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“You Lost Her, But You Have Me”: Loss, Grief, Social Change, and Behavioral Reorganization Among Structurally Vulnerabilized Sexually Minoritized Women

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Abstract

Background

Sexually minoritized women (SMW) experience disproportionate exposure to structural and social challenges that shape health, social relationships, and HIV vulnerability. Although research has examined grief among sexual and gender minority populations, less is known about how loss intersects with structural vulnerability to shape social and behavioral trajectories among SMW.

Methods

We conducted a secondary qualitative analysis of 14 semi-structured interviews from a parent study of 25 structurally vulnerabilized cisgender SMW at increased risk for HIV in greater Baltimore, Maryland. Interviews were conducted between June and October 2021 and addressed social support, resource access, mental health, and HIV-related vulnerability. Using a hybrid inductive–deductive approach informed by reflexive thematic analysis, we examined how participants described loss, changes in social relationships, and behavioral responses.

Results

Participants described loss broadly, including death, relationship dissolution, family rejection, and loss of affirming communities and institutions. Loss functioned as a catalyst for social and behavioral change within contexts of existing structural vulnerability. Socially, loss contributed to both contraction and strengthening of relationships. Some participants described reductions in social networks, diminished trust, emotional withdrawal, and decreased access to affirming support, while others described deeper relationships, mutual care, and chosen-family support. Behavioral responses similarly diverged, including increased substance use and sexual risk-taking alongside self-care and treatment engagement.

Conclusions

Loss may function as a period of social and behavioral reorganization rather than a discrete event with uniform consequences. Grief-informed care for structurally vulnerabilized SMW should recognize diverse forms of loss and attend to the social and structural resources that may facilitate pathways toward connection and recovery.

1 Introduction

Sexually minoritized women (SMW)—including women who identify as lesbian, bisexual, or who have sex with women—experience disproportionate exposure to structural vulnerabilities that shape both health outcomes and social environments. Prior research demonstrates that SMW face elevated rates of

housing instability, substance use, violence, and engagement in survival economies such as sex work, amplifying risk environments for heightened HIV vulnerability, mental health burdens, and substance use.[1–4] These disparities can be understood using minority stress theory, which emphasizes how stigma, discrimination, and social marginalization create chronic stressors that accumulate across the life course, leading to negative health outcomes.[5–7]

A growing body of literature suggests that loss and grief are socially patterned experiences influenced by structural inequities. Here, we define loss as an event or circumstance such as death, a breakup, family rejection, or losing a community and grief as the emotional or relational process that follows any of those losses. Research on LGBTQ+ bereavement shows that grief among sexual and gender minoritized people may be intensified by stigma, lack of recognition of relationships, and barriers to social support, resulting in forms of "disenfranchised grief," a term coined by K.J. Doka in 1989, in which losses are minimized or socially invalidated.[8–11] Structural vulnerabilities—such as discrimination, economic precarity, and unequal social status– as well as societal devaluation of LGBTQ+ status can compound bereavement experiences by limiting access to resources and opportunities for emotional processing and support.[12–14] Within this context, SMW may encounter additional challenges related to the invisibility of relationships, family rejection, and heteropatriarchal norms that delegitimize their grief.[15–17] Consequently, scholars increasingly highlight the importance of using intersectional approaches[18–21] to understand how overlapping systems of marginalization shape grief experiences among LGBTQ+ populations.[13,21,22]

Despite growing attention to intersectional grief experiences, the relationships between loss, structural vulnerability, and HIV risk remain underexplored among SMW. Existing research has largely examined these domains separately: studies document elevated HIV risk and structural hardship among SMW,[1,4] while other work explores LGBTQ+ bereavement experiences or the psychological consequences of grief more broadly.[12,23] However, few studies examine how experiences of loss may intersect with structural vulnerability to influence behavioral health trajectories. Related qualitative research among women who use drugs or engage in sex work suggests that traumatic events, including the death of family members or partners, can act as catalysts for substance use, mental distress, and engagement in survival behaviors that increase HIV vulnerability; however, loss was not explicitly evaluated.[24,25] These findings point to a potentially important but understudied pathway: loss exposure may shape coping strategies, social networks, and risk behaviors within the already precarious social contexts in which vulnerabilized SMW live.

The present study contributes to this gap by examining experiences of loss and grief among structurally vulnerabilized SMW at risk for HIV. Drawing on qualitative interviews from a parent study of SMW in Baltimore, MD, this study explores how relational losses—expanded to include not only death and bereavement, but also breakups and the loss of key support relationships—emerge within narratives of structural hardship and health risk. By considering loss and grief within broader contexts of minority stress, social support, and HIV vulnerability, this study contributes to intersectional literature on SMW

health and grief. Understanding how loss shapes emotional well-being, relational dynamics, and behavioral responses among vulnerabilized SMW may inform more holistic approaches to HIV prevention, mental health support, and community-based interventions.

2 Methods

This study analyzes data from a parent study of semi-structured in-depth interviews with 25 vulnerabilized cisgender SMW from greater Baltimore, MD, conducted between June and October 2021. Interviews explored HIV-related vulnerabilities, social support, and resource access among SMW at increased risk for HIV.[26–28]

Study team

Research team members in the parent study were primarily cisgender women, many identifying as queer or lesbian, with diverse racial and ethnic backgrounds and lived experiences. Team members had a range of experiences with both privilege and vulnerabilization, with high educational attainment and positionality within academic institutions, as well as varying lived experiences with substance use, housing and economic insecurity, engagement with sex work, and violence. Motivations for project involvement included identification with the research topic or study population, as well as professional and career advancement. The multidisciplinary team brought diverse backgrounds and experiences to the project, providing contributions to recruitment strategies, developing the interview guide, collecting data, developing the codebook, and analyzing and interpreting data. All individuals collecting data were trained in trauma-informed principles for qualitative data collection with vulnerabilized populations.

