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Authors

Wootton, Angie R

Drabble, Laurie A

Sterzing, Paul R

et al.

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Social support and mutual aid during a pandemic: Experiences of African American, Latina, and White sexual minority women

Angie R. Wootton^{a,b} , Laurie A. Drabble^{c,d} , Paul R. Sterzing^b ,
Lauren A. Bochicchio^e , Cat Munroe^d , Ellen D.B. Riggle^f ,
Erin Michelle Turner Kerrison^b  and Tonda L. Hughes^{e,g} 

^aSchool of Social Welfare, University at Albany, Albany, New York, USA; ^bSchool of Social Welfare, University of California, Berkeley, Berkeley, California, USA; ^cSchool of Social Work, San Jose State University, San Jose, California, USA; ^dAlcohol Research Group, Public Health Institute, Emeryville, California, USA; ^eColumbia University School of Nursing, New York, New York, USA; ^fDepartments of Political Science and Gender and Women's Studies, University of Kentucky, Lexington, Kentucky, USA; ^gDepartment of Psychiatry, Columbia University Irving Medical Center, New York, New York, USA

ABSTRACT

The COVID-19 pandemic created barriers to social support for sexual minority women (SMW), which is vital to the promotion of mental and behavioral health resilience when confronting prolonged and/or excessive stress. We used phenomenological analysis to characterize ways SMW experienced and fostered social support during the pandemic. Seventeen Black, Latina, and White SMW completed Zoom and telephone interviews about their experiences during the initial months of the COVID-19 pandemic, including changes in support from family, friends, partners, neighbors, colleagues, and the LGBTQ+ community. Study findings highlight the importance of social support and mutual aid for SMW's resilience and wellbeing during the pandemic.

KEYWORDS

COVID-19; LGBTQ+; mutual aid; sexual minority women; social support

Introduction

The COVID-19 pandemic, first identified in December 2019, created a rapidly unfolding global phenomenon with widespread impacts across nearly every aspect of human life. By March 2020, public health measures designed to minimize transmission, such as stay-at-home policies, were enacted in most regions of the United States. Schools and universities sent students home, childcare centers closed, and offices laid off employees or required them to work remotely. This situation, in combination with restrictions on public spaces (e.g., store closures; social distancing), dramatically reduced opportunities for social interaction. The COVID-19

pandemic's impact was profound. By May 11, 2023, when the federal COVID-19 public health emergency declaration ended, over 6.1 million people in the U.S. had been hospitalized for COVID-19 and over 1.1 million people had died from the virus, making it the deadliest pandemic in recent history (Centers for Disease Control & Prevention [CDC], 2023).

The pandemic and efforts to mitigate its impact greatly decreased access to resources (e.g., social spaces, in-person mental health support, employment income) needed to successfully cope with increased economic, health, social, and relational stressors, which in turn impacted population-level mental and behavioral health problems. Research has documented increases in stress (Charles et al., 2021; Robillard et al., 2020; Shanahan et al., 2022; Varma et al., 2021), anxiety (Vahratian et al., 2021; Varma et al., 2021), depression (Vahratian et al., 2021; Varma et al., 2021; Wootton et al., 2022), and alcohol use (Avery et al., 2020; Charles et al., 2021; Rodriguez et al., 2020; Wardell et al., 2020) during the peak years of the COVID-19 pandemic (2020–2022) compared to prior years. Furthermore, contracting the virus was found to increase risk for new anxiety disorders and other psychiatric disorders in those without a previous psychiatric history (Taquet et al., 2021).

While the pandemic had a global impact on the mental health and wellbeing of entire populations, some groups, such as lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, experienced greater impacts due to preexisting vulnerabilities. Prior to the pandemic, sexual minority women (SMW; e.g., lesbian, bisexual) reported higher rates of mental and behavioral health concerns, including approximately twice the rates of depression (Gonzales & Henning-Smith, 2017; Kerridge et al., 2017; McGeough et al., 2021; Pyra et al., 2014), anxiety (Bostwick et al., 2010; Cochran et al., 2003; Ross et al., 2018), and alcohol use disorder (Hughes et al., 2015; Kerridge et al., 2017; McGeough et al., 2021) as heterosexual women. The limited COVID-19 pandemic research that included SMW found that compared to lesbian and heterosexual women, those who identified as bisexual or another minority sexual orientation (e.g., queer) showed poorer mental health and quality of life both pre-and post-pandemic (Fish et al., 2021). Chang et al. (2021) found that sexual minority young adults and cisgender women reported greater negative impacts of the pandemic than their heterosexual and male counterparts, respectively, and higher levels of depression than older sexual minority people. Similarly, Beccia et al. (2024) found higher levels of depression and anxiety among SMW during the first year of the pandemic than exclusively heterosexual women, with largest inequities among SMW women of color.

