



Understanding the support dynamics for LGBTI+ youth in Spain during and after the COVID-19 pandemic

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Abstract

This qualitative study explores the experiences of LGBTI+ youth in Spain during the COVID-19 pandemic, focusing on family, social, educational and healthcare support mechanisms. The findings, based on five focus groups, highlight the pivotal role of family support during the pandemic, increased isolation and a reliance on online connections, the challenge of transitioning to online school platforms and insufficient understanding amongst healthcare professionals. The study examines adult and institutional support structures in relation to the complexities of LGBTI+ youth experiences beyond heteronormative and cisgender paradigms. It advocates applying a child-centric approach to policies and services tailored to LGBTI+ youth needs.

KEYWORDS

adolescents, LGBTI+, resistance, sexuality, support

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INTRODUCTION

Despite the widespread acceptance of LGBTI+ people in Spain (European Commission, 2019), LGBTI+ children and adolescents are often singled out as too young to know about their sexuality. Trans and queer children are often viewed as prey to negative social contagion and a product of queer adult perversion, rather than expressing who they are (Amery, 2023). This adultist bias presents all children as incomplete, malleable and plastic (Gill-Peterson, 2018), categorizing some children—typically those who depart from the sex assigned at birth, or those who challenge heteronormative expectations—as not being fully capable of knowing their gender (Castañeda, 2014). As Langarita et al. highlight, ‘children are subjects of futurity to be protected from the dangers socially attributed to sexual and gender diversity’ (2023a, p.1), implying that children are not usually thought of as having a sexuality of their own. The material and symbolic system of domination based on age, understood as adultism or adultcentrism, permeates our society and establishes relations hierarchically based on the stage of life, undermining the voices and experiences of children and young people (Campbell, 2021; Flasher, 1978).

This article takes the perspective of adolescents’ rights to explore their experiences as being capable young people, able to describe their own lives and having agency and self-determination (Langarita, Santos, et al., 2023). The research presented here emphasizes the need to listen to the voices of children and adolescents and understand their experiences as worth researching beyond an adult-centric bias (Harcourt & Einarsdottir, 2011; Platero et al., 2023; Qvortrup, 1994). Paying attention to children’s voices is crucial to understanding their realities, and they must be considered ‘foremost advisors’ in any research (Butterby & Hackett, 2022, p.149; Sanders & Mace, 2006, p.107), especially regarding matters related to their sexuality. In this article, the term ‘children’ describes anyone below the age of 18, following the Convention on the Rights of the Child (1989). Throughout the text, the group ‘LGBTI+ children and adolescents’ includes not only individual experiences as lesbian, gay, transgender, non-binary, bisexual, intersex, pansexual, or asexual, but also refers to diverse ways of breaking the heteronormative and cisgender norms consonant with their developmental stage. The words ‘teenager/teen’ and ‘adolescent’ are used synonymously to describe these LGBTI+ children, as they better represent their developmental stage.

Although researchers have often focused on the influence of parents on their LGBTI+ children, children’s sexuality from their perspective also requires investigation (Malgosa et al., 2023). This involves, in part, acknowledging the vocabulary they use, the way they construct their subjectivity, and how they address their bodies and relationships, all of which involve gendered and sexual challenges that differ from adult experiences. Recent findings have observed that LGBTI+ children are at a higher risk of suffering from various forms of violence and discrimination, causing great mental health suffering and negatively affecting their well-being (Amos et al., 2023; Gordon et al., 2018; Guz et al., 2020; Heino et al., 2020; Kahle, 2017; Lanham et al., 2019). The role of adults in different institutions and contexts has been found to be as relevant in the reproduction of violence, or protecting children from violence, and structural discrimination based on sexual orientation, gender identity, or gender expression. In particular, families constitute a critical environment given the power they have over the children’s lives in general and the appearance of forms of violence in the very early stages of LGBTI+ children’s lives (Alessi et al., 2016; Braga et al., 2018; Hillier et al., 2019; Lanham et al., 2019). Apart from the violence experienced at home, recent studies suggest that families are important protectors and supporters in the development, self-acceptance and well-being of children challenging hetero and cisnormativity (Austin et al., 2020; Khalfouli et al., 2021; Ryan et al., 2010; Shilo & Savaya, 2011; Snapp et al., 2015). Moreover, supportive adults, teachers and peers from the educational environment