The analytical concept and primary development of the loss code for this project came from MN; JB conducted the present analysis and drafted this manuscript with support from JG; ongoing input was provided by the co-authors, MS and MN. As the lead analyst, JB brought medical and public health training as well as personal and academic involvement with grief, loss, and LGBTQ+ health. While JB had personal and academic familiarity with experiences of bereavement and relational loss, she did not share many of the structural experiences described by participants and approached the analysis with awareness of this positionality. Throughout the analytic process, reflexive memos were maintained to identify emerging assumptions and interpretations, and regular discussions with the research team were used to refine themes, challenge individual perspectives, and ensure that interpretations remained grounded in participants' narratives rather than researchers' preconceptions.

Respondent Eligibility

Eligibility for the parent study, which sought to understand HIV-related vulnerability among SMW at risk for HIV transmission, was based on the National HIV Behavioral Surveillance (NHBS) study with additional specifications relevant to SMW. Inclusion criteria required that participants be at least 18 years of age, English-speaking, and residents of the greater Baltimore area who (1) identified as cisgender women and (2) were considered sexual minority women based on either self-identified sexual

orientation (e.g., lesbian, gay, bisexual) or reported behavior with same-gender partners. To ensure inclusion of individuals at elevated risk for HIV acquisition, participants were also required to meet criteria for at least one of two NHBS-defined priority populations. These included (1) people who inject drugs, defined as having injected drugs not prescribed to them within the past 12 months, or (2) individuals at increased risk of heterosexual HIV transmission, defined as being between the ages of 18 and 60, reporting vaginal or anal sex with a male partner in the past 12 months, and having low socioeconomic status as determined by individual and household income.[29]

Recruitment

Participants were recruited between June and October 2021 using a combination of purposive and network-based sampling approaches.[30] Recruitment strategies included direct street outreach, distributing study flyers in physical locations and online in spaces, referrals from related research studies, and participant-driven peer referrals. Individuals who expressed interest in the study completed a brief eligibility screening by phone. During recruitment, some participants were lost to follow-up due to challenges such as inconsistent phone access, illness, or other unspecified reasons. Enrollment continued until the research team determined that sufficient thematic saturation had been achieved regarding primary study aims.[31,32]

Interview Guide

Data were collected using a semi-structured interview guide designed to elicit in-depth narratives related to participants' lived experiences. The guide was informed by existing literature and the parent study's core research questions and was iteratively refined through pilot interviews with community members with relevant lived experience or familiarity with the target population. These pilot interviews informed revisions to the wording, flow, and scope of the questions, but were not included in the analytic dataset. The final interview guide included broad, open-ended questions organized across several domains, including sexual orientation and gender identity, social networks and sources of support, HIV risk in the context of structural vulnerability, and experiences accessing health and social services.

Although the interview guide included questions related to mental health and social support, it did not explicitly assess experiences of grief or loss. Rather, discussions of loss emerged organically across interviews as participants described their social relationships, mental health experiences, and life circumstances. As such, grief was not systematically probed among all participants but instead identified inductively during the analytic process as a salient and recurring theme, which informed the focus of the present analysis.

Data Collection

Eligibility screening was conducted by phone using a brief structured questionnaire. For individuals who met the inclusion criteria, the study staff provided an overview of the study purpose and procedures and completed an oral informed consent process using an Institutional Review Board (IRB)–approved script.

Consent was obtained either during the screening call or immediately before the interview, with staff documenting participant agreement in the study database and addressing questions before proceeding.

Following informed consent, participants completed a short interviewer-administered survey to collect demographic information and characterize experiences related to structural vulnerability. In-depth interviews were then conducted remotely using a secure audio-only Zoom platform; to reduce technological barriers, participants joined by calling a local phone number, which did not require internet access. Interviews were conducted by qualitative interviewers trained in trauma-informed interview practices, were audio-recorded with permission, and ranged from 60 to 90 minutes in duration. No repeat interviews were conducted.

Participants received a $50 prepaid Visa gift card by mail as compensation for their time. In addition, study staff maintained and provided a locally relevant resource guide to support participants who expressed needs related to health or social services. During interviews, interviewers used real-time clarification strategies (e.g., paraphrasing participant responses) to enhance the accuracy of interpretation; transcripts were not returned to participants for review. Excerpts included in dissemination materials were edited minimally for clarity without altering meaning. The Johns Hopkins Institutional Review Board approved all study procedures. Data collection instruments are available from the corresponding author upon reasonable request.

Data Analysis

All interviews were audio-recorded, professionally transcribed verbatim, and reviewed by members of the research team for accuracy and de-identification. Finalized transcripts were uploaded into Dedoose v9.2.12.

As part of the parent study, the research team maintained ongoing analytic memos assisted by structured post-interview debrief forms completed by each interviewer, which helped to capture early observations and emergent patterns. These materials informed the development of an initial codebook, which combined deductive codes derived from the study aims with inductive codes generated through close reading of transcripts by three team members. The codebook was refined with ongoing team discussions, then applied by two team members to each transcript, with discrepancies discussed and resolved through consensus with the principal investigator.

For the present analysis, we focused on a subset of 14 interviews in which experiences of grief and loss were discussed organically without probing. Interviews were identified for inclusion based on the presence of excerpts coded under the parent study's "loss" code, defined as participants describing loss of people close to them- either due to death, relationships ending, or other reasons people experience loss – or people describing their experiences of grief. Starting with a code report generated from this initial categorization, we conducted a secondary analysis to identify key themes using an iterative thematic analysis approach, guided by the reflexive approach described by Braun and Clarke.[33,34]

We developed a secondary codebook for the current analysis, utilizing a hybrid inductive–deductive approach, incorporating line-by-line coding to examine how participants described experiences involving loss and grief. Code definitions and applications were iteratively refined via team discussion to ensure consistency and analytic depth. Analytic memos were used throughout to clarify interpretations and explore emerging conceptual linkages. Findings were synthesized narratively, organized using a conceptual framework we developed from the data (Fig. 1), with illustrative quotations selected to represent central themes and variation within the data.