Research indicates that LGBTQ+ people experienced both pandemic-specific and minority-specific stressors and adversities (e.g., income disparities, discrimination) that interacted to heighten vulnerabilities

(Bernardini et al., 2021; Bleckmann et al., 2023; Lee et al., 2023; Riggle et al., 2021; Wootton et al., 2024). For example, LGBTQ+ people were more likely than their cisgender heterosexual counterparts to lose their jobs and to experience financial instability during the pandemic (Drabble & Eliason, 2021; Lee et al., 2023). This was, in part, due to employment differences; 40% of LGBTQ+ people work in the service industry, which experienced mass layoffs (Abreu et al., 2023; Lee et al., 2023), and some LGBTQ+ people, including bisexual women, are more likely than heterosexuals to live near or below the poverty line (Badgett et al., 2019). COVID-related economic and other stressors appear to have disproportionately impacted LGBTQ+ people of color (Human Rights Campaign, 2020; Sears et al., 2021). For example, a national study of sexual minority Latinx individuals reported higher levels of economic and household stress, mental health symptoms, and substance use relative to Latinx nonsexual minority adults (Cerezo et al., 2024). Given these changes, considering the role of social support is key to understanding the broader picture of LGBTQ+ and SMW mental health during the pandemic.

LGBTQ+ and SMW social support during the COVID-19 pandemic

Social support has been shown to be closely related to resilience, the dynamic process by which individuals seek and attain the resources in their social environments needed to become or to stay well in the presence of adversity or stress (Ungar, 2011). Among SMW, greater resilience has been associated with lower rates of depression (Garrett-Walker & Longmire-Avital, 2018; McNair & Bush, 2016), anxiety (Goldbach et al., 2021; McNair & Bush, 2016), and alcohol use disorder (Elm et al., 2016; Hughes et al., 2020; Rowan & Butler, 2014). Thus, SMW may be at greater risk for depression, anxiety, and alcohol use disorder in the absence of sufficient social supports during times of crisis (e.g., during pandemics) when additional resources and resilience are needed to successfully cope (Wootton et al., 2024). Greater levels of social support appear to have been protective against the escalation of psychological distress for LGBTQ+ people stemming from pandemic conditions (Cerezo et al., 2024; Lee et al., 2023; Moore et al., 2021; Scroggs et al., 2021). One study found that LGBTQ+ people reported lower perceived emotional, tangible, affectionate, and positive interaction social support during the pandemic compared to non-LGBTQ+ counterparts (Moore et al., 2021). Although few studies have examined social support by both sexual identity and race/ethnicity during the pandemic, one study found less social support from both family and friends among both White and racial/ethnic minority LGBTQ+ people relative to White heterosexual individuals (Zhai & Du, 2022). LGBTQ+ people, especially transgender women and non-binary people, who

experienced reduced support during the pandemic, reported increased psychological distress (Kidd et al., 2021).

Limited prior research has indicated that rapid, deep-cutting changes in social climate and social life occurred for SMW after shelter-in-place ordinances were enacted, with many remote work policies enacted and non-essential businesses closed to the public (Riggle et al., 2021). This generally resulted in a decreased sense of connection to other people, an increased sense of loneliness, higher levels of social tension, and decreased trust in safety and the good intentions of strangers (Riggle et al., 2021). Additionally, social distancing (Scroggs et al., 2021), closure of LGBTQ+ community spaces (Abreu et al., 2023; Drabble & Eliason, 2021; Riggle et al., 2021; Slemon et al., 2022) – including spaces specifically by and for BIPOC LGBTQ+ people (Gutierrez et al., 2025) – and closure of universities which required young adult students to return home to shelter-in-place with their (possibly unsupportive) family of origin (Kamal et al., 2021; Salerno et al., 2020), appear to have decreased or shifted LGBTQ+ people's sense of social support. For example, one study exploring the experiences of BIPOC LGBTQ+ communities during the pandemic found that loss of safe spaces was associated with increased minority stress, and participants described disruption in social support, community connection, and identity affirmation (Gutierrez et al., 2025). University closures led to an abrupt termination of on-campus services and supports for LGBTQ+ students who used them and were associated with decreased social support and sense of connection to the LGBTQ+ community (Slemon et al., 2022). Degree of family support was found to be associated with mental health outcomes for LGBTQ+ college students, highlighting the importance of this form of support during the pandemic (Kamal et al., 2021).

