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RESEARCH

Psychosocial impact of COVID-19 pandemic on LGBT people in Chile[☆]



L'impact psychosocial de la pandémie de COVID-19 sur les personnes LGBT au Chili

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Summary

Introduction. – COVID-19 pandemic has led many countries around the world, including Chile, to take various measures, including physical and, social isolation. The effects of these measures, necessary to prevent the virus from spreading, must be studied. In particular, quarantines are known to have an impact on quality of life and well-being (for example, associated symptoms such as depression, anxiety, post-traumatic stress, and other psychosocial consequences). Furthermore, these effects are expected to be more pronounced in previously disadvantaged populations, such as LGBT people. This paper describes the main measures taken by LGBT population during quarantine to avoid COVID-19 and its psychosocial consequences on an individual and social basis.

Method. – Non-probability sampling was used. An online self-administered survey including 1181 participants was used. These were lesbians, gays, bisexuals, and transgender residents over 18 years old from Chile.

Results. – Almost eight out of ten participants were in a total quarantine situation. From them, 18.2% were in partial isolation and only 4.6% were not in quarantine. COVID-19 has affected almost all the LGBT participants to a certain extent. COVID-19 has emotionally affected the vast majority of the LGBT participants to a certain extent. In other words, the pandemic has affected their lives. This psychosocial impact of COVID has been greater for people who define themselves as *sexual (include queer, asexual, pansexual, demisexual).

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MOTS CLÉS

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Discussion. – The measures taken to prevent the virus transmission significantly affect LGBT people's life. In particular, these measures affect *sexual people. *sexual people must manage discrimination and misunderstanding of their identity in many contexts including their family.
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Résumé

Introduction. – La pandémie de COVID-19 a conduit de nombreux pays à travers le monde, et notamment le Chili à adopter diverses mesures, y compris le confinement physique et social. Les effets de ces mesures, nécessaires pour empêcher la propagation du virus, doivent être étudiées. En particulier, on sait que les quarantaines ont un impact sur la qualité de vie et le bien-être (par exemple, les symptômes associés tels que la dépression, l'anxiété, le stress post-traumatique et autres conséquences psychosociales). En outre, on suppose que ces effets sont plus prononcés dans des populations déjà vulnérables, comme les personnes LGBT. Cet article décrit les principales mesures adoptées par la population LGBT, au Chili, pendant la quarantaine pour éviter le COVID-19 et ses conséquences psychosociales.

Méthode. – Un échantillonnage non probabiliste a été mis en œuvre. Une enquête en ligne auto-administrée a permis de recueillir 1181 questionnaires. Il s'agissait de lesbiennes, de gays, de bisexuels et de transgenres âgés de plus de 18 ans au Chili.

Résultats. – Près de huit participants sur dix étaient en situation de quarantaine totale. 18,2 % d'entre eux étaient en isolement partiel et seulement 4,6 % n'étaient pas en quarantaine. Le COVID-19 a touché la majorité des participants LGBT et en outre, et en outre, dans une certaine mesure, il a affecté émotionnellement la grande majorité d'entre eux. En d'autres termes. La pandémie a affecté leur vie. Cet impact psychosocial de la COVID a été plus important pour les personnes qui se définissent comme *sexuelles (y compris les homosexuels, les asexués, les pansexuels, les démissexuels).

Discussion. – Les mesures prises pour prévenir la transmission du virus affectent de manière significative les personnes LGBT. Les personnes *sexuelles doivent affronter la discrimination dont ils sont les victimes et l'incompréhension de leur identité dans de nombreux contextes, notamment leur famille.

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Introduction

At the end of 2019, China, and then other Asian countries, reported several pneumonia cases, which it later attributed to a new type of coronavirus (SARS-CoV-2), which causes COVID-19 disease (World Health Organization, 2020). At present, this virus affects the whole world, while many countries are going through the second wave of the pandemics, especially in Europe.

COVID-19 pandemic has led many countries around the world, including Chile, to take various measures: for example, stay-at-home measures, closure of public services, or teleworking recommendations (European Centre for Disease Prevention and Control—ECDC, 2020). The psychosocial effects of these measures, necessary to prevent the virus from spreading, must be studied.

In particular, quarantines are known to have an impact on mental health, quality of life and well-being. Moreover, physical distance, social distance and diverse types of security measures have affected social relationships among people and their perception of empathy toward others (Saladino et al., 2020). In general population, some reviews show evidence of the negative impact of the pandemic on mental health, quality of life and well-being producing: anxiety, depressive symptoms, sleep disorders, and post-traumatic stress (Gawai et al., 2020; Pera, 2020; Salari

et al., 2020; Xiong et al., 2020; Vindegaard et Eriksen Benros, 2020).