3 Results

Study participants (n = 14) included SMW who inject drugs (n = 10), engaged in sex work within the past year (n = 7) or across their lifetimes (n = 2), and/or were unhoused within the past year (n = 7). Most were HIV negative (n = 11). All had annual incomes less than $25,000. Participants ranged in age from 21 to 63 years. They had diverse racial and ethnic backgrounds, identifying primarily as White (n = 6), Black or African American (n = 5), Native American or Pacific Islander (n = 2), and Hispanic or Latino (n = 1). Three participants identified as a combination of two or more races or ethnicities. Participants self-identified as lesbian (n = 5), bisexual (n = 5), gay (n = 2), queer (n = 1), or straight/ heterosexual (n = 1), though all met previously described criteria as SMW.

Across interviews, participants described loss– due to death, moving, relationships ending, or in an unspecified manner– as a catalytic force that shaped both social relationships and behavioral responses, embedded within the context of being sexually minoritized women navigating structural vulnerability (see Fig. 1). Loss was not experienced as a singular event, but as an ongoing process that influenced social networks, coping strategies, and access to support. Consistent with this conceptual framing, loss functioned as an impetus for change, producing both constraining and generative effects across social and behavioral domains. Importantly, these responses were shaped not only by individual characteristics, but also by the relational and structural conditions surrounding them, highlighting how loss can alter both the challenges and possibilities for adaptation among structurally vulnerable SMW.

LGBTQ+ Context: Structural Constraint

Participants' experiences of loss occurred within the context of their sexually minoritized experiences, which both constrained and, at times, facilitated resilience. Losses were often compounded by the shrinking of fragile LGBTQ+-specific support networks, including family rejection, the death of community members, and restricted access to affirming spaces.

Several participants described limited social support systems that were disrupted by the losses in their lives, such as already small circles of support that shrank further following deaths.

When asked which people in her life know she is a lesbian, one participant described the narrowing of her already-small family support system after her mother's death:

My mom just passed in December, and my dad is still there. I really don't deal with him. But I got one sister, one brother, they know I am a lesbian. And my mom knew. She passed in December, so that's pretty much all of us.

Participant #1: Black, Asian; Lesbian

When asked about who she turns to for advice and LGBTQ+ related support, another participant described a friend who died, constraining her access to such support.

My friend who was a trans woman was always uplifting, always in a good mood, and very positive… But a couple of months ago, she was found deceased in a vacant apartment. So that right there made me very angry. So, basically, the only one that now I can see for advice for LGBTQ+ related support is my fiancé.

Participant #3: White, Gay

Participants also described mourning the loss of relationships that were unrecognized or invalidated. One participant describes the death of a supportive friend whom she lived with for several years:

I felt comfortable with him because he made me feel like I wasn't a prostitute, and that's when I came out to him… Me and my significant other were living at his house, and he was like, "Well, if you love this person, then I accept her too." He passed about 12 years ago. Even though he left me some things, I never got into it. He still was married, and she refused to sign the papers for divorce, so when he passed, she received everything, and I didn't argue. I just went to the funeral, and I just accepted it and said my goodbyes.

Participant #5: Black or African American, Lesbian

Participants describe how loss of affirming institutions, such as religious communities, compounds isolation:

We were in church every Sunday. I was on every choir you could think of. I ushered. I was a missionary. The congregation and the fellowship with people helped set that foundation for me. I decided to leave the church the year Maryland was considering same sex marriage, and my pastor condemned it. And that was it for me, and I haven't gone back since. This was probably seven or eight years ago, and I pretty much stepped away from Christianity at that point…

Participant #9: Black or African American, Lesbian

The same participant further describes the tension between her identity as a member of the LGBTQ+ community and the Black or African American community, as well as the need for ongoing support amid the threat of loss from violence in the LGBTQ+ community:

It's unfortunate, and it's really a lot in our community, the Black community, honestly. In the LGBTQ+ community, we don't receive a lot of support from this community. I feel like when it's one of us that needs support, we don't get it. My best friend of 21 years is a trans woman, and I'm a huge advocate for protecting

trans women because they are being murdered at an all-time rate and no one cares. It's swept under the rug, and it's as if they never even existed. If anything happened to her… I choke up even thinking about it.

Participant #9: Black or African American, Lesbian

Social Change: Connection and Withdrawal

Connection

In some cases, loss facilitated connection, mutual support, and relational strengthening, particularly through shared experiences of grief.

Participants described how common experiences of loss created opportunities for empathy and care:

My fiancés mother lost her mother, and then I lost my mom. So we have an understanding of the pain of how each other feels. So when she's down, or when I'm down, we constantly support each other. She's constantly sending me little quotes on my phone, and I send her some as well.

Participant #3: White, Gay

Other participants underscored the value of relational depth that emerged in the face of shared grief and grief support:

My best friend that's like a sister to me, lost her mom right before my mom died, so we were both going through the same shit together. She's been a great support for me. A lot of people can't relate, so for her to have lost her mother, she knows exactly what I'm going through. It's hard to find that… [Also], when my mom was sick, my boyfriend's mom took me right in. She said, "You lost her, but you have me. I'm your mother too."

Participant #1: Black or African American, Asian; Lesbian

Similarly, support often emerged through deeper connections with existing sources:

(My best friend) has been here with me for two years since I lost my husband; He's helped me to cope with losing my husband, and he's just been here for me. In the last two years, he's been through a lot with me. He's my rock in a hard place right now.