Along with the closure of in-person spaces came the shift toward online and digital forms of social contact, such as social media, text messaging, and video chat. The few studies highlighting SMW's experience of this shift have generally documented an uptick in use of these technologies to maintain social connection (Bochicchio et al., 2021; Cerezo et al., 2021; Riggle et al., 2021; Salerno et al., 2020; Wagner & Schlehofer, 2024). Shifts to online socializing enabled the continuation of positive supports for some, such as continuity of support services that were previously provided in person (Salerno et al., 2020). Others reported mixed experiences, such as digital fatigue and challenges making new connections online (Riggle et al., 2021; Wagner & Schlehofer, 2024).

Several researchers have noted that mutual aid, community organizing, and community-level forms of social support may have enhanced individual and LGBTQ+ community resilience during the pandemic (Abreu et al., 2023; Gonzalez et al., 2021). Mutual aid can be considered a form of community-based social support, with those engaging in mutual aid

projects working together to meet the survival needs of community members impacted by systems of racism, sexism, heterosexism, and cissexism while advocating for a world without such systems (Spade, 2020). As Dean Spade (2020) describes, “In the face of [crises], more and more ordinary people are feeling called to respond in their communities, creating bold and innovative ways to share resources and support vulnerable neighbors. This survival work, when done in conjunction with social movements demanding transformative change, is called mutual aid” (pg. 1). Spade (2020) delineates three key elements of mutual aid projects: (1) “work to meet survival needs and build shared understanding about why people do not have what they need” (pg. 9); (2) “mobilize people, expand solidarity, and build movements” (pg. 12); and (3) “are participatory, solving problems through collective action rather than waiting for saviors” (pg.16). While some of the products or supports stemming from mutual aid projects may be similar to those produced by formalized social services organizations or governmental services (e.g., food, financial support, childcare), mutual aid projects typically have a lower barrier to accessing support (e.g., no formalized intake paperwork, means testing, etc.), occur outside of official state systems and solutions, and are community-driven and community-empowering. As Svistova and Pyles’ (2023) critical disaster model describes, human resilience often emerges from “mutual aid and other forms of solidarity, community organizing, and resistance” that occur during crises such as pandemics, as communities step up to support each other (p. 303).

These findings highlight the importance of research into the specific ways that diverse populations of LGBTQ+ people experienced changes in social support within the broader social contexts of disconnection, loneliness, social tensions, and heightened distrust that occurred during the early COVID-19 pandemic (Riggle et al., 2021). SMW’s specific perspectives and experiences, in particular, are underrepresented in the extant pandemic literature. Fewer studies have specifically surveyed SMW compared to other populations (e.g., sexual minority men, transgender and gender non-binary people, college students, young adults). Further, most studies on this topic include majority White samples, limiting insights on the experiences and needs of SMW of color. Further details on the experiences and wellbeing of multiply marginalized SMW, including SMW of color, are greatly needed to accurately characterize the impact of the COVID pandemic on all LGBTQ+ people. To address this need, we conducted a study to explore the following research question: How did sexual minority women experience changes in social support and what methods did they use to gain social support during the early phases of the COVID-19 pandemic?

Materials and methods

All study protocols, including recruitment and data collection methods, were approved by the Columbia University Medical Center Institutional Review Board (IRB-AAA-S3577, Y01M02) in July 2020. The secondary data analysis plan was approved by the University of California, Berkeley Committee for the Protection of Human Subjects (Protocol # 2022-07-15507) in August 2022.

Sample

In the current study we report secondary data from the parent CHLEW COVID-19 qualitative study. The sample for that study was recruited from July 30, 2020 to October 24, 2020 via phone, email, or text message. Data were collected via in-depth interviews that focused on changes in alcohol and other substance use during the early phases of the COVID-19 pandemic (Riggle et al., 2021).

All participants were enrolled in the fourth wave of Chicago Health and Life Experiences of Women (CHLEW), a longitudinal study of antecedents and consequences of hazardous drinking among SMW (Hughes et al., 2021). Because the aim of the study was to better understand the experiences of a racially diverse group of SMW, African American and Latina SMW were overrepresented. Eligibility criteria for the CHLEW parent study included being over 18 years old, identifying as a women and lesbian, gay, or bisexual, proficient in English, and residing in the greater Chicago metropolitan area. Participants for the current study were selected from the Wave 4 sample to represent a range of ages, educational attainment, and relationship status. Given the focus of the qualitative COVID-19 CHLEW supplemental study on SMW's mental and behavioral health and alcohol use during the early days of the pandemic, all participants in the current study sample reported drinking an average of at least one alcoholic drink per day in the thirty days preceding the Wave 4 survey. Details about the study design and results are reported elsewhere (Riggle et al., 2021).