the pandemic and the restrictions imposed upon them meant that they were forced to stay at home in potentially hostile environments, lacking support from children's services and separated from those who helped them outside their families. They were more exposed to different forms of violence and, accordingly, experienced an increase in anxiety and depression (Abreu et al., 2023; DeMulder et al., 2020; Green et al., 2020; López-Sáez & Platero, 2022; Phillips et al., 2023).

Social services, child services agencies and youth workers in particular—often crippled by insufficient training in digital resources and limited professional assistance—faced increased risks and challenges due to the socioeconomic inequities arising from the global health crisis (Khoury et al., 2023; Kutassy et al., 2023; Amadasun, 2020). Many LGBTI+ adolescents had to turn to social networks and online communities to cope with experiences of isolation and discrimination. However, even when they did find a community, they exposed themselves to potential cybervictimization in the process (Hamilton et al., 2021; Tortajada et al., 2021). At the same time, paradoxically, the pandemic lockdown and the time away from in-person classes also provided LGBTI+ children with the time to reflect on their sexuality and identity, offering them some relief from the harmful effects of bullying in on-site schools (FELGTB, 2021; Gill & McQuillan, 2022; Kutassy et al., 2023). Once children went back to the so-called 'new normal', as Spanish Prime Minister Pedro Sánchez termed it in June 2020, most were eager to move on and leave the pandemic behind. But the negative impact of the COVID-19 experience on these children's mental health persisted (Newlove-Delgado et al., 2023; Sanmartín et al., 2022), as did their need for specific support about their gender expressions and sexuality (Vela, 2023). In this respect, beyond the role played by families and friends, child services became crucial, especially for vulnerable children. These services included not only schools and school-related programmes, health, social and community services, foster care and child protection, but also NGO programmes, family support groups, gender-affirming care and the like. Although the most intense phases of the pandemic and lockdown have passed, no significant consideration has been given to the needs and mental health of LGBTI+ children and adolescents, and there have been few, if any, changes in how they are supported by various children's services as a result of the lessons learned from the pandemic.

SPANISH LGBTI+ CHILDREN IN A DYNAMIC POLITICAL SCENARIO

LGBTI+ rights in Spain have progressively advanced in the last decades. The most significant rights have been secured in terms of recognition of gender identity, trans inclusion and anti-LGBTI+ violence, achievements of transfeminist activism and the Stop Trans Pathologization movement dating back to 2008 (Suess Schwend, 2018). In Spain, the most relevant changes in national legislation include same-sex marriage, name and gender changes in all documents (2007), the provision of specific trans-health care (2000) and the legalization of genital surgery (1983 and 1995). Against this background, trans activism today continues to fight for trans depathologization and self-determination, making LGBTI+ rights, protection and inclusion more homogeneous throughout the Spanish territory.

With specific regard to children, the 4/2023 Law on LGBTI+ Rights allows gender self-determination for children 16 and older, but children between 14 and 16 need their family's permission to transition. Surgical procedures cannot be performed on intersex children unless their health is threatened (Government of Spain, 2023). Beyond the recognition of new rights in the 4/2023 Law, children have already been allowed to change their name and sex in all documents since the 2018 Civil Registration Instruction was issued (Government of Spain, 2018).

Even though there is legal and social support for LGBTI+ children's rights in Spain, the country is also under the influence of the global backlash in LGBTI+ children's rights promoted by the religious right and far-right groups (Nagourney & Peterse, 2023; Brunet, 2023). These associations hope to re-energize their supporters, creating a consensus around a topic that conservatives are comfortable discussing in the public arena and promoting a mobilization against the legal rights of trans children and LGBTI+ children in general, similar to the previous large mobilization against same-sex marriage. In particular, Spanish far-right groups, anti-trans feminists and psychologists and psychiatrists who oppose self-determination have questioned children's capacity to claim their gender and sexuality, blaming queer theory and injurious legislation for their supposed irreversible consequences for children (Platero, 2023).