Participant #11: White, Bisexual

Withdrawal

Loss frequently led to social withdrawal, characterized by severing relationships, diminished support networks, and guarded emotional engagement. Participants described actively distancing themselves from others after experiencing loss.

Participants also described emotional withdrawal as a protective strategy amid significant grief, such as one participant describing a relationship that ended years ago:

Back in 2012, I had a breakup that messed me up really, really bad. I told myself in my head, I threw my heart away. I no longer have a heart, because I'm not going to have it crushed up again like that… It was hard. It took many, many years. I felt like I was going to commit suicide and homicide. Every day I woke up, I was angry with God for waking me up to this reality. I was in so much pain. I lost so much weight. I pretty much gave up on myself. I was like the walking dead.

Participant #12: Black or African American, Lesbian

Some participants described how loss precipitated re-evaluation of existing relationships and allowed them to distance themselves from potentially harmful dynamics.

When I told my family I was HIV positive, my sister pushed me away like I was contagious or something, and my brother did the same thing. I ended up walking away from them when my mother died. I told my mom before she passed away, "Mom, once you leave us for good, I'm washing my hands of everybody, and I'm turning around and not coming home. Once you pass away, they aren't anything to me."

Participant #11: White, Bisexual

After leaving one toxic relationship, a participant describes shrinkage of other relationships as well as difficulty obtaining material resources, such as housing:

For so long, I was blinded by this toxic relationship, and I analyzed it, and I left. I mean, it's a loss, it's hard… Afterwards, I cut off relationships because I've come to realize they're not out for my best interests. And then me feeling lonely, like nobody cares, and then I self-sabotage… I pretty much walked out of a secure home because I did not want to be in a relationship and be treated the way I was. So it's like starting all over at square one. The program I'm going into is supposed to help with housing, so I'm just reaching out to resources and am willing to take any help or suggestions.

Participant #14: American Indian or Alaska Native, White; Bisexual

Behavioral Change: Recovery and Risk

Recovery

Importantly, participants also described transformative and recovery-oriented responses to loss. For some, loss prompted improvements in self-care and well-being.

Following a painful breakup earlier described as isolating, the same participant describes the positive changes that occurred later:

Last year changed my life. It helped me to focus on myself finally. I was alone after a bad breakup where I had to have her removed from my home. My whole entire lifestyle changed. I don't eat the way I used to. I don't think the way I used to. I'm in a different state of mind. I feel healthier. I feel lighter. I'm more confident. I feel a lot better.

Participant #9: Black; Lesbian

Others described engagement in formal harm-reduction, treatment or recovery programs following bereavement:

I've been in a program since October… it was right after my husband passed away… [The program] was helpful in keeping me away from heroin, but not cocaine. Now I smoke cocaine every day, but I only smoke a dime or two, and before I was doing anywhere between five to six, maybe seven of them a day.

Participant #11: White; Bisexual; Current IV Drug Use; Sex Work Within Past Year; Homeless Within Past Year

Risk

Loss was described as precipitating risk-related behavioral changes, including substance use, sexual risk-taking, and other coping strategies.

Participants described engaging in solitary substance use following relational loss:

I kind of was an isolated drug user… before me and my ex broke up, he and I were using together, and then when we broke up for about six months, I was just going by myself to get the drugs.

Participant #2: White; Bisexual

Others described sexual risk-taking and behavioral substitution, such as gambling, as a response to emotional distress in the years following a difficult breakup:

I started acting out, I mean doing crazy stuff, having sex, meaningless sex with women, and that was my behavior until I realized I didn't want anybody to hurt me, but I realized I didn't like hurting people… Also, before I got a therapist, every weekend after we broke up, I hated the weekends, so I started gambling. That became my new girlfriend. After I went through it, I couldn't do it anymore because I had screwed up a lot of money. That's when I had to get a therapist and try to get my life together because I was just going downhill.

Participant #12: Black; Lesbian; Sex Work Within Lifetime

4 Discussion

This study contributes to a growing body of literature examining the intersections of loss, grief, structural vulnerability, and mental health among sexually minoritized women by demonstrating that loss functions

not simply as an adverse life event, but as a catalyst that reorganizes social relationships, coping strategies, and behavioral trajectories. Participants described losses– the experiences themselves– that extended beyond bereavement to include relationship dissolution, family rejection, and the erosion of affirming social institutions, illustrating that grief– the emotional response to losses– emerged from a broader landscape of relational disruption rather than death alone. Importantly, these disruptions did not produce uniform responses. Instead, participants described divergent trajectories following loss, moving toward either withdrawal or connection and toward behaviors that either increased vulnerability or facilitated recovery. Together, these findings suggest that understanding grief among structurally vulnerabilized SMW requires moving beyond individual psychological responses to consider loss and grief as socially embedded processes that unfold within broader contexts of minority stress and structural vulnerability and catalyze social and behavioral changes.

Rather than viewing loss and grief as discrete events with predictable consequences, our findings suggest that loss initiates a period of social reorganization. Participants repeatedly described losses that fundamentally altered the composition of their social worlds, requiring them to renegotiate relationships, sources of support, and ways of coping. This reorganization occurred through multiple forms of social contraction. In some cases, social networks shrank in a literal sense through the deaths of loved ones or the dissolution of intimate relationships. Participants described losing parents, partners, close friends, and members of their LGBTQ+ communities. In other cases, participants described losing access to affirming relationships and institutions that had previously fostered belonging, including religious communities, chosen family, and LGBTQ+-specific sources of support. Others described emotional withdrawal following loss, limiting their willingness to form future relationships altogether, as reflected by one participant's description that she had "thrown [her] heart away" after a painful breakup. Together, these findings suggest that grief reorganized participants' social worlds not only by reducing the number of available relationships but also by altering the quality, meaning, and accessibility of the support that remained.

