocial challenges of older transgender adults during the COVID-19 pandemic in India. A qualitative exploration. *Front Psychiatr*. 2021;11:604472. doi:10.3389/fpsyt.2020.604472.
81. Halkitis PN, Krause KD. COVID-19 in LGBTQ populations. *Ann LGBTQ Public Populat Health*. 1(4). doi:10.1891/LGBTQ-2020-0072.
82. OHCHR (Office of the High Commissioner Human Rights). *COVID-19 and the human rights of LGBTI people*. 2020. <https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf>. Accessed May 14, 2021.
83. Pereira H, de Vries B, Serrano JP, Afonso RM, Esgalhado G, Monteiro S. Depression and quality of life in older gay and bisexual men in Spain and Portugal. *Int J Aging Hum Dev*. 2020;91(2):198-213. doi:10.1177/0091415019864600.
84. Rosenberg A. *The Brazilian paradox: the lesbian, gay, bisexual, and transgender battle for human rights*. <https://www.du.edu/korbel/hrhw/researchdigest/latinamerica2/digest-human%20rights%20in%20latin%20america%20vol%202-brazil.pdf>. Accessed May 14, 2021.

Annexes

Annex 1 - Certificate of Communication of the Scientific Article
*Medindo os sintomas de ansiedade durante a pandemia COVID-19
através da lente da orientação sexual* at the XXIX Congresso
Internacional INFAD

XXIX CONGRESO INTERNACIONAL INFAD

“CONFIANÇA EM TEMPOS DE CRISE”

“CONFIANZA EN TIEMPOS DE CRISIS”

INSTITUTO POLITECNICO DE COIMBRA

ESCOLA SUPERIOR DE EDUCAÇÃO DE COIMBRA

COIMBRA | 6-8 MAYO 2021

D. Florencio Vicente Castro y Dña. Sonia Brito Costa, presidentes del Comité Organizador del *XXIX Congreso Internacional INFAD “Confianza en tiempos de crisis”* celebrado en el Instituto Politécnico de Coimbra de forma online los días del 6 al 8 de mayo de 2021

Certifican que D/D^a

JÉSSICA PEDRO

Ha participado en el mencionado Congreso Internacional

PRESENTANDO UNA COMUNICACIÓN CON EL TÍTULO: “Medindo os síntomas de ansiedade durante a pandemia COVID-19 através da lente da orientação sexual”



Fdo: Florencio Vicente Castro
Presidente Asociación INFAD



Fdo: Sonia Brito Costa
Coordenadora do Núcleo de Investigação em Ciências Sociais e Humanas da ESEC

INFAD (ASOCIACIÓN DE PSICOLOGÍA DE LA INFANCIA, ADOLESCENCIA, ADULTOS Y DISCAPACIDAD) Y NICSH (NÚCLEO DE INVESTIGAÇÃO EM CIÊNCIAS SOCIAIS E HUMANAS DA ESEC)



Annex 2 - Certificate of Communication of the Scientific Article
*Impacto psicossociais da pandemia da COVID-19 sobre as pessoas
lésbicas, gays e bissexuais que vivem em Portugal e no Brasil – Um
estudo qualitativo* at the XXIX Congresso Internacional INFAD

XXIX CONGRESO INTERNACIONAL INFAD

“CONFIANÇA EM TEMPOS DE CRISE”

“CONFIANZA EN TIEMPOS DE CRISIS”

INSTITUTO POLITECNICO DE COIMBRA

ESCOLA SUPERIOR DE EDUCAÇÃO DE COIMBRA

COIMBRA | 6-8 MAYO 2021

D. Florencio Vicente Castro y Dña. Sonia Brito Costa, presidentes del Comité Organizador del *XXIX Congreso Internacional INFAD “Confianza en tiempos de crisis”* celebrado en el Instituto Politécnico de Coimbra de forma online los días del 6 al 8 de mayo de 2021

Certifican que D/D^a

JÉSSICA PEDRO

Ha participado en el mencionado Congreso Internacional

PRESENTANDO UNA COMUNICACIÓN CON EL TÍTULO: “Impacto psicossociais da pandemia da COVID-19 sobre as pessoas lésbicas, gays e bissexuais que vivem em Portugal e no Brasil – um estudo qualitativo”



Fdo: Florencio Vicente Castro
Presidente Asociación INFAD



Fdo: Sonia Brito Costa
Coordenadora do Núcleo de
Investigação em Ciências Sociais e
Humanas da ESEC

INFAD (ASOCIACIÓN DE PSICOLOGÍA DE LA INFANCIA, ADOLESCENCIA, ADULTOS Y DISCAPACIDAD) Y NICSH (NÚCLEO DE INVESTIGAÇÃO EM CIÊNCIAS SOCIAIS E HUMANAS DA ESEC)



Annex 3 - Distinction for the Best Oral Communications with the
Scientific Article *Impacto psicossociais da pandemia da COVID-19
sobre as pessoas lésbicas, gays e bissexuais que vivem em Portugal
e no Brasil – Um estudo qualitativo*

XXIX CONGRESO INTERNACIONAL INFAD

“CONFIANÇA EM TEMPOS DE CRISE”
“CONFIANZA EN TIEMPOS DE CRISIS”

INSTITUTO POLITECNICO DE COIMBRA
ESCOLA SUPERIOR DE EDUCAÇÃO DE COIMBRA
COIMBRA | 6-8 MAYO 2021

D. Florencio Vicente Castro y Dña. Sonia Brito Costa, presidentes del Comité Organizador del *XXIX Congreso Internacional INFAD “Confianza en tiempos de crisis”* celebrado en el Instituto Politécnico de Coimbra en los días del 6 al 8 de mayo de 2021

Distinción de Mejores Comunicaciones Orales

Henrique Pereira, Jéssica Pedro, Cindy Mendes, Mariana Duarte, Patrícia G.Silva

Simposio

“El impacto de COVID-19 en el Bienestar Psicosocial a través del Lente de Minorías Sexuales y de Género en Portugal y Brasil”

Trabajos:

Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay and Bisexual People living in Portugal and Brazil - A Qualitative Study

Assessing the Impact of COVID-19 on Work-Related Quality of Life through the Lens of Sexual Orientation

Measuring Anxiety Symptoms during the COVID-19 Pandemic through the Lens of Sexual Orientation

The Impact of COVID-19 on Depressive Symptoms through the Lens of Sexual Orientation

Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample

Fdo: Florencio Vicente Castro
Presidente Asociación INFAD



Fdo: Sonia Brito Costa
Coordenadora do Núcleo de Investigação em Ciências Sociais e Humanas da ESEC

INFAD (ASOCIACIÓN DE PSICOLOGÍA DE LA INFANCIA, ADOLESCENCIA, ADULTOS Y DISCAPACIDAD) Y NICSH (NÚCLEO DE INVESTIGAÇÃO EM CIÊNCIAS SOCIAIS E HUMANAS DA ESEC)