Furthermore, these effects are expected to be more pronounced in previously disadvantaged populations such as lesbian, gay, bisexuals, and transgender people (LGBT). LGBT people are likely to be in a situation of social disadvantage given the prevailing stigma against their sexual orientation and/or gender identity (Flores, 2019; Meyer, 2003, 2015). According to minority stress theory, stigma and discrimination against LGBT people produce stress which, in turn, leads to negative health outcomes (Meyer, 2003, 2015). For example, studies conducted on LGBT people show that they have a greater risk of suffering from psychiatric disorders than heterosexual people (Cochran et Mays, 2000). Additionally, evidence indicates that gays suffer more depression and panic attacks, (Cochran et al., 2000) while lesbians show higher levels of dependence on alcohol and drugs (Cochran et Mays, 2000). A recent review, comparing heterosexual people with sexual minorities, found that, among gays, lesbians, and bisexual people, the risk of suffering from depression or anxiety disorders is 1.5 times higher than in heterosexual people (King et al., 2008). In Chile, previous studies show that 9% of gay men and 12% of lesbian women score above the cut-off point in anxiety-depression (Barrientos et al., 2017), while another study conducted on Chilean transgender and non-binary population indicates

that 40% of the trans and non-binary people are diagnosed with depression (Guzmán-González et al., 2020).

OutRight Action (2020) reports a high risk of domestic violence, social isolation, and increased anxiety, among others, in the LGBT population during this pandemic. Moreover, for the LGBT youth, the social distancing measures might lead to confinement in unsupportive homes and families, increasing their exposure to discrimination and rejection from their family (Fish et al., 2020). Simultaneously, the LGBT youth experience less access to essential social support and connections, and mental health services during the pandemic (Fish et al., 2020; Salerno et al., 2020). As a result, this group is more vulnerable to anxiety, depression, suicide behavior, substance abuse, and self-harm (Fish et al., 2020; Salerno et al., 2020). Also, there are still few specific reports on LGBT population in the context of COVID-19 (Sanchez et al., 2020; Santos et al., 2020; Suen et al., 2020). These studies show the negative effect of COVID-19 on mental health and well-being thus resulting in clinical depression and generalized anxiety disorder.

No research has been reported from Latin America to date. So, this paper addresses some psychosocial effects of COVID-19 on the Chilean LGBT population.

Method

Participants

A total of 1181 people completed surveys through an intentional online sampling, all of them over 18 years old and self-identified as belonging to the LGBT population. Of the total number of questionnaires received, 7 were eliminated because the individuals self-identified as heterosexual. From the 1181 participants, 57.6% identified themselves as male, 40.5% as female, and 1.9% as non-binary. Participants' age ranged from 18 to 64 years, with a 29-year mean ($SD = 8.4$), a 28-year median, and 23-year mode (Table 1).

Measures

This study is part of another one conducted in several countries around the world, using the same measures. The original questionnaire included sociodemographic measures, some scales that evaluate some aspects of mental health and well-being, and some specific questions constructed after a review of the literature evaluating the psychosocial impact of the pandemic on LGBT population. Only some sociodemographic measures and the questions constructed to assess the psychosocial consequences of the pandemic are reported here.

Sociodemographic measures

In this paper, we included: age, sex assigned at birth (man, woman, other), sexual orientation and educational level. Sexual orientation was recategorized into 3 categories: homosexual, bisexual, and *sexual (including pansexual, demisexual, queer, and asexual).

Table 1 Sociodemographic characteristics of the sample ($n = 1181$).

	<i>n</i>	%
Sex assigned at birth		
Man	683	57.9
Woman	487	41.2
Missing	11	0.9
Gender		
Cis	974	82.5
Trans	44	3.7
No binary/other	163	13.8
Sexual orientation		
Homo	758	64.2
Bi	271	22.9
*sexual (pansexual, demisexual, queer, and asexual)	152	12.9
Educational level		
Primary school (1-8)	5	0.4
Secondary school (9-12)	117	9.9
Technical education (non-graduated and graduated)	124	10.5
College (non-graduated)	338	28.6
College (graduated)	378	32
Degree (Bachelor, Master, Doctor)	219	18.5
Occupation		
Student	334	28.3
Part-time worker and student	66	5.6
Full-time worker or student	58	4.9
Part-time worker	113	9.6
Full-time worker	370	31.3
Unemployed	240	20.3
If studying and working, How do you manage these two responsibilities during the pandemic?		
Telework/distance learning	758	64.2
Face-to-face learning	116	9.8
I discontinued work/studies	146	12.4
NA/NR	161	13.6
Are you in a quarantine or socially isolated?		
Yes	913	77.3
No	54	4.6
Partially	214	18.1
Do you live with your parents?		
Yes	634	53.7
No	547	46.3