Study design and data collection

Data were collected via one-on-one Zoom ($n=15$) or telephone ($n=2$) interviews. Mode of interview format was based on participant preference and interviews lasted an average of 54 min (range = 42–68 min). Interviews were audio recorded and transcribed by Datalyst, a professional service. The study team reviewed the transcripts, checked for quality, and redacted personally identifying details. Each participant received an electronic \$25 gift card in recognition of their participation.

A semi-structured interview guide was developed collaboratively by four of the authors over the course of several meetings. The authors then pretested the interview guide with each other and piloted it with two SMW external to the study. No major concerns were raised that required revisions to the interview guide before use. The interview guide consisted of 20 questions and optional probes inviting participants to discuss their experiences, thoughts, and feelings across seven topical areas about their lives during the pandemic: (1) work, (2) relationships, (3) community, (4) sexual identity disclosure, concealment, and safety, (5) experiences of prejudice, (6) coping, and (7) alcohol use. For the current study, the full interview audiotapes and transcripts were analyzed, with particular focus on questions related to various forms of social support, as described below.

Social relationships

Participants were asked about social connections with others, including family, caregiving relationships, friends, neighbors, and community. For example, “Would you share with us how you feel your relationships have changed during the pandemic? Have they been disrupted or strengthened? If so, how?” These questions elicited responses that were related to all types of social support relevant to the participant.

Partners

Similar questions were asked about changes in romantic relationships (if the participant was in a relationship). For example, “I’d like to ask you a few questions about yourself and your primary relationship. There are a lot of different stresses right now—would you share with me how you are feeling about your relationship? Are you feeling more or less stress in your relationship since the pandemic? (If yes) What do you attribute this change to?”

Coworkers and employers

Questions were asked about employers and coworkers: “Some people feel like their experiences at work, at least some of their experiences, are supportive. How much support do you feel at work? How has that changed during the pandemic?” Participants were also asked if they had experienced additional discrimination, prejudice, or unfair treatment at work since the beginning of the pandemic.

LGBTQ+ and general community

Information on participants’ community connections were elicited: “How has the pandemic, and changes in your life related to the pandemic,

impacted your sense of connectedness or sense of being part of a community?” Participants were prompted to specifically discuss the LGBTQ+ community if they did not bring it up on their own: whether they felt isolated from the LGBTQ+ community, with whom within the LGBTQ+ community they connected, and the ways they stayed connected to LGBTQ+ people.

Data analysis

Inductive, phenomenological qualitative methods were used to analyze data in the present study. Following Peoples’ (2021) recommended process of hermeneutic phenomenological research, the first author listened to the full audio of each interview and drafted a descriptive memo and brief journal entry on personal biases and judgements. Next, full interview transcripts were reviewed and passages of text that were relevant to the research questions were highlighted by the first author. Preliminary meaning units, or descriptions of the spoken content relevant to social support were identified and tagged alongside the interview text. Preliminary meaning units were classified as occurring across a social ecological model inclusive of individual, relationship, community, and/or societal levels (Bronfenbrenner, 1977). Using an iterative process of refinement called the hermeneutic circle (Peoples, 2021), each interview’s meaning units were reviewed in the context of the whole text alongside the corresponding researcher memos and journal entries. For each interview, up to five preliminary themes were defined by focusing on the whole (memos and journal entries), parts (preliminary meaning units), and then analyzing the parts to make sense of the whole. For each preliminary broad theme, exemplary participant quotes were identified. All seventeen interviews were coded in this manner.

Preliminary meaning units and broad themes were audited by one of the team members from the parent project, who had conducted interviews and served as a qualitative analyst. Specifically, the auditor examined documents containing coding, memos, and preliminary themes to assess the rigor and credibility of the analysis. Minor modifications to preliminary meaning units and broad themes stemming from this process were logged. After this process was completed for each of the 17 interviews, general narratives or broad themes were synthesized across all interviews, again using the hermeneutic circle. Broad themes were grouped and consolidated into cross-cutting themes. Five themes were identified that each contained two or three sub-themes. Applying Bronfenbrenner’s social-ecological model, themes were mapped to the social-ecological levels on which they occur, such as individual, family, or community (Bronfenbrenner, 1977). The auditor then reviewed the table of themes and identified no

concerns. Lastly, the broad themes were described with exemplary quotes to create situated narratives.

