**Support, cohabitation and burden perception correlations among LGBTQA+ youth in Spain in times of COVID-19**

**Abstract**

**Purpose** - *The purpose of this article is to examine the situation of LGBTQA+ youth in Spain, pre-examining the links between the people they live with, their support networks and their perception of being a burden.*

**Design/methodology/approach** - *This article traces some brushstrokes through the preliminary results of the LGBTQA+ population between 13 and 21 years old (N=445). These data are part of a larger project with 2800+ respondents.*

**Findings** - *Our data highlight the connections between places of cohabitation, support and vulnerability in a crisis situation. In general, gender identity, age, support, and feelings of acceptance have been key variables in identifying psychosocial factors related to the health of this population. Lastly, we offer some future guidelines to improve the situation of young people in the face of new situations of confinement, incorporating good practices for Children and Youth Services.*

**Originality/value**- *New data obtained within the time frame of the state of alarm are provided, concerning a social group that has been little researched and that finds itself in an unprecedented health crisis.*

**Keywords** *Youth, Public Health, COVID-19, Spain, LGBTQA+*

**Paper Type** *Viewpoint*

**Introduction**

Spain is still struggling with an unprecedented health crisis, with more than 29,500 deaths caused by the coronavirus (COVID-19) as of 1 September 2020. Eight million young people suffered in Spain what journalist Ashifa Kassam described as a “silent trauma”, facing “the strictest lockdown in Europe” (The Guardian, 18 April 2020). While adults’ mobility was limited to short trips to buy food and/or medicine or to walk the dog, children and youth had to remain in their homes at all times (with the few exceptions of those with disabilities or single-parent families). Children and young people have been labeled as the “drivers of the coronavirus pandemic”, strengthening an existing bias of a society that often ignores children’s and youth’s rights (Martínez, Rodríguez and Velásquez, 2020). The government issued the State of Alarm Act (Royal Decree 463/2000), which imposed a confinement on young people on 14 March. Between 12 and 16 March, Spanish universities closed down face-to-face activities, forcing many students to return to their family homes. To avoid crowds, it was not until 26 April that children under 14 were able to go out for an hour near their homes, while those between 15 and 17 years old were not able to go out until after 2 May, both groups within a certain time frame. The slow steps out of the confinement gave young people some relief, being able to leave their homes and be outdoors, and they are slowly getting back to what president Pedro Sánchez called the “new normality” (2020). However, students have taken their final exams remotely and have faced their return to school with great uncertainty, fearing not only being infected by COVID-19, but also being subjected to new confinements.

Our interest is to draw attention to the situation of young people (13 - 21 year olds) in Spain with non-normative gender identities and sexualities during the pandemic. Before the COVID-19 pandemic, this population already faced greater health risks due to existing discrimination and stigma, lack of support and insufficient social intervention (Frost, Lehavot, & Meyer, 2015; Hatzenbuehler, 2009; Mays & Cochran, 2001). For this reason, a pre-analysis is intended to provide an initial examination of the situations of cohabitation, the support these young people have received and the consequences in relation to their self-perception as a burden. Lastly, derived from the data obtained we suggest some lines of future actions.

**The importance of support**

Relevant academic literature has established the specific situation of disadvantage for LGTBQA+ youth due to discrimination (for instance, D’Augelli, 2003; Cappellato & Mangarella, 2014; D’Augelli, Grossman and Starks, 2005, 2006 2009). In particular, due to heteronormative assumptions related to policy development, ongoing anti-LGBTI discrimination, and disregard for the intersectional experiences of LGBTI populations affected by issues of class, race/ethnicity and gender (D’Ooge 2008; Leap et al, 2007; Richards, 2010), LGTBQA+ people in crisis and disaster situations have particular experiences that need to be addressed (Dominey-Howes et al, 2014). For our study, we focused on the relevance of support for these young people (Frost, Meyer and Schwartz, 2016), since having support networks and connections with others has been identified as a health factor (Moody & Grant Smith, 2013). In fact, the lack of support networks is a clear risk factor for reducing the stressors of LGBTQ violence (Meyer, 2003). LGBTQA+ youth have higher rates of anxiety and depression as a result of overt external violence (Shearer et al., 2016; Wilson & Cariola, 2019) .

