Living LGBTQ *in* *Central Alabama*

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Planning Committee

Left to right:

Sheree Wilkerson. Program Associate. Community Foundation of Greater Birmingham

Ann Atkinson. Community Volunteer

Gina Mallisham. Project Coordinator Magic City Acceptance Center / Birmingham AIDS Outreach

George Taylor. Shared Goals. Community Volunteer

Amanda Wilson. PFLAG

Daronesha Duncan. AIDS Alabama

Gordon Sullivan. Operations Coordinator. One Roof

Kyle Pugh. Director. Magic City Wellness Center. Central Alabama Pride

Karen Musgrove. Executive Director Birmingham AIDS Outreach / Magic City Wellness Center

Stephanie Perry. Administrative Manager. UAB Department of Psychiatry

Maria Hernandez. UAB School of Public Health. Intern

Aarin Palomares. UAB School of Public Health. Intern

Jasmine Crenshaw. UAB School of Public Health. Intern

Glenda Elliott. Alabama Safe Schools Coalition / The Association for LGBT Issues in Counseling of Alabama

Genie Taylor. Shared Goals.

Amy Sedlis. B-Heard Project Manager. UAB School of Public Health

Kathie M. Hiers. CEO. AIDS Alabama

Janet M Bronstein. UAB School of Public Health

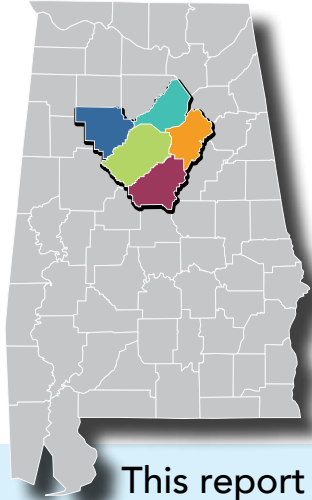**Shayne Rittman.** United Way of Central Alabama

B-HEARD
MAKE ALABAMA PROUD.

Community Needs Assessment

A project of the LGBTQ Fund of the Community Foundation of Greater Birmingham

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Living in Limbo | Photography by Carolyn Sherer

Living LGBTQ in Central Alabama
Priorities for Action

E X E C U T I V E   S U M M A R Y

This report summarizes the results of the Living LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer/Questioning) in Central Alabama (LLCA) Needs Assessment, conducted in 2015 on behalf of the LGBTQ fund of the Community Foundation of Greater Birmingham.

The needs assessment was guided by a stakeholder council that included representatives from Birmingham AIDS Outreach (BAO), Birmingham Alliance of Gay, Straight and Lesbian Youth, AIDS Alabama, United Way of Central Alabama, Parents Families and Friends of Lesbians and Gays (PFLAG), Magic City Acceptance Project (MCAP), the Magic City Acceptance Center, the Alabama chapter of the Human Rights Campaign, Safe Schools Coalition, The Jefferson County Department of Health (JCDH), One Roof (services for the homeless), Covenant Community Church, ALGBTICAL (the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling of Alabama), Living in Limbo (area artists organization), The Community Foundation of Greater Birmingham, and four units of the University of Alabama at Birmingham - UAB Psychiatry, UAB Department of Sociology, Student Health Services, and the 1917 Clinic.

Dr. Janet Bronstein of the UAB School of Public Health led the Needs Assessment project, and Dr. Erika Austin provided analytic support. Funding for the project was provided by the stakeholders listed above, in conjunction with grants from the Palette Fund, The United Way of Central Alabama, and the JCDH-Advised fund of the Community Foundation of Greater Birmingham. UAB faculty donated their time, and office and computer resources were donated by the School of Public Health. The project employed a director, Ms. Amy Sedlis, and four student interns: Jasmine Crenshaw, Maria Hernandez, Scout O'Beirne, and Aarin Palomares. Community volunteers Ann Atkinson, Bob Burns, Sally Engler and Allen Morgan contributed their time to interviews, outreach, data and literature analyses.

Two primary methods of data gathering were used in the needs assessment: interviews and focus groups with knowledgeable individuals, and three web-based surveys: one of the local LGBTQ community, one of professionals providing services to the community and one of families and friends of LGBTQ individuals.

Key Findings | The LGBTQ Community

The LGBTQ community in Central Alabama is as diverse as the population of the area itself, spanning all racial and ethnic groups, all ages, urban, suburban and rural residents, conservatives and liberals, church-goers and atheists, those with marginal incomes and those who are professionally employed.

■ Most LGBTQ individuals are open about their sexual orientation and gender identity **only in selected settings, and not universally.**

■ Individuals who are **out in terms of gender identity or sexual orientation in a given setting feel more supported, included and respected** in that setting. While they often have more negative experiences than those who are not out, these are balanced by having more positive experiences, including having other people stand up for them, and feeling like they can relax and be themselves in that environment.

■ **The most common negative experience reported** by LGBTQ individuals i**s hearing mean or negative comments about LGBTQ individuals in general.** Often LGBTQ individuals have **positive one-on-one interactions with others,** and are surprised and pleased with the extent that they are supported by people they know. However, they still face a cool or overtly hostile environment in schools, workplaces, places of worship and their families.

■ **Most LGBTQ individuals enjoy socializing and interacting with a mix of people,** not exclusively other LGBTQ individuals. Most prefer to receive medical and mental health care in settings that they know are LGBTQ friendly, but which serve the general population. However, a sizeable minority, particularly of trans-identified individuals, prefer LGBTQ oriented health and particularly mental health services.

■ There is a **strong set of LGBTQ organizations and advocacy activities in the area that enjoy strong support** from the community. At the same time, there are **racial and socio-economic divides** within the community that have been challenging for existing organizations to bridge. This was widely recognized by interviewees and survey respondents.

■ **LGBTQ individuals are at high risk for serious mental health issues, including depression, anxiety and suicidal ideation.** Many are alienated from their families and feel excluded and not supported. 30-40% report having experienced sexual abuse in some form. Those who have received mental health services have generally positive experiences, but a large portion delay seeking mental health care because they do not know where they can go and feel accepted.

■ **Homelessness, domestic and public violence are reported by about one quarter of respondents to the LGBTQ survey in this Needs Assessment**. African-American and trans-identified individuals are more likely to experience violence and homelessness.

LGBTQ Issues for Central Alabama Service Organizations

Many area organizations, including school systems, courts, social services organizations and places of worship are generally supportive of LGBTQ individuals, but have not taken vigorous public action to address the needs of the population. For example, schools will establish Gay-Straight Alliances when requested, but rely on students to provide programming. Medical and mental health settings do not openly avoid serving LGBTQ clientele, but are not sure how or whether to communicate that their settings are LGBTQ-friendly.

■ Professionals across sectors (education, health, mental health, religious, legal and social service) are **least** able to respond to needs for **support for families of LGBTQ individuals**, services for **homeless** LGBTQ individuals, and **health services for trans-identified** individuals. Friends and family members of LGBTQ individuals also express the need for resources to help families respond more positively to LGBTQ individuals.

■ Professionals across sectors report that lack of training and **lack of time to deal with complex issues** are the major barriers they face to providing effective care to LGBTQ students and clients.

■ Education professionals have **more concern** about the **negative reaction of other parents in the community** towards addressing LGBTQ concerns than they have about pressure from local or state Boards of Education about addressing these issues.

■ LGBTQ individuals are **least likely to be out in medical encounters**, and delay both medical and mental health care because **they do not know places where they feel comfortable**. They also report that medical and mental health professionals frequently do not know the answers to their questions.

■ More than half of LGBTQ Survey respondents either attend a **place of worship** now or would like to attend. Some have had negative experiences in these settings, but others find them very supportive and helpful.

1.   Introduction – Purpose and Methods

1.1 Purpose

The LGBTQ Fund was established at the Community Foundation of Greater Birmingham in 2014. The fund was established to support projects that strengthen the infrastructure of LGBTQ-led and LGBTQ-serving organizations and their linkage to other community organizations that provide services to the LGBTQ community, that provide broader educational opportunities to promote equitable treatment of LGBTQ individuals and families, and that advance activities at the intersection between LGBTQ concerns and other social justice issues.

In early 2015, the Fund gathered a group of stakeholders together to launch a needs assessment of the LGBTQ community in the five counties covered by the Community Foundation of Greater Birmingham – Jefferson, Shelby, St. Clair, Blount and Walker counties. These stakeholders represented major service and professional organizations, and included Birmingham AIDS Outreach, Birmingham Alliance of Gay, Straight and Lesbian Youth, AIDS Alabama, United Way of Central Alabama, Parents Families and Friends of Lesbians and Gays (PFLAG), Magic City Acceptance Project (MCAP), the Magic City Acceptance Center, the Alabama chapter of the Human Rights Campaign, Safe Schools Coalition, The Jefferson County Health Department, One Roof (services for the homeless), Covenant Community Church, ALGBTICAL (the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling of Alabama), Living in Limbo (area artists organization), The Community Foundation of Greater Birmingham, and four units of the University of Alabama at Birmingham - UAB Psychiatry, UAB Department of Sociology, Student Health Services, and the 1917 Clinic.

The stakeholders requested analytic guidance from faculty at the UAB School of Public Health. Dr. Janet Bronstein led the Needs Assessment project, and Dr. Erika Austin provided analytic support. Funding for the project was provided by the stakeholders listed above, and individual donors, in conjunction with grants from the Palette Fund, The United way of Central Alabama, and the JCDH-Advised fund of the Community Foundation of Greater Birmingham. UAB faculty donated their time, and office and computer resources were donated by the School of Public Health.   The project employed a director, Ms. Amy Sedlis, and four student interns: Jasmine Crenshaw, Maria Hernandez, Scout O'Beirne, and Aarin Palomares. Community volunteers Ann Atkinson, Bob Burns, Sally Engler and Allen Morgan contributed their time to interviews, outreach, data and literature analyses.

The stakeholder council met frequently over the year 2015 and provided invaluable guidance on research strategies, outreach to interviewees and potential survey respondents, and data interpretation.

1.2 Methods

This Needs Assessment is guided by four basic questions:
1. What features create an environment that is accepting and affirming for the LGBTQ community in our area?
2. To what extent are these features present?
3. What are the unique needs of the LGBTQ community?
4. What strengths and challenges face organizations in the community as they attempt to create accepting and affirming environments and meet the unique needs of the LGBTQ community?

In its initial meeting, the stakeholder council prioritized six areas to address: education settings, family support services, physical health, mental health, public safety and aging. The area of public safety was expanded to include two other public spaces – the workplace and places of worship.

Two primary strategies were used to gather data for this needs assessment.
First, we identified key informed individuals in all of the areas to be interviewed, and we organized focus groups to gather additional data. Each interview and focus group was recorded, transcribed, and analyzed to identify major themes. Overall, we conducted 36 interviews and focus groups.

The second data gathering strategy was to mount three web-based survey: one for LGBTQ respondents, one for professional respondents and one for family and friends of LGBTQ individuals. The interviews and focus groups, along with a review of the ample literature on LGBTQ issues, formed the basis for designing the surveys. The surveys were open for responses from September 28th through December 1st, 2015. In an effort to get as broad a response as possible, the surveys were promoted through social media, print media, informational booths at community and professional events, and through professional networks. Special efforts were made to reach school-age individuals, African-American and Hispanic respondents, trans-identified individuals and those living in rural areas.

Overall, the LGBTQ survey received 842 responses, the Professional survey received 337 responses, and the Family and Friends survey received 354 responses, for a total of 1,533 reponses.

The robust number of individuals responding to these surveys allowed us to complete the analyses shown in this report, and was large enough in some cases to show analyses by sub-group. However, the respondents do not represent a random sample of LGBTQ individuals, of professionals or of families and friends. Rather, respondents represent individuals with a strong interest in LGBTQ issues whose social networks put them in touch with those of us promoting the survey. In the discussion that follows, we take advantage of our respondents' strong interest in LGBTQ issues to examine the many dimensions of living LGBTQ in Central Alabama. Because not all respondents to these three surveys answered all of the questions, we show the number of responses included in the analyses for each topic in the tables in this report.

LGBTQ individuals identify themselves in many ways, and some are very careful about the language they use to describe their gender identities and sexual orientations. Our LGBTQ survey offered six options for describing gender identity: man or cisman, woman or ciswoman, transgender man, transgender woman, genderqueer, gender non-conforming and questioning. There were nine options for describing sexual orientation: gay, lesbian, bisexual, queer, pansexual, straight, questioning, same-gender-loving and asexual. Both survey questions also offered the option of completing an open-ended response, if none of these responses were considered adequate. In our analyses, we have grouped together individuals who responded to the gender identity question as transgender man, transgender woman, genderqueer, gender non-conforming and questioning together as trans-identified. We have grouped individuals who responded to the sexual orientation question as gay, lesbian, bisexual, queer, questioning and same-gender-loving as L/G/B. These two groups overlap, but are not identical.

2. Overview – The LGBTQ Population in Central Alabama

2.1 Estimates of the region's LGBTQ population

Birmingham, Alabama is located in Jefferson and Shelby counties in Central Alabama. The city population of 212,000 is 73.4% Black or African American and 22.3% White. Hispanics comprise 3.6% of the city population. The Birmingham-Hoover Metropolitan Statistical Area (MSA) includes Jefferson, Shelby, Blount, St. Clair, Walker, Chilton and Bibb counties. Overall, the Birmingham-Hoover MSA has a population of 1,144,000 and is 28.4% Black or African American and 65.9% White. Hispanics comprise 4.3% of the MSA population. The Birmingham-Hoover MSA is the 49th largest in the U.S. The population is concentrated in south Jefferson and north Shelby counties; the other counties are relatively rural.

Most recent data available from the Gallup polling organization indicate that about 3.8% of the U.S. population identifies as gay, lesbian, bisexual or transgendered. The 2015 survey on which these estimates are based suggests that about 2.6% of the Birmingham metro area population identifies as gay, lesbian, bisexual or transgender. An alternative method of measuring the size of this population is to use census data to identify same sex unrelated couples of similar ages sharing a household. By that approach, the Birmingham area has about 8.5 LGBT households per thousand households in the area. Although these two estimates are difficult to compare, they yield about the same ranking in size of the LGBT population in the metro area (Gates, 2014).

Table 2.1 shows the rankings of four southern metropolitan areas and San Francisco by the portion of the population that is estimated to be LGBTQ. Birmingham has the smallest of these comparable populations, but grew the most in same sex couple households between 1990 and 2010.

It is likely that this portion of 2.6% LGBTQ in the Birmingham area is an under estimate. There is no basis for thinking that fewer LGBTQ individuals are born in the area than in other regions of the country. The growth in the number of identified households over time probably derives from the increasing willingness of younger people to identify openly as LGBTQ, and this growth is more dramatic in Birmingham than in comparable cities. Still, the social climate and lack of legal protections against discrimination on the basis of sexual orientation in Alabama create an environment which inhibits individuals from identifying as LGBTQ (Hasenbush et al, 2014). It is probably safe to assume that the actual portion of LGBTQ individuals in Birmingham and Central Alabama approaches the national average of about 4%.

The Williams Institute at the UCLA School of Law applied the same sex household methodology to the 2010 census data and constructed a ranking of Alabama counties by estimated size of the LGBTQ population. Table 2.2 shows that Jefferson County has the largest LGBTQ population in the area. 19% of same sex households in Jefferson County include children.

2.2. Demographics of our LGBTQ Survey Respondents

As discussed in the Methods section of this report, Section 1.2, the LLCA Needs Assessment collected data using three web-based surveys. The demographics of the respondents to the LGBTQ survey are shown in this section.

As expected and illustrated in Table 2.3, the LGBTQ survey respondents are not a representative sample of all LGBTQ individuals in Central Alabama. In particular, African American and Hispanic respondents are under-represented. Individuals who work with both populations expected that this would occur, as many of these individuals are not out and/or not part of the social networks that were used to publicize the survey availability. In addition, individuals under age 20 are under-represented here. They can also be difficult to reach and many are unsure about their orientation and identity. Finally, some studies (Gates, 2011) suggest that the bisexual population is about as large as the gay and lesbian population combined. If so, bisexual individuals are also under represented in this survey.

Many nonlocal respondents to the survey commented that they have lived in Central Alabama or grew up in the area, so they have been retained in the reports of the findings of the study. Although Jefferson County has by far the largest population in the area, it is likely that residents of the outlying counties, and thus rural residents, are under represented in the survey.

Photograph by Jacoby Rice

2.3. Overview of Outness among Respondents.

Individuals are "out" with their sexual orientation and/or gender identity when they communicate their self-identification to others. This is a continuing process, and LGBTQ individuals vary in the number and extent of settings, and individuals within settings, with whom they share these identities. In addition, individuals may be unsure or fluid in their sexual orientation and gender identity at any given life stage, and this has an impact on how and with whom they share themselves. Individuals are more likely to be out in settings where they feel safe and feel that others will be receptive. Many individuals who were interviewed for this Needs Assessment believed that younger people now are more likely to be out than adults were at their age.

Individuals interviewed for the LLCA Needs Assessment had a variety of experiences coming out. Many described a feeling of liberation and an ability to express themselves openly. They also felt that it was easier to cope with prejudice and discrimination if they were comfortable being out. Others described carefully selecting the settings in which they revealed themselves, in part to avoid stigma and rejection, and to avoid unnecessary complexities. Still others commented that their sexual orientation or gender identity was "not the most important thing about me," and that they kept these issues private to avoid being stereotyped.

The LLCA LGBTQ survey inquired whether respondents' sexual orientation and (for trans-identified individuals) gender identity were known to various parties (for example, other students, teachers, and principles, or work colleagues and supervisors) in six settings: school, work, family growing up, medical settings, mental health care settings and places of worship. Overall, 10% of respondents who identified as L/G/B were not out in any setting that they reported, while 25% were out in all reported settings. Similarly, 10% of all respondents identifying as transgender were not out in any reported setting, and only 10% were out in all settings. To put this another way, in Birmingham and Central Alabama, 75% of those who self-identify as L/G/B and 90% of those who self-identify as trans-identified are not out in all settings in their lives. Table 2.5 summarizes the findings on whether respondents were out with sexual identity in various settings, and Table 2.6 shows the same for gender identity.

In each setting, fewer respondents were out with gender identity compared to sexual orientation. L/G/B respondents were most likely to be out with sexual orientation in work and mental health care settings, while trans-identified respondents were most likely to be out with gender identity in places of worship and mental health settings. Both groups were least likely to be out in medical care settings.

Younger people were more commonly out with sexual orientation and gender identity to their families than respondents as a whole, but less likely than others to be out in their places of worship or in medical and mental health settings. African American respondents were more likely to be out with sexual orientation to their families compared with respondents as a whole, but less likely to be out in school, work, places of worship and medical settings. Trans-identified African Americans were out with gender identity in more settings than respondents as a whole.

2.4. Special concerns of African American Respondents

Many individuals interviewed for the LLCA Needs Assessment observed that LGBTQ individuals who are African American have unique concerns. Three themes emerged from these discussions. The first was that African Americans in general face challenges including racism, limited income and more exposure to violence, crime and the criminal justice system. Being LGBTQ creates an added challenge. One survey respondent wrote, "It's a struggle and hard to get ahead, 'cause all the stigma around our race and on top of that I'm Trans, and not been able to find a good job. So I'm working as an escort to meet my needs."