Results

Participant ages ranged from 33 to 71, with a mean age of 52.5. A majority of the 17 participants were women of color, with eight (47.1%) identifying as Black/African American, six (35.3%) as Latina, and three (17.6%) as White. All identified as women; one participant identified as a woman and as non-binary. Nine (52.9%) described themselves as only lesbian/gay, followed by four mostly lesbian/gay (23.5%), two queer (11.8%), one mostly heterosexual/bisexual (5.9%), and one as another identity (5.9%; this participant stated that her sexual orientation was based on the gender of her current partner). Ten participants (58.8%) were in committed and cohabitating relationships, four were single (23.5%), two were separated (11.8%), and one was in a committed, non-cohabitating relationship (5.9%). Seven had received a high school diploma (41.2%), and five reported not having received a high school diploma (29.4%). Five had attended some college (29.4%). Eight participants had an annual household income of \$50,000–\$99,999 (47.1%), five over \$100,000 (29.4%), and four under \$49,999 (23.5%).

Five broad themes describing changes in social support during the COVID-19 pandemic and impacts on mental and behavioral health were identified, spanning all levels of the social ecological model (Table 1). Themes included: (1) Peer support and mutual aid opportunities emerge and shift; (2) Online and digital spaces become central means of connection; (3) Chosen pandemic families as primary support structures; (4) Support through dating and relationships; and (5) Coworkers as key supports amidst changing workplace cultures.

Theme 1: peer support and mutual aid opportunities emerge and shift

SMW noted increased opportunities to provide and to receive support from friends and neighbors through informal exchanges of aid, community-led mutual aid projects, and formalized social service agencies during the COVID-19 pandemic. However, some opportunities for in-person community support that existed pre-pandemic paused or moved to online platforms while shelter-in-place orders were active.

For many, *friendships became more mutually supportive* after the beginning of the COVID-19 pandemic. This phenomenon included increased commitment to maintaining friendships, frequency of contact to check in on each other, and offers of support. Several participants reported that they came to value their friendships more after the pandemic began:

Table 1. Themes and sub-themes.

Theme and description	Sub-themes	Levels of Social Ecological Model
1. Peer support and mutual aid opportunities emerge and shift <i>There were increased opportunities to provide and to receive support from friends and neighbors through informal exchanges of aid, community-led mutual aid projects, and formalized social service agencies. Some opportunities for in-person community efforts that existed pre-pandemic ended due to shelter-in-place orders shifted to online interactions.</i>	1A. Friendships becoming more mutually supportive 1B. Disrupted pre-pandemic mutual supports and neighborhood connections 1C. New opportunities for neighborhood support and mutual aid	Friends Neighbors Society
2. Online and digital spaces become central means of connection <i>Given shelter-in-place ordinances and pandemic-related reasons for social distancing, most opportunities for social connection became online and digital. Opportunities for in-person connection decreased. This shift created a mix of benefits and challenges, as some maintained a strong level of social connection, and others saw a decrease.</i>	2A. Changing means of connection to places of worship 2B. Maintained connections with friends and non-local family through online and digital means 2C. LGBTQ+ social contact shifts from physical spaces to online	Family Friends Church LGBTQ+ community
3. Chosen pandemic families as primary support structures <i>Due to the necessity of limiting contacts for public health reasons, social support structures were built and formalized by determining one's chosen pandemic family (often a non-nuclear family configuration including a partner, family of origin living locally, and close friends). In-person contact was prioritized with members of one's chosen pandemic family, especially older adults and young children.</i>	3A. Narrowing down and hunkering down together in pods and clusters of social support people, similar to chosen families 3B. Prioritizing in-person contact with chosen family members, especially older and younger family members	Partners Family Friends
4. Support through dating and relationships <i>Romantic and sexual relationships were seen as key sources of social support for many SMW during the pandemic, both for those in established relationships experiencing the benefits of social support, and those seeking increased support and connection through dating.</i>	4A. Single LGBTQ+ people sought support and connection in the context of isolation 4B. Shifts in support from cohabitating partners due to being closer in proximity during shelter-in-place	Partners LGBTQ+ community
5. Coworkers as key supports amid changing workplace cultures <i>Coworkers played key social roles, often serving as a main source of social support. However, this occurred within the context of emerging workplace stressors stemming from the COVID-19 pandemic social and political environment.</i>	5A. Coworkers as key source of social support 5B. Emerging workplace stressors related to social and political environment	Workplace Friends LGBTQ+ community Society

“I think now I value spending time with other people more, or I take it for granted less than I did” (White partnered lesbian woman in her 30s). Others reached out regularly to provide support to friends who were single or more isolated than those living with partners, often describing mutually supportive dynamics.

Some women who were involved in their local communities experienced *disrupted pre-pandemic mutual supports and neighborhood connections*. This included local volunteer positions held by retired women and caretaking positions ceasing to exist when shelter-in-place orders began, and informal neighborhood connections weakening as a result. Some women with local volunteer positions before the pandemic noted how much they missed these connections after in-person volunteer shifts ceased, highlighting the mutual benefits of volunteer work.