According to the minority stress theory, such violence crystallises internally as a distal stressor of distress that in turn determines other proximal stressors of self-stimulatory evaluations (Meyer, 2003). These young people face minority stress because of their social experience and the subsequent internalisation of negativity. All of this has negative outcomes for their mental health (King et al, 2008; Lick, Durso & Johnson, 2013).

The lack of personal resources and family support/friendships among LGBTQ youth results in an exponential increase in drug use, risky sexual practices, and even the possibility of suicide (Hatzenbuehler, 2009, 2011). According to the latest data, nearly two million LGBTQ youth in the United States have considered suicide (The Trevor Project, 2019). In Spain, the risk of suicide is three times higher among LGBTQ adolescents (Generelo, Garchitorena, Montero & Hidalgo, 2012), although at present, there are not enough qualitative and quantitative data on the needs of Spanish LGBTQA+ youth (Platero 2014; Coll-Planas, Missé & Bustamante 2009). Support from friends and family helps reduce stressors, which makes a substantial difference in cases of depression and bullying (Hatzenbuehler, 2011). Thus, this support can function as a buffer against violence from different positions (Frost, Meyer & Schwartz, 2016).

**Methodology and some results of the preliminary analyses**

Participants were recruited through calls on different social networks and e-mails from associations during the month of April 2020. If youth were residing in Spain and were interested in participating, they were offered an informed consent form. Once they agreed, we explained to them that their attitudes and perceptions about psychosocial aspects related to situations arising from the confinement measures and the COVID-19 pandemic would be collected in an anonymous way.

A sociodemographic questionnaire (asking about gender identity, sexual orientation, change of residence and whom one lived with during confinement) was used, as well as instruments such as the *Questionnaire on the Frequency of and Satisfaction with Social Support* (García-Martín, Hombrados-Mendieta & Gómez-Jacinto, 2016), the *Subscale of LGBT stigma in neighborhood* (McConnell, Janulis, Phillips, Truong & Birkett, 2018), and the *Subscale of Perceived Burdensomeness of Interpersonal Needs Questionnaire* (Silva et al., 2018).

A total of 445 people participated, ranging in age from 13 to 21 years (M= 18.93, SD= 17.7). With regard to their gender identity, 51.5% identified as cis women; 17.1% as cis men; 13.9% as trans men; 12.6% as non-binary, and 4.9% as trans women. Concerning their sexual orientation, 4.5% were heterosexual; 58.4% bisexual; 28.8% homosexual; 4.5% asexual; 2.7% pansexual; and 1.1% antrosexual (lacking a clear sexual orientation).

During the confinement, 29.4% changed residence. Concerning their place of residence during the confinement, 26.5% lived in large cities; 44% in small towns; and 29.4% in villages. With respect to the regions where they were located, 20% indicated that they were in Madrid; 19.6% in Catalonia; 11.7% in Andalusia; 9.9% in Galicia; 6.7% in the Basque Country; 6.1% in Valencia; 4.9% in Castile and Leon; 4% in Castile La Mancha; 2.7% in the Canary Islands and Asturias; 2.2% in the Balearic Islands, Aragon and Murcia; 1.6% in Navarre; 1.1% in La Rioja; 0.9% in Extremadura and Cantabria; and 0.2% in Ceuta and Melilla.