Psychosocial effects of COVID-19 pandemic

From the initial literature review, the team organizing the study in Portugal devised 11 items for tapping into the psychosocial effects of pandemic situations and the family dynamics of individuals from a sexual or gender minority (Gato et al., 2020a in press). In this study, seven out of the 11 original items were used (rated from 0 to 10 on a Likert type scale): "To what extent has COVID-19 pandemic affected your life?" (0 = *absolutely not affected*; 10 = *totally affected*); "To what extent has the COVID-19 pandemic affected you emotionally?" (0 = *not emotionally affected at all*; 10 = *very emotionally affected*); "How afraid are

Table 2 Psychosocial effects of COVID-19, according to sexual orientation *ratio of LGBT participants answering a response category equivalent to “10”.

Psychosocial effects of COVID-19	Homo (n= 758)		Bi (n= 271)		*Sexual (n= 152)	
	n	%	n	%	n	%
Pandemic affected life (10= totally affected)	184	24.3	69	25.5	39	25.7
Emotionally affected by pandemic (10= very emotionally affected)	166	21.9	92	33.9	55	36.2
Fear of infection (10= totally afraid)	184	24.3	71	26.2	35	23
Discomfort in household (10= totally uncomfortable)	74	9.4	24	8.9	19	12.5
‘Suffocated’ LGBT identity?’ (10= completely ‘suffocated’)	52	12.8	34	17.5	27	23.7
Isolation from non-LGBT friends (10= extremely isolated)	185	24.4	45	16.6	33	21.7
Isolation from LGBT friends (10= extremely isolated)	213	28.1	62	22.9	40	26.3

you of becoming infected with COVID-19 in the future?” (0= not afraid at all; 10= totally afraid); “To what extent do you feel uncomfortable in your household in the current situation?” (0= not uncomfortable at all; 10= totally uncomfortable); “To what extent do you feel “suffocated” because you cannot express your LGBT identity with your family/people you live with in the current situation of confinement?” (0= not “suffocated” at all; 10= completely “suffocated”); “To what extent has the COVID-19 pandemic made you feel isolated from your non-LGBT friends?” (0= not isolated at all; 10= extremely isolated); and “To what extent has the COVID-19 pandemic made you feel isolated from your LGBT friends?” (0= not isolated at all; 10= extremely isolated).

Procedure

The project was reviewed and approved by an institutional scientific ethics committee. The questionnaires were administered online between mid-June and mid-July 2020. They were sent to various seed persons and institutional networks from different universities and the sexual diversity movement, who distributed them among their networks. At the same time, the link to the questionnaire was disseminated by various social networks (Instagram and Facebook). Data was collected through Google Forms platform, which exported data to an Excel spreadsheet. Data were then changed into an SPSS.25 database for analysis. First, the central tendency measures of the studied variables were analyzed, then mean difference tests were made.

Results

Psychosocial effects of COVID-19 pandemic

Below, the main results obtained from the analysis of the questions referring to the psychosocial effects of COVID-19 pandemic on the participants are described according to their sexual orientation. Table 2 shows the results, considering sexual orientation and the answer of each question to one of the response categories. Only the category expressing the main effect is considered. This effect corresponds to the response category of all the questions considered, equivalent to “10”.

Sexual orientation is not associated with being severely affected (equivalent to 10) versus being less affected by COVID-19 pandemic, $\chi^2(2) = .23, p = .890, V = .01$. However, the higher score on the emotional impact is significantly associated with sexual orientation, $\chi^2(2) = 23.27, p < .001, V = .14$. A higher percentage of *sexual (36.2%) and bisexual participants (33.9%) report that they are more severely emotionally affected by COVID-19 pandemic than homosexual participants (21.9%). There is no association between sexual orientation and the highest level of fear of the pandemic, $\chi^2(2) = .62, p = .734, V = .02$, neither between sexual orientation and the higher score of discomfort in household, $\chi^2(2) = 1.68, p = .431, V = .04$. The group of *sexual participants (23.7%), reports a higher frequency of extreme values in feeling suffocated due to their own identity than bisexual (17.5%) and homosexual (12.8%) participants, $\chi^2(2) = 8.48, p = .014, V = .11$. Additionally, a percentage of bisexual individuals (16.7%), smaller than *sexual (21.9%) and homosexual (24.4%) groups, report the highest level of feelings of isolation from non-LGBT friends, $\chi^2(2) = 6.95, p = .031, V = .08$. Finally, there is no association between sexual orientation and the highest level of isolation from LGBT friends, $\chi^2(2) = 2.76, p = .252, V = .05$.