The second theme expressed in interviews is that the African American community in general is less accepting of diversity in gender identity and sexual orientation. One person explained that "[Stigma] is greater in the African American community because we are more amplified than other races. Although each race has its own quirks, they have their own strengths and weaknesses, but I feel that being an African American person, you are seen as a strong person, you are seen as the epitome of what an alpha female or male is, so you have to act that way, and society is pushing that on you. And men are not supposed to cry. Women are allowed to do it if you want to, but you can't want to."

Churches are important institutions in the African American community, and there is resistance within the leadership of many churches towards accepting LGBTQ individuals. A respondent to an open-ended survey question wrote, "I feel as if it's harder for trans women of color because most of the time we are not respected for the woman we are transitioning to be. Amongst all other trans women, our race has the highest death rate. People only view us as men with wigs on. For instance, I myself have to be aware of my surroundings because I could easily get attacked if a man finds me attractive but realizes I'm trans. I just feel like we have it much harder than any other race when it comes down to being transgender, because our race is so stuck on the Bible and labels us as abominations. Would you want to deal with people who view you that way?"

On the other hand, another interviewee pointed out that some things are accepted, but not talked about in the Black community. This person recalled knowing a gay adult when he was growing up who was well accepted in his family. One respondent to the LGBTQ survey wrote "Black is absolutely beautiful; and adding a little LGBTQ spice into the mix? A mixture from the heavens. I wish everyone else could see that."

The third theme expressed related to the African American LGBTQ experience was that it was challenging for these individuals to get appropriate services from LGBTQ organizations and other social service agencies. Members of PFLAG, the major support organization for families and friends of individuals who are LGBTQ, were aware that the organization faces challenges connecting to and involving the families of African American LGBTQ individuals.

Another interviewee commented on this issue, "Being [an] African American person, or a person of African descent, you grow up in a world with a different mindset, and if you are a Caucasian or just anything other

than African American, you grow up with a different type of mindset. So we have a history here in America that we are still trying to get over, just being Black, just things like the brown paper bag test – the lighter your skin, the more valued you are - , social norms, education norms, background, things like that. It's disproportionate to other people. If a Black person wanted to go to a Caucasian establishment, or there were more Caucasian people, they are not really helping the Black person in their needs. Of course, they are allowing services, which is fine. But you can't be a person from Hoover and grew up in a certain type of lifestyle, than a person from Loveman Village who has been on welfare all their life, and they are like a third generation that's grown up in the projects, you cannot relate to those. Those two people cannot relate immediately, without being exposed and educated."

The LGBTQ survey included a question on the experience of being LGBTQ and African American which was viewed by respondents who indicated that they were African American or multi-racial. The response of "neutral" was present in the survey but is not shown in Table 2.7. Respondents to this question agreed that LGBTQ is a stigmatized identity in the African American community, and being LGBTQ complicates their life as African Americans. Although the majority also agreed that the mainstream LGBTQ community did not reflect the needs of African American members, respondents were equally divided over whether their racial or LGBTQ identity was more important to them. One survey respondent wrote in answer to an open-ended question,

"Black is absolutely beautiful; and adding a little LGBTQ spice into the mix? A mixture from the heavens. I wish everyone else could see that."

"I don't want to be identified solely on being a black gay male. I just want the equality and respect that me and everybody else deserves." Another wrote, "Often times, spaces that are dominated by white people will extend an offer of entry to a person of color or the type of persons of color they want to see, thus excluding populations that can gain from the resources. There are also spaces that are established as Black spaces and those are the only places Black people are shifted into. A sensible solution would be to incorporate more people of color into the white only and white dominated spaces to give people more choices in safe spaces".

2.5. Special Concerns of Rural Resident Respondents

LGBTQ individuals living in rural Alabama communities have long come to the city of Birmingham for social services and to interact with other members of the LGBTQ community. Two common themes emerged in interviews with rural-residing LGBTQ individuals. One theme was that individuals feel isolated in these locations – they may have heard that there is a local LGBTQ community, but they have difficulty finding it. The second theme was that rural areas in Alabama are more conservative and more religious than in more urban areas, so individuals face more overt prejudice and discrimination.

On the other hand, one interviewee reported that the smaller and more human scale of rural communities meant that personal connections could be used to get things done and one respondent to the LGBTQ survey wrote, "it is peaceful and I do not have all the gay drama that goes on. My husband and I are very happy, and people do not bother us at all." Another wrote in the survey "I love where I live. My neighbors are aware of our orientation and are very accepting. Don't know about schools and such, have no children."

Responses to a survey question shown to respondents who indicated that they lived in rural areas are shown in Table 2.8. As shown, most respondents agreed that they encountered more negative attitudes in rural areas than they would in more urban areas, and that it is harder to connect to other LGBTQ individuals. One respondent to the survey wrote, "The teachers and administration at the school close by have children at the school where they work. In the town I live in, they have disallowed their children to be friends with my children anymore, solely because I'm in a same-sex marriage. No jail history or anything. "

2.6. Summary – the LGBTQ population in Central Alabama

The LGBTQ population in Central Alabama is diverse by age, race and ethnicity, sexual orientation and gender identity. While most respondents to the LLCA Needs Assessment LGBTQ survey were out in at least one setting, it may be the case that this survey under represents those who are not out, and thus were not aware of the opportunity to respond and contribute to the LLCA Needs Assessment.

Few individuals are out with their sexual orientation or gender identity in all settings. Medical health care is the setting in which LGBTQ individuals were least likely to self-identify. Relative to LGBTQ adults, younger people who identify as LGBTQ are more likely to be out to their families than adults were when they were growing up, but less likely to be out in other public settings.

LGBTQ individuals who are African American face challenges because of the stigma that the identity has in that community. At the same time, they note that they do not always feel well accepted or well served by organizations and agencies that are predominately white. Some LGBTQ individuals enjoy living in rural areas, but there is also a sense that they feel isolated and less well accepted than they would in more urban areas.

3. The School Experience for LGBTQ Youth

3.1. Summary of the Literature

The needs of the youth population are diverse and complex. Growing up is already difficult enough without adding the insecurities and confusion accumulated when the child questions their gender identity or gender preference. The LGBTQ youth community is at greater risk for developing negative health and social outcomes due to lack of support at home and in the community (Garbe, 2012; Meyer & Bayer, 2013; Steever, Francis, Gordon, & Lee, 2014).

Within the state of Alabama, the LGBTQ youth community suffers from bullying, harassment, drug use, the spread of STIs, and suicides at higher rates than the general population within the same age group (GLSEN, 2011, 2013). According to the Gay, Lesbian & straight Education Network (GLSEN) report, 9 out of 10 students in Alabama feel victimized at school by verbal harassment, while 4 out of 10 have been physically harassed (GLSEN, 2011, 2013). Harassment includes negative/homophobic remarks and pushing or shoving (GLSEN, 2011, 2013). Negative emotional arousal can happen within the family unit, schools and in the community (Garbe, 2012; Mayer, Garofalo, & Makadon, 2014; Robinson & Espelage, 2013).

Recent studies "demonstrate that L/G/B youths living in states and cities with more protective school climates were significantly less likely to report past-year suicidal thoughts than L/G/B youths living in states and cities with less protective school climates (Hatzenbuehler et al., 2014)". LGBTQ youth are less likely to feel unsafe and skip school if one or more of the school staff is encouraging and understanding (Kosciw, Greytak, Palmer, & Boesen, 2014). Data show that schools with Gay-Straight Alliances, safe spaces, educational classes, resources on health topics, staff with added training on LGBTQ support and access to resources off-campus (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014) have less bullying and harassment at schools. More training is needed for teachers and school counselors to help curb the incidence of bullying and harassment in schools (Kosciw et al., 2014).

--- LLCA Needs Assessment intern Maria Hernandez

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3.2. Students' Reports of Experiences at School

Many adults and young people interviewed for the LLCA Needs Assessment stressed the importance of a safe and affirming school environment for young people who are questioning their gender identity or sexual orientation, and for those who self-identify as gay, lesbian, bisexual, transgender or gender-non-conforming. Often, families of these young people are not supportive, so schools can be a safe place for them to explore issues of identity and sexuality. There is a critical need for young people questioning their gender identity and sexual orientation to have role models for healthy, fulfilling lives as LGBTQ adults. Otherwise, as some adult LGBTQ individuals noted reflecting on their experience when they were younger, LGBTQ youth are liable to respond to peer pressure and engage in risky sexual behavior, drug and alcohol use.

Educational professionals who were interviewed believe that LGBTQ youth are more likely to be out to their peers than to adults at school. Because peers, particularly at middle school age, engage in teasing and bullying of all kinds, some adults expressed the belief that peer acceptance of non-normative gender identity and sexual orientation is not as serious a concern as acceptance among adults. Acceptance of youth who are transitioning in gender identity is particularly difficult for adults. LGBTQ students reported that, in their experience, adults in school tend to minimize the level of hostility that the students experience.

The LLCA Needs Assessment LGBTQ survey received 8 responses from middle school students, 42 responses from high school students and 109 responses from college students. Not all students responded to all questions in the survey. Based on the survey responses, high school students were more likely to be out with sexual orientation than with gender identity, and more likely to be out to other students than to adults in the educational setting. College students were more likely to be out with gender identity than high school students, and more likely to be out to adults in the setting. However, in terms of sexual orientation, the younger students who responded to this survey were more likely to be out in school than the older students. These data are shown in Table 3.1.

College students felt more supported and respected, but not more included, than high school students. Most interestingly, students who were out in their educational setting reported feeling more supported, respected and included than those who were not out.

These data are also shown in Table 3.1.

The most frequent negative experiences reported by students at any time in educational settings are verbal negative comments, upsetting discussions and pressure to act like they were not LGBTQ. Students who were out in their education settings more frequently reported being teased or bullied, but also reported more positive experiences – having other students and teachers who stuck up for them, and feeling like they could relax and be themselves at school. These data are shown in Table 3.2.

It may be that it is easier for students to be out with gender identity and sexual orientation if they feel supported and comfortable in their school settings. But it may also be that students feel more affirmed in their school settings because they have more positive experiences when they are out, compared to when they are not out. In either case, anything that can be done in schools to help students feel that they can be more open with their sexual orientation, gender identity or questioning status, although it may expose them to more harassment, will also have a positive impact on their school experience.

3.3. Observers' Report of Issues Observed among Students

Education professionals interviewed for this study reported concern that their colleagues were generally not aware of critical issues facing LGBTQ students. One professional who was interviewed commented "some school staff are aware that there are LGBTQ students, but in a gossipy way, instead of a cultural competence way."

Of the 335 respondents to the needs assessment Professionals Survey, 111 reported working in education settings, and 58 completed questions about LGBTQ students. These included 33 teachers, 6 administrators, 6 counselors, 2 health educators and 13 in various other staff positions. Their observations are shown in Table 3.3. Of the 354 respondents to the needs assessment Family and Friends survey, 62 reported that at least one of the LGBTQ people in their lives was less than age 21. In the answers to the question shown on next page, these respondents had the opportunity to note issues for more than one of their friends or family members. Their observations are shown in Table 3.4.

Friends and family were less aware of individuals' confusion about their gender identity and sexual orientation than educators, but both they and education professionals noted that youths had concerns about to whom to disclose their gender identity and sexual orientation. Half of both groups observed that LGBTQ youth are isolated from their peers, and about one third observed high risk behaviors, experience of violence and truancy from school.

3.4. Resources Available in School Settings

Having resources for LGBTQ students in schools is very important. One student in a focus group said, "When there is something explicitly written it makes me feel really safe-whether it's written or even a Safe Zone sticker. Even knowing the teacher is supportive, that helps a lot." The majority of students responding to the needs assessment LGBTQ survey reported having a Gay-Straight Alliance (GSA) organization in their schools, although only 8 of 48 high schools in the area have these organizations. This suggests that the survey respondents have more access to resources than the general population of high school age LGBTQ students in the area. Even when schools have a GSA, relying on the students themselves to educate others places a high burden on individuals who have many other issues to deal with. Observers interviewed for the LLCA Needs Assessment reported that schools in the area wait for a request for a GSA from students, and are required to allow such an organization if it is requested by students. Fewer than half of college-enrolled respondents report knowing openly LGBTQ adults whom they respect and can look up to.

Alabama does not require that schools teach sex education, but if they do, the state curriculum guidelines require that they teach that homosexuality is "a lifestyle not acceptable to the public". Several people reported that they had heard this rule is not followed, but there is no verification of this. Some schools in the area have anti-bullying and anti-harassment policies in their handbooks. Some schools have official policies prohibiting harassment or discrimination based on sexual orientation or gender identity, but these are often handled in a low-key manner, reportedly to avoid opposition from parents and other students. Students' reports of resources that are available in their schools is shown in Table 3.5. The two resources that are least available to both high school and college students are health education classes that provide information about being LGBTQ and someone who can speak with their families about LGBTQ issues.

In interviews, focus groups and the Professional survey, Education professionals reported that the attitude and approach of leadership in schools has an important impact on the school environment and ability to respond to the needs of LGBTQ students. They felt that anti-bullying and harassment policies are vague. It is not clear to students that they are protected by these policies, because this is not stated openly. There is some belief in schools that children "aren't ready" for education in acceptance of LGBTQ individuals, and that these discussions should not take place in schools. Many adults report that it is difficult for LGBTQ professionals to be out in education settings, because they do not feel that their jobs are protected. This makes it difficult for students to find role models in education settings.

However, there are also schools in the area with a positive culture of acceptance of LGBTQ students. In addition, many students have become aware that the Southern Poverty Law Center (SPLC) has won cases defending students' rights to dress as they prefer and to bring same-sex dates to school events. Some students are aware that they can shift school policies by requesting letters of support from the SPLC. One person interviewed observed that schools have become accepting, but are not necessarily affirming of LGBTQ students. It is not clear whether sexual orientation and gender identity can be handled in the same way as racial/ethnic diversity, because of existing homophobia.

Educational professionals felt that schools are most able to address bullying and mental health crises, but are also interested in additional training in these areas. These professionals feel least able to address issues of homelessness for LGBTQ youth and health services for transgender youth. In addition, although there was considerable acknowledgment that lack of family support is an issue for LGBTQ youth, only 33% of respondents felt that the school could provide support to families to encourage acceptance of LGBTQ students.

Although 50% of professional respondents reported that discomfort of school board members presents a challenge to schools working effectively with LGBTQ students, more reported concerns with the response of other parents and students, compared to concern with local school board opposition. Altering school curricula to address LGBTQ sexuality was the item most commonly identified as a concern, and schools were least likely to have forms and other mechanisms for administratively acknowledging diverse family forms, such as children with same-sex parents. Limited staff time and training to deal with complex issues such as LGBTQ students are listed as major challenges for addressing LGBTQ student issues. Laws related to protection from discrimination, and techniques for addressing mental health crises, were the most frequently listed as training needs. Education professionals' views of school capabilities, challenges and training needs are shown in Tables 3.6-3.9.

In the LLCA Family and Friends survey, 65% of parents of school age children who are LGBT or questioning their sexual orientation or gender identity reported that teachers and others at school are aware of their children's issues. 80% of parents considered it very important to have teachers and staff who are accepting of the children, and 80% considered it very important to have teachers and school staff who can deal with bullying and harassment.

Positive culture of acceptance

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3.5 Summary of School Experience for LGBTQ Youth

The availability of accepting and affirming school environments for LGBTQ youth varies markedly across Central Alabama; some schools are better places to be for these youth than others. At the school level, concern with opposition by other parents and students to overtly addressing LGBTQ issues seems to lead schools to minimize the issue. While many have policies that protect LGBTQ students from harassment, policies are not widely publicized, and some adults seem to consider teasing and harassment by students as age-normal and thus acceptable behavior.

The most common problems reported by and observed for LGBTQ youth in schools is a generally hostile environment, with negative comments, upsetting class discussions, and pressure to act more like straight students. The second most common problems were mental health-related concerns, including the experience of lack of family support, depression and suicidal thoughts. Overt bullying and violence were reported less frequently. While problems related to violence were encountered more commonly by students who were out as LGBT in school settings, students who were out also reported more positive experiences and reported more commonly feeling supported, included and respected at school.

School staff reported needing more time and more training to respond to issues of LGBTQ students, particularly with mental health crises and bullying. Although student alienation from their families was a commonly observed issue, few professionals reported that their schools have the ability to address family relationships. Students also reported this was the least available resource in schools, along with reporting an absence of health education around LGBTQ issues. Remarks made in interviews and focus groups stress the importance that overt support for acknowledging and addressing LGBTQ issues from school leadership is important for creating and sustaining more affirming school environments. An expectation that students themselves can create this type of environment is unjustified, particularly given that half or more of LGBTQ students are not out to anyone in the school setting.

The Family Experience for LGBTQ Individuals

4.1. Summary of the Literature

Family and ally support is a crucial factor of the LGBTQ community. Previous research shows that friend and ally support serves as a protective factor and increases resiliency and coping for LGBTQ persons (Luke & Goodrich, 2014).   Historically, very few individuals "came out" to their families or told others that they were gay. Up until the 1990s, there were limited resources to discuss their identity and because of that, little was done to examine family reactions (Ryan, 2009). However, now attention to family reactions is critical because children and youth are coming out at younger ages, which increases the risk for victimization and stress in the family, school, and community settings (Family Acceptance Project, n.d.).

According to the Family Acceptance Project, many parents feel uncertain when they learn that their child is gay and because of this, they do not know how to react to or support their child (Ryan, 2009). This fear motivates many parents to protect by reacting negatively and denying their child's identity by blocking access to other LGBTQ friends. This decision is motivated by care and concern; however, a startling finding shows that being forbidden to associate with gay peers is more damaging than being physically beaten or verbally abused by the parents in terms of negative feedback (Ryan, 2014). Because parents and friends have such a large impact, their lack of acceptance can increase a person's risk for suicide, HIV infection, and other health problems. Research shows that LGBTQ individuals who have been rejected by their family and friends are eight times more likely to commit suicide and three times more likely to be homeless, participate in illegal drugs, and be at risk for HIV and other STDs (Grant et al., 2011; Ryan, 2009; Ryan, 2014).

Previous studies show that families have a wide range of reactions from highly rejecting to highly accepting of their LGBTQ members. A study by Ryan, Russell, Huebner, Diaz, and Sanchez (2010) shows that family acceptance does not vary based on gender, sexual identity or transgender identity; however, Latino, immigrant, religious, and low socioeconomic status families appear to be less accepting on average. The study concludes that it is not sexual orientation or gender identities themselves, but rather family characteristics that seem to make a difference in distinguishing between high versus low acceptance (Ryan et al., 2010). Access to resources such as education, awareness, and support groups have shown to increase this family acceptance rate. With access to education, accurate information, and peer support to help parents and families with their concerns, it is shown that they in turn become less rejecting and more supportive of their LGBTQ children (Ryan, 2009). The Family Acceptance Project and groups such as PFLAG provide great tools for parents and allies. Studies show that parents who take even baby steps toward acceptance can dramatically improve an LGBTQ person's health outlook (Ryan, 2014).