These disruptions were not uniform. Some participants described isolation, diminished trust, and contraction of already fragile support systems, whereas others developed stronger relationships, cultivated chosen family, or engaged more intentionally with recovery and self-care. Rather than representing contradictory findings, these narratives illustrate multiple adaptive pathways following experiences of loss. Grief itself was neither inherently protective nor inherently harmful. Instead, participants' narratives suggest that loss creates periods of transition during which relational and behavioral trajectories become more malleable. Understanding these divergent responses therefore requires attention not only to grief itself but also to the interpersonal and structural contexts in which it occurs.

Our findings are consistent with minority stress theory[5,7] while extending its application to experiences of grief. Minority stress theory conceptualizes stigma and discrimination as chronic stressors that shape health among sexual minority populations. Our findings suggest that loss may compound these stressors by removing or destabilizing the already limited affirming relationships and institutions that

buffer their effects. Participants described family rejection, the deaths of LGBTQ+ community members, dissolution of intimate partnerships, and exclusion from religious communities - experiences that reduced their access to spaces where their identities were recognized, affirmed, and supported. Consequently, the impact of loss extended beyond emotional bereavement to the erosion of identity-affirming social resources. These findings also align with intersectional understandings of grief,[22] demonstrating that experiences of loss cannot be understood independently from the broader systems of marginalization through which participants navigated their daily lives. Rather than functioning as a discrete analytic category, sexual minority experiences provided the broader social context within which grief was experienced, interpreted, and managed by these structurally marginalized women.

Although participants discussed grief alongside experiences of housing instability, substance use, violence, economic precarity, and other forms of structural hardship, the present study was not designed to examine how structural vulnerability directly shaped responses to loss. Rather, because the parent study explored social support, mental health, and HIV vulnerability among structurally vulnerabilized SMW, participants described experiences of grief within these broader narratives. Our findings therefore suggest important intersections between grief and structural vulnerability while stopping short of establishing how these relationships operate. Future research that explicitly examines grief within structurally vulnerabilized populations is needed to better understand how structural conditions influence adaptation following loss and whether they contribute to divergent trajectories toward vulnerability or recovery.

Our findings also contribute to discussions of resilience by illustrating that resilience is fundamentally relational and structural rather than solely an individual characteristic.[35] Consistent with Tomko et al.,[24] in our study, resilience appeared constrained not by an absence of motivation but by social and structural conditions that limited participants' ability to seek or receive meaningful support. Experiences of stigma, unstable relationships, repeated interpersonal betrayal, and shrinking support networks frequently reduced trust in others, making support difficult to access even when participants recognized its importance.

Our findings complicate simplistic distinctions between adaptive and maladaptive coping. While social withdrawal, for example, can be interpreted as evidence of social isolation or psychological decline, some participants in our study described distancing themselves from harmful family members, abusive partners, or exploitative relationships as intentional acts of self-preservation and boundary setting. Conversely, social connection was not universally protective. Participants emphasized the importance of chosen family, shared lived experiences of loss, and mutual care, suggesting that resilience emerged not simply through social connection but through access to relationships that validated identity and fostered belonging. These findings reinforce contemporary conceptualizations of external resilience by demonstrating that resilience among structurally vulnerabilized SMW is produced through interactions between individuals and their surrounding social environments rather than residing exclusively within individuals themselves.[24,36]

An additional contribution of this study is the expansion of grief beyond traditional bereavement frameworks. Much of the existing literature examining grief among LGBTQ+ populations has focused on death-related loss, particularly experiences of disenfranchised grief resulting from unrecognized relationships or marginalized identities.[11,23] While these frameworks remain highly relevant, participants in the present study described remarkably similar processes following very different forms of loss. Whether discussing the death of a parent, the end of a romantic relationship, rejection by family, or the loss of affirming institutions, participants similarly described disruptions in identity, contraction of social networks, altered coping strategies, and the need to renegotiate interpersonal relationships. These similarities suggest that the health consequences of loss may be driven less by the objective nature of the loss itself than by the relational instability it produces. Conceptualizing grief more broadly may therefore provide a more comprehensive understanding of how structural inequities shape health among marginalized populations whose losses frequently extend beyond bereavement alone.

Several limitations should be considered when interpreting these findings. Because the parent study focused on social support and HIV vulnerability rather than grief itself, experiences of loss were not systematically explored during interviews. Although grief emerged organically across participants' narratives, we were unable to directly examine how participants understood the relationships between grief, structural vulnerability, sexual minority status, and subsequent behavioral responses. As a result, our interpretations necessarily consider grief within the broader context of participants' lived experiences rather than attributing specific outcomes directly to loss. Future studies that explicitly explore grief among structurally vulnerabilized SMW are needed to better characterize these relationships. At the same time, the spontaneous recurrence of grief across interviews, despite the absence of direct questioning, suggests that these experiences held considerable salience for participants and strengthened confidence in the authenticity of these narratives. Additionally, this secondary analysis focused on the subset of participants who discussed loss, potentially overrepresenting individuals for whom grief was particularly meaningful. Finally, the relatively small sample and single geographic setting limit transferability to other populations and contexts.

Implications for Research and Practice

These findings have several implications for future research and practice. Future studies should examine how different forms of loss—including bereavement, relationship dissolution, family rejection, and the loss of affirming communities—interact over time to influence social relationships, mental health, and resilience among sexual minority women. Longitudinal work may be particularly valuable for understanding how individuals move between periods of withdrawal, connection, risk, and recovery throughout the grieving process. From a practice perspective, trauma-informed and grief-informed care should recognize grief as a relational and social experience rather than solely an individual psychological response to death. Providers working with structurally vulnerabilized SMW may benefit from broader assessments of loss that include disruptions in intimate relationships, family acceptance, chosen family, and community belonging alongside bereavement. Interventions that strengthen affirming social

relationships and recognize the diverse forms of grief experienced by SMW may better support individuals during periods of relational transition and promote pathways toward recovery and resilience.