A first analysis of correlations estimated by means of Spearman's coefficient ρ, allows us to state the following data:

* Gender identity (cis, trans, non binary) correlates negatively and significantly with change of residence (ρ= -.120\*). In other words, youth with more transgressive identities, such as trans and non binary youth, have less of a tendency to change their address. On the other hand, in the opposite direction, the correlation with self-perception of being a burden (ρ= .197\*\*) is consistent with the greater violence to which trans and non-binary youth are exposed.
* Being older (18-21 years) correlates positively and significantly with change of residence (ρ= 261\*\*), indicating that the younger LGBTQA+ population (13-17 years) did not change residence. This is consistent with the closure of university dorms and the return home of thousands of students who were away from home. On the other hand, older youth are more likely to live with friends/flatmates (ρ= .106\*), and younger youth are more likely to live with family members (ρ= -.99\*). Being older has made it possible for many young people to live with friends/flatmates during confinement. Furthermore, correlations show that the older the person, the lower the self-perception of being a burden (ρ= -.105\*). This may explain how young adults are less dependent on parents, and are able to obtain support from other people, being better able to choose who they live with. Therefore, they have more agency and resources than the younger ones, those between 13 and 17, who are more likely to be confined with parents and family members.
* The perception of having support from family (ρ= -.384\*\*) and friends (ρ= -.296\*\*) correlates most strongly with perceiving themselves as less of a burden. Perceived partner support correlates negatively with self-perceived burden. Therefore, the support of friends and family is a protective factor against negative self-perceptions. However, other supports, such as that of the partner (ρ= -.176\*\*), are important.
* Acceptance in new places of residence correlates negatively with family cohabitation (ρ= -.189\*\*), and positively with cohabitation with friends/partners (ρ= .174\*\*). This is consistent with publications that warn of a return to the closet once young people are in the family home (Borraz, 2020; Momoitio, 2020). On the other hand, acceptance in new places of residence correlates negatively with feeling like a burden (ρ= -.260\*\*). In other words, acceptance in the neighbourhood and home has an influence on not perceiving oneself negatively.

**Psychosocial factors in LGBTQA+ Youth in Spain**

The fact that Spain experienced the strictest lockdown in Europe, especially hard on children and youth, as well as the fact that there was a stigma linked to youth being the "drivers of the coronavirus pandemic" (Kassam, 2020), makes it key to look at how and with whom young people lived during the lockdown, as well as the quality of support received (Green, Dorison & Price-Feeny, 2020; Platero & López-Sáez, 2020; Frost, Meyer & Schwartz, 2016). Building on the data found and the existing literature cited, we have identified several relevant psychosocial factors:

* The situation of confinement and intensive cohabitation with family members, especially among minors, has led to a decrease in other interactions valued as positive with respect to their sexual and gender identity or expression (Green, Dorison, & Price-Feeny, 2020). Without being able to physically go to class, deprived of interactions with peers, and at the same time subjected to a greater monitoring of their behavior due to being confined at home, youth have been faced with situations with greater violence which might otherwise have been less severe or gone unnoticed (Borraz, 2020; Momoitio, 2020; Platero & López-Sáez, 2020). Despite a greater visibility and social acceptance of non-normative sexualities and genders in Spain than a few decades ago, not all households accept these youth (Missé, 2018; Platero, 2014). This lack of acceptance also affects young adults (18 to 21 years old), who have had to return to a home where they often had to hide their identity and sexuality (Borraz, 2020).
* An increase in discomfort in their current living spaces, and the absence of support networks is a risk factor for increased stressors (Frost, Meyer & Schwartz, 2016), which translates into higher rates of anxiety and depression (Bissonette & Szymanski, 2019). Among those young people who have not received the desired support from family and friends, we find a subjective sense of burden, as in previous studies (Green, Dorison & Price-Feeny, 2020). Connection with others is a key health factor for these youth who have to deal with not having the social support they need (Platero, 2014; Moody & Grant Smith, 2013). Connecting with other LGBTQA+ people and bonding with peers helps them make sense of what they are experiencing and who they are, allowing them to escape adult-centered value judgments (Platero & López, 2020).
* An increasing sense of uncertainty about their near future (Martínez; Rodríguez y Velásquez, 2020), due to the continuous governmental announcements mandating social distance from their peers, restrictions on spaces and time frames, as well as the often improvised plans to reduce the student-to-teacher ratio, and put measures that “should have been planned months in advance” (Jiménez, 2020). This uncertainty is also connected to the economic backlash experienced by their families, who are facing increasing unemployment, intense telework hours, and lack of child-care (Nanclares 2020; Maqueda, 2020).
* An intense need to cope with the challenges that their LGBTQA+ identity presents during the pandemic (Leap et al, 2007; Richards, 2010), prompting youth to search for support from people other than their family members or mates. This support could come from educational professionals and from children's and youth’s services, or even from activists. This need to diversify their sources of support derives from the absence of other more immediate sources, which are not always available (Platero, 2014; Moody & Grant Smith, 2013). Nonetheless, these professionals have been focused on responding to the COVID-19 emergency and often have not been available to offer this kind of specific support, nor have they necessarily had the training or the will to do so.