Despite the large role of family and ally support, there remains little research that has been done on the dynamics of this group. Although family and peer relationships are understood to be a primary context of development, there are only a small number of studies that examine the role of these relationships for LGBTQ youth. The majority of research highlights negative outcomes in family rejections, yet no known research has considered

developmental benefits of family and peer acceptance and supportive behaviors (Ryan et al, 2010; Luke & Goodrich, 2014). The needs of family and allies are complex in their nature and every family reacts differently. With clear links between family acceptance and mental health status, it is important to understand and realize that their acceptance is critical and more attention, resources, and interventions are needed to address the role of family, friends, and allies in an LGBTQ person's life (Luke & Goodrich, 2014).

-- LLCA Needs Assessment intern Aarin Palomares

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4.2 Individuals' Reports of Experiences in Families

There is a common belief in the adult LGBTQ community that young people now are more out with their gender identity and sexual orientation than when they were growing up. They felt that this was occurring because of access through the internet and the broader culture to more information and more examples or role models of LGBTQ individuals. One adult reflected that keeping her identity a secret from her family when she was younger helped her avoid being ostracized, but it also meant that she missed the type of family support that would have been valuable as she adjusted to her sexual orientation.

In the LLCA LGBTQ survey, 19 of 67 (28%) trans-identified adult respondents reported not being aware of their gender identity growing up. Seven of these reported that their families still do not know their gender identity. Of those whose gender identity is now known, only three report that their families are now "very accepting". Similarly, 153 of 539 (28%) adult L/G/B respondents report not being aware of their sexual orientation growing up. Only 7% of these individuals report that their families are still not aware of their sexual orientation. Of those whose sexual orientation is now known, 44% report that their families are now "very accepting". Tables 4.1 and 4.2 show the extent to which trans-identified and L/G/B individuals were out to family members when they were growing up. Table 4.3 shows the extent to which individuals feel supported, included and respected by their families growing up, and Table 4.4 assesses, for adults, whether these feeling have changed since they were younger. Tables 4.5 and 4.6 examine the frequency of different positive and negative experiences individuals reported with their families.

Respondents under age 24 were more likely to be out with their gender identity and sexual orientation to their families than adult respondents reported having been when they were growing up. However, both younger and

older respondents reported about the same sense of support, inclusion and respect from their families. Average responses on these measures were between 'rarely' and 'sometimes' feeling supported, included and respected.

A majority of respondents reported hostile behaviors such as being teased or treated coldly; a smaller number reported experiencing violence or overt rejection. Trans-identified individuals experienced more hostility than L/G/B individuals. In data not shown here, respondents reported slightly more feelings of support, inclusion and respect from families they lived with, compared to those they did not live with. A majority of adults felt that their relationships with their families were better now than when they were growing up.

> ## Trans-identified individuals experienced more hostility than L/G/B individuals.

4.3 Observers' Reports of Family Issues Among Students/Clients

Alienation from family was an issue that was very commonly reported across settings by professionals responding to the LLCA Professional survey. These data are shown in Table 4.7. In addition, 30% of friends and family report that they have noticed the LGBTQ people in their lives are isolated from or rejected by their families, and 12% reported that the LGBTQ people in their lives had been forced to leave their family homes.

4.4 Resources Available to Families

Resources to help families relate to LGBTQ members are rare across professional settings. Only religious professionals reported that they could provide this, and they listed this also as an area in which they needed training. This is shown in Table 4.8. In addition, only 35% of family and friends who responded to the Family and Friends survey reported that they could help the LGBTQ people in their lives if their families were not accepting of them. One respondent to the Family and Friends survey wrote "Where can family members go for counseling on this topic?" Another wrote "I wish there was a video I could email people. That way, I wouldn't have to have a face to face with family members who are hostile. I want a video that engages empathy, sympathy, rational thinking, scientific facts… and forces rational thinking and guides changes in thinking through the 'if you have not sinned, then you may throw the first stone,' model."

> ## In summary, although lack of family support is widely acknowledged as a problem, relatively few in professional settings or among friends and family are prepared to help LGBTQ people directly with this issue.
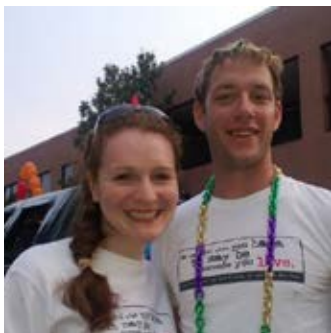
4.5 Experience of Parents of LGBTQ Children

Interviews and focus groups conducted for this Needs Assessment indicate that some parents of LGBTQ children are very articulate about their experiences as parents, and very active in working to improve the environment for LGBTQ individuals. Others have a considerable struggle adjusting to their roles. There is an increasingly large group of parents of very young children who are currently questioning their gender identities.   Limited resources in terms of information and support are available for this group.

Parents of LGBTQ children find that they must make significant adjustments in their perceptions of their children and their expectations for their future. Unlike other parents, in some significant ways they are unable to advise their children about aspects of growing up because they are unfamiliar with the LGBTQ experience. For parents of younger children, there are also major concerns about whether their children are safe in a potentially hostile environment. Parents question whether their religious setting is affirming for LGBTQ individuals, and wonder how they can find medical professionals who are accepting. They must negotiate interactions with their children's schools. They also must advise their children on how to disclose their orientation and gender identity, and be careful about whom they confide in as adults. Parents' responses about parties who are aware of their children's LGBTQ identity are shown in Table 4.9.

One parent of a school-age LGBTQ child responding to the open-ended question in the Family and Friends survey remarked: "I feel afraid of who to trust with that information, and scared that seeking help or answers for him will lead to retaliation, particularly within his school system, which is openly anti-LGBTQ. I have no other school choices in my area for him." Another wrote "With all of these questions (about whether others are aware of the child's identity or orientation), the answer is always 'some are and some aren't. Some are supportive, and some aren't." It is hard to know who is and who isn't, without a lot of anxiety at first."

Almost all parents of LGBTQ children age 18 or younger felt that identifying accepting teachers, school staff, and other parents, and having schools that can deal with bullying and teasing would be very important in helping them with the challenges they face. Fewer of these parents thought that talking to other parents with LGBTQ children, receiving more support from their places of worship, and receiving help with children's problem behaviors were very important.   Among parents with adult LGBTQ children, only knowing what to say when they disagree with others about LGBTQ issues was considered very important by a majority of respondents.

In summary, parents have many concerns about having LGBTQ children, especially those under age 19. There are limited resources available for these parents.

4.6 Experience of LGBTQ Individuals with Children

LGBTQ parents of younger children interviewed for the Needs Assessment reported working very hard to select accepting neighborhoods and schools. However, some do not have the resources to make choices in this regard. Some parents actively work to promote LGBTQ acceptance in their children's schools and in other settings such as places of worship. Others blend in, for example, by finding an uncle who can attend "father's day" at a child's school. They feel that they walk a fine line between not saying anything and saying too much. They do not want special accommodations, but they also do not want to be left out. They are concerned that their children will face bullying and harassment at school, and want to promote positive self-esteem for their children. Some parents report that they have modified their own life style and pubic presentation to avoid creating problems for their children. It is difficult to identify other LGBTQ parents because of privacy issues. Some parents remarked that they are surprised at the level of positive support they receive from non-LGBTQ individuals in their children's schools and in community settings.

Custody issues were not a major focus of this needs assessment, but it is important to note that many LGBTQ parents have lost custody of their children, and this is a major difficulty for them.   One respondent wrote in response to an open-ended question in the survey "Custodial concerns are also serious, for those of us who share custody of a child with someone who may disapprove of our identity or orientation." Another wrote "Due to my sexual orientation, I lost custody of my daughter. My mother currently has custody of her and is sending her to a private Catholic school. This is not the school I would personally choose for my daughter or my family. However, I don't have a choice."

Of the respondents to the LLCA Needs Assessment LGBTQ survey, 21% reported having children. Of that 21%, there were 23% with children under age 4, 31% with children ages 5-12, 18% with children ages 13-18, and 45% with children over age 18. Questions in the survey were targeted to parents with children under age 19, and responses are shown in Table 4.10. Parents report a lot of anxiety about creating an environment of acceptance for their children. Actual negative experiences with schools were relatively infrequent, with the worst experience coming from relationships with other parents. At the same time, parents do not have confidence that schools know how to respond to LGBTQ issues.

A few respondents to the Family and Friends survey were children of LGBTQ parents. In general, they reported acceptance and pride in their parents. However, some adult children of LGBTQ parents, reflecting on their experience when they were younger, stated that they would have appreciated acknowledgment and support in the school setting.

4.7 Summary of Family Issues

About half of adult respondents to the LGBTQ survey were out to their families growing up, while about three quarters of younger respondents are now out to their families. However, the sense of support, inclusion and respect that these individuals feel from their families on average is relatively low, and is not better for younger than for older respondents. The most frequent experiences reported with families is a sense of coolness or exclusion, although a significant portion, particularly of trans-identified individuals, have experienced overt hostility. There are limited resources for support of families with LGBTQ members, both in professional settings such as schools and community service organizations, and from friends and family members. LGBTQ parents, and parents of LGBTQ young people have concerns about the ability of their children's schools to adequately communicate acceptance and to protect their children from negative experiences around LGBTQ issues.

5. Medical Care for LGBTQ Individuals

5.1 Summary of the Literature

A great deal of the research regarding medical issues in the LGBTQ community has revolved around HIV/AIDS. The LGBTQ community was initially and deeply affected by the virus and became a vocal advocate for disease research, education and program implementation. This historical situation essentially solidified in the public mindset an association between the LGBTQ community and HIV/AIDS, and this has led to some neglect of other health concerns. With the huge advancements that have been made in HIV/AIDS treatment and program support and broader involvement in these issues by other segments of society, focus has now begun to shift to these other health issues. However, research continues to show that some doctors lack knowledge about HIV/AIDS issues in general and are unfamiliar with LGBTQ community education efforts, support programs for prophylactic protection following HIV exposure , and best practices for diagnosis, treatment and patient support (Springhouse Coorporation, 1990). Two other health areas that are of special concern for LGBTQ individuals are prevention and treatment of other STDs faced by the community and issues of drug and alcohol addiction and recovery, as the rates of these problems have risen in the LGBTQ community (Lindley et al. 2013; Kent et al. 2005; Reisner et al. 2010; Matthews et al. 2005)

Another focus of concern in the literature is whether LGBTQ patients feel that medical providers are knowledgeable about their concerns, and whether they have an open and nonjudgmental level of communication with them. These studies have found that there is often a struggle with merely bringing up some topics for discussion, much less in devising adequate solutions. For example, in a survey of more than 600 health care professionals from rural central USA, researchers found that more than half the nurses and doctors believed that HIV can be transmitted through a bite. And about 10% of the doctors also thought HIV can be spread through blood donation, mosquito bites alone, and/or sharing cigarettes (Copyright of Nursing 1990). Also, many LGBTQ patients have reported in past studies how they felt judged by their doctor as a "sexual deviant" or whatever other judgements the doctor may have voiced or given the impression of representing. In addition, mental health concerns are often first brought up within medical encounters. When patients feel inhibited about self-identifying in the medical setting, they may lose the opportunity for an appropriate referral for mental health care. Some advocates in the area have suggested that it would be helpful for medical practices to explicitly demonstrate that they are "safe places" for LGBTQ patients to seek care (Ard and Makadon 1990).

In addition to neglected health issues and the need to improve knowledge and communication skills, a third area of concern is how the social situations of some LGBTQ individuals impact the way medical care is delivered. For example, medical providers must face a different set of legal issues related to communication with significant others regarding a sick partner's medical status and treatment, and parenting issues as they relate to 3rd parent adoptions and LGBTQ families. There are also issues related to aging and end of life care for LGBTQ individuals that must be addressed. There are concerns about whether resources are available to assist medical providers in adequately addressing these issues (Wolfson n.d.; Blosnich et al. 2013)

-- LLCA Needs Assessment volunteer Allen Morgan, MS.

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5.2 Individuals' Reports of Experiences in Medical Settings

As the literature review above suggests, many health-oriented resources in the Central Alabama area have been devoted to addressing issues surrounding HIV/AIDS. Specialized expertise is now widely available in the area for these issues. It has been harder to introduce other LGBTQ issues into health care settings. Two concerns were expressed in interviews on health-related issues. One is that medical providers are unfamiliar with some health concerns, for example, the level of vulnerability of lesbians to breast cancer, or health issues related to sexuality that may be unique for LGBTQ individuals. It has been extremely difficult locally to identify resources for gender transition for trans-identified individuals.

The second concern is that all types of medical care are inhibited when patients feel that they cannot be open about their sexual orientation or gender identity during a medical encounter. Some individuals recounted experiences of bias in medical settings. One person posted on the needs assessment web link for stories a description of the experience of seeking medical care for a health problem and being assumed to be HIV positive by the health care provider.   Others feared that they would not be accepted if they were open about their gender identity and sexual orientation in the health care setting.

Overall, 83% of LGBTQ survey respondents reported having seen a doctor or been to a hospital or clinic in the previous two years. Of these, 84.6% were sick or hurt, 69.2% had a question about health, among 24.8% someone else thought they needed help, and 34.7% received care for other reasons (multiple answers permitted). Only half of L/G/B individuals and less than half of trans-identified individuals were out with sexual orientation or gender identity in their most recent medical encounter. Those who were out rated the supportiveness and respect they experienced in the setting as relatively high. Trans-identified individuals were less likely to be out, and more likely to have had negative experiences with medical care providers. The most common negative experience for both L/G/B and trans-identified individuals was finding that physicians did not know the answers to their questions. These data are shown in Tables 5.1-5.3.

A significant number of individuals, particularly trans-identified individuals, had delayed needed medical care. Lack of comfort was an important reason for this, as was skepticism that physicians would be helpful with their concerns. These data are shown in Table 5.4. Some survey respondents added additional reasons for delaying care in open-ended responses. One wrote, "Last time I went to the doctor for a minor issue, she insisted on testing me for HIV and every other STD as soon as I mentioned having a partner. It became a nightmare". Another wrote "[I was] concerned and fearful about being judged if I spoke to my straight cismale doctor about PrEP (prophylactic HIV care) and other health issues pertaining to gay men." Others wrote that their physicians were not knowledgeable about their unique health concerns, particularly those of trans-identified individuals, and many wrote that they could not afford health care.

5.3 Observers' Reports of Health Issues among LGBTQ Individuals

In the Professional survey, health and mental health settings were grouped together. Overall, 78 respondents indicated that they worked in a health or mental health setting, including 27 who were physicians or nurses, 21 who were counselors or psychologists, and 30 who were health educators, social workers or other staff members. The majority of respondents reported having none or a few LGBTQ patients, and 16% did not know how many LGBTQ patients were in their practices. In comments, one respondent remarked "We don't ask about sexual orientation. Unless they are open and out, we don't know."

Health care providers who are aware that they are treating LGBTQ patients report that many of these individuals have mental health issues, high risk behaviors such as alcohol and drug use, lack of family support, and concerns about disclosing their gender identity and sexual orientation. Physicians and nurses are more aware of unique health needs than are counselors and psychologists. These data are shown in Table 5.5. In addition, 38.2% (78 of 204) friends and families of LGBTQ individuals report that they have observed problem behaviors such as alcohol or drug use among the LGBTQ individuals in their lives.

5.4 Resources Available in Health Settings

Overall, 91.5% of L/G/B individuals and 72.5% of trans or gender non-conforming individuals report that they know a place to get health care. A question that was of acute interest to stakeholders in designing the LLCA Needs Assessment was whether LGBTQ individuals would prefer to use health care settings that specialized in LGBTQ health issues, or whether they would prefer to use other providers, if they felt comfortable in those settings. As shown in Table 5.6, most prefer the latter, although one third of the trans-identified respondents preferred a specialized setting.

Medical care settings believe they are most able to help LGBTQ individuals with mental health issues, high risk behaviors and concerns about disclosing their gender identity or sexual orientation. They are least able to help with issues of homelessness, violence or bullying, and social isolation. 25% of respondents do not know how to access health services for gender transition. The responses of physicians and nurses to questions about resource availability are shown in Table 5.7.

In addition to these professional responses, 29.4% (71 of 239) friends and families of LGBTQ individuals believe they can help these people find health services, and 24.3% (58 of 239) believe they can help them with problem behaviors such as alcohol or drug use. 85.3% (182 out of 215) indicated that it would be very important or important for them to learn how to help with health issues faced by their LGBTQ friends and family members.

In interviews, some physicians expressed concern about potential hostility that LGBTQ patients might encounter in the reception areas in their offices or clinics. They noted the importance of training receptionists and other office staff in expressing respect and friendliness towards LGBTQ patients. Others expressed concern about publicly indicating that their practice is LGBTQ friendly, although they considered themselves to be open and accepting. They thought other patients might object, for example, to being asked about their gender identity and sexual orientation on intake forms, and might leave for another practice. Another concern that was expressed in interviews was the time that might be involved in addressing complex issues of sexuality or gender identity in a medical encounter, and the fact that such effort would not be reimbursable by insurance. Tables 5.8 and 5.9 show physicians' and nurses' concerns about meeting the needs of LGBTQ patients. Lack of training and knowledge is the most common concern, followed by uncertainty about how to communicate that their practice is LGBTQ friendly. More than half of responding professionals indicated that other professionals in their practices were uncomfortable caring for LGBTQ patients.

The need for training in LGBTQ issues was the most frequent challenge expressed by physician and nurse survey respondents, with general health care needs, the health care needs of transitioning trans-identified individuals, and facilitating family acceptance being identified most frequently as topics for training. These data are shown in Table 5.10.

The need for training was identified by non-professionals as well. One respondent to the Family and Friends survey wrote in response to an open-ended question about concerns: "I am concerned about the lack of respect afforded to LGBTQ when accessing health care. The professionals that should know better and do better, who should set the example, often are not better than a teenager, when speaking with other healthcare professionals."

5.5 Summary of Medical Care Issues

Less than half of individuals with recent medical encounters were out about their sexual orientation or gender identity in these encounters, primarily because they did not feel comfortable or feel that they would be accepted. Among those who were out, the sense of support and respect in the encounter was high. Respondents who used care identified relatively few negative experiences in the encounter, but trans-identified individuals had more negative experiences, including those with care providers who did not know the answers to their questions and did not use their preferred pronouns. The portion of respondents who delayed care, often because they did not know a place that they would be comfortable or did not think they would have their concerns addressed was relatively high, particularly for trans-identified individuals.

Health care providers responding to the survey were aware that they needed training in areas of LGBTQ health. It was not clear to them how to show that their practices are LGBTQ friendly, or how to raise issues of sexual orientation or gender identity that might be relevant to the health care encounter.

6. Mental Health Care Issues Faced by LGBTQ Individuals

6.1. Summary of the Literature

LGBTQ individuals are at a much higher risk for a wide range of psychological disorders than their heterosexual counterparts, ranging from generalized anxiety disorder to major depressive disorder. Studies have found higher rates of depression, anxiety and suicidal measures from actual self-reports of attempts, medically documented attempts and suicidal proneness behaviors (Morgan 2004; Langhinrichsen-Rohling et al. 2011) . Research is also reinforcing how detrimental and damaging the impact of negative experiences during the process of coming out, and a more general feeling of "non-acceptance," can be. In many cases, the sexual orientation aspect of one's overall identity can be magnified beyond its usual "single component among many" role in the formation of one's overall identity, and instead become a major life event. The effect of trauma in formation of identity can linger long after post pubescence and well into adulthood.