5 Conclusions

Together, these findings suggest that loss functions not as a discrete, uniform event but as a period of social and behavioral reorganization among structurally vulnerabilized SMW, with divergent implications for connection, withdrawal, risk, and recovery. Grief-informed care for this population should extend beyond bereavement alone to recognize diverse forms of loss and support the social and structural resources that can facilitate pathways toward connection and resilience.

Declarations

Ethics approval and consent to participate

■ The Johns Hopkins Institutional Review Board (IRB00014381) approved all study procedures.

Consent for publication

■ Not applicable.

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Author Contribution

The analytical concept and primary development of the loss code for this project came from MN; JB conducted the present analysis and drafted this manuscript with support from JG; ongoing input was provided by the co-authors, MS and MN. As the lead analyst, JB brought medical and public health training as well as personal and academic involvement with grief, loss, and LGBTQ+ health.

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Crow.

Availability of data and materials

■ Raw data cannot be shared publicly, given the sensitive nature of the data. Those interested in accessing our data may contact the authors directly.

Competing interests

■ The authors declare that they have no competing interests.

Footnotes

1. We use ‘vulnerabilized’ rather than ‘vulnerable’ to foreground the structural processes that produce vulnerability, rather than location it as an attribute of individuals (see Garrett & Altman, 2024).

References

1. Glick, J. L. <iudirection:rtl;>et</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>al</iudirection:rtl;><iudirection:rtl;>.</iudirection:rtl;> Structural vulnerabilities and HIV risk among sexual minority female sex workers (SM-FSW) by identity and behavior in Baltimore, MD. <background-color:#CCFF99;iudirection:rtl;>Harm Reduct. J.</background-color:#CCFF99;iudirection:rtl;> 17, 43 (2020).
2. Schuler, M. S., Rice, C. E., Evans-Polce, R. J. & Collins, R. L. Disparities in substance use behaviors and disorders among adult sexual minorities by age, gender, and sexual identity. <background-color:#CCFF99;iudirection:rtl;>Drug Alcohol Depend.</background-color:#CCFF99;iudirection:rtl;> 189, 139–146 (2018).
3. Logie, C. H. <iudirection:rtl;>et</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>al</iudirection:rtl;><iudirection:rtl;>.</iudirection:rtl;> Brief Report: Social Factors Associated With Trajectories of HIV-Related Stigma and Everyday Discrimination Among Women Living With HIV in Vancouver, Canada: Longitudinal Cohort Findings. <background-color:#CCFF99;iudirection:rtl;>J. Acquir. Immune Defic. Syndr.</background-color:#CCFF99;iudirection:rtl;> 94, 190–195 (2023).
4. Glick, J. L. <iudirection:rtl;>et</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>al</iudirection:rtl;><iudirection:rtl;>.</iudirection:rtl;> Exploring HIV Risk Among Sexual Minority Women by Identity and Behavior in a Population-Based Sample of Low-Income Heterosexually Active Women. <background-color:#CCFF99;iudirection:rtl;>LGBT Health</background-color:#CCFF99;iudirection:rtl;> 12, 350–362 (2025).

5. Meyer, I. H. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. <background-color:#CCFF99;iudirection:rtl;>Psychol. Bull. </background-color:#CCFF99;iudirection:rtl;> 129, 674–697 (2003).
6. Rich, A. J., Salway, T., Scheim, A. & Poteat, T. Sexual minority stress theory: remembering and honoring the work of virginia brooks. <background-color:#CCFF99;iudirection:rtl;>LGBT Health</background-color:#CCFF99;iudirection:rtl;> 7, 124–127 (2020).
7. Brooks, V. R. <background-color:#FFD9B3;iudirection:rtl;>Minority Stress and Lesbian Women</background-color:#FFD9B3;iudirection:rtl;>. (Lexington Books, 1981).
8. Arima, A. C. & Freitas, J. L. Veiled Bereavement: The Experience of Lesbian Widows from an Existential-Phenomenological Perspective. <background-color:#CCFF99;iudirection:rtl;>Temas Psicol.</background-color:#CCFF99;iudirection:rtl;> 25, 1483–1497 (2017).
9. Bristowe, K. <iudirection:rtl;>et</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>al</iudirection:rtl;><iudirection:rtl;>.</iudirection:rtl;> LGBT+ partner bereavement and appraisal of the Acceptance-Disclosure Model of LGBT+ bereavement: A qualitative interview study. <background-color:#CCFF99;iudirection:rtl;>Palliat. Med.</background-color:#CCFF99;iudirection:rtl;> 37, 221–234 (2023).
10. Nolan, R., Kirkland, C. & Davis, R. LGBT* After Loss: A Mixed-Method Analysis on the Effect of Partner Bereavement on Interpersonal Relationships and Subsequent Partnerships. <background-color:#CCFF99;iudirection:rtl;>Omega (Westport)</background-color:#CCFF99;iudirection:rtl;> 82, 646–667 (2021).
11. Doka, K. J. <background-color:#FFD9B3;iudirection:rtl;>Disenfranchised Grief: Recognizing Hidden Sorrow</background-color:#FFD9B3;iudirection:rtl;>. 347 (Lexington Books, 1989).
12. Bindley, K., Lewis, J., Travaglia, J. & DiGiacomo, M. Disadvantaged and disenfranchised in bereavement: A scoping review of social and structural inequity following expected death. <background-color:#CCFF99;iudirection:rtl;>Soc. Sci. Med.</background-color:#CCFF99;iudirection:rtl;> 242, 112599 (2019).
13. Johnson, F. & Bindley, K. Minority stress and bereavement: The impact of social positioning on LGBTQ+ bereavement experiences. <background-color:#CCFF99;iudirection:rtl;>Soc. Sci. Med. </background-color:#CCFF99;iudirection:rtl;> 380, 118186 (2025).
14. Juth, V., Smyth, J. M., Carey, M. P. & Lepore, S. J. Social Constraints are Associated with Negative Psychological and Physical Adjustment in Bereavement. <background-color:#CCFF99;iudirection:rtl;>Appl. Psychol. Health Well Being</background-color:#CCFF99;iudirection:rtl;> 7, 129–148 (2015).
15. Olivas-González, F. J., Pérez-Marfil, M. N., Fernández-Alcántara, M. & Cruz-Quintana, F. The impact of heteropatriarchy and support on grief in sexual minorities: A qualitative study. <background-color:#CCFF99;iudirection:rtl;>Death Stud.</background-color:#CCFF99;iudirection:rtl;> 1–12 (2025) doi:10.1080/07481187.2025.2491572.