During the process of discussion around the 4/2023 LGBTI+ law, Madrid and Spain were places for demonstrations staged by anti-trans feminists, on the contrary, and supporters of trans rights on the other. As a result, Madrid became the focus of significant media attention, with Isabel Díaz Ayuso (president of the Government in Madrid by the conservative Partido Popular party) herself implementing changes to weaken the trans rights law, especially as it concerns and impacts the life and well-being of children (Argyriou et al., 2024; Rocés, 2023). Since June 2023, Spanish LGBTI+ children have faced new challenges, adding to the structural difficulties they already experienced during and before the pandemic. These new challenges are related to their mental health, their need for additional social support, the threat of conservative governments in coalition with the far-right VOX party (which has announced its intention to dismantle gender equality and LGBTI+ policies), the shifting social scenario in which some youth visibly embrace anti-LGBTI+ values, the lack of awareness about LGBTI+ issues amongst child services, amongst other factors (Machuca, 2023).

The main goal of the study is to assess retrospectively the impact of the support that LGBTI+ children received between March 2020 and June 2023, how they are dealing with the minority stress that affects them intensely and whether they are developing skills and strategies for survival (Meyer, 2003; Salerno, Williams, & Gattamorta, 2020). The research objectives are: (1) to increase knowledge about the impact and effects of the COVID-19 pandemic and the policy change on violence against LGBTI+ children in vulnerable contexts and (2) to gather information about the strategies and resilience of LGBTI+ children in vulnerable contexts when faced with LGBTI+-phobic violence during the COVID-19 pandemic and the context of policy change.

METHODOLOGY

The study used a qualitative and interpretative framework in an attempt to identify the first-person experiences of LGBTI+ children from March 2020 to June 2023. The analysis of the effects of the COVID-19 pandemic on vulnerable LGBTI+ children is part of a larger research project, *Colourful childhoods, Empowering LGBTIQ children in vulnerable contexts to combat gender-based violence across Europe* (101 049 251/CERV-2021-DAPHNE) funded by the European Commission. In the frame of this European project, between May 2022 and June 2023, a team of researchers in Madrid conducted five focus groups with LGBTI+ children in spaces that included high schools, youth services, university venues and a bookstore. The children's participation in these events was acknowledged and accepted by their parents, and participation was voluntary and heterogeneous, since some children only participated in two groups, while others participated in them all. To recruit the participants, the researchers contacted LGBTI+ teachers, LGBTI+-friendly schools and LGBTI+ organizations and services, particularly those that

TABLE 2 Focus group discussions.

Broad areas covered: children's knowledge, experiences and beliefs about their needs and resilience processes, particularly during the COVID-19 pandemic and in relation to sexual and gender diversity

I Knowledge about the subject:

1. When you hear the word gender, what comes to your mind? How can we define this word, gender? What about gender diversity and sexual orientation?
2. Can we think of any situation that relates gender diversity or sexual orientation to violence? In your opinion, what is this type of violence called?
3. What does the acronym LGBTI+ mean? And what do non-binary and pansexual mean?

II Experiences of violence and resistance during the pandemic:

4. During the COVID-19 lockdown, were there situations in which it was more difficult to be away from the people you care about (friendships, relatives, dating)? Under what circumstances? And how did you try to compensate for this distance/absence?
5. There are children who have lived through a difficult situation, for example, with a colleague/family member who insulted/isolated them during lockdown. These are times when these children felt very sad. Maybe you know of some cases. Can you give some examples and explain what happened?
6. Are there ways that children who are being insulted or facing aggression can stop this? How? Who can children turn to for help when something goes wrong with friends, colleagues, neighbours, or family members? (For example, in situations of insults or violence associated with prejudice.)
7. In cases where a child is insulted or suffers aggression, can adults help? How can adults help?