A serious problem in the provision of mental health care to the LGBTQ community is a residual level of misinformation about gender identity and sexual orientation among mental health providers. They lack up to date information and resources, have not received LGBTQ-specific issue training, and show other deficits in skills in LGBTQ-specific interventions. There is currently broad agreement in the professional mental health community that "conversion therapy" or other attempts to alter sexual orientation or identity are inappropriate and liable to cause actual harm (SAMHSA 2015). There is also broad agreement that more training on the specific issues of LGBTQ clients and a better understanding of the situationally specific and uniquely inherent effects of the coming out process and the impact it has on one's overall psychological development, is needed (Murphy 2015).

At the same time, studies suggest that internalized negative self-stereotyping is a barrier for LGBTQ individuals seeking mental health treatment. LGBTQ individuals often hold pessimistic views and expectations for receiving adequate mental health care. Such attitudes can discourage individuals both from accessing care and from participating openly and with complete disclosure in mental health settings. Naturally, this limits the effectiveness of mental health treatment. Recent research has shown that aversion or distrust of the mental health field and the treatment experience itself may exist, independent of the mental health field's actual level of growth towards more positive life and orientation-affirming treatment of gay issues. This distrust stems from residual self-stereotyping among members of the gay community itself. A study in the Journal of Social and Clinical Psychology in 2011 showed that levels of residual self-stereo-typing from the days when conversion theory dominated LGBTQ mental health treatment still exists (Boysen, Fisher and l Delesus 2011). Many participants reported that being a member of the LGBTQ community itself makes them feel undeserving of successful treatment, and deserving of impaired psychological functioning, or that such impairment is to be accepted as an unalterable part of living life as an out member of the LGBTQ community. Consequently, in mental health, it appears that there are blockades on both side of the treatment interaction: a lack of adequate training and information among mental health clinicians and a belief on the part of the LGBTQ community that mental health care providers cannot be trusted to deliver effective care. Both professional training geared to this population and outreach activities that can successfully overcome the resistance of LGBTQ individuals towards seeking mental health treatment are important.

- LLCA Needs Assessment volunteer Allen Morgan, MS

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6.2. Individuals' Reports of Experience with Mental Health Issues and Mental Health Care

Many individuals interviewed for the LLCA Needs Assessment identified mental health care as a unique need for LGBTQ individuals. Although some believed that the needs of LGBTQ clients were similar to those of other clients – the need to be heard and understood – others identified patterns unique to these individuals. These include high rates of suicidal ideation and attempts, depression, family conflict and lack of family support. In addition, many described having negative experiences with mental health care. One peer group facilitator commented "I have a youth that is extremely anxious, and has anxiety and depression issues that need to be helped, and they've been so traumatized by previous counselors and groups who claim to be affirming that they won't receive counseling. So this person is just desperately seeking support."

In the LGBTQ survey, 72% of L/G/B respondents and 94% of trans-identified respondents reported that they had had significant mental health symptoms in the previous two years. About half of each group with these symptoms, and 44% -55% of all respondents, had sought mental health care. There was no difference in the proportion seeking health care between African American and other respondent, or between rural and other respondents, but younger respondents were more likely to have sought care than those older than age 23. These data are shown in Tables 6.1 and 6.2.

A high portion of respondents were out with their sexual orientation and gender identity in the mental health encounter, and more frequently out to the therapist than to the office staff. Ratings of feeling supported and respected in the setting were high. L/G/B respondents reported relatively few negative experiences in the setting, but about 33% of trans-identified individuals reported being criticized by others for seeking mental health care, about 40% reported that therapists did not know the answers to their questions, and 25% reported that they did not receive the treatment that they wanted. These data are shown in Table 6.5.

Nearly 50% of all L/G/B survey respondents and nearly 80% of all trans-identified respondents reported ever delaying seeking mental health care when they wanted it. Affordability was an issue, as was not knowing any place where they felt comfortable, and not trusting mental health providers. These data are shown in Table 6.6. Some respondents elaborated on delaying mental health care in open-ended questions on the LGBTQ survey. One wrote "Fear of stigma that might follow me if someone finds out that I've gone, or if I am diagnosed with

something. Fear of criticism from the counselor/therapist." Another wrote "I waste energy teaching counselors about my identity and how to treat me with respect." A third wrote "I saw a psychologist at age 17, and was put through Conversion Therapy to "treat my Gender non-conformity". This left me with years of guilt and pain that have taken many sessions with a gender therapist to work through. It left me with a lingering concern of mental health professionals, though I have great trust in my current therapist."

6.3 Observers' Reports of Mental Health Issues among Students/Clients

Mental health issues were among those most frequently reported by professionals across work settings, as shown in Table 6.7. However, the variation in the types of problems noted by counselors in different settings suggests that individuals go to different sources of support for different problems. In particular, the school counselors responding to the Professional survey noted fewer issues overall than education professionals generally (as shown in Table 3.3).

In responses to open-ended questions, one service professional remarked that clients may experience stigma and prejudice which leads to depression and from depression to destructive behaviors such as unwillingness to take prescribed medications. Another noted that it is difficult to counsel individuals with confusion and disclosure issues, writing "It is tricky work. The client may understandably be questioning and confused, or exhibiting behaviors which do not match their stated feelings or beliefs. But if they are challenged or gently confronted about this incongruence, for the purpose of helping them clarify their real beliefs and feelings, then there is a risk that they will feel they are not being accepted as they are. Very delicate process."

Among friends and families, 21.3% report that that the LGBTQ individuals they know are not sure of their gender identity, 29.4% report that they are not sure of their sexual orientation, and 55.3% report that they are not sure how to tell others about their gender identity or sexual orientation. In addition, 43.1% report that they are isolated from their peers, 33.5% report that they do not know where to go for help, 50.2% report that they have experienced depression or suicidal thoughts and 29.6% report that they have problem behaviors such as alcohol or drug use.

6.4 Resources Available for Mental Health Care

In the LGBTQ survey, 71.0% of L/G/B and 63.6% of trans-identified individuals reported that they knew where to go for mental health care. There was considerable interest among stakeholders designing the LLCA Needs Assessment as to whether LGBTQ clients would prefer specialized LGBTQ mental health services, or prefer more general services known to be LGBTQ friendly. Half of trans-identified individuals and one third of L/G/B individuals preferred specialized mental health settings, as shown in Table 6.8

Mental health professionals varied across settings in their ability to meet specific needs of LGBTQ clients, but overall there were the least resources available for clients who were homeless and health services for trans-identified individuals. Those in mental health settings were most confident about their ability to meet needs other than those, but relatively few had the ability to provide healthy role models or reduction in bullying. Relatively

few of the counselors placed in social service agencies felt they could address healthy role models, peer social activities, support for families of LGBTQ individuals or reduction in bullying. These data are shown in Table 6.9.

Limited training in LGBTQ issues was the most frequent challenge reported by mental health care providers across settings, and relatively few had physical signs of acceptance or intake forms that recognized diversity of sexual orientation, gender identity or family forms. Concerns related to communicating that the setting is LGBTQ-friendly was common across settings, but loss of donor support and the likelihood that non-LGBTQ clients were go elsewhere were expressed more in religious settings than in other places. Professionals across all settings were mostly interested in the same topics related to LGBTQ care, with two exceptions: those in pastoral settings were more interested in learning about alternative theological interpretations of LGBTQ acceptance than other professionals, and those in school settings were less interested in violence intervention. These data are shown in Tables 6.9-6.12.

In sum, professionals across a variety of settings have the opportunity to counsel LGBTQ individuals. They perceive different sets of issues, have different resources and face different challenges. Professionals in mental health settings were more prepared to deal with psychological issues, but less able to help with social isolation, role modeling and family connection. Pastoral settings can help more with these social issues, but face more opposition from donors, leaders and other congregants about raising LGBTQ issues.

6.5 Summary, Mental Health Issues

Mental health concerns, including depression, anxiety, suicide, and behaviors such as drug and alcohol use, are common among LGBTQ and transgender identified individuals. About 40% of all respondents to the survey had received some type of mental health care in the previous two years. Many respondents had delayed seeking mental health care, in part because of stigma, but primarily because they had bad previous experiences or did not know places where they felt comfortable and accepted.

Professionals working in mental health settings felt prepared to help with these mental health concerns, but were unsure how to communicate that their settings are LGBTQ-friendly. Counseling professionals in other settings had less internal resources for specific mental health concerns, but were able to be of more help with issues such as providing role models and social connections. Pastoral settings in particular faced internal challenges in responding to LGBTQ issues.

7. Public Spaces

7.1 Workplace Issues for LGBTQ Individuals
7.1.1. Summary of the Literature

Alabama has no legal statute supporting LGBTQ citizens in finding and maintaining employment in the face of discrimination (Hunt, 2012, and see the Appendix to this report). This leaves LGBTQ Alabamians vulnerable to harassment, violence, and discrimination in their workspaces. According to the 2014 Center for American Progress national report on LGBT-related employment discrimination, LGBTQ-identified citizens may face discrimination within three categories: "bias and discrimination in recruitment, on the job inequality, and wage gaps and penalties" (Center for American Progress, 2014). This report noted the difficulties associated with LGBTQ citizens finding and securing employment, receiving appropriate wages for their work, and assured benefits, including insurance and Social Security benefits.

> LGBTQ-identified citizens may face discrimination within three categories: "bias and discrimination in recruitment, on the job inequality, and wage gaps and penalties"

In addition to these hiring and retention differentials, LGBTQ employees frequently report that their workplaces are uncomfortable. About one-half to two-thirds of L/G/B individuals are out at work (Center for American Progress, 2014). Anti-gay jokes, slurs and verbal harassment are common in workplace settings, with 58% of respondents in one survey reporting that they heard derogatory comments (Human Rights Campaign Foundation, 2009). A summary of recent studies found that between 7% and 41% of L/G/B employees had experienced direct verbal or physical harassment (Badgett et al., 2007). Another study found that 78% of transgender identified employees experienced some type of mistreatment at work (Grant et al., 2011). In a 2010 online survey conducted by the Alabama chapter of the Human Rights Campaign, 24% of respondents reported experiencing employment discrimination and 38% reported harassment in their work environment specifically (Human Rights Campaign Alabama, 2010).

- - LLCA Needs Assessment intern, Jasmine Crenshaw

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7.1.2 Individuals' Reports of Experiences in the Workplace

Among respondents to the LLCA Needs Assessment LGBTQ survey, 60% reported that they spent most of their weekdays at work, and an additional 10% were both employed and in school. In general, individuals interviewed for the Needs Assessment expressed the desire to feel accepted in all settings, including the workplace. Several expressed concern that adults, particularly those working in the education area, fear losing their jobs if they are out with their gender identity or sexual orientation, and that this limited the exposure of LGBTQ students to healthy adult role models.

Several of those interviewed related episodes during which they were surprised to find how much support they had as LGBTQ individuals from their colleagues at work. One person interviewed for this needs assessment recounted "I felt like nobody at work knew, and I felt like I was going toward a train. That I had to get out of this job, because, I thought, if they knew then I would lose my job. I did leave that job, but what happened, the people that I was close to, I ended up sharing the news with them. They shared it with other people, and actually it turns out that I wasn't giving people enough credit. There were some people that were as ugly as I feared, but there were way more people than them, and I just didn't give them enough credit. But sometimes they will be nice because they know you, but still speak in generalities."

L/G/B individuals are more likely to be out at work than trans-identified individuals, and also reported feeling more supported, included and respected at work than trans-identified individuals. Among both groups, those who were out with sexual orientation or gender identity at work reported feeling more supported, included and respected than those who were not out. Among L/G/B respondents, those who were out in the workplace had more negative but also more positive experiences than those who were not out. Among trans-identified individuals, those who were out had fewer negative and more positive experiences than those who were not out. Trans-identified individuals, both those who were out and not out, had more negative but also more positive experiences at work than L/G/B individuals. Both groups reported worrying that they would be fired because they were LGBTQ. One quarter of trans-identified out individuals reported having been fired for being LGBTQ, but reports of being fired were much lower for the other respondents. These data are shown in Tables 7.1-7.4.

The most common negative experience that occurred at work was hearing derogatory comments about LGBTQ people in general. About half of individuals who were out at work reported that other workers or supervisors had stuck up for them, and about half of out trans-identified individuals and two thirds of out L/G/B individuals reported that they could relax and be themselves at work. As with the respondents in the education setting, it is clear that individuals who are out at work feel more accepted in their workplaces and have more positive experiences.   It is not clear whether they are out because the workplace feels accepting, or whether the workplace is more accepting because they are out.

7.1.3 Resources Available in Workplace Settings

About half of L/G/B individuals have worked in workplaces with supportive leadership, anti-discrimination policies and same sex partner health benefits. Fewer trans-identified individuals reported supportive resources in their work settings. Physical signals of support for LGBTQ issues were the resource that was least likely to be experienced by survey respondents. These data are shown in Table 7.5.

7.2 Places of Worship
7.2.1 Summary of the Literature

Many religious organizations have a history of opposition to LGBTQ individuals and to the gay rights movement in general. Gays and lesbians have been excommunicated from churches and other religious settings. Being gay has been considered to be a sinful choice, one that requires repentance and can be overcome with different types of reparative therapy. Nationally, the 2013 Pew Research Center survey of LGBT America found that 29% of respondents had felt unwelcome in a place of worship (Pew Research Center, 2013). In Alabama, a survey of LGBTQ individuals conducted by the Human Rights Campaign found that 21% of respondents had experienced harassment in a place of worship (Human Rights Campaign 2015). Resistance to LGBTQ concerns in Alabama, including opposition to same sex marriage, refusal to include protection against discrimination based on sexual orientation or gender identity in state statutes, and mandates on content included in school sex education programs have been rationalized by the state's political and legal leaders on the basis of religious teachings (Redman, 2006).

Yet, for many lesbian, gay, bisexual, and transgender people, faith and spirituality are critical aspects of their lives. The 2015 HRC Alabama study found that 45% of LGBT respondents overall, and 60% of African American respondents identified as people of faith.   Many religious organizations have taken supportive stands on the issues that affect LGBTQ people in America, such as the fight for freedom from discrimination, the solemnizing of same-sex marriage and the ordination of openly LGBTQ clergy. One LGBTQ activist from Boston, examining the struggle for LGBTQ equality in Alabama, noted with surprise both the breadth of religious affiliation among LGBTQ individuals and the importance of religious institutions in organizing for and supporting equal rights (Redman, 2006).

LGBTQ people often encounter some frustration trying to find a faith community. For LGBTQ people seeking a spiritual home (church, synagogue, temple, or mosque), locating a gay-affirming or LGBTQ-welcoming congregation can prove to be difficult.
    --LLCA Project Director Amy Sedlis, MSW

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7.2.2 Individuals' Reports of Experiences at Places of Worship

As the national and state surveys suggest, individuals interviewed for the LLCA Needs Assessment had mixed experiences in places of worship. Some describe negative experiences with religious settings when they were young as troubling and traumatizing, and some had experiences with mental health counseling in religious settings which was not affirming. On the other hand, some LGBTQ individuals and parents of LGBTQ children described some ministers and churches as being extremely helpful, both in referring them to resources and in creating accepting community environments for their families. One person commented in the open-ended questions on the survey "I was raised in the Episcopal Church, and I felt safer there than with my extended family."

Overall, 36% of respondents to the LLCA LGBTQ survey reported attending a place of worship, and an additional 20% said that they would like to attend In general, survey respondents who attend a place of worship feel supported and included in the setting, although 30% of L/G/B individuals and 40% of trans-identified individuals were not out in the setting. About half report overtly affirming experiences. Fewer than a quarter of attending L/G/B respondents reported negative experiences, but almost half of trans-identified individuals felt that people in the setting were critical of their identity. One person commented in the open-ended question on religion, "I had a situation happen at my church where the church members saw me going to the women's restroom as a problem, even though I presented myself as a woman. They're always saying I'm confusing the kids, because they don't understand what it is I'm going through." These data are shown in Tables 7.6-7.9.

The respondents who did not attend a place of worship, but would like to, listed several reasons for not attending, including most frequently not feeling accepted and past bad experiences in religious settings. One person responded in the open-ended question on experiences in religious settings "My family and I were asked to leave the church at which we were members for 30 years because of my sexual orientation, but we have found a church home where we can each grow in our faith, our relationships with others, and as individuals."

7.2.3 Resources Available in Religious Settings

The LLCA Needs Assessment professional survey included 12 respondents from religious settings, with all but one identifying as a minister or religious leader. They were most confident in their ability to provide social connections and role models for LGBTQ individuals, and least confident in their ability to help with health services and high risk behaviors. Two types of concerns were expressed by religious professionals: not know-ing how to communicate that their settings are friendly, and concern about opposition from donors and other members. Respondents indicated that all suggested topics, except health care needs for LGBTQ individuals, would be important for them to know in order to meet the needs of LGBTQ congregants.

In summary, there are many LGBTQ individuals who are not religious and others who have had painful experiences in religious settings. Trans-identified individuals in particular report negative experiences in their current religious settings.   Other LGBTQ individuals are active participants in places of worship and find them supportive. There are religious settings in the Birmingham area that are supportive of LGBTQ members and are interested in finding out how to be more successful in outreach to the community.

7.3 Public Safety
7.3.1 Summary of Literature on Public Safety

Sexual orientation is ranked as the third-highest motivator for hate crimes.   A Human Rights Campaign report on hate crimes and violence against the LGBTQ community highlights how hate crimes are underreported in the United States, and emphasizes how certain law enforcement entities do not properly track or monitor hate crimes against this population (Marzullo and Libman, 2009). In 2006, 54% of LGBT surveyed reported concerns about becoming a victim of a hate crime (Marzullo and Libman, 2009).

Sexual assaults and violence, including homicide, are common for the transgender population but difficult to track because data on transgender identity is not always recorded. One 2013 report on hate violence against LGBTQ and HIV-affected communities reported that 72% of these victims were trans-identified women, and most of these victims were trans-identified women of color. A 2015 report from the Human Rights Campaign and the Trans People of Color coalition commented that, of the 53 known transgender individuals killed between 2013 and 2015, 18, or 34% were killed in the Southeast, more than twice the rate of any other region of the country (Human Rights Campaign and Trans People of Color Coalition, 2015). This report furthers acknowledges the troubling statistics around what causes anti-transgender violence, what leads to its occurrence, and how their deaths are tracked and monitored by different entities. Transgender people, especially people of color, are four times more likely to live in poverty than other groups in large part due to discrimination, and are also more likely to be denied certain services (Human Rights Campaign and Trans People of Color Coalition, 2015).

Research also notes how troubling and dangerous the relationship is between the LGBTQ community and the criminal justice system, including the law enforcement system. A 2015 Williams Institute report suggest many negative outcomes of this strained relationship, including lack of trust that prompts LGBTQ citizens to report less crimes and to be less cooperative with law enforcement if the situation calls for their assistance (Mallory, Hasenbush, and Sears, 2015). Along with trust, this report also notes discriminatory behaviors from law enforcement further complicate their relationship with the LGBTQ community; these discriminatory behaviors include the mis-gendering of transgender people and police mistreatment. This report includes historical reminders of how being LGBTQ-identified at one point in time was criminalized through anti-sodomy laws that were particularly aimed towards the LGBTQ community, including Alabama (Mallory, Hasenbush, and Sears, 2015). Anti-sodomy laws have since been struck down by the United States Supreme Court, but Alabama did not officially remove the restriction until 2014 in the case of Dewayne Williams v. The State of Alabama (Schober, 2014).