**But what are Children’s and Youth’s Services Departments supposed to do?**

The following recommendations are derived from a process of reflection among the authors, based on the data found in our research, the existing literature, and in conversation with other professionals in the field:

* First and foremost, encourage and diversify support for LGBTQA+ youth from their families, peers, teachers and other professionals working in the youth field (Moody & Grant Smith, 2013; Green, Dorison & Price-Feeny, 2020). This support would be congruent with the anti-discriminatory and trans-specific legislation existing in most Spanish regions (Platero, 2020 forthcoming).
* Second, generate physical and online spaces of support for LGTQBA+ youth, in which they can relate to their peers, as well as providing professional support to families with LGBTQA+ children and youth (Green, Dorison & Price-Feeny, 2020).
* Third, offer specific psychological services , free of charge (COP, 2020), both online and in person, designed to support these young people and their families, as well as providing support for professionals in children’s and youth’s services.
* Fourth, fight against the stigma of being considered “a vector of transmission” by disseminating appropriate data regarding young age and COVID-19 (Martínez, Rodríguez & Velásquez, 2020).
* Fifth, persuade the competent authorities to address the psychosocial needs of this population group, which include relating to peers and receiving support (Frost, Meyer & Schwartz, 2016), as well as being able to leave the home within the prescribed precautionary measures and at particular times.
* Sixth, include LGBTQA+ experts, organizations and young people in the design of public health measures (Coll, Bustamante and Missé, 2009).
* Seventh, regarding educational administrations, offer more certainty about the continuity of education and teachers’ support for their students (Frente de estudiantes, 2020).
* Eighth, anticipate future situations of COVID-19 outbreaks, planning actions that include the needs of the younger population (Martínez, Rodríguez and Velásquez, 2020; Platero and López, 2020). Additionally, include an awareness of and lift the extra burden on the very slow and bureaucratic procedures for changing names on IDs and other documents (Missé, 2018).
* And finally, include support for LGBTQA+ youth in schools, as indicated by many of the current regional laws in anti-discrimination.

**References**

Bissonette, D., and Szymanski, D. M. (2019), Minority stress and LGBQ college students’ depression: Roles of peer group and involvement, *Psychology of sexual orientation and gender diversity*, Vol. 6 No.3 pp.308-317.

Borraz, M. (2020), “El doble encierro de vivir con una familia que rechaza al colectivo LGTBI: «Es triste que solo pueda ser yo misma a través de la pantalla»”, *Eldiario.es*, 1 May.

Bradford, J., Ryan, C., and Rothblum, E. D.(1994). The National Lesbian Health Care Survey: Implications for mental health. *Journal of Consulting and Clinical Psychology*, Vol. 62, pp.228–242.

Cappellato, V., and Mangarella, T. (2014), Sexual citizenship in private and public space: parents of gay men and lesbians discuss their experiences of Pride parades, *Journal of GLBT Family Studies,* Vol. 10 No.1-2, pp.211-230.