III Beliefs and assessments (adultism, professional practices/services):

8. When it comes to gender and sexuality issues, how often are children's opinions heard or ignored by adults? Share some specific examples that you can think of.
9. Should adults intervene in matters that are between children? In what circumstances? How? And what is the purpose?
10. What do you think could be done in schools (or other spaces attended by children) to make everyone feel welcome, including LGBTI+ children?
11. Please make a final statement, or ask any questions you may have, about gender and sexuality from your perspective.

sessions, asking what the statements meant, requesting more context for their input and creating a non-judgemental space in which all the children could comment on any statement.

The sessions started with introductory and ice-breaking activities, followed by an initial, hour-long brainstorming activity. Adolescents were asked about their experiences during the 2022–2023 school year regarding support from family, friends, schools, health centres, social services and community programmes and recreational activities. Each of these areas was allocated a space to post the statements. There was a pause for a break, with snacks and free time. The second part of the sessions looked at the same sources of support, but focused on the pandemic, from 2020 to 2022, for 1 h long. There was a brief evaluation of the activity at the end before the participants were picked up by family members.

All the focus groups were audio-recorded for transcription, with one author taking notes during the session. The audio recordings were transcribed manually, read and validated by the authors. The participants were informed regarding confidentiality through anonymization, that the data they provided would be used for research purposes, and that the results and process would be shared with them. The children have maintained their connection with the research project beyond the data collection process. The analysis was conducted with the five focus groups, following a deductive method. Categories emerged during the data analysis, and the dimensions were directly related to the different areas and institutions where the adolescents socialized and received (or did not receive) support (families, friends, schools, health services, recreation, community and social services).

To guarantee the quality and rigour of the methodology, the study adhered to established criteria for trustworthiness and transferability. The quality was upheld through multiple strategies, including prior and prolonged engagement with the participants to establish rapport and deepen understanding and ensure member checking in order to validate the interpretations. To enhance dependability, detailed records were kept of the research process, including clear documentation of data collection and analysis procedures to facilitate auditability and replication. Transferability was addressed in the description of the research context, participants and findings. Additionally, reflexivity was integrated throughout the research process, with the researchers acknowledging and critically reflecting on their own biases and assumptions in order to mitigate any potential influence on data collection and interpretation. By rigorously adhering to these criteria, the robustness and validity of the findings that captured the lived experiences of LGBTI+ children during the COVID-19 pandemic were guaranteed.

ETHICAL ISSUES AND APPROVAL

Ethical approval for the Colourful Childhoods (101 049 251/CERV-2021-DAPHNE) research project was granted by the Ethics Committee of the Universitat de Girona (295T-19), under the direction of Dr. Jose Antonio Langarita. All the authors who conducted the fieldwork have substantial experience facilitating groups containing LGBTI+ youth and were able to ensure that the focus groups were conducted with sensitivity to the children's gender and sexuality experiences. The facilitators are trained psychologists, one a social worker and one facilitator has additional training as a sociologist.

All the families were aware of their adolescents' participation in the focus groups, and gave their written permission; the adolescents were also asked to consent to their participation, which was explained verbally, and they signed a consent form. The language in the adolescents' consent form was simple and child-friendly. Each adolescent's choice of pronouns, names, sexuality, gender expression and sexual orientation was respected and included as such in the study.

RESULTS

The analysis is divided into five sections related to the seven areas of adolescents' socialization: families; friends; schools; health services; recreation, community; and social services.

FAMILY SUPPORT

'My family supports me' was a commonly shared statement amongst the participants, probably due to the selection of the sample through LGBTI+ organizations, youth services and similar sources. Nonetheless, some teenagers were recruited from youth services who did not have as much support for their gender and sexuality or were not out to their parents. One such case was a 17-year-old lesbian, S., who was afraid of her father's reaction if he found out about her sexuality.

When the participants were asked to provide more information about their families, they added some nuances regarding their parents' expectations. O.'s parents, for example, minimized the impact of school bullying:

I am never enough (...): I hate it when my parents say: “your only duty is to study.” I suffered from bullying by these girls, instead they could have said: “Next year, you’ll do better! Don’t get discouraged.”