Many national surveys provide examples of how law enforcement affects the LGBTQ community (Mallory, Hasenbush, and Sears, 2015). For example, in one survey, LGBTQ people of color and transgender people reported dealing with more police violence than other groups. Another report from the Williams Institute focuses on intimate partner violence among the LGBTQ community and the barriers which members of the community face in seeking assistance (Brown and Herman, 2015). It suggests that many members of the LGBTQ community, including lesbian and bisexual women and transgender people, will face more incidents of intimate

partner violence than others in the US population (Brown and Herman, 2015). The report emphasizes the lack of assurance felt by many in the LGBTQ community in receiving the help needed to overcome intimate partner violence; many incidents of Intimate Partner Violence (IPV) are not handled according to the legal standards in certain states (Brown and Herman, 2015).

---LLCA Needs Assessment intern Jasmine Crenshaw

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7.3.2 Individuals' Reports of Experiences With Public Safety

Two aspects of public safety were highlighted in interviews conducted for the LLCA Needs Assessment. First, there were concerns specifically related to being LGBTQ. As the national literature suggests, there are considerable concerns about domestic or intimate partner violence and sexual abuse that occurs in the home or within families. Homelessness is an issue, particularly for LGBTQ youth. There are hate groups, particularly in rural areas, which target LGBTQ individuals. Also, Birmingham is known as a center for sex trafficking, and this includes heterosexual and homosexual trafficking. One respondent to the LLCA Professional survey observed, "I have seen LGBTQ individuals who have nowhere to go because they have been abandoned by their families. One individual in this situation was placing/answering ads via Craigslist at the library in order to solicit sex for a place to stay, something to eat. When confronted by staff about getting help and offering resources to get food and relocate to a safe place to get an ID, job, start school, clean safe place to sleep, they turned it down. It was very sad. That person is also showing signs of drug use and has admitted to some staff to using drugs."

The other aspect of public safety concerns violence, homelessness and social marginalization that are components of other identities that LGBTQ individuals hold – in particular, those who are African American and those who are impoverished. LGBTQ youth with high risk behaviors such as drug and alcohol use, promiscuity and school truancy are likely to interface with family court and the juvenile justice system. Being LGBTQ in challenging circumstances adds an additional barrier to cope with, in terms of accessing employment and social services. For example, there is no homeless shelter or placement system for LGBTQ individuals, although they are likely to feel vulnerable in shelters devoted to the general population. It is difficult for systems such as Family Court, which deals with young people on an episodic basis, to secure stable home situations and access to support which they need on an on going basis.

Most respondents to the LGBTQ Survey reported that they felt like they could not display affection for friends or partners in public places. A substantial portion did not feel welcome in their neighborhood. Between a quarter and a third of respondents had experienced some form of violence at home, and a third or more had experienced some form of sexual abuse. African American and trans-identified individuals were more likely to have reported these experiences. Rural respondents to the survey were less likely to feel comfortable in their residential public settings. African American and trans-identified individuals were more likely to report experiences with homelessness, violence in public places, experience trading sex for other goods ("survival sex"), and experience with the criminal justice system. These data are shown in Tables 7.13 and 7.14.

7.3.3 Observers' Reports of Public Space Issues Among LGBTQ Individuals

Among respondents to the Family and Friends survey, 21% reported that the LGBTQ people in their lives had been forced to leave their family homes, 53.5% reported that these individuals had experienced violence or bullying in public settings, and 30% reported these people were afraid of being fired from work because they are LGBTQ. One respondent to this survey wrote in response to an open-ended question. "Not concerned about the safety of women, but very concerned about the safety of men who come out in the African American community. Also very concerned about personal safety when befriending someone who is gay. He got kicked. Now he keeps his distance because of that fear (of endangering me)."

Among respondents to the Professional survey, almost half of the legal sector and community service sector respondents had observed LGBTQ individuals with experiences of violence at home. Education, religious and health professionals were less likely to have observed this. Similarly, relatively few education professionals reported noticing individuals with the experience of having been forced to leave their family home. About half of legal sector professionals and those working in multiple settings reported noticing experiences of violence in public settings among LGBTQ clients; others reported this relatively infrequently. This suggests that domestic and public violence towards LGBTQ individuals is a relatively hidden problem among professionals, but is known to families and friends.

7.4 Summary – Public Spaces Issues

Many individuals interviewed and responding to the surveys in the Needs Assessment reported negative, but also positive experiences in the workplace and in religious settings. In general, those who were out in the settings had more positive experiences. Trans-identified individuals consistently had more negative experiences in the workplace and in places of worship than L/G/B individuals.

Most respondents to the LGBTQ Survey reported a reluctance to display affection toward partners in public, and rural residents were more likely to feel that their neighborhoods were not friendly. Violence of some type was reported by about one third of respondents; sexual abuse or rape was the most common type of violence reported. African American and trans-identified individuals were most likely to have experienced public violence, homelessness, involvement in "survival sex" and experience with the criminal justice system.

8. Aging Issues

8.1 Summary of the Literature on Aging

In many ways, the issues facing LGBTQ elders are similar to those facing all aging individuals. However, being LGBTQ adds a layer of complexity to these issues. For LGBTQ elders in the workplace, there are not currently any workplace nondiscrimination policies federally or within states for their population specifically, although the Age Discrimination in Employment Act (ADEA) might still protect their rights as workers (Lambda Legal, 2013).

Many LGBTQ elders, especially those over the age of 65, are concerned with being financially stable once they reach retirement age. A SAGE (Services and Advocacy for GLBT Elders) survey report on the needs of LGBTQ elders between 45 and 75 years old stated that LGBTQ elders are more likely to rely on government assistance such as Social Security when planning for their retirement years (SAGE, 2014). The study found that 13% of elders younger than sixty years old believed that they will need to work beyond 65 to accumulate enough money for retirement, while 33% believe that they will retire at age 65 with enough money for retirement (SAGE, 2014). A survey conducted by the AIDS Community Research Initiative of America concluded that one-fourth of the survey participants were enrolled in Medicaid and the Supplemental Nutrition Assistance Program (SNAP) program (Brennan-Ing, 2011). Although Social Security is the primary program used by LGBTQ elders, LGBTQ elders face the problem of not being eligible for the program and/or receiving smaller payments within the program than their heterosexual counterparts (SAGE, 2014; SAGE and Movement Advancement Project, 2010).

> Due to discrimination against their sexual orientation and gender identity, LGBTQ elders are at risk of being denied certain services, including medical and housing.

LGBTQ elders have fewer interactions with their biological families, and more have families of their own construction as social support systems (Brennan-Ing, 2011). About one in three LGBTQ older people lives alone, and many have small social networks (SAGE, 2014; SAGE and Movement Advancement Project, 2010). Although the SAGE report emphasizes the lack of difference in activities between LGBTQ and non-LGBTQ retirees, LGBTQ elders are more likely to be and to see themselves as mentors to younger members of the LGBTQ community (SAGE, 2014). Also a large portion of LGBTQ elders find refuge in their faith communities as a form of social support; this differs by race and gender identity: African American LGBTQ elders are more likely to consider church as a part of the social network than any other group, and transgender elders also consider this more than cisgender elders (SAGE, 2014). A significant percentage of LGBTQ elders (38%) noted that they relied on their faith and religious communities for support (Brennan-Ing, 2011).

Due to discrimination against their sexual orientation and gender identity, LGBTQ elders are at risk of being denied certain services, including medical and housing (SAGE and Movement Advancement Project, 2010; National Center on Elder Abuse, 2006). Many reported in the SAGE survey that they did not share their identity with their primary care providers in fears of being denied care or not being given the full spectrum of care (SAGE, 2014). For example, two-thirds of transgender elders believe they will face increased limited medical care as they age (SAGE, 2014). In the report from the AIDS Community Research Initiative of America about LGBTQ elders living in Chicago, many programs used by LGBTQ elders include nutritional programs, legal services, and mental health services; the lack of knowledge about senior services and the cost of services hinders the population from fully utilizing programs (Brennan-Ing, 2011).

-- LLCA Needs Assessment intern Jasmine Crenshaw-

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8.2 Individuals' Reports of Experiences with Aging

In interviews and focus groups, older LGBTQ individuals commented that the LGBTQ community in general is very youth-oriented, especially for men. They felt issues around aging are not broadly discussed. They noted that in general they have kept their affairs private, but privacy is sometimes lost in advanced age. They have created lifestyles that revolve around being very active and creating their own linkages and communities, so they are not sure how this will change when their mobility becomes more limited. Many do not have extensive families to depend upon for support, and some do not have partners and are unsure how to meet new partners at an older age. One interviewee commented, "How would you meet potential partners? I don't want to stay single, but I am not going to go out with all the crazies. Not all lesbians my age are out, so they won't come to gay-oriented events." A survey respondent commented, "Safe place to meet other LGBT people that is not a bar or club. As an older male (57) I do not drink or use drugs and feel rejected in bars and clubs for being 'older'". There was widespread concern about becoming socially isolated as they age.

Specific concerns expressed included legal complexities related to ensuring that their partners can have access to their estates, and health care concerns such as revealing their identity and sexual orientation to physicians, as well as ensuring that partners are treated as family in medical settings. Several individuals were concerned about identifying long term care situations such as nursing homes where they would feel accepted and comfortable. "I don't want to be in an all-gay institution, but I want to be in an affirming one. I want to be able to be me."

Finally, a few people expressed the view that they had been fighting stigma and participating as part of a community for a long time and are ready to stop and be able to relax. At the same time, they noted that there are likely to be many aging LGBTQ individuals who have never come out publicly.

Respondents to the LGBTQ Survey included 114 individuals who were age 55 or older, 104 who identified as White and ten who identified as African American. Of these 114 respondents, 57% were still working, and 40% were not working; the remaining 3% reported that they were in school. Five respondents were trans-identified, 67 identified as being gay, 36 identified as lesbian, three identified as bisexual and eight identified as straight, same gender loving or asexual.

A dominant concern for survey respondents was whether caregivers and residents in nursing homes would be LGBTQ-friendly and whether they could find accepting home health care providers. Legal complexities with estates and the ability of partners to visit in the hospital were also concerns. Social isolation issues were a concern for about a quarter of the respondents. These data are shown in Table 8.1. One respondent wrote in response to an open-ended question, "It can be devastating especially if you have no close family. It can be very scary and lonely. We are not great at helping out our own." Another wrote, "My concerns about the above issues were much greater when I was younger and homophobia was greater. Also, my friends and family have gained more sophistication and are more empowered, therefore more able to protect me." Other respondents wrote that the legalization of same sex marriage has improved the situation of aging for them.
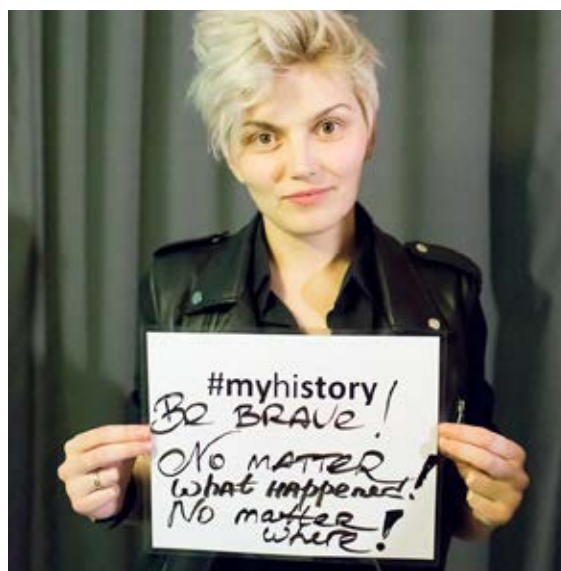
9. LGBTQ Support Systems

9.1 Gay-Identified Organizations

The Birmingham area has an active LGBTQ community with a long history of advocacy on LGBTQ issues. The community mounted and has maintained a strong response to the HIV/AIDS epidemic. Some individuals interviewed for the LLCA Needs Assessment noted that as the community has matured, many spin-off LGBTQ groups have developed and there is less sense of being unified now compared to earlier decades. One interviewee commented, "One of the positive aspects of it is that early on, we all coalesced around the AIDS epidemic and really brought the community together. It brought allies out and it was just wonderful. Out of that, it brought various LGBT types of support groups, and it dissipated a lot of that energy, somewhat, so that now we have many LGBT organizations, advocacy groups and that sort of thing – there are many issues, but we don't work together as a coalition." Another person noted that, as more people get information online, there are more sources of information and this contributes to more dispersion in the community.

Another very common theme in interviews about gay-identified organizations was that they tend not to include African Americans and trans-identified people in dominant roles. It was considered difficult for predominantly White organizations to reach African American family members of LGBTQ individuals, and interviewees questioned whether LGBTQ organizations were willing to work on issues related to racism. One interviewee said, "I think white gay men have completely owned the narrative and made it their own in an effort to expand for LGBTQ people all the possibilities. It's like this giant cultural thing, that white gay men hold the banner on what it means to be gay, and anyone who doesn't fit in, they can't relate. As a white queer person, I'm not sure where I fit, should I be making room for others? I don't think my narrative should be held above people of color, and it's a hard place to be. I think the white community needs more grappling with it, and I try to do a lot of anti-racist work. It's a narrative that needs to be addressed, and it's hard to do. They don't expect to be challenged about racism." Another said, "White LGBTQ organizations need to go to events sponsored by people of color, instead of just expecting them to go to theirs."

Some interviewees felt that local LGBTQ organizations were often service oriented, while gay-identified social activities revolved around bars and other locations and events that do not appeal to everyone. One person noted that "more progressive cities like Atlanta have a bunch of different places to go." On the other hand, the rural counties in the Birmingham area are extremely limited in the number of social settings and organizations that are explicitly LGBTQ oriented.

Most LGBTQ survey respondents reported positive experiences with the LGBTQ community and LGBTQ organizations. The biggest difficulty reported overall was in finding other LGBTQ individuals in the area; this was most difficult for younger people, trans-identified people and those living in rural areas. These same three groups found it difficult to get to places where LGBTQ people gather. In addition, half of African American respondents

and 41% of trans-identified respondents felt that the LGBTQ community was not inclusive. Most respondents reported that they preferred to be in mixed settings, rather than exclusively LGBTQ settings. This data is shown in Table 9.1. Table 9.2. shows the responses of individuals who reported not feeling included, supported or accepted in the LGBTQ community to a question about the reasons for their feelings. Overall, trans-identified individuals and African American respondents were most likely to feel alienated, that is, not supported, included or respected, by the LGBTQ community. Across all groups, feeling less wealthy and living in a different neighborhood than the rest of the community were cited as reasons for feeling alienated from most of the LGBTQ community. For trans-identified individuals, feeling different in gender identity and sexual orientation were also factors; African American respondents felt alienated because their racial identity was different, and those under age 24 felt less included in the LGBTQ community because they are younger.

Many respondents added comments in an open-ended question on relationships with the LGBTQ community. Like the individuals interviewed, many commented on a lack of diversity in organizations. For example, one person wrote "I love the Birmingham LGBTQ community with all of my heart! It's the only place I've ever really felt like I had a family. However, I feel like a lot of it is very white-washed and not welcoming to queer people of color and that bothers me tremendously. I really would like to see the community become more intersectional." Another wrote, "In my experience with the LGBT community they are cliques. It's truly all about money. Most of the events in the area are expensive. I understand that a lot of times it is for charity but there are plenty of poor or low income LGBT people who can't afford this (myself included.) This tends to put a damper on things. "

There were also comments about difficulties breaking into the community if one is new, and ways to socialize that do not involve bars, alcohol and sexuality-related activities. The tension between the need for multiple groups to reflect the diversity of the community and the desire to pull together was also evident in these comments. Bisexual, pansexual and trans-identified individuals commented that they felt excluded. One respondent wrote, "In my experience, I have generally only encountered upper-middle class, white, middle-aged adults in monogamous long-term relationships. In Central Alabama, I have not encountered many people in the queer community who are poly, my age, or out as being attracted to more than one gender. This makes me hesitant to join in LGBTQ activities because I have experienced biphobia in the queer community before. If I knew more people who identified like me, then I would feel more included in the community here." Other individual comments were made by people who felt alienated because they were politically conservative, overweight, or religious, and their perception was that the rest of the LGBTQ community was not like them.

In sum, the LGBTQ community is viewed positively by most respondents. However, there is a desire to see more diversity in racial composition, gender identity, sexual orientation and social class (income). Many respondents prefer socializing in mixed rather than exclusively LGBTQ groups. More availability across the geographic area would also be welcome.

9.2 Allies

Living LGBTQ in Central Alabama means interacting with family, friends, teachers, work colleagues and organizations that serve the general community. Many individuals interviewed for the LLCA Needs Assessment spoke of their hopes that LGBTQ issues would become mainstream concerns for general service organizations. They imagined having signs of physical acceptance everywhere, having LGBTQ history taught in schools, and having many more open public discussions about homophobia and related issues.

Additionally, many interviewees and survey respondents mentioned their surprise and pleasure when encountering support from straight neighbors and colleagues. For example, one interviewee recounted, "We had a little issue at our church. We are sort of known as the renegades. We are [church name], and traditionally a pretty conservative church, and there was an issue where our Sunday School class put flowers out on the altar in honor of our wedding, and some wanted to change the inscription to say – in honor of [names]. A lot of people got upset about it, and we were upset about it. There were some whispers and some meetings and it all resulted in our meeting with the senior pastor

> **One component of the LLCA Family and Friends survey assessed the barriers that potential allies of LGBTQ individuals might encounter that would make it difficult for them to express their support**

and kind of ironing things out. We have since learned that a lot more people at this church are more open and supportive than we ever thought, so it turns out to be a really good thing. We are both getting to be more involved and more visible because we want people to know we are out, we are proud, and we are married. We are part of the church and the community. We are giving back to the community."

One component of the LLCA Family and Friends survey assessed the barriers that potential allies of LGBTQ individuals might encounter that would make it difficult for them to express their support. About one third of respondents to the Friends and Family survey knew LGBTQ individuals who were isolated from helpful and supportive people other than themselves. About 20% of respondents did not know or were not sure if they themselves had anyone else to talk to about their experiences as a friend or family member of an LGBTQ individual. Table 9.3. shows that, in survey responses, the biggest concerns about LGBTQ family and friends were whether they are safe and whether they are happy. Although they don't know who else knows that their friend or family member is LGBTQ, and some worry about whether they will unintentionally offend the person, few survey respondents felt concerned about what others would think of them if they demonstrated public support for LGBTQ individuals. Several respondents added comments in open-ended questions. Many stated that they were happy and not afraid to support LGBTQ individuals. One respondent wrote, "I worry that my friends worry that my supporting them will cause me to be ridiculed by others. I do not care if I am ridiculed for supporting them or the rest of the LGBTQ+ community, but they do." Another wrote, " I hope I am/we are able to show and say that LGBTQ doesn't matter to us, they are loved and cared about in our family and circle of friends, and valued - but I don't know how to also say relationships strain in BOTH WAYS; and I want them to understand that the wider friends who give them grief are also still our friends, we strive not to create conflict for either."