Table 3 shows the means and standard deviations for each question, according to sexual orientation. Further analyses reveal that there are statistically significant differences in three questions: emotional effects of COVID-19, discomfort in household, and feeling suffocated due to LGBT identity, after controlling sex and income. First, there was a significant difference in sexual orientation as to the level in which participants were emotionally affected by COVID-19 pandemic, $F(2, 1132) = 6.57; p = .001; \eta^2 = 0.011$. This difference remains significant after controlling sex, $F(1, 1132) = .78; p = .378$, and income, $F(1, 1132) = 19.28; p < .001$. Post hoc contrast revealed that the emotional impact of COVID-19 was greater on both *sexuals and bisexual participants than on the homosexual group. Regarding discomfort in household, the covariates sex, $F(1, 1132) = .27; p = .606$, but not income, $F(1, 1132) = 16.65; p < .001$ was related to the participant’s level of discomfort. There was also a significant association between sexual orientation, $F(2, 1132) = 3.42; p = .033; \eta^2 = 0.006$ and the level of discomfort with household. Post hoc analysis shows that discomfort in the household was higher in the *sexual group than in the homosexual group. Additionally, feelings of suffocation were significantly different according to sexual orientation,

Table 3 Means for psychosocial effects of COVID-19.

Psychosocial effects of COVID-19	Total	Homo (<i>n</i> = 758)	Bi (<i>n</i> = 271)	*Sexual (<i>n</i> = 152)	F (df)	η^2
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Pandemic affected life “How far has COVID-19 pandemic affected your life?”	7.98 (1.72)	7.92 (1.74)	8.03 (1.73)	8.16 (1.59)	.08 (1,1132)	.000
Emotionally affected by pandemic “How far has COVID-19 pandemic affected you emotionally?”	7.90 (2.01)	7.69 ^a (2.06)	8.16 ^b (1.94)	8.47 ^b (1.75)	6.57* (1,1132)	.011
Fear of infection “How afraid are you of becoming infected with COVID-19 in the future?”	7.14 (2.49)	7.12 (2.49)	7.17 (2.49)	7.18 (2.49)	1.46 (1,1132)	.003
Discomfort in household “How far do you feel uncomfortable in your household in the current situation?”	4.81 (3.06)	4.61 ^a (3.08)	4.99 ^{ab} (3.00)	5.46 ^b (3.02)	3.42* (2,1132)	.006
‘Suffocated’ LGBT identity “How far do you feel ‘suffocated’ because you cannot express your LGBT identity with your family/the people you live with in the current situation of confinement?”	4.97 (3.52)	4.26 ^a (3.45)	5.77 ^b (3.43)	6.13 ^b (3.35)	7.44** (2,681)	.021
Isolation from non-LGBT friends “How far has COVID-19 pandemic made you feel isolated from your non-LGBT friends?”	6.95 (2.68)	7.06 (2.66)	6.73 (2.70)	6.77 (2.73)	.44 (2,1129)	.001
Isolation from LGBT friends “How far has COVID-19 pandemic made you feel isolated from your LGBT friends?”	7.27 (2.65)	7.33 (2.65)	7.11 (2.72)	7.27 (2.55)	.21 (2,1127)	.000

Total score range = 1–10 for each item. * $p < .05$; ** $p < .001$; Differences tested controlling by sex and level of income. Different superscripts mean statistically significant differences at $p < .05$, according to HSD Tukey test.

$F(2,681) = 7.44$; $p = .001$; $\eta^2 = 0.021$, after controlling for sex, $F(1, 681) = 4.20$; $p = .041$, and income, $F(1, 681) = 7.67$; $p = .006$. More specifically, both *sexual and bisexual participants feel more “suffocated” than the homosexual group because they cannot express their own identity during confinement. There are no statistically significant differences in the other questions evaluated ($p > .05$).