(O., 15 years old)

Even amongst those who said that they had parental support, statements like the following were heard: ‘I get support from all my family members, but not from one uncle who’s a far-right voter, who’s happy when gay people get beaten up’ (J., 16 years old). Similarly, some participants mentioned that as LGBTI+ children, they were often labelled as ‘problematic’; as O. remarked: ‘Some relatives consider me a bad influence on their children’, fearing that she could ‘make’ her cousins gay. Besides the possibility of influencing others by disclosing one’s gender and sexual experiences, it appears that families that participants identify as conservative sue demands parental control over sex education and gender equality classes, and criticisms of what they saw as the ‘odd’ rise of LGBTI+ children.

At the same time, however, the lockdown also provided LGBTI+ children with time to reflect on their sexuality and identity, along with offering them some relief from the harmful effects of discriminatory bullying in on-site school settings. Indeed, for some, this time off helped them share information about themselves with their loved ones. For 15-year-old R., this intensive time with his mother and sibling helped him to come out as gay:

I came out of the closet during the pandemic. My sister had a girlfriend, and my mom said something about me having a girlfriend, I replied, ‘you mean a boyfriend’. I couldn’t see her face, and my sister wasn’t home at the time.

(R., 15 years old)

However, not all LGBTI+ children had similar experiences in terms of class, ethnicity and family support. Participants from more working-class backgrounds and who were non-White described less family support and were happy to receive encouragement and backing from child services agencies. In this regard, 16-year-old M. highlighted the role played by youth workers: ‘Youth workers try to listen to you, if they do not understand you, they tend to ask you’. The pandemic, then, was experienced by some teens as a period to reflect on identity and sexuality, especially for children who enjoyed better material conditions, such as having a home with sufficient room to provide a private space:

There were six people at home. I slept on the sofa. Where do I go to get away? (...) Do I hide out in the bathroom? I can’t go in the bathroom; they will scold me. So, like... I needed to go outside.

(S., 17 years old)

If this private space could not be ensured, the context often became more hostile, highlighting how social class is one of the key factors related to well-being.

FRIENDS: A PROTECTIVE FACTOR, BUT SOMETIMES ABSENT DURING THE PANDEMIC

Friends were highly valued by the participants, who described them as ‘a refuge from rejection and discrimination’. However, finding friends could be complicated, as 16-year-old J. stated: ‘It’s

not easy, it's often the case that my friends stop talking to me. I feel so attached and worry about them, but later I feel like a burden'. In other situations, participants spoke of having friends with different religious values: 'A classmate of mine likes me but also my male friend, but he's an evangelist. And he cares deeply about his family's opinion. Despite his feelings, after a while he said that both of us would go to hell. (A., 17 years old)'.

Most participants agreed that it was easier to find female friends, and that finding someone with similar experiences was extremely helpful:

Before my transition, my friends were very closed-minded, but there is another trans boy, and after our transitions, they have been more open-minded. We trust each other. There are even situations in which I can take my shirt off ... But my group is mostly females, and a few cis heterosexual boys.

(U., 15 years old)

Interestingly, participants believed that lesbian girls were more accepted by their peers than gay boys. At the same time, girls felt like they were subjected sexually to the male heterosexual gaze, as 15-year-old C. explained: 'When I reveal that I like girls, it's accepted that a girl likes another girl, but not so much that two boys are together, as if it was a disorder. It's more complicated to have male friends, because they sexualize you'. She added that her peers' values were androcentric and that they had double standards for women: 'If you're feminine, some people say you're stupid, you're less valued. You need to toughen up and be more masculine to be valued'.

When speaking about their experiences with friends during the pandemic, most of the participants said that they spent long hours in their rooms, talking to friends using different devices. 16-year-old J. emphasized both their connection to others and access to paid entertainment: 'I spent most of the time talking to friends on WhatsApp, as well as watching movies on Netflix. I believe that since the pandemic most of us are addicted to screens'. They added that 'during the lockdown, I watched lots of LGBTI+ videos, starring Instagrammer Tigrillo as well as a viral clip in which Eva Castt was beaten up in Barcelona, the first trans person I ever encountered'. These experiences of having a space of their own contrasted with previous focus groups, when the participants said that they did not have their rooms, but slept in shared spaces like living rooms, with no privacy. The type and size of the house, as well as access to electronic devices and an internet connection, were key in determining how they could connect to peers, have time to reflect on their own experience, and be alone or with others.