Others did express some concerns, both about being able to be helpful and about experiencing opposition from others. One respondent wrote "I'm sure there are some services out there to help, but I feel like the services in our area are also in the closet, and I don't know where to turn to for the help I feel my family needs sometimes. When it comes to my child, I am afraid of backlash in the community if I advocate on his behalf, against our family and him." Another wrote, "I am retired, but when I was working, I WAS afraid of letting others know that my son was gay. I felt very badly about this (felt ashamed), but I felt that I didn't want them talking about me behind my back. " A few people commented that the LGBTQ people in their lives lived in other parts of the country and are not interested in living in Alabama because it is perceived to be less accepting.

Addressing ways that allies could learn to be more helpful, one respondent wrote, "I think friends of LGBT or Q people often remain silent when others make derogatory remarks about being gay, etc. It's the same issue with racism, etc. People need to counter such remarks with a positive opinion--need more information on appropriate comments, such as 'all of my gay friends are wonderful people; I prefer that you not make derogatory remarks about gays in my presence;' 'I imagine you associate with people whose sexual preference you do not know.' etc. The golden rule applies here!! " Table 9.4 shows the priorities for education that friends and family members report. The two areas of most interest were how to respond to mental health crises and how to intervene in the face of bullying and violence. About half of the respondents were also interested in learning how to reach out to the families of LGBTQ individuals.

9.3 Competency Training for Professionals

Several community activists interviewed for the LLCA Needs Assessment expressed an interest in offering competency training in LGBTQ issues for professionals. Competency was an important issue for medical and mental health professionals where it is a growing expectation in many workplaces. Competency training was considered an effective model for improving the environment for LGBTQ students in schools. Competency training can be framed as not attempting to change peoples' beliefs about being gay, but simply reinforcing expected behavior in the work setting, for example, by reminding them that "all teachers care about kids" and "all medical professionals want to provide good care".

Those involved in the training noted that it is sometimes a struggle and takes a while for individuals to work through their concerns and come to terms with being accepting and affirming in their professional settings. There are also limitations to training. In many settings, professionals are over burdened with training expectations, or are too busy with their obligations to participate in training. Also training needs to be realistic and concrete, geared to the everyday activities of participants and provocative enough to cause participants to reflect on their own homophobia.

Interviewees had mixed opinions about whether competency training should be mandatory or voluntary. One interviewee commented, "If you make it voluntary, the choir shows up, and if you make it mandatory, there is resentment, and I'm not listening anyway. Many are LGBT competent, but some are in a different place on the

journey. A workplace should create a culture of – this is who we are, this is who we serve, this is what we expect, and anything less than that is not OK. If you can't do that, maybe this is not the place for you. If you are not there yet, I can respect that, but how can I help you? If I see someone genuinely engaged in learning, I am less concerned with you being here, if you are open. But not everyone is."

Overall, 150 respondents to the Professional survey answered questions about LGBTQ competency training. Of these, 47 (31%) had this training in their workplace already, 80 (53%) did not, but would like to have this training, and 23 (15%) did not want to have this training. As shown in Table 9.5, the preferred features for training did not reflect the characteristics of current training. Respondents who did not have the training now preferred mandatory training provided by external professionals, while current training is more often voluntary and conducted by in-house staff. In response to an open-ended question, one respondent wrote, "We don't know what we don't know. I believe many of our teachers think 'we got this' when there is much to learn, understand and embrace." Another wrote "While we have had some general conversations about it, I would love to see a more comprehensive training program available so that we could meet the needs of all of our LGBTQ students/coworkers."

The most frequently noted reason for not wanting LGBTQ competency training was that the respondents did not have time for additional training in their setting. Lack of interest and perceived lack of importance were also cited. Only two respondents reported that there was opposition by leadership or discomfort with such training, and only four respondents felt that external sponsors or a board of directors or school board would be opposed. In written comments, some respondents indicated that their workplaces already treated everyone equally and did not need training. Others felt that having staff in management who are LGBTQ provided workplace guidance on these issues, so separate training is not necessary.

Living LGBTQ in Central Alabama PRIORITIES FOR ACTION

Family Matters | Photograph by Carolyn Sherer

BAKER DONELSON
BEARMAN, CALDWELL & BERKOWITZ, PC

WELLS FARGO TOWER
420 20TH STREET NORTH
SUITE 1400
BIRMINGHAM, ALABAMA
35203

PHONE: 205.328.0480
FAX: 205.322.8007

www.bakerdonelson.com

TO: B-Heard of Birmingham

FROM: Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

DATE: September 9, 2015

RE: Legal Research re: what types of services and assistance are available to lesbian, gay, bisexual, transgender, and queer individuals in Alabama

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We have been asked to provide legal research on legal protections available for lesbian, gay, bisexual, transgender, and queer ("LGBTQ") individuals in Alabama. Specifically, we looked at what legal protections against discrimination exist for LGBTQ individuals in Alabama in the following arenas: (1) employment; (2) housing; (3) commercial activities; (4) government and social services; (5) education; and (6) custody and marital issues. As part of this research, we also looked at how Alabama's anti-discrimination legal protections in those arenas compare to other states. The results of our research follow.

Research

Current protections for LGBTQ citizens in Alabama are essentially non-existent. While the Equal Protection Clause of the 14th Amendment of the United States Constitution protects all citizens from unequal protection of the law, no specific federal laws exist that bar discrimination on the basis of sexuality or gender identity in the arenas of employment, housing, or public accommodation; nor do federal laws exist that prohibit such discrimination, despite analogous laws protecting on the basis of race, sex, age, nationality, and disability.[1]

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[1] *See* Title II of the Civil Rights Act of 1964, § 42 U.S.C. 2000(a) (2012); Title III of the Americans with Disabilities Act, 42 U.S.C. § 12181 (2012); The Fair Housing Act, 42 USC §§ 3601-19 (2012); Equal Credit Opportunity Act, 15 U.S.C. §§ 1691-1691f (2012).

1. Employment

Currently, there are no state laws that prohibit employment discrimination based on an individual's LGBTQ status; hence Alabama does not have a state administrative agency that accepts and investigates employment discrimination claims. Instead, the anti-discrimination law in Alabama is generally based on federal statutes.

Though the circumstances seem blight for members and supporters of the LGBTQ community, there is some positive movement on the horizon. Earlier this year, state representative Christopher England, D-Tuscaloosa, introduced a bill that aimed to protect individuals from discrimination in areas such as employment, housing, voting, financial transactions, and accommodations based on sexual orientation or gender identity. The bill was canceled in May 2015, amidst critics claiming that the bill presented constitutional concerns.

On May 27, 2015, a bill sponsored by state representative Mike Ball, R-Huntsville, cleared the House Judiciary Committee. This bill came after the Alabama state senate delayed a vote on a bill (SB 482) prohibiting discrimination in state government employment on the basis of sexual orientation. Rep. Ball's bill was a bit of a compromise and aims to ban discrimination based on any characteristic "mutable or otherwise" that is unrelated to job performance. Critics of the bill are dissatisfied as it does not mention sexual orientation or gender identity. Furthermore, many believe that the bill is so broad that if challenged, the courts will have a difficult time determining what is discriminatory. This bill is currently on hold.

As currently set up, the Alabama Code would not be easy to amend and tack on sexual orientation and gender identity. There is not a broad statute addressing discrimination to amend, such has been done in other states. A new bill, creating a new statute would have to be passed.

2. Housing

Housing discrimination against LGBTQ individuals is still legal in many states. The federal Fair Housing Act prohibits discrimination in the sale or rental of housing on the basis of race, color, national origin, religion, sex, familial status or handicap -- but not sexual orientation and gender identity.[2] The Housing Opportunities Made Equal (HOME) Act would add sexual orientation, gender identity, marital status and source of income to those FHA protected classes, but it has not yet been introduced in the 113th Congress. However, a lesbian, gay, bisexual, or transgender (LGBT) person's experience with sexual orientation or gender identity housing discrimination arguably may still be covered by the Fair Housing Act, depending on the

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[2] http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws/yourrights.

particular circumstances involved, such as an LGBTQ individual with HIV/AIDS, which is protected as a disability.[3]

Moreover, about 22 states and the District of Columbia have enacted legislation with added protections - the majority of which are based on sexual orientation and gender identity, while some states provide protection based on sexual orientation only.[4] Alabama has not enacted any such legislative protections against housing discrimination based on sexual orientation or gender identity.

In 2012, HUD enacted an equal access housing rule, which bars officials at HUD-funded housing units from making decisions based on an applicant's actual or perceived sexual orientation or gender identity.[5] While the HUD equal access rule enacted in 2012 applies only to entities that receive public funds, the HOME Act would prohibit housing discrimination against LGBTQ individuals in all contexts.

A 2013 survey by the Department of Housing and Urban Development is the first-ever study examining housing discrimination against same-sex couples at the national level.[6] HUD found that same-sex couples were "significantly less likely than heterosexual couples to get favorable responses to e-mail inquiries about electronically advertised rental housing." In fact, heterosexual couples were favored over gay male couples in 15.9 percent of the tests, and over lesbian couples in 15.6 percent. Notably, study results in jurisdictions with state-level protections against housing discrimination on the basis of sexual orientation unexpectedly show slightly more adverse treatment of same-sex couples than results in jurisdictions without such protections.

3. Commercial Activities

Perhaps the most recognizable form of discrimination in public accommodations is the recent trend for wedding vendors to refuse to serve LGBTQ individuals. In states with so-called "public accommodation laws," these vendors are probably violating the law. Most states have general public-accommodation laws; however, Alabama is one of only five states that does not have a public-accommodation law.[7]

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[3] http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/ LGBT_Housing_Discrimination.

[4] *Id. See also* http://www.hrc.org/resources/entry/housing-for-LGBT-people-what-you-need-to-know-about-property-ownership-and.

[5] *Id. See also* Federal Register, Vo. 77, No. 23 (Friday, Feb. 3, 2012), Rules and Regulations, pp. 5662 - 5676.

[6] http://www.huduser.org/portal/publications/housingdiscriminationreports.html.

[7] Along with Alabama, Georgia, Mississippi, North Carolina, and Texas do not have public accommodation laws for nondisabled individuals. *See* http://www.ncsl.org/research/civil-and-criminal-justice/state-public-accommodation-laws.aspx.

Specific to LGBTQ individuals, twenty-one states and the District of Columbia have laws on the books that prohibit discrimination based on sexual orientation and eighteen states prohibit discrimination based on gender identity.[8]

Given the total absence of any public-accommodation law in Alabama, LGBTQ citizens in Alabama will have to convince the legislator to adopt such a law. Of the other states' laws surveyed, Delaware appears to have one of the most comprehensive public-accommodation laws, which covers race, sex, gender, identity, ancestry/national origin, religion/creed, marital status, sexual orientation, and age. The Delaware Legislature enacted the legislation, known as the Delaware Equal Accommodations Law, to "prevent, in places of public accommodations, practices of discrimination against any person because of race, age, marital status, creed, color, sex, physical disability, sexual orientation,[9] gender identity[10] or national origin."[11]

If an individual believes that a business has discriminated against him or her, that individual can file a complaint with the State Human Relations Commission, and the Commission will investigate the complaint.[12] From there, three things can happen. First, if the Commission finds that the business discriminated against the individual, it can ask the business to fix its discriminatory practice and enter into a "conciliation" agreement.[13] If the business violates the agreement, the Commission can refer the matter to the Attorney General, which can file a civil action.[14] Second, if the business refuses to enter into such an agreement, then a public

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[8] These states prohibit discrimination based on sexual orientation: California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, Washington, Wisconsin, and the District of Columbia. *See id.* Many of the same states prohibit discrimination based on gender identity: California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Maine, Maryland, Minnesota, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington, and the District of Columbia. *Id.*

[9] The Law defines sexual orientation "exclusively" as "heterosexuality, homosexuality, or bisexuality." 6 Del. Code § 4502(16).

[10] The Law defines gender identity as "a gender-related identity, appearance, expression or behavior of a person, regardless of the person's assigned sex at birth. Gender identity may be demonstrated by consistent and uniform assertion of the gender identity or any other evidence that the gender identity is sincerely held as part of a person's core identity; provided, however, that gender identity shall not be asserted for any improper purpose." 6 Del. Code § 4502(10).

[11] 6 Del. Code § 4501.

[12] *Id.* § 4508.

[13] *Id.*

[14] *Id.*

hearing will be held to determine if the business discriminated.[15] The Commission also has the power to seek injunctive relief to stop discriminatory practices pending final resolution of the complaint under the administrative procedure provided by the Law.[16] The parties can appeal final decisions the resolution to a Delaware Superior Court.[17] Finally, the Attorney General may bring a civil action against a business that it believes is engaging in "a pattern of discriminatory public accommodation practices."[18]

Enacting a law like Delaware's law in Alabama may prove to be an uphill battle. Indeed, much legislation has been introduced in Alabama to permit businesses to refuse to provide services based on religious grounds. For example, legislation, known as the Alabama Child Care Provider Inclusion Act, was recently proposed to prohibit the State from refusing to license a childcare service (which presumably provides a public service) "on the basis that the provider declines to provide a child care service or carry out an activity that conflicts with the religious beliefs of the provider."[19] Further, legislation, known as the Freedom of Religion in Marriage Protection Act, has been proposed that would allow ministers and judges to refuse to perform marriage ceremonies for LGBTQ individuals based on their religious beliefs.[20] And legislation is apparently being drafted for introduction allowing for businesses like florists and bakers to refuse service to LGBTQ individuals.[21]

Even in states with public accommodation laws, businesses may challenge such laws under the First Amendment.[22] For example, in New Mexico, a wedding photographer refused to work a same-sex commitment ceremony, and the photographer argued that the New Mexico public accommodation law violated the photographer's freedom of speech and expression under the First Amendment. However, the New Mexico Supreme Court held that because the photographs were not inherently expressive but commercial, the First Amendment did not

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[15] *Id.*

[16] *Id.*

[17] *Id.* § 4511.

[18] *Id.* § 4512.

[19] Alabama House Bill 296, *available at* http://alisondb.legislature.state.al.us/alison/searchableinstruments/2015rs/bills/HB296.htm.

[20] *See* http://alisondb.legislature.state.al.us/ALISON/SearchableInstruments/2015RS/PrintFiles/HB56-int.pdf.

[21] *See* http://www.al.com/living/index.ssf/2015/03/author_of_anti-gay_marriage_la.html; *see also* http://whnt.com/2015/07/14/same-sex-huntsville-couple-becomes-first-to-adopt-in-north-alabama/.

[22] The First Amendment protects freedom of speech, thought, and expression. U.S. Const. amend. I.

apply.[23]   Should Alabama enact a broad public accommodation law, one can expect challenges under the First Amendment to be asserted against the legislation like the one made in New Mexico.

4. Government and Social Services

LGBTQ individuals will probably seek to use a number of government and social services in their lifetimes, including same-sex couples wishing to adopt a child and transgender individuals seeking to update their   birth certificates with updated gender markers.

Alabama also permits a transsexual individual to request an amended birth certificate after undergoing sex reassignment surgery.[24] To do this, the individual must obtain a court order indicating that his or her sex has been changed by surgical procedure.[25]   This is also the procedure a transsexual individual must follow to change that individual's sex on his or her driver's license.[26]

Alabama does not have any legislation that would permit a transgender individual to amend his or her birth certificate without having obtained sex-change surgery. Notably, the Hawaii legislature just passed a bill that would permit transgender individuals (without having obtained surgery) to change the sex marker on their birth certificates by presenting a medical professional's affidavit.[27] Other states, like Connecticut, allow such birth certificate amendments without surgery.[28]

5. Education

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[23] *Elane Photography, LLC v. Willock*, 2013-NMSC-040, 309 P.3d 53 (N.M. 2013). The United States Supreme Court denied Elane Photography's petition for a writ of certiorari in April 2014. *See*   http://www.scotusblog.com/case-files/cases/elane-photography-llc-v-willock/.

[24] Ala. Code § 22-9A-19(d) ("Upon receipt of a certified copy of an order of a court of competent jurisdiction indicating that the sex of an individual born in this state has been changed by surgical procedure and that the name of the individual has been changed, the certificate of birth of the individual shall be amended as prescribed by rules to reflect the changes.").

[25] *Id.*

[26] *See* http://transequality.org/documents/state/alabama.

[27] *See* House Bill 631, *available at* http://capitol.hawaii.gov/measure_indiv.aspx?billtype=HB&billnumber=631&year=2015.

[28] *See* http://www.advocate.com/politics/transgender/2015/06/30/connecticut-makes-changing-birth-certificates-easier-trans-folks.

To date, Alabama does not have a law that addresses discrimination against students based on sexual orientation and gender identity. Currently under Alabama law, public schools must follow minimum guidelines regarding sex education classes. The focus on these classes is abstinence based, but the law as currently written requires: "[a]n emphasis, in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state."[29] There is pending legislation in the House, introduced by Representative Todd in March, to amend this bill, which would strike the language.[30] Interestingly, in Massachusetts, their education system promotes not only non-discrimination of homosexuals, but education in schools to promote understanding. This has led to lawsuits by families who disagree, but the courts in the 1st Circuit have shut the lawsuits down.[31]

6. **Custody and Marital Issues**

On June 26, 2015, the United States Supreme Court ruled in favor of the freedom to marry in the case *Obergefell v. Hodges*, requiring states to recognize and license same-sex marriage. This decision was quickly implemented by states across the country, including in Alabama. Most counties have begun issuing marriage certificates to same-sex couples. However, eleven counties have chosen to stop issuing marriage licenses altogether, to avoid issuing licenses to same-sex couples following the decision.

Since the *Obergefell* decision, and as of September 4, 2015, the following eleven counties are not issuing marriage licenses to any couples rather than issue licenses to same-sex couples: Autauga, Bibb, Chambers, Choctaw, Clarke, Cleburne, Covington, Geneva, Marengo, Pike and Washington.[32] Officials in some counties that have stopped issuing marriage licenses for all couples have released statements on the matter. For example, the Clarke County Probate Court provided the following statement on its website:

> Marriage Licenses and ceremonies are not available at the Clarke County Probate office. Clarke County residents who are seeking marriage licenses can do so at any Probate Judge's office in the state that offers that service. The law does not require that a marriage license be bought in the county of your residency.

-Clarke County Probate Court (2015).[33]

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[29] Code of Ala. § 16-40A-2 (1992).

[30] 2015 Bill Text AL H.B. 252, 2015 Bill Text AL H.B. 252. (This bill has been introduced three times. *See* HB496 (Regular Session 2013);HB139 (Regular Session 2014).

[31] *See* Parker v. Hurley, 474 F. Supp. 2d 261 (D. Mass. 2007).

[32] *See* http://ballotpedia.org/Local_government_responses_to_Obergefell_v._Hodges#tab=Alabama.

[33] *See* http://clarkecountyal.com/probate/.