While there were some disruptions in social connections and opportunities to provide and to receive support, *new opportunities for neighborhood support and mutual aid* also emerged. Many participants reported making extra efforts to ensure their neighbors were safe, supported, and had essential goods and supplies, reporting that their neighbors’ needs became a greater priority to which they could dedicate more time to than pre-pandemic. Some of this effort occurred through organized social service groups (e.g., food distribution centers and nonprofit programs), and others were through informal contact or mutual aid work with neighbors (e.g., bringing in the mail or delivering groceries to elders). Some women who found themselves with more free time during the pandemic used the opportunity to become more involved locally. One woman volunteered weekly at a food and supply distribution group run by nonprofit organizations and also received needed goods for her household. Others became involved in mutual aid work through their existing connections to their churches and neighborhoods that were already engaging in community-building and organizing efforts prior to the pandemic. As one woman described of her local Black community and church, “I’ve been trying to be the one that keeps everybody safe and checks in with everybody...That’s been really good for me,” highlighting the mutuality of these interactions (African American partnered woman in her 40s).

Theme 2: online and digital spaces become central means of connection

Given widespread shelter-in-place ordinances and recommendations for social distancing, most opportunities for social connection were online or digital (e.g., cellphones, social media, video chat). Opportunities for in-person connection greatly decreased. This change created benefits and challenges; some participants maintained a strong level of social connection and others saw a decrease.

For example, some participants who were active in a faith community pre-pandemic described *changing means of connection to places of worship*, though generally a continued sense of mutual support from/with the church community and faith leaders. Connections to church generally persisted through online services and interactions, as it was no longer possible to maintain these social connections through regularly scheduled in-person gatherings.

Nearly all participants *maintained connections with friends and non-local family through online and digital means* during the early pandemic months. Email, text message, video call (e.g., Facetime and Zoom) and social media (e.g., Facebook) were the primary means of providing and receiving digital social support; types of contact included one-on-one conversations, family gatherings, and Zoom parties centered around drinking together. For example, one woman increased her Facetime contact with her elderly parents for their sake: “when you can visually talk to each other and see each other, communicate, that’s really important and key for feeling like you have more human contact... [my parents] need to feel like they’re still having human contact” (Hispanic partnered lesbian woman in her 40s). Some additionally reported increased digital contact and a sense of closeness with friends with whom they were out of contact before the pandemic.

Similarly, *LGBTQ+ social contact shifted from physical spaces to online* for some participants, or sometimes ceased altogether. This was a notable change for those who typically connected with other LGBTQ+ people at social events such as gay pride festivities or in LGBTQ+ community spaces. The lack of in-person LGBTQ+ social events “has impacted a lot of people’s psyches,” as one woman described of her close lesbian and bisexual friends (African American separated bisexual woman in her 50s). Those who primarily socialized with others online or via phone prior to the pandemic reported fewer changes in their sense of connection to LGBTQ+ people during this time.

Theme 3: chosen pandemic families as primary support structures

Due to the necessity of limiting the number of social contacts during the COVID-19 pandemic for public health reasons, many participants reported making calculated decisions about who to include in their inner social circle or chosen pandemic family, typically decreasing the number of individuals with whom they had in-person contact.

Most participants went through a process of *narrowing their social circles and “hunkering down” together in pods and clusters of support people, similar to chosen families*, to limit one’s number of social contacts and reduce COVID-19 infection risk. This process contributed to a greater sense of

closeness and interdependence for some: “I feel like I more so can count on them through this time. And I also feel like they probably need us too, more than ever, now” (Latina partnered lesbian woman in her 40s). Pandemic chosen families were described as key social centers of participant’s lives, as they provided consistent social contact and reduced concerns of isolation.

Since public health guidance encouraged individuals to limit the size of their social circles, participants faced challenging decisions about who to see, *generally prioritizing in-person contact with some family members, especially older and younger family members*. For example, one woman who lived alone reported that she was no longer attending in-person parties with her extended family for this reason: “I try to be cautious as my mom is 95... Whenever I do go over to my mom’s, I wear a mask to be very protective of her, and her age, and who comes around her” (African American single lesbian woman in her 60s). Several participants chose to limit their exposure to other people so that they could visit these family members with a lower risk of spreading COVID-19, reflecting a balance of wanting to both give and receive support from loved ones while keeping them safe from the virus.

Theme 4: support through dating and relationships

Romantic and sexual relationships were seen as key sources of social support for most SMW during the pandemic, both for those in established relationships experiencing the benefits of social support, and those seeking increased support and connection through dating.