Despite the significance of connectedness, not everyone was in contact with friends on their cellular phones. For 15-year-olds O. and R., friends were not available for different reasons:

During the lockdown, my friends vanished. I texted them, but they didn't get back to me. I didn't see them until we were back in high school.

(O., 15 years old)

It took me a while to be able to talk to my friends. When the lockdown was announced, I was on a school trip. The youth workers took our mobiles away from us, and they accidentally broke mine. During the pandemic it was so difficult to find a new one, and the world was coming to an end ...

(R., 15 years old)

I have experienced bullying all my life, and the pandemic was a better time for me, because I stopped seeing my classmates

(N.13 years old)

During the pandemic the name-calling did not disappear, it moved to WhatsApp.

(J. 15 years old)

THE QUALITY OF PROFESSIONAL FOLLOW-UP

The participants talked in depth about their experiences with various health services, being especially eloquent about their relationships with the psychologists and endocrinologists they visited. They were generally very critical of the quality of these services and the difficulty of obtaining access to public mental health, underlining the surveillance and gatekeeping role these services play. While one participant described the support for his transition—(N. 13 years old)—others talked about the medicalization they encountered—‘In my health centre I was prescribed pills for insomnia that were for adults, and I am not an adult. They prescribed medication instead of treating me more from the inside out’ (C. 17 years old). The overuse of drugs was something other participants agreed on, such as 16-year-old J., who stated: ‘Health centres turned to prescribing pills. I am 16 and take six pills a day’.

Spanish gender identity units currently require trans teens to visit a psychologist. Several participants expressed their displeasure with this requirement, specifically addressing why they felt this service was not helping them: ‘My psychologist is often late. And she’s always asking me the same questions: “How are you? How is high school?” It’s like some procedure’ (N., 13 years old).

15-year-old O. was particularly harsh in her opinion, criticizing her psychologist for bringing up topics that were neither age-appropriate nor helpful:

I was 9 when I first went to the gender unit. I had no problems at the time. And the psychologist would bring up sexual problems at that young age! She said “are you going to have surgery? How are you going to have sex? How are you going to have intercourse?” I was only 9! And I told my parents that I’d never go back.

In a similar vein, 16-year-old J. added: ‘I go to the psychologist every week, and every two months to psychiatrists. I hardly speak, and when I say something, all I get as an answer is you’re too young, calm down, it will pass’. In their view, these adults do not take their problems seriously. For 15-year-old C., professionals did not care enough about them: ‘Your problems are not important because you’re young. You don’t matter. Especially if your family household isn’t in a state of chaos, they say you can’t complain, it could be worse’.

Participants felt, in particular, that health professionals were not supportive enough during the pandemic period: ‘The psychologist from the public service gave me a 5-min appointment on the phone. She called and asked if everything was ok, and that was it. It was not an important source of support for me’, N. 13 years old. They noted that the public health centres were collapsing at the time: ‘They were busy with more important things ... but I had to go to get my hormones’ (O., 15-year-old). Similarly, for N. during the pandemic, ‘The period of puberty was arriving, so I had to go to the health centre’. As a final note, the use of face masks also interfered with cis-passing, although, as J. stated, that was sometimes for the best.

COMMUNITY LIFE: A WAY OUT OF ISOLATION

All the participants were active members of sports and youth programmes, recreational activities offered at school and elsewhere, as well as LGBTI+ organizations that offered youth activities. However, only a few of the participants joined social services programmes in the youth groups offered in their neighbourhoods. Some of these groups were not designed for LGBTI+ youth in particular, but became so out of necessity, holding occasional activities and providing support in that regard. For some teenagers, these places were safe spaces where they felt heard: 'The educators don't abuse their power, they don't treat you like an 11-year-old child' (M., 16 years old). Other adolescents participated in LGBTI+ organizations, with specific activities for them like WhatsApp groups, get-togethers, demonstrations and mentorship, again with specific programmes for those lacking parental support. These youth programmes provided encouragement and comfort, and also allowed them to meet other LGBTI+ youth, both during and after the pandemic. During the pandemic, many participants went online to talk to friends, play video games or watch movies. Some used their time off from in-person classes to engage in do-it-yourself work at home: 'I turned to DIY activities, every day I took something apart. No one was texting or calling me, nothing caught my attention' (O., 15 years old).