16. Valenti, K. G., Hahn, S., Enguidanos, S., Quinn, G. & de Medeiros, K. Lesbian, gay, and bisexual widows' experiences of grief, identity, and support: A qualitative study of relationships following the loss of a spouse or partner. <background-color:#CCFF99;iudirection:rtl;>J. Gerontol. B Psychol. Sci. Soc. Sci.</background-color:#CCFF99;iudirection:rtl;> 78, 1039–1050 (2023).
17. Ingham, C. F. A., Eccles, F. J. R., Armitage, J. R. & Murray, C. D. Same-sex partner bereavement in older women: an interpretative phenomenological analysis. <background-color:#CCFF99;iudirection:rtl;>Aging Ment. Health</background-color:#CCFF99;iudirection:rtl;> 21, 917–925 (2017).
18. Crenshaw, K. Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. in <iudirection:rtl;>Feminist</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>legal</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>theory</iudirection:rtl;><iudirection:rtl;>:</iudirection:rtl;><iudirection:rtl;> </iudirection:rtl;><iudirection:rtl;>readings</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>in</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>law</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>and</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>gender</iudirection:rtl;> (eds. Bartlett, K. T. & Kennedy, R.) vol. 1989 (University of Chicago Legal Forum, 1989).
19. Combahee River Collective. The Combahee River Collective Statement. in <iudirection:rtl;>The</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>Combahee</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>River</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>Collective</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>Statement</iudirection:rtl;> (ed. Eisenstein, Z.) (Monthly Review Press, 1978). doi:10.2307/j.ctt5hjqnj.50.
20. Hill Collins, P. <background-color:#FFD9B3;iudirection:rtl;>Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment</background-color:#FFD9B3;iudirection:rtl;>. (Taylor & Francis, 2002). doi:10.4324/9781315831824.
21. Bowleg, L. The problem with the phrase women and minorities: Intersectionality-An important theoretical framework for public health. <background-color:#CCFF99;iudirection:rtl;>Am. J. Public Health</background-color:#CCFF99;iudirection:rtl;> 102, 1267–1273 (2012).
22. Thacker, N. E. & Duran, A. Operationalizing intersectionality as a framework in qualitative grief research. <background-color:#CCFF99;iudirection:rtl;>Death Stud.</background-color:#CCFF99;iudirection:rtl;> 46, 1128–1138 (2022).
23. Bristowe, K., Marshall, S. & Harding, R. The bereavement experiences of lesbian, gay, bisexual and/or trans* people who have lost a partner: A systematic review, thematic synthesis and modelling of the literature. <background-color:#CCFF99;iudirection:rtl;>Palliat. Med.</background-color:#CCFF99;iudirection:rtl;> 30, 730–744 (2016).

24. Tomko, C. <iudirection:rtl;>et</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>al</iudirection:rtl;><iudirection:rtl;>.</iudirection:rtl;> External resilience in the context of drug use and socio-structural vulnerabilities: a qualitative exploration among women who use drugs and sell sex in Baltimore, Maryland. <background-color:#CCFF99;iudirection:rtl;>Harm Reduct. J.</background-color:#CCFF99;iudirection:rtl;> 19, 94 (2022).
25. West, N. S. <iudirection:rtl;>et</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>al</iudirection:rtl;><iudirection:rtl;>.</iudirection:rtl;> From trauma to transmission: exploring the intersection of adversity, substance use, and HIV risk in women's life histories. <background-color:#CCFF99;iudirection:rtl;>Int. J. Equity Health</background-color:#CCFF99;iudirection:rtl;> 22, 174 (2023).
26. Glick, J. L., Nguyen, M. G., Huang, A. K., Alexander, K. A. & German, D. Mental health and the role of social support in the lives of vulnerabilized sexual minority women. <background-color:#CCFF99;iudirection:rtl;>PLoS ONE</background-color:#CCFF99;iudirection:rtl;> 20, e0323869 (2025).
27. Glick, J. L., Zhang, L., Huang, A., Nguyen, M. & German, D. Qualitative insights into drug use safety strategies and social support among sexual minority women who inject drugs in Baltimore, Maryland. <background-color:#CCFF99;iudirection:rtl;>Harm Reduct. J.</background-color:#CCFF99;iudirection:rtl;> 22, 118 (2025).
28. Huang, A. K. <iudirection:rtl;>et</iudirection:rtl;><iudirection:rtl;></iudirection:rtl;> <iudirection:rtl;>al</iudirection:rtl;><iudirection:rtl;>.</iudirection:rtl;> Health Care Utilization and Care-seeking Behavior Among Vulnerabilized Sexual Minority Women: A Social-ecological Approach. <background-color:#CCFF99;iudirection:rtl;>J. Health Care Poor Underserved</background-color:#CCFF99;iudirection:rtl;> 35, 583–604 (2024).
29. Center for Disease Control and Prevention. National HIV Behavioral Surveillance (NHBS) HIV Data. https://www.cdc.gov/hiv-data/nhbs/index.html (2024).
30. Esposito, J. & Evans-Winters, V. E. <background-color:#FFD9B3;iudirection:rtl;>Introduction to Intersectional Qualitative Research</background-color:#FFD9B3;iudirection:rtl;>. 206 (SAGE Publications, Incorporated, 2022).
31. Guest, G., Bunce, A. & Johnson, L. How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. <background-color:#CCFF99;iudirection:rtl;>Field methods</background-color:#CCFF99;iudirection:rtl;> 18, 59–82 (2006).
32. Kerr, C., Nixon, A. & Wild, D. Assessing and demonstrating data saturation in qualitative inquiry supporting patient-reported outcomes research. <background-color:#CCFF99;iudirection:rtl;>Expert Rev. Pharmacoecon. Outcomes Res.</background-color:#CCFF99;iudirection:rtl;> 10, 269–281 (2010).
33. Braun, V. & Clarke, V. Using thematic analysis in psychology. <background-color:#CCFF99;iudirection:rtl;>Qual. Res. Psychol.</background-color:#CCFF99;iudirection:rtl;> 3, 77–101 (2006).