According to The Williams Institute's analysis of the 2010 U.S. Census, 6,582 same-sex couples are living in Alabama, representing 3.5 same-sex couples per 1,000 households.[34]

Alabama law does not prohibit an LGBTQ individual from adopting. That said, unlike a number of other states,[35] Alabama traditionally has not permitted second-parent adoption (that is, permitting a same-sex partner to adopt the other partner's children).[36] Recently, a probate court permitted a second-parent adoption in Mobile.[37] However, LGBTQ individuals will still likely face adversity when it comes to adopting. Legislation has been proposed that would permit adoption agencies (including those with state contracts) to refuse to aid same-sex couples in their quest to adopt.[38] On March 17, 2015, this bill was read for the first time and referred to the House of Representatives committee on State Government. On April 23, 2015, the bill was read for the second time and placed on the calendar. But on June 3, 2015, the bill was indefinitely postponed.[39]

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[34] *See* http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_Alabama_v2.pdf. As a point of reference, according to the Alabama Department of Public Health, at least 545 same-sex couples obtained marriage licenses and wed between February 9, 2015, and March 3, 2015. *See* "More than 500 same-sex couples married in Alabama". *Decatur Daily*, Associated Press (April 9, 2015). Prior to the *Obergefell* decision, Alabama federal court orders in two cases took effect on February 9, 2015, when 47 of the state's 67 counties began issuing marriage licenses to same-sex couples that day or shortly thereafter, despite an order from Alabama Supreme Court Chief Judge Roy Moore not to do so. The other counties either issued licenses only to opposite-sex couples or stopped issuing marriage licenses altogether. In both cases, a U.S. District Court held the state's ban on same-sex marriage unconstitutional. The Eleventh Circuit Court of Appeals and the U.S. Supreme Court had declined state officials' requests for a stay. On March 3, 2015, the Alabama Supreme Court, ruling in a different case, ordered the state's probate judges to stop issuing marriage licenses to same-sex couples, and they promptly complied, though a number of them refused to issue any marriage licenses at all.

[35] California, Colorado, Connecticut, Idaho, Illinois, Indiana, Maine, Massachusetts, New Jersey, New York, Oklahoma, Pennsylvania, Vermont, and the District of Columbia have laws on the books that allow same-sex couples to obtain a second parent adoption. *See* http://www.nclrights.org/wp-content/uploads/2013/07/2PA_state_list.pdf.

[36] Notably, case law exists that holds that unmarried same-sex couples cannot use stepparent adoption procedures. *In re Adoption of K.R.S.*, 109 So. 3d 176 (Ala. Civ. App. 2012) (relying on Alabama's recently abrogated Sanctity of Marriage Amendment and refusing to allow a same-sex couple, who had not married in Alabama, from using the stepparent adoption procedures under Alabama law). However, that holding is questionable given the federal district court's ruling that struck down Alabama's Sanctity of Marriage Amendment.

[37] *See* http://www.al.com/news/mobile/index.ssf/2015/07/adoption_finalized_for_mobile.html.

[38] Alabama Senate Bill 261, available at http://alisondb.legislature.state.al.us/ALISON/SearchableInstruments/2015rs/PrintFiles/SB261-int.pdf; *see also* http://whnt.com/2015/03/24/alabama-bill-would-let-adoption-agencies-turn-away-gay-couples/.

[39] https://trackbill.com/bill/AL/2015/HB296/child-care-provider-inclusion-act-established-stat.

DATA CHARTS:

Introduction – Purpose and Methods

Table 2.1. Estimated Proportion of the Birmingham MSA Population that is LGBTQ

	Census – based estimates			Survey-based estimates
	Same sex couples per 1,000 households 1990	Same sex couples per 1,000 households 2010	% change 1990-2010	% identifying as LGBT In 2015 Gallup Poll
San Francisco	6.50	30.25	+365%	6.2%
New Orleans	1.63	10.68	+555%	5.1%
Atlanta	2.46	11.88 (Fulton) 15.15 (DeKalb)	+380% +516%	4.2%
Nashville	1.49	9.22	+865%	3.5%
Birmingham	0.84	8.48	+909%	2.6%

Table 2.2 Census-based Estimates of LGBT population rank in the Birmingham-Hoover MSA

County	Rank in the state	US rank among 1,142 counties with 50+ same-sex couples	Same-sex couples (adjusted)	Same-sex couples per 1,000 households (adjusted)	Same-sex male couples (adjusted)	Same-sex female couples (adjusted)	% Raising "own" children among same-sex couples (adjusted)
Jefferson	1	279	1428	5.42	926	501	19%
Chilton	5	656	63	3.83	31	32	44%
St. Clair	7	730	115	3.65	13	102	12%
Shelby	9	806	256	3.46	81	176	5%
Blount	21	987	63	2.93	0	63	22%
Walker	22	993	77	2.90	4	73	10%
Bibb			4	0.58	0	4	100%

The Williams Institute: State Resource Map, Alabama Census snapshot 2010. Retrieved from http://wiliamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_Alabama_v2.pdf

References
Gates, G.J. (2014) LGB/T Demographics: Comparison Among Population-Based Surveys. Williams Institute, UCLA School of Law
Hasenbush, A., Flores, A.R., Kastanis, A., Sears, B., Gates, G.J. (2014) The LGBT Divide: A Data Portrait of LGBT

People in the Midwestern, Mountain & Southern States. Williams Institute, UCLA School of Law

Table 2.3. Demographic characteristics of LGBTQ survey respondents (N = 842)	n	%
Gender identity		
Transgender	45	5.3
Cisgender	730	86.7
Some other gender identity	57	6.8
Sexual orientation		
Lesbian or gay	603	72.0
Bisexual	100	11.9
Heterosexual	20	2.4
Queer	25	3.0
Same gender loving	5	0.6
Questioning or some other orientation	84	10.0
Race/ethnicity	n	%
Hispanic	5	0.6
African American	80	9.6
Asian	11	1.3
Native American	2	0.2
Multiracial	14	1.7
White	724	86.6
Age		
10 – 14	18	2.2
15 – 17	30	3.6
18 – 19	36	4.3
20 – 24	108	13.0
25 – 29	94	11.3
30 – 34	98	11.8
35 – 44	156	18.8
45 – 54	175	21.1
55 – 64	83	10.0
65 and older	31	3.7

Table 2.4. Location characteristics of LGBTQ survey respondents (N = 842)	n	%
Location of residence		
Urban	439	44.2
Suburban	458	46.1
Rural	82	9.8
County		
Jefferson	577	68.5
Shelby	91	10.8
St. Clair	32	3.8
Blount	15	1.8
Walker	10	1.2
Other county in Alabama	100	11.9
Outside Alabama	17	2.0

References
Gates, G.J. (2011) "How Many People are Lesbian, Gay, Bisexual and Transgender?"
    Los Angeles: Williams Institute, UCLA School of LawPeople in the

Table 2.5. Percent of respondents who report anyone in the setting knows their sexual orientation (of all respondents identifying as lesbian, gay or bisexual)	School	Work	Family growing up	Place of worship	Medical setting	MH setting
N with experience in the setting	117	472	627	239	568	261
% anyone knows orientation	65.8	81.6	64.4	72.8	51.9	86.2
% of respondents age 24 or younger	65.9	72.7	77.5	23.7	25.0	61.2
% of African American or multi-racial respondents	52.9	71.8	76.4	47.4	54.7	82.3
% of rural residents	71.4	81.8	61.8	57.1	53.3	76.7

Table 2.6 Percent of respondents who report anyone in the setting knows their gender Identity (of all respondents identifying as trans, genderqueer, gender non-conforming or gender questioning)

	School	Work	Family growing up	Place of worship	Medical setting	MH setting
N with experience in the setting	16	51	80	19	76	47
% Anyone knows gender identity	48.5	47.1	52.5	57.9	39.5	74.5
% of respondents age 24 or younger	43.5	41.7	61.3	40.0	19.2	56.2
% of respondents identifying as African American or multi-racial	62.5	55.6	84.6	66.7	51.8	93.7
% of rural residents	0	0	33.3	0	0	33.3

Table 2.7 Percent of respondents reporting level of agreement with statements about racial identity (n = 75)

	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
It is hard for Black or Biracial people to come out because being LGBTQ is less accepted In the Black community	64.0	20.0	2.7	5.3
It is hard to find examples of LGBTQ Black or Biracial people whom I respect or see as role models	44.6	20.3	14.9	8.1
There are already so many things to deal with when you are Black or Biracial, that being LGBTQ just makes things harder	60.3	20.6	5.5	2.7
I am strong because of all of the things I deal with being Black or Biracial, so also being LGBTQ does not matter that much	48.6	17.6	16.2	8.1
The mainstream LGBTQ community does not reflect the needs of Black or Biracial LGBTQ people	44.6	24.3	9.5	1.3
I am often asked to represent all Black or Biracial people in mostly White LGBTQ settings	32.4	10.8	21.6	16.2
It is more comfortable for me to hang out with other Black or Biracial LGBTQ people than with White LGBTQ people	25.7	10.8	21.6	24.3
My identity as Black or Biracial is more important to who I am than my identity as LGBTQ	26.0	13.7	16.4	17.8
My Identity as LGBTQ Is more Important to who I am than my identity as Black or Biracial	30.1	8.2	17.8	16.4

Table 2.8. Percent of respondents reporting level of agreement with statements about rural residence (n = 67)				
	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
People where I live are less accepting than people who live in the city	53.7	19.4	7.5	1.5
It is harder to connect to other LGBTQ people where I live than it is in the city	63.6	24.2	4.6	1.5
In schools, there is a more negative attitude towards LGBTQ people where I live than there is in the city	50.0	24.2	4.6	1.5
In church, there is a more negative attitude towards LGBTQ people where I live than there is in the city	58.5	23.1	1.5	3.1
Overall, there is a more negative attitude towards LGBTQ people where I live than there is in the city	58.5	27.7	4.6	1.5
It is hard to get help for any kind of problem unless I go into the city	48.5	22.7	7.6	1.5

2. **Overview – The LGBTQ Population in Central Alabama**

Table 3.1 Outness and experiences at school among LGBTQ students (n = 146)	% yes, high school	% yes, college
Gender identity outness at school*		
Other students	33.3	54.6
Teachers	10.0	40.9
Guidance counselors or advisors	10.0	27.3
Principal or administration	0	27.3
Other adults	0	36.4
Out with gender identity to anyone in the school setting	40.0	54.6
Sexual orientation outness at school		
Other students	61.0	54.6
Teachers	12.2	22.4
Guidance counselors or advisors	19.5	29.5
Principal or administration	14.6	17.1
Other adults	17.1	30.5
Out with sexual orientation to anyone in the school setting	71.0	62.6

Perceptions of support, inclusion, and respect at school	Mean, high school	Mean, college
Support at school**	3.00	3.14
Inclusion at school	3.06	2.94
Trust and feel respected at school	2.90	2.96

	Mean, not out in setting	Mean, out in setting
Support at school	2.98	3.16
Inclusion at school	2.86	3.05
Trust and feel respected at school	2.85	3.00

* Among 34 trans-identified students

** Mean of never = 1, rarely = 2, sometimes = 3, always = 4 across all in the settings

Table 3.2 Past and present experiences at school among LGBTQ students (n = 132)	% yes, not out in school	% yes, out in school
Negative Experiences		
Students or adults said mean things about LGBTQ people in general	90.7	87.6
Upsetting discussions about LGBTQ issues happened in class	67.4	65.2
A health or sex ed class that taught that homosexuality was wrong	39.5	33.7
I felt pressure to act like I was not LGBTQ	76.7	64.0
I skipped school because I did not feel comfortable there	30.2	29.2
Other students made fun of me or called me names	45.2	50.6
Other students picked on me or bullied me	32.6	48.3
I was hit, pushed or beat up by other students	7.0	13.5
Teacher or other adult told me not to tell anyone that I am LGBTQ	20.9	23.9
Teacher or other adult criticized me for being LGBTQ	25.6	27.0
Positive Experiences		
Other students stuck up for me	44.2	64.0
Teachers or other adults stuck up for me	27.9	41.6
I felt like I could relax and be myself at school	34.9	61.4

Table 3.3 Educational professionals' perceptions of issues for LGBTQ students (n = 58)

	% yes, I have noticed this
Lack of family support when they were younger	65.5
Lack of family support now	70.7
Isolated or rejected by peers	48.3
Experience of violence at home	19.0
Forced to leave family home	27.6
Experience of violence in public settings	8.6
Experience of depression	70.7
Suicidal thoughts	44.8
Confusion about gender identity or sexual orientation?	67.2
Concerns about how to disclose gender identity or sexual orientation	65.5
High-risk sexual behavior	29.3
Other high-risk behaviors such as alcohol or drug use	43.1
Unique health needs	24.1

Table 3.4 Friends and family perceptions of issues for LGBTQ individuals – those with concerns about people under age 21 (n = 62)

	% yes, I have noticed this
Proud of their identity and out in public?	83.9
Proud of their identity but not out in public?	62.9
Isolated from or rejected by their families?	64.5
Isolated or rejected by peers?	51.6
Do not know where to go for help or support?	45.2
Forced to leave family home?	27.4
Experienced bullying or harassment in school, work or other settings?	58.1
Skip school because not comfortable there?	30.6
Afraid of being fired from work because they are LGBTQ	33.9
Experience of depression or suicidal thoughts?	64.5
Not sure of their gender identity?	27.4
Concerns about how to disclose gender identity or sexual orientation?	69.3
High-risk behaviors such as alcohol or drug use?	35.5
Not sure of their sexual orientation?	50.0

Table 3.5 Current sources of support at school as reported by LGBTQ students (n = 149)	% yes, high school	% yes, college
A student organization for LGBTQ students and allies	83.3	81.3
A health education class that includes information about being LGBTQ	23.8	30.8
Safe Zone stickers or signs showing places where it is safe to be LGBTQ	50.0	62.6
Bathrooms where I feel comfortable	69.0	75.7
A counselor who can answer questions about being LGBTQ	38.1	48.6
Someone who can talk to my family about LGBTQ issues	33.3	24.3
An official policy that protects LGBTQ students from discrimination and harassment	33.3	45.8
Openly LGBTQ adults that I respect and can look up to	57.1	46.7
Open and respectful discussion about LGBTQ issues	61.9	65.4

Table 3.56 Educational professionals' perceptions of their ability to meet the needs of LGBTQ students (n = 57)	% yes, we can address this	% yes, we know how to get outside help to address this
Confusion about gender identity and sexual orientation	57.9	28.1
Concerns about disclosing gender identity and sexual orientation	57.9	29.8
Mental health resources to address depression, suicidal thoughts or other issues	61.4	35.1
Health services to support transgender individuals	33.3	47.4
Interventions to reduce high-risk behaviors	50.0	42.9
Role models and support for healthy living as LGBTQ	47.3	34.5
Support for families with LGBTQ family members	30.4	50.0
Reduction in any bullying or harassment experienced by LGBTQ students or clients	66.1	21.4
Support to help LGBTQ individuals cope with any bullying or harassment they experience?	71.4	19.6
Social activities to encourage healthy connections to peers	58.9	25.0
Support for LGBTQ individuals with no place to live	19.6	53.6

Table 3.7 Educational professionals' perceptions of challenges and resources for meeting the needs of LGBTQ students (n = 58)	% yes
Challenges	
Office or reception staff who are uncomfortable with LGBTQ individuals	34.5
Other professionals who are uncomfortable with LGBTQ individuals	48.3
Board members, donors or leaders who are uncomfortable with acknowledging LGBTQ issues	50.0
Limited staff time to deal with complex issues	62.1
Limited training to deal with LGBTQ issues	75.9
Resources	
Official policies that prohibit discrimination and harassment due to gender identity	52.6
Official policies that prohibit discrimination and harassment due to sexual orientation	65.5
Physical cues of acceptance such as Safe Zone stickers, signs, pictures, or books	62.1
Official intake forms that acknowledge diversity in family forms, gender identity and sexual orientation	22.4
Openly LGBTQ professionals or staff members	63.8

Table 3.78 Educational professionals concerns In serving LGBTQ students and parents (n = 58)	% major or minor concern
Opposition by local school board to addressing LGBTQ issues	34.5
Opposition by parents to addressing LGBTQ issues	53.4
Opposition by teachers and staff to addressing LGBTQ issues	44.8
Opposition by students to addressing LGBTQ issues	43.1
Invading the privacy of LGBTQ students	37.9
Invading the privacy of LGBTQ parents	31.0
Not sure what laws protect LGBTQ individuals	50.0
Altering the curriculum to cover LGBTQ sexuality issues	60.4
Altering the curriculum to acknowledge diverse family forms, such as students with same sex parents	53.4
Putting too much emphasis on LGBTQ issues, when they are not that important	19.3
Being more likely to be sued if we put anti-discrimination policies in place	15.5

Table 3.9 Topics that would be most helpful for educational professionals in meeting the needs of LGBTQ students (n = 49)

	% very important
What does it mean to be LGBTQ	65.3
What does it mean to be gender non-conforming or transgender	71.4
How can we separate our personal beliefs about LGBTQ issues from our actions as professionals	71.4
How can we establish rapport and communicate support to LGBTQ people	75.5
How can we help family members accept LGBTQ individuals	64.6
How can we intervene when LGBTQ people experience bullying or violence	79.6
How can we meet the health care needs of LGBTQ individuals	53.1
How can we meet the health care needs of transitioning transgender individuals	57.1
How can we recognize and intervene in mental health crises	83.7
What are the laws that protect LGBTQ individuals from discrimination and harassment	81.6
Are there alternative interpretations of religious teachings that support LGBTQ acceptance	40.8

3. The School Experience for LGBTQ Youth

Table 4.1 Outness to family members among trans-identified individuals who are/were aware of their gender identity growing up (n = 81)

	% yes, Trans/gender non-conforming individuals under age 24	% yes, Trans/gender non-conforming individuals older than age 24 – experiences when growing up
Out to anyone in family	61.3	46.9
Mother	42.2	43.7
Father	24.2	26.1
Brother or sister	42.2	45.8
Grandparent	27.3	30.4
Aunt, uncle, or cousin	33.3	42.6
Guardian	12.5	13.6

Table 4.2 Outness to family members among gay, lesbian, and bisexual individuals who are/were aware of their sexual orientation growing up (n = 536)	% yes, L/G/B under age 24	% yes, L/G/B over age 23 - experiences when growing up
Out to anyone in family	76.3	51.3
Mother	59.3	31.1
Father	45.5	21.1
Brother or sister	55.3	32.8
Son or daughter	2.5	--
Grandparent	22.0	14.6
Aunt, uncle, or cousin	37.4	32.6
Guardian	9.0	5.7

Table 4.3 Perceptions of support, inclusion, and respect within the family among those who are out to their families (n = 338)	Under age 24 and out to their families	Over age 23 and out to their families growing up
	Mean	Mean
LGBTQ support**	2.67	2.60
LGBTQ inclusion	2.66	2.72
LGBTQ respect	2.53	2.64

** Mean of never = 1, rarely = 2, sometimes = 3, always = 4 across all in the settings

Table 4.4 Perceptions of changes in support, inclusion, and respect within the family among those over age 23 (n = 231)	% yes, more than when younger	% yes, same as when younger	% yes, less than when younger
LGBTQ support**	60.6	28.1	11.3
LGBTQ inclusion	55.1	28.7	16.2
LGBTQ respect	54.4	32.7	12.9

** Mean of never = 1, rarely = 2, sometimes = 3, always = 4 across all in the settings

Table 4.5 Experiences with family, if any family member knows your gender identity or sexual orientation (n = 327)	% yes, L/G/B individuals	% yes, Trans/gender non-conforming individuals
Negative Experiences		
I was teased or yelled at because I am LGBTQ.	47.2	59.3
Someone physically hurt me because I am LGBTQ.	16.5	16.9
Someone stopped talking to me because I am LGBTQ.	47.0	62.7
I was kicked out of your family's house because I am LGBTQ.	12.7	18.6
I lost a foster family because I am LGBTQ.	2.1	3.4
I was put in a foster family because I am LGBTQ.	2.5	3.4
Positive Experiences		
Someone in my family stuck up for me being LGBTQ.	60.6	60.3
Family members helped me feel good about being LGBTQ.	48.8	46.7
I felt like I could relax and be myself with my family.	50.7	37.3