While the Spanish media published articles about incidents against, and the rejection of, LGBTI+ youth during the lockdown, LGBTI+ individuals also participated in charity activities, such as creating food banks for trans people, helping elderly neighbours with their errands, offering online support and the like. In this regard, some of the participants recalled their charitable acts, like donating food to people in need. Some also had the chance to share their lockdown experiences with their neighbours, balcony to balcony, which provided some relief from their isolation: 'At that time, I was living in a housing development. We would be out on the terrace, talking to the neighbours from a distance, for a long time. Once, we even organized a fun water fight, which broke the isolation' (N., 13 years old).

DISCUSSION AND CONCLUSIONS

Although our initial interest was to retrospectively understand the experience of LGBTI+ adolescents during and after the pandemic, one of our key findings is that these adolescents experience a pre-existing, structural distress. This distress has undoubtedly been exacerbated by the policy context: by the COVID-19 pandemic, which led to especially restrictive policies for children and adolescents, by the specific neglect of LGBTI+ adolescents' needs, and by the broader political context characterized by a conservative shift that frames LGBTI+ children and adolescents as a problem to be addressed through more restrictive measures.

These focus groups took place in a complex sociopolitical context, after 3 years of intensive social debate about the new LGBTI+ law in Spain, during which intense controversy specifically focused on trans and LGBTI+ children (López-Sáez et al., 2023). This was especially true after the May 2023 elections, when conservatives and right-wing parties progressively gained representation in Spain. In this regard, the study found how LGBTI+ adolescents experienced violence in different institutions and how they resisted it. Together with the challenging political context, the findings raise questions related to how violence might have been sustained and even exacerbated by feelings of vulnerability and stigmatization connected to the COVID-19 pandemic and increased hypervigilance amongst the adolescents related to how to embody gender identity and sexuality in a wide variety of situations.

The study found how adolescents were able to navigate and articulate adult-centred contexts and institutions regarding their needs. Previous studies have suggested that families and schools can be threatening, potential spaces where violence can take place on the grounds of sexual orientation, gender identity and gender expression (Braga et al., 2018; Hillier et al., 2019; Langarita, Trull-Oliva, et al., 2023; Lanham et al., 2019). Indeed, in most cases, the participants expressed how they suffered from a lack of understanding or awareness of their needs. In response, they cultivated individual resistance strategies, such as visibilizing the violence they experienced by confronting or condemning it, or by responding as best as they could (for example blowing kisses to name-callers, like 15-year-old R.). The literature has identified the protective potential of family support (Alessi et al., 2016; Austin et al., 2020; Khalfaoui et al., 2021; Snapp et al., 2015) and social networks (Gallardo-Nieto et al., 2021; Muñoz-Plaza et al., 2002; Reisner et al., 2020; Sidiropoulou et al., 2019). These adolescents also employed community resistance strategies, such as turning to their peers, family members, community programmes or LGBTI+ organizations, where they found willing listeners and acceptance. In addition, the participants stressed the importance of having time off to reflect and explore their gender and sexuality, away from on-site bullying (Gill & McQuillan, 2022; Platero & López-Sáez, 2022). This experience of coming out and reflecting on one's sexuality during the pandemic has been found not only with previous focus groups, but also with Spanish LGBTI+ information services (FELGTB, 2021).