Single LGBTQ+ people desired support and connection in the context of isolation. Some single participants reported that they felt more isolated than their partnered friends, and for those who were dating, some described decreased motivation to meet new potential partners and limited ability to meet in person after establishing a digital connection. Partnered women also expressed concerns about single LGBTQ+ friends who were lonely or socially isolated. One woman stated that her single LGBTQ+ friends were “feeling depressed or some anxiety or sadness and so forth” due to lack of opportunities to date and to receive support from partners (Latina partnered lesbian woman in her 60s).

Women living with their partners *experienced shifts in support due to being in closer proximity during shelter-in-place*. For those who lived together, there was a period of adjustment to spending more time together at home. Most cohabitating couples described successfully adapting to challenges that emerged during this transition period because of their relationship’s strengths and the lessons learned from obstacles that they previously overcame together.

Theme 5: coworkers as key social supports amid changing workplace cultures

Work colleagues played key social roles in the lives of participants, often serving as a main source of mutual social support. However, that support occurred within the context of emerging workplace stressors stemming from the COVID-19 pandemic.

Coworkers were a key source of social support for many women who worked during the pandemic, especially for those who were healthcare workers, single, older, or living alone. A hospital nurse described her colleagues as “more of a support system” during the pandemic than beforehand due to their shared sense of personal COVID-19 risk (Latina partnered queer woman in her 30s). This sense of connection with colleagues occurred across differing types of workplaces (e.g., medical setting, office), and most reported a positive ongoing relationship with colleagues.

In contrast with the support received from colleagues, some participants reported *emerging workplace stressors related to the social and political environment*. For example, a child welfare system worker reported that while racism, discrimination, and homophobia were always present at her work, these experiences escalated during the pandemic: “Unfortunately the political arena that we are in is giving more permission to be straight out racist or homophobic... I’ve never experienced such disrespect” (Latina partnered lesbian woman in her 60s).

Discussion

We explored and described perceived changes in the social support structures of SMW at the beginning of the COVID-19 pandemic. Some of these changes mirrored those of the general population and others illuminated LGBTQ+ and SMW-specific experiences, such as turning to chosen family for support (Riggle et al., 2021) and engaging in mutual aid and peer support activities in and outside of the LGBTQ+ community. Participant narratives, considered in tandem with insights from the pandemic literature on LGBTQ+ health and wellbeing, highlight areas that may have implications moving forward.

Notably, this study highlighted the extent of SMW’s participation in mutual aid and peer support activities during the COVID-19 pandemic, which has received little attention in the research literature. Given that literature about the impact of the pandemic in the general population highlights the rise of mutual aid and peer support activities during this time, and mutual aid is considered an aspect of LGBTQ+ community that has been used in previous crises like the HIV/AIDS pandemic (Abreu et al., 2023; Gonzalez et al., 2021; Spade, 2020), these findings provide insight into SMW’s participation in these activities. Participants noted a

growing ethic of care and interdependence in themselves that was spurred by pandemic conditions. They put these values into action through activities ranging from highly professionalized (e.g., through a nonprofit agency or charity) to quite informal (agreements between two people), highlighting the range of ways SMW chose to engage during the crisis. It is notable that SMW who engaged in mutual aid or peer support described these connections as mutually beneficial and supportive on an emotional or interpersonal level. This mutuality is in contrast with the way that social services are commonly discussed as more transactional or one-sided, in which one person seeks and receives support from a professional who is not imagined to benefit from the interaction to the same degree. In contrast, mutual aid work is arguably one way that SMW support or enact resilience in the face of crisis, both as individuals and as members of a greater LGBTQ+ community (Abreu et al., 2023; Gonzalez et al., 2021). Mutual aid provides access to a form of collective healing through the development of pandemic-related social and cultural practices, which can “produce new forms of generosity and expressions” (Svistova & Pyles, 2023, p. 304), such as community food distribution projects and informal caregiving networks to support elderly neighbors.

Pandemic conditions increased the use of online and digital forms of social connection to replace in-person modes that were no longer available. Although many SMW engaged in digital communication at least occasionally before the pandemic, digital and online socializing increased greatly, mirroring what has been found in the general population and in LGBTQ+ population groups (Bochicchio et al., 2021; Cerezo et al., 2021; Riggle et al., 2021; Salerno et al., 2020). These shifts toward socializing from a distance also raise important future research questions of whether online platforms will remain an important way for SMW to connect and access social support, especially for those who do not live in close proximity to LGBTQ+ spaces such as community centers, meeting places, and bars. The shift toward digital socializing also raises questions of equity of access to LGBTQ+ social life for those who have less access to internet and technological devices.