Coll, G., Bustamante, G. and Missé M. (2009), *Transitant per les fronteres del gènere: Estratègies, trajectòries i aportacions de joves trans, lesbianes i gais*, Secretaria de Joventut, Generalitat de Catalunya, Barcelona.

COP (Colegio Oficial de Psicología de Madrid) (2020), “Más de 700 llamadas atendidas en el teléfono gratuito de apoyo psicológico de la Comunidad de Madrid gestionado por el Colegio Oficial de la Psicología de Madrid”, accesible at https://www.copmadrid.org/web/comunicacion/noticias/1482/mas-700-llamadas-atendidas-el-telefono-gratuito-apoyo-psicologico-la-comunidad-madrid-gestionado-el-colegio-oficial-la-psicologia-madrid

D'Augelli, A.R. (2003), Lesbian and Bisexual Female Youths Aged 14 to 21: Developmental Challenges and Victimization Experiences, *Journal of Lesbian Studies,* Vol. 7 No.4, pp.9–29.

D’Augelli, A.R., Grossman, A.H., and Starks M.T. (2010), Factors Associated with Parents’ Knowledge of Gay, Lesbian, and Bisexual Youths’ Sexual Orientation, *Journal of GLBT Family Studies,* Vol. 6, No. 2, pp:178-198.

D’Augelli, A.R., Grossman, A.H., and Starks M.T. (2006), Childhood gender atypicality, victimization and PTSD among gay, lesbian and bisexual youth, *Journal of Interpersonal Violence*, Vol. 21, No. 11, pp.1462–1482.

D’Augelli, A.R., Grossman, A.H., and Starks M.T. (2005), Parents’ Awareness of Lesbian, Gay and Bisexual Youths’ Sexual Orientation, *Journal of Marriage and Family*, Vol. 67, No.2, pp. 474-482.

D’Augelli, A.R., Pilkington, N., and Hershberger, S. L. (2002), Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school, *School Psychology Quarterly*, Vol. 17, No. 2, pp.148–160.

D’Ooge, C. (2008), Queer Katrina: Gender and Sexual Orientation Matters in the Aftermath of the Disaster, in Willinger B. (Ed.), *Katrina and the Women of New Orleans* (pp.22-24), Tulane University, New Orleans, LA.

Dominey-Howes, D., Gorman-Murray, A. and McKinnon S. (2014), Queering disasters: on the need to account for LGBTI experiences in natural disaster contexts, *Gender, Place & Culture: A Journal of Feminist Geography*, Vol. 21, No. 7, pp:905-918.

Frente de Estudiantes (2020), “El sistema educativo en la crisis del COVID-19”, available at: https://www.frentedeestudiantes.es/wp-content/uploads/2020/04/Informe\_COVID19.pdf

Frost, D. M., Lehavot, K., and Meyer, I. H. (2015), Minority stress and physical health among sexual minority individuals, *Journal of Behavioral Medicine*, Vol.38, No.1, pp.1–8.

Frost, D. M., Meyer, I. H., and Schwartz, S. (2016), Social support networks among diverse sexual minority populations, *American Journal of Orthopsychiatry*, Vol. 86, No.1, pp. 91-102.

García-Martín, M. Á., Hombrados-Mendieta, I., and Gómez-Jacinto, L. (2016), A multidimensional approach to social support: The Questionnaire on the Frequency of and Satisfaction with Social Support (QFSSS), *Anales De Psicología/Annals of Psychology*, Vol *32*, No.2, pp.501-515.

Generelo, J., Garchitorena, M., Montero, P. and Hidalgo, P. (2012), “Acoso escolar homofóbico y riesgo de suicidio en adolescentes y jóvenes LGB”, COGAM/FELGTB, Madrid.

Green, A., Dorison, Samuel and Price-Feeny, M. (2020), *“*Implications of COVID-19 for LGBTQ Youth Mental Health and Suicide Prevention”,Trevor Project, New York.