34. Braun, V. & Clarke, V. Reflecting on reflexive thematic analysis. <background-color:#CCFF99;iudirection:rtl;>Qualitative Research in Sport, Exercise and Health</background-color:#CCFF99;iudirection:rtl;> 11, 589–597 (2019).
35. Ungar, M. The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. <background-color:#CCFF99;iudirection:rtl;>Am. J. Orthopsychiatry</background-color:#CCFF99;iudirection:rtl;> 81, 1–17 (2011).
36. Pangallo, A., Zibarras, L., Lewis, R. & Flaxman, P. Resilience through the lens of interactionism: a systematic review. <background-color:#CCFF99;iudirection:rtl;>Psychol. Assess.</background-color:#CCFF99;iudirection:rtl;> 27, 1–20 (2015).

Figures

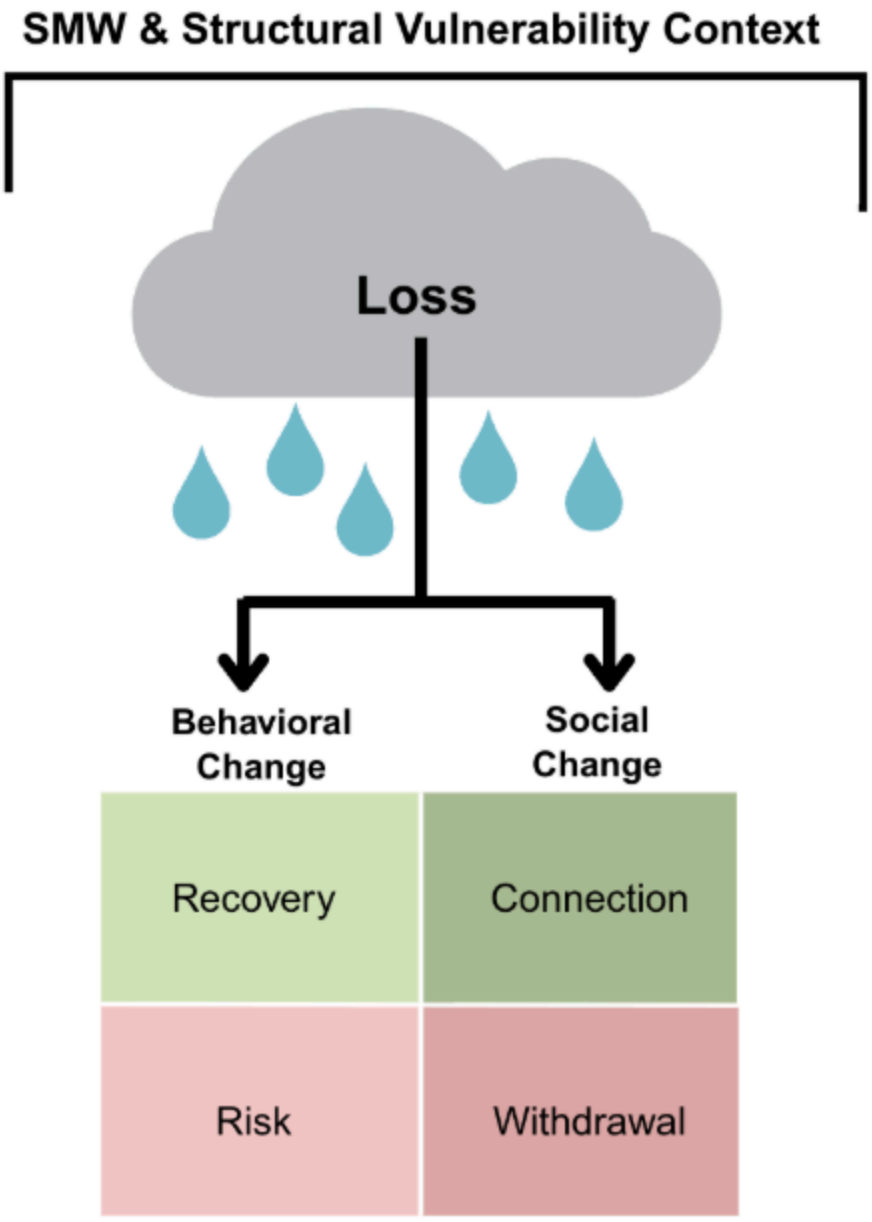


Figure 1

Conceptual Framework