Considering prior studies on the importance of school and health services, the research highlights the presence of violence in those institutions (Amos et al., 2023; Gordon et al., 2018; Guz et al., 2020; Heino et al., 2020; Kahle, 2017; Langarita, Santos, et al., 2023; Lanham et al., 2019). However, and more importantly, scientific evidence suggests the protective potential that teachers, health professionals and other adults may have for the lives of LGBTI+ children and youth (Chapman et al., 2012; Pierluigi & Esposito, 2022; Schnabel & Keuroghlian, 2024). Interestingly, as the fieldwork gathered evidence from the COVID-19 pandemic and the lockdown, the results did not identify teachers as a key source of support, although the participants recognized the importance of having LGBTI+ teachers and role models to look up to. Some teenagers observed that the presence of gay teachers in class by itself did not guarantee empathy with trans and non-binary teenagers, who often heard comments about being too young to know about their sexuality or found their chosen pronouns ignored. Adolescents also criticized the absence of sex education programmes and the quality of the related activities, often developed by volunteers, in accordance with previous studies (Ávila, 2022; Chapman et al., 2012; Gallardo-Nieto et al., 2021; Pierluigi & Esposito, 2022; Schnabel & Keuroghlian, 2024). The participants were very critical of the quality of the health services offered. In many cases, they noted that these professionals had not been very helpful during their process. At times, medical appointments were quite brief and excessively focused on (over-)prescribing drugs in a pandemic context, in which the children found themselves in strict isolation at a time when public services were extremely overwhelmed. In their opinion, this did not change after the pandemic. In addition, the adolescents highlighted the adult-centred perspective of some health professionals, especially when they did not take the young people's opinions into consideration or minimized their needs and problems. Despite sharing, the teens expressed an overall lack of interest in talking about the pandemic, preferring to focus on their most recent experiences with binary gender norms and adultism, and the need to find their answers.

Lastly, the teenagers expressed their need to separate their understanding of sexuality and gender from that of the adults around them, using their own terms and social spaces to share their needs. Finally, it is noteworthy that trans and non-binary participants had more negative perspectives about their experiences during the pandemic and post-pandemic period than cis

teens, in accordance with previous evidence (Amos et al., 2023; Guz et al., 2020; Heino et al., 2020; Langarita, Trull-Oliva, et al., 2023; López-Sáez & Platero, 2022). They found more barriers and difficulties identifying positive memories and often said they did not remember many aspects from the time.

From a policy perspective, the findings highlight the urgent need for tailored support systems for LGBTI+ adolescents, especially during crises like the COVID-19 pandemic. Understanding the crucial role of family, social, educational and healthcare contexts in shaping LGBTI+ youth experiences can inform the development of inclusive policies. Policymakers must prioritize initiatives that foster acceptance, provide resources and offer affirmative support for LGBTI+ youth, within both their families and the community at large. Additionally, addressing systemic barriers within educational and healthcare institutions is imperative to ensure equitable access to support services and affirming environments for LGBTI+ adolescents. The significance of studying LGBTI+ adolescents lies in the contribution of this study to the growing body of academic research on LGBTI+ youth experiences from their own perspectives. By centring the voices and narratives of LGBTI+ adolescents, this research offers nuanced insights into the multifaceted challenges and resilience strategies employed during times of crisis. Furthermore, the application of LGBTI+ perspectives enriches the academic discourse by interrogating normative adult assumptions and advocating for more inclusive frameworks in education, sociology and other related fields. By amplifying the voices of marginalized adolescents and challenging existing paradigms, this study advances understanding and underscores the importance of adopting intersectional and child-centric approaches in research and policymaking.

FUTURE DIRECTIONS AND LIMITATIONS

Our analysis demonstrates the importance of taking into account the perspective of protagonists—in this case, LGBTI+ children—who possess key insights into schools, health centres, social services and child services agencies. To better support these children, their particular, age-related experiences must be recognized, not only concerning services in general but also in terms of how the pandemic affected them. Both family members and family policies must incorporate their views to prevent distal stressors from hurting children's well-being and their identity development.

However, this analysis is limited in that it does not contain sufficient data on LGBTI+ children who lacked both parental and community support or were institutionalized. Such information could be particularly useful for child services agencies in the future. Considering this limitation and the complex political and legal changes affecting LGBTI+ children and youth, we believe it necessary to conduct further research focused on understanding adolescents' needs in vulnerable contexts. Finally, it is essential to articulate research and children's services with a transformative focus, in order to create and strengthen support and protection from families, schools and institutional networks.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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