Hatzenbuehler, M. L. (2009), How does sexual minority stigma “get under the skin”? A psychological mediation framework, *Psychological Bulletin*, Vol. 135, No.5, pp.707–730.

Hatzenbuehler, M. L. (2011), The social environment and suicide attempts in lesbian, gay, and bisexual youth, *Pediatrics*, Vol. 127*,* No*.* 5, pp.896-903.

Hershberger, S. L., and D’Augelli, A. R. (1999), Issues in counseling lesbian, gay, and bisexual adolescents. In Perez, R. P., DeBord K. A, and Bieschke K. J. (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 225–247), American Psychology Association, Washington, DC.

Leap, W., Lewin E., and Wilson, N. (2007), Queering the Disaster: A Presidential Session, *North American Dialogue*, Vol.10, No. 2, pp.11-14.

Lick, D. J., Durso, L. E., and Johnson, K. L. (2013), Minority stress and physical health among sexual minorities, *Perspectives on Psychological Science,* Vol. 8, No.5, pp.521–548.

Kassam, Ashifa (2020), “Silent trauma of children facing the strictest lockdown in Europe”, *The Guardian,* 18 April.

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., and Nazareth, I. (2008), A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people, *BMC Psychiatry*, Vol. 8, No. 70.

Maqueda, A. (2020), “Spain experienced Europe’s worst job destruction in first half of the year”, *El País*, 1 September.

Martínez, M.; Rodríguez, I. and Velásquez, G. (2020), *Infancia Confinada. ¿Cómo viven la situación de confinamiento niñas, niños y adolescentes?* Infancia Confinada y Enclave de Evaluación, Madrid.

Mays, V. M., and Cochran, S. D. (2001), Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States,*American Journal of Public Health*, Vol. 91, No.11, pp.1869–1876.

McConnell, E. A., Janulis, P., Phillips, G. II, Truong, R., and Birkett, M. (2018), Multiple minority stress and LGBT community resilience among sexual minority men, *Psychology of Sexual Orientation and Gender Diversity,* Vol.5, No.1, pp.1–12.

Meyer, I. H. (2003), Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence, *Psychological bulletin*, Vol.129, No.5, pp.674-697.

Missé, M. (2018), *A la conquista del cuerpo equivocado*, Egalés, Barcelona

Moody, Chery and Nathan Grant Smith (2013), Suicide Protective Factors Among Trans Adults, *Archives of Sexual Behavior*, Vol.42, No. 5, pp.739-752.

Momoitio, A. (2020), “Armarios y miedos que sellan el encierro”, *Pikara Magazine,* 29 April.

Nanclares, S. (2020), “¿Cómo nos vamos a organizar si no llegan a abrirse los colegios en septiembre?” *El País,* 15 August.

Platero, R. L. and López-Sáez M. (2020), Perder la propia identidad”. La adolescencia LGTBQA+ frente a la pandemia por COVID-19 y las medidas del estado de alarma en España, *Sociedad e Infancias*, Vol. 4, No. 1, pp. 95-98.

Platero R.L. (2014), *Trans\*exualidades. Acompañamientos, factores de salud y recursos educativos,* Bellaterra, Barcelona.

Platero, R.L. (2020,forth coming), Recognition and Distribution of Trans Rights in Spain”, *Politics and Governance,* Vol. 8, No.3*.*

Richards, G. (2010), Queering Katrina: Gay Discourses of the Disaster of New Orleans, *Journal of American Studies,* Vol.44, No.3, pp. 519-534.

Sanchez, P. (2020), “Spanish Government Press Release”, 31 May.

Shearer, A., Herres, J., Kodish, T., Squitieri, H., James, K., Russon, J., Atte, T. and Diamond, G. S. (2016), Differences in mental health symptoms across lesbian, gay, bisexual, and questioning youth in primary care settings, *Journal of Adolescent Health*, Vol 59, No. 1, pp. 38-43.