Findings from the present study are congruent with other research documenting that some SMW reported changes or increases in depression, anxiety, and alcohol use during the pandemic (Bochicchio et al., 2021; Riggle et al., 2021), perhaps in part due to decreased access to certain forms of social support. These findings have implications for clinical mental health practice and social service providers, in particular. While upticks in mental health concerns at the beginning of the pandemic may have naturally resolved for some SMW, others may need additional support from mental and behavioral health professionals to return to their pre-pandemic level of functioning. This could include support finding and

enrolling in individual, couples, or family therapy; peer support groups addressing substance use and/or mental health; or assistance navigating and accessing other support services (e.g., case management and referrals given by social service agencies). For SMW's families or for couples where one or both members experienced persistent escalated substance use and associated relationship problems during the pandemic, couples or family counseling focused on improving relationship quality and increasing social support for all parties may be helpful. For single SMW, encouraging the use of support groups and other community resources to gain support and connect with new people in similar situations could also be a useful prevention and intervention strategy. SMW who lack sufficient social support and have concerns about their ability to meet others may also benefit from social skills training, perhaps in a psychoeducational peer support group format that normalizes and destigmatizes social challenges.

Such interventions have the potential to increase social support for SMW who are frequently marginalized and who were likely disproportionately impacted by the pandemic, such as SMW of color, single SMW, older adult SMW, and bisexual, queer and non-lesbian identified SMW. This social support is needed to enact resilience and maintain wellbeing in the face of trauma and stressors. While the acute stress and trauma of the COVID-19 pandemic has arguably passed as of this writing, these social supports will be essential to coping throughout the life course and with future crises that occur. Importantly, financial resources are needed for social services agencies to run these interventions, necessitating political advocacy for the allocation of these resources.

Limitations

Study findings should be considered in the light of several limitations related to study design, participant sampling, and data analysis methodology. This study uses phenomenological, descriptive qualitative research methods to describe the experiences of SMW from their own perspectives. It cannot be determined from the data whether the changes in social support described were directly caused by the COVID-19 pandemic or other circumstances. Other personal factors (e.g., changing jobs or relationship status), interpersonal factors (e.g., how other people in participants' networks experienced the pandemic), and broader societal and political factors (e.g., the extent that participants experienced racism within social settings) may have been associated with the changes in social support, rather than the COVID-19 pandemic itself. As such, longitudinal research is needed to determine how SMW's circumstances changed as the pandemic progressed, what factors these shifts were attributable to, and whether changes were maintained or evolved over time.

Additionally, the present study analyzed data from previously collected interviews based on a semi-structured interview guide that covered a range of topics in addition to the ones analyzed in this paper. Questions in the interview guide may have guided participants to bring up or to emphasize topics that they may not have mentioned if only asked about social support or mutual aid. Additionally, given the relatively broad focus of the interview guide, some concepts and experiences (e.g., forms of mutual aid that involve direct distribution of financial resources to others) were not discussed in as much depth as they may have been in a study focused only on these topics. Thus, there is a need for future research that explores LGBTQ+ social support and mutual aid with further depth and breadth.

This study was based on narratives from a purposive sample of SMW, which included higher numbers of multiply marginalized SMW. This sampling strategy was intentional, as the parent study was designed to focus on the experiences of people who are often under-represented in studies of health crises, such as the COVID-19 pandemic. In addition, the sample consisted of SMW who typically consumed at least one drink per day. As such, study findings are not generalizable to all SMW or LGBTQ+ people, or those who are abstainers, although they provide insights into the types of experiences that SMW likely had during the COVID-19 pandemic.

Conclusion

Despite these limitations, the present study adds useful insights to the literature on how LGBTQ+ people – especially SMW of color – may have experienced shifts in social support during the COVID-19 pandemic. Notably, the study highlighted the significance and extent of SMW's participation in mutual aid and peer support activities during the COVID-19 pandemic. Findings underscore the importance of government funders and individual donors supporting formal service organizations and informal mutual aid projects by and for SMW and LGBTQ+ communities, as well as efforts to ensure access to clinical and other support services designed to address behavioral and mental health concerns of SMW.

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ORCID

Angie R. Wootton  <http://orcid.org/0000-0003-1689-4793>
 Laurie A. Drabble  <http://orcid.org/0000-0002-2892-610X>
 Paul R. Sterzing  <http://orcid.org/0000-0001-5992-6009>
 Lauren A. Bochicchio  <http://orcid.org/0000-0002-0248-7532>
 Cat Munroe  <http://orcid.org/0000-0002-6950-7200>
 Ellen D.B. Riggie  <http://orcid.org/0000-0002-7356-5251>
 Erin Michelle Turner Kerrison  <http://orcid.org/0000-0003-1300-3983>
 Tonda L. Hughes  <http://orcid.org/0000-0003-1326-7655>

Data availability statement

Contact study P.I. Dr. Tonda Hughes at th2696@cumc.columbia.edu to discuss data access.

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