Discussion

This study evaluated the psychosocial effects of COVID-19 pandemic on a Chilean LGBT adult population sample. Results give evidence of different psychosocial effects during the COVID pandemic, depending on the type of sexual orientation reported. These psychosocial effects may increase the existing vulnerability of this population submitted to the different effects of sexual/gender prejudice. Our study confirms previous data coming from Chile: a recent study shows the presence of perceived negative emotional impact and concerns about the future in a general population sample (Dagnino et al., 2020). Likewise, this study highlights that there are vulnerable groups, such as women,

young people, the self-employed and people with psychological processes that were interrupted.

Particularly, this study shed light on subjects self-identifying in categories different than the classical ones (homo or bisexual). These subjects, identifying as pansexual, demisexual, asexual, queer, and gender-nonconforming, continue growing (Callis, 2014; Galupo et al., 2017).

In addition, results give evidence of disparities within the different LGBT groups (homo/bi/*sexual), showing the need to focus on preventive interventions and the implications of increased risk in *sexuals, who are the most affected by COVID-19 considering our data. Previous studies show that bisexuals and other people using other identity labels to reflect their attraction to more than one gender/sex (e.g., pansexual, queer, asexual) are at increased risk of depression and anxiety, as compared with both heterosexuals and gays/lesbians (Borgogna et al., 2019; Feinstein et al., 2020). However, due to the size of the effect, these findings should be read with caution. Future studies should be done in the future.

Additionally, it is worth noting that this study is part of a comparative study among several countries about the impact of the containment measures taken to prevent

COVID-19 in LGBT population. Also, in comparing data from Chile with those from other participating countries, more negative psychosocial effects of the pandemic are found in Brazil and Chile than in their European counterparts (Portugal, UK, Italy, and Sweden) (Gato et al., 2020b, accepted). Probably, higher levels of gender and sexual diversity acceptance in Europe, as compared with Latin America, could partly explain this finding (Flores, 2019).

Unfortunately, many LGBT people feel uncomfortable with their families because they do not accept them. This effect may be greater on people self-defining as *sexuals. COVID-19 has resulted in many LGBT people's confinement, this being a difficult situation to experience and cope with. This study deals with a significant number of young LGBT people who still live with and depend on their parents. Therefore, this feeling of discomfort may increase among Chilean LGBT subjects, particularly those using self-defining categories such as queer, asexual or pansexual. Also, results confirm that many Chilean LGBT people have had to separate from their friends, who are an important source of social support.

Since October 2019, Chile took some measures that forced many people to stay at home. The so-called "Chilean social outbreak" (Güell, 2019) had the government take measures to avoid public disorder and violence. Therefore, many Chilean LGBT people had to face these measures and those taken for COVID-19, which could have resulted in more negative effects.

Limitations

This study has some limitations. First, because of its correlational and cross-sectional nature, only associations between the variables studied can be established. Then, how far the quality of life and well-being of our LGBT participants is affected is an issue that will be explored in future longitudinal research. Second, more complex models based on minority stress (Meyer, 2003, 2015), highlighting the role of risk and protective factors in the quality of life and well-being of LGBT population, must be considered. Another limitation is the validity of the measures used. This is a point that must be raised within the limits of this study. Future studies should replicate the relevance of the use of these items to continue studying the effects of the pandemic on LGBT people's life.

Also, future studies must consider the role of other variables included in this study, for example, depression and anxiety. Finally, an online study was conducted, although participation in any on-line survey may be limited by access to the Internet.

Implications of results

Results must consider certain implications. LGBT people, psychological services, and other types of social support and networks must remain particularly available during periods of confinement, such as COVID-19, to meet LGBT people's needs (OutRight Action, 2020; Salerno et al., 2020a). Also, these results may be used to think of and design different public policies to improve LGBT people's quality of life of life and well-being on a world basis. Probably, there will

be new epidemics in the future. So, quarantine measures may be more common. Furthermore, scholars have shown that quarantines are associated with the decreased mental health, quality of life, and well-being of, particularly, some vulnerable populations such as LGBT.

Conclusion

COVID-19 pandemic led to a long-lasting exposure to stress in different countries on a world basis, including Chile. Therefore, our psychological science has tried to understand its effects on stress. For example, some researchers show a great interest in measuring social and community uneasiness to support the population psychologically. The prevention measures used to manage this pandemic have caused different consequences on individuals, depending on their social role and position in the society they live in. LGBT population has been exposed to minority stress owing to prejudice based on sexual orientation and/or gender identity. And, during this COVID-19 pandemic, this population seems to have been more exposed to the risk of social and physical isolation from their support networks, and, difficulty expressing their own identity. Also, LGBT population is more at risk of having psychological consequences because they are more sensitive to stress (Pedrosa et al., 2020).

Disclosure of interest

The authors declare that they have no competing interest.

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