Silva, C., Hurtado, G., Hartley, C., Rangel, J. N., Hovey, J. D., Pettit, J. W., Chorot, P., Valiente, R. M., Sandín, B., and Joiner, T. E. (2018), Spanish translation and validation of the Interpersonal Needs Questionnaire, *Psychological Assessment,* Vol. 30, No. 10, pp. e21–e37.

The Trevor Project (2019), *National Survey on LGBTQ Youth Mental Health*, New York, available at <https://www.thetrevorproject.org/wp-content/uploads/2019/06/The-Trevor-Project-National-Survey-Results-2019.pdf>

Wilson, C. and Cariola, L. A. (2019), LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research, *Adolescent Research Review*, pp. 1-25.

Jimenez, D., I. (2020), “In Spain, Nightlife Is More Important Than Schools”, *The New York Times*, 3 September.

**Funding:** Emma Goldman Award (Flax Foundation).

**Corresponding authors:**

R. Lucas Platero can be contacted at: Lucas.Platero@uab.cat

Miguel A. López-Sáez can be contacted at: miguel.lopez.saez@urjc.es

**Research limitations/implications (limit 100 words)**

The use of the snowball technique for data collection may limit the representativeness of the sample. In the same way that data collection is used through access to an online questionnaire it can limit access to certain people.

**Practical implications (limit 100 words)**

Address the psychosocial needs of this population group, LGBTQA+ youth, at all times. Anticipate future situations of COVID-19 outbreaks, planning actions that include the needs of the younger population.

**Social implications (limit 100 words)**

Encourage and diversify support for LGBTQA+ youth from their families, peers, teachers and other professionals working in the youth field. This support would be congruent with the anti-discriminatory and trans-specific legislation existing in most Spanish regions. Furthermore, it would propose a social change that not only benefits LGTBQA+ people, since it allows for a more inclusive cultural change for all in terms of gender and sexuality.

**\* Please provide a bullet-pointed list (up to 100 words) summarising implications of the research for policy and practice.**

* Encourage and diversify support for LGBTQA+ youth.
* Generate physical and online spaces of support for LGTQBA+ youth.
* Offer specific psychological services.
* Fight against the stigma of being considered “a vector of transmission”.
* Persuade the competent authorities to address the psychosocial needs of this population group.
* Include LGBTQA+ experts, organizations and young people in the design of public health measures.
* Offer more certainty about the continuity of education and teachers’ support for their students.
* Anticipate future situations of COVID-19 outbreaks, planning actions that include the needs of the younger population.
* Include support for LGBTQA+ youth in schools.

**Plain Language Summary**

LGTBQA+ youth are exposed in their daily lives to stressors derived from social cisheteronormativity. For this reason, support networks and safe spaces for coexistence become fundamental in order not to increase negative self-statements such as being perceived as a burden. We show, for the first time, the connection between these variables and in this populationin Spain in times of COVID-19

**DATOS DE AFILIACIÓN**

Correspondence: Miguel Ángel López-Sáez

ORCID ID: [0000-0003-4568-973X](https://orcid.org/0000-0003-4568-973X)

e-mail: miguel.lopez.saez@urjc.es

Department of Psychology, Universidad Rey Juan Carlos

Researcher and lecturer in the Department of Social Psychology at the Rey Juan Carlos University. Miguel has been dedicating his professional career to the areas of social intervention: childhood, youth, prevention of gender violence and attention to affective-sexual diversity. He has worked in various third sector entities and in public administration, occupying positions in direct intervention, management and coordination of projects. In recent years, López Sáez has coordinated projects such as the "Congress of Feminist New Researchers: Noviembre Feminista", the activities of the Madrid City Council's "Trans\* childhood" during the World Pride, and the "Reflection on Masculinities" group at the Complutense University of Madrid. He is also a member and advisor of the Commission Against Gender-based Harassment of the Complutense University and a child and adolescent psychologist at a point of the Regional Observatory on Gender Violence.