Table 4.6 Experience of violence in family or home	% yes, L/G/B individuals (n = 742)	% yes, trans individuals (n = 97)
Experienced violence in family or home in last month	0.7	2.1
Experienced violence in family or home in last year	1.5	6.2
Experienced violence in family or home 1-5 years ago	3.2	2.1
Experienced violence in family or home more than 5 years ago	14.1	18.6
Total ever experienced	19.5	29.0

Table 4.7. Observations of Professionals About Issues and Experienced by LGBTQ Students or Clients

	Education professionals (n=58)	Health or mental health professionals (n=64)	Legal sector professionals (n=4)	Religious professionals (n=12)	Community and social service professional (n=43)	Other or multiple settings (n=19)
	% yes, have noticed this					
Lack of family support when younger	65.5	76.6	75.0	75.0	69.8	78.9
Lack of family support now	70.7	30.2	75.0	58.3	72.1	66.7
Violence at home	19.0	30.2	50.0	33.3	41.9	47.4
Forced to leave family home	27.6	39.7	25.0	50.0	44.2	68.4

Table 4.8. Resources available to support families of LGBTQ individuals

	Education professionals (n=56)	Health or mental health professionals (n=64)	Legal sector professionals (n=4)	Religious professionals (n=12)	Community and social service professionals (n=43)	Other or multiple settings (n=17)
Can provide support for families with LGBTQ family members	30.4	35.9	0	58.3	16.3	35.3
Very important to learn how to help family members accept LGBTQ individuals	64.6	75.9	66.7	91.7	60.5	66.7

Table 4.9 Other parties who are aware that son or daughter is LGBTQ or currently questioning gender identity or sexual orientation (not applicable choices excluded) (n = 37)	Age 18 or younger	Older than age 18
	% yes, they are aware	% yes, they are aware
Other parent	100.0	96.1
Siblings	71.4	95.6
Grandparents	75.0	73.7
Other family	75.0	81.5
Teachers at school	57.1	66.7
People where they work	66.6	70.8
Friends their age	75.0	81.5
Medical providers	25.0	53.8
Counselors or therapists	87.5	58.3
Other youth professionals such as coaches or ministers	80.0	47.8

Table 4.10 Experiences of LGBTQ individuals with school age children (n = 59)	% strongly agree or agree
I keep my LGBTQ identity private in order to protect my child	15.3
I chose my neighborhood carefully to be sure that my child would feel accepted	34.5
I chose my child's school carefully to be sure that my child would feel accepted	43.1
I worry that my child will be teased or bullied for having LGBTQ parent	79.3
	% yes
My child has been teased or bullied for having LGBTQ parent	25.8
I have had negative experiences with my child's teachers because I am an LGBTQ parent	10.7
I have had negative experiences with school administrators because I am an LGBTQ parent	10.7
I have had negative experiences with other parents because I am an LGBTQ parent	26.3
My child's school knows how to handle any problems that might occur because I am an LGBTQ parent	24.5
My child's school is careful to teach that children have all types of families	17.6
I would like my child's school to make a special effort to reach out to me and address my concerns	22.8
If it was possible, I would move to another place where there are more LGBTQ families	63.1

5. Medical Care for LGBTQ Individuals

Table 5.1 Outness in medical settings (n = 639)

	% yes, Sexual orientation, L/G/B individuals	% yes, Gender identity, trans individuals
Office staff knew gender identity or sexual orientation	16.1	25.3
Physician or nurse knew gender identity or sexual orientation	50.0	38.7
Anyone in medical setting knew gender identity or sexual orientation	50.7	40.0

Table 5.2 Experiences when seeking medical care for those out in the medical setting (n = 327)

	Mean, L/G/B individuals	Mean, trans individuals
Office staff and doctor or nurse friendly and supportive**	3.46	3.29
Trust and felt respect from office staff and doctor or nurse	3.45	3.15

Table 5.3 Experiences in health care settings in the past two years (n = 627)

	% yes, L/G/B individuals	% yes, trans individuals
Negative Experiences		
Doctors and nurses did not know the answers to my questions.	19.7	39.7
Doctors and nurses did not call me by my preferred name and pronouns.	4.7	34.6
Doctors and nurses refused to give me the treatment I wanted.	5.9	22.1
Doctors and nurses did not know where to send me for help.	5.2	25.6
I could not speak honestly because I was not alone with the doctor.	9.0	33.3
My partner was not allowed into the room with me.	4.0	10.3
Doctors and nurses did not treat my partner like a family member.	7.7	11.5
Positive Experiences		
The medical practice helped me with my concerns.	74.5	62.8

Table 5.4 Concerns about health care settings among those who delayed getting care

	% yes, L/G/B individuals (n=742)	% yes, trans individuals (n=97)
Ever delayed care	38.9	67.0
Among those who did delay care, reasons:		
I didn't know any place where I felt comfortable	58.2	76.9
I could not afford to pay for care	73.9	79.7
I didn't think doctors knew how to help me	32.1	66.1
I don't trust doctors	24.5	49.2

Table 5.5 Health and Mental Health professionals' perceptions of issues for LGBTQ clients (n = 78)

	Physicians and nurses % yes, I have noticed this	Counselors and psychologists % yes, I have noticed this	Social Workers/ other staff members % yes, I have noticed this
Lack of family support when they were younger	77.8	85.7	73.3
Lack of family support now	64.0	90.0	63.3
Isolated or rejected by peers	69.2	76.2	53.3
Experience of violence at home	23.1	33.3	40.0
Forced to leave family home	42.3	23.8	56.7
Experience of violence in public settings	19.2	19.0	36.7
Experience of depression	92.3	95.2	76.7
Suicidal thoughts	65.4	85.0	63.3
Confusion about gender identity or sexual orientation	57.7	71.4	66.7
Concerns about how to disclose gender identity or sexual orientation	76.9	71.4	76.7
High-risk sexual behavior	65.4	42.9	70.0
Other high-risk behaviors such as alcohol or drug use	76.9	75.0	73.3
Unique health needs	62.5	45.0	56.7

Table 5.6 LGBTQ Individuals' preferred place for medical care		
	% yes, L/G/B individuals	% yes, trans individuals
A place especially for LGBTQ people	15.3	34.1
A place where everyone goes that is known to be friendly to LGBTQ people	75.4	63.7
A place where everyone goes, regardless of whether it is friendly to LGBTQ people	9.3	2.2

Table 5.7 Physicians' and nurses' perceptions of their ability to meet the needs of LGBTQ patients (n = 27)		
	% yes, we can address this	% yes, we know how to get outside help to address this
Confusion about gender identity and sexual orientation	38.5	42.3
Concerns about disclosing gender identity and sexual orientation	59.3	22.2
Mental health resources to address depression, suicidal thoughts or other issues	70.4	29.6
Health services to support transgender individuals	44.4	29.6
Interventions to reduce high-risk behaviors	66.7	18.5
Role models and support for healthy living as LGBTQ	29.6	33.3
Support for families with LGBTQ family members	33.3	37.0
Reduction in any bullying or harassment experienced by LGBTQ students or clients	22.2	55.6
Support to help LGBTQ individuals cope with any bullying or harassment they experience	40.7	37.0
Social activities to encourage healthy connections to peers	29.6	48.1
Support for LGBTQ individuals with no place to live	14.8	51.8

Table 5.8 Physicians' and nurses' perceptions of challenges and resources for meeting the needs of LGBTQ clients (n = 27)	
	% yes
Challenges	
Office or reception staff who are uncomfortable with LGBTQ individuals	37.0
Other professionals who are uncomfortable with LGBTQ individuals	55.6
Board members, donors or leaders who are uncomfortable with acknowledging LGBTQ issues	25.9
Limited staff time to deal with complex issues	66.7
Limited training to deal with LGBTQ issues	77.8
Resources	
Official policies that prohibit discrimination and harassment due to gender identity	57.7
Official policies that prohibit discrimination and harassment due to sexual orientation	74.1
Physical cues of acceptance such as Safe Zone stickers, signs, pictures, or books	25.9
Official intake forms that acknowledge diversity in family forms, gender identity and sexual orientation	33.3
Openly LGBTQ professionals or staff members	85.2

Table 5.9 Physicians and nurses' concerns in serving LGBTQ clients (n = 27)	
	% major or minor concern, health or mental health setting
Not aware of the needs of LGBTQ individuals	62.9
Not sure how to communicate that setting is LGBTQ-friendly	61.5
Other clients will go elsewhere if setting is openly LGBTQ-friendly	26.9
Clients may be disruptive if LGBTQ issues are raised	23.1
Will lose support of donors if LGBTQ issues are raised	11.5
Not able to discourage hostile behavior by staff	15.4
May be more likely to be sued if anti-discrimination policies in place	0.0

Table 5.10 Topics that would be most helpful for health and social service professionals in meeting the needs of LGBTQ clients (n = 25)

	% very important
What does it mean to be LGBTQ	64.0
What does it mean to be gender non-conforming or transgender	84.0
How can we separate our personal beliefs about LGBTQ issues from our actions as professionals	72.0
How can we establish rapport and communicate support to LGBTQ people	80.0
How can we help family members accept LGBTQ individuals	87.5
How can we intervene when LGBTQ people experience bullying or violence	84.0
How can we meet the health care needs of LGBTQ individuals	92.0
How can we meet the health care needs of transitioning transgender individuals	88.0
How can we recognize and intervene in mental health crises	84.0

6. Mental Health Care Issues Faced by LGBTQ Individuals[38]

Table 6.1 Emotional experiences over the past two years (n = 687)

	% yes, L/G/B individuals	% yes, trans individuals
Feeling really sad or depressed for a long time	57.7	78.0
Feeling anxious or panicked for a long time	55.6	73.6
Had thoughts you didn't like but could not stop	48.1	73.6
Feeling like you wished you were dead	30.0	61.5
Thought about killing yourself	24.1	51.6
Used drugs or alcohol to block out bad feelings	38.3	53.3
Feeling like your gender was not right for you	10.3	67.0
Feeling confused about your sexual orientation	15.6	42.9
Any of the above experiences	72.4	94.0
Any of the above experiences and sought mental health care	52.1	55.7

Table 6.2 Overall: sought mental health care over the past two years

	% yes
L/G/B	42.5
Trans-identified	55.1
Race	
African American	45.9
Not African American	43.0
Age	
Under 24	49.3
24 and Older	41.7
Location	
Rural	45.1
Urban/suburban	43.2

Table 6.3 Outness in mental health settings (n = 283)

	% yes, Sexual orientation, L/G/B individuals	% yes, Gender identity, trans individuals
Office staff knew gender identity or sexual orientation	29.8	34.8
Doctor or counselor knew gender identity or sexual orientation	85.7	73.9
Anyone in mental health setting knew gender identity or sexual orientation	85.7	73.9

Table 6.4 Experiences when seeking mental health care for those who were out in the setting (n = 249)

	Mean, L/G/B individuals	Mean, trans individuals
Office staff and doctor or counselor friendly and supportive**	3.52	3.51
Trusted and felt respected by office staff and doctor or counselor	3.49	3.53

** Mean of never = 1, rarely = 2, sometimes = 3, always = 4 across all in the settings

Table 6.5 Experiences with mental health care (n = 297)	% yes, L/G/B individuals	% yes, trans individuals
Negative Experiences		
My family or friends criticized or made fun of me because I went for care	16.7	30.6
The doctor or counselor did not know the answers to my questions	18.2	41.7
The doctor or counselor sent me to see someone else because they didn't think they could help me	9.3	20.8
The doctor or counselor did not call me by my preferred name and pronouns	3.5	18.8
The doctor or counselor did not give me the treatment I wanted	12.8	25.0
The doctor or counselor gave me treatment that I did not want	11.3	14.6
The doctor or counselor told me that my gender identity or sexual orientation was not normal	4.7	12.5
I decided not to go to any more appointments	30.2	37.5
Positive Experiences		
The doctor or counselor helped me with my concerns	75.2	75.0

Table 6.6 Experiences with mental health care among those who delayed getting care	% yes, L/G/B individuals (n=601)	% yes, trans individuals (n=83)
Ever delayed seeing a mental health provider when you wanted to	49.5	79.5
Among those who delayed care:		
I think people will criticize or make fun of me if I go for this kind of care	32.3	43.9
I don't know any place where I feel comfortable	64.3	72.3
I cannot afford to pay for care	76.3	73.0
I don't think psychologists or counselors know how to help me	67.3	43.7
I don't trust psychologists or counselors	28.9	41.5

Table 6.7 Mental Health professionals' perceptions of issues for LGBTQ clients across settings (n = 48)				
	Counselors in school settings	Counselors and psychologists in health settings	Counselors and social workers in service agencies	Ministers and counselors in religious settings
	% yes, I have noticed this	% yes, I have noticed this	% yes, I have noticed this	% yes, I have noticed this
Lack of family support when they were younger	25.0	85.7	73.3	81.8
Lack of family support now	50.0	90.0	80.0	63.6
Isolated or rejected by peers	0.0	76.2	60.0	81.8
Experience of violence at home	0.0	33.3	53.3	36.4
Forced to leave family home?	0.0	23.8	53.3	54.6
Experience of violence in public settings	0.0	19.0	40.0	36.4
Experience of depression	25.0	95.2	86.7	90.9
Suicidal thoughts	25.0	85.0	73.3	36.4
Confusion about gender identity or sexual orientation	50.0	71.4	60.0	63.6
Concerns about how to disclose gender identity or sexual orientation	50.0	71.4	60.0	81.8

Table 6.8 Preferred place for mental health care (n = 679)	
	% yes, L/G/B individual
A place especially for LGBTQ people	32.1
A place where everyone goes that is known to be friendly to LGBTQ people	63.8
A place where everyone goes, regardless of whether it is friendly to LGBTQ people	4.1

Table 6.9 Professionals' perceptions of their ability to meet the needs of LGBTQ clients (n = 49)				
	Counselors in school settings	Counselors and psychologists in health settings	Counselors and social workers in service agencies	Ministers and counselors in religious settings
	% yes, we can address this	% yes, we can address this	% yes, we can address this	% yes, we can address this
Confusion about gender identity and sexual orientation	50.0	95.0	50.0	36.4
Concerns about disclosing gender identity and sexual orientation	50.0	95.0	57.1	54.6
Mental health resources to address depression, suicidal thoughts or other issues	50.0	90.0	57.1	54.6
Health services to support transgender individuals	25.0	25.0	21.4	18.2
Interventions to reduce high-risk behaviors	25.0	75.0	50.0	27.3
Role models and support for healthy living as LGBTQ	25.0	35.0	21.4	72.7

	Counselors in school settings	Counselors and psychologists in health settings	Counselors and social workers in service agencies	Ministers and counselors in religious settings
Support for families with LGBTQ family members	25.0	75.0	21.4	63.6
Reduction in any bullying or harassment experienced by LGBTQ students or clients	50.0	45.0	28.6	45.4
Support to help LGBTQ individuals cope with any bullying or harassment they experience	50.0	80.0	42.9	54.6
Social activities to encourage healthy connections to peers	50.0	50.0	14.3	72.7
Support for LGBTQ individuals with no place to live	0	5.0	21.4	27.3

Table 6.9 Professionals' perceptions of their ability to meet the needs of LGBTQ clients

(n = 49)

Table 6.10 Mental Health professionals' perceptions of challenges and resources for meeting the needs of LGBTQ clients (n = 49)

	Counselors in school settings	Counselors and psychologists in health settings	Counselors and social workers in service agencies	Ministers and counselors in religious settings
	% yes	% yes	% yes	% yes
Challenges				
Office or reception staff who are uncomfortable with LGBTQ individuals	25.0	5.0	14.3	18.2
Other professionals who are uncomfortable with LGBTQ individuals	50.0	5.0	28.6	18.2
Board members, donors or leaders who are uncomfortable with acknowledging LGBTQ issues	25.0	10.0	14.3	63.6
Limited staff time to deal with complex issues	50.0	40.0	28.6	72.7
Limited training to deal with LGBTQ issues	75.0	40.0	57.1	36.4
Resources				
Official policies that prohibit discrimination and harassment due to gender identity	75.0	45.0	42.9	54.6
Official policies that prohibit discrimination and harassment due to sexual orientation	75.0	55.0	57.1	63.6
Physical cues of acceptance such as Safe Zone stickers, signs, pictures, or books	25.0	40.0	7.1	36.4
Official intake forms that acknowledge diversity in family forms, gender identity and sexual orientation	0.0	45.0	28.6	18.2
Openly LGBTQ professionals or staff members	25.0	80.0	35.7	36.4

Table 6.10 Mental Health professionals' perceptions of challenges and resources for meeting the needs of LGBTQ clients (n = 49)

	Counselors in school settings	Counselors and psychologists in health settings	Counselors and social workers in service agencies	Ministers and counselors in religious settings
	% yes	% yes	% yes	% yes
Official policies that prohibit discrimination and harassment due to sexual orientation	75.0	55.0	57.1	63.6
Physical cues of acceptance such as Safe Zone stickers, signs, pictures, or books	25.0	40.0	7.1	36.4
Official intake forms that acknowledge diversity in family forms, gender identity and sexual orientation	0.0	45.0	28.6	18.2
Openly LGBTQ professionals or staff members	25.0	80.0	35.7	36.4

Table 6.11 Health and social service professionals concerns in serving LGBTQ clients (n = 44)*

	Counselors and psychologists in health settings	Counselors and social workers in service agencies	Ministers and counselors in religious settings
	% major or minor concern	% major or minor concern	% major or minor concern
Not aware of the needs of LGBTQ individuals	35.0	46.2	54.5
Not sure how to communicate that setting is LGBTQ-friendly	25.0	46.2	72.8
Other clients will go elsewhere if setting is openly LGBTQ-friendly	10.0	23.1	36.4
Clients may be disruptive if LGBTQ issues are raised	0.0	7.7	45.5
Will lose support of donors if LGBTQ issues are raised	5.0	15.4	72.8
Not able to discourage hostile behavior by staff	5.0	7.7	9.1
May be more likely to be sued if anti-discrimination policies in place	5.0	15.4	9.1

* The concerns of education professionals were assessed in a separate survey question, with results shown in Table 3.7

Table 6.12 Topics that would be most helpful for mental health professionals across settings (n = 47)	Counselors in school settings	Counselors and psychologists in health settings	Counselors and social workers in service agencies	Ministers and counselors in religious settings
	% very important	% very important	% very important	% very important
What does it mean to be LGBTQ	71.4	66.7	75.0	81.8
What does it mean to be gender non-conforming or transgender	100.0	61.1	78.6	72.7
How can we separate our personal beliefs about LGBTQ issues from our actions as professionals	100.0	72.2	71.4	81.8
How can we establish rapport and communicate support to LGBTQ people	75.0	83.3	71.4	90.9
How can we help family members accept LGBTQ individuals	75.0	90.9	71.4	90.9
How can we intervene when LGBTQ people experience bullying or violence	25.0	83.3	85.7	72.7
How can we meet the health care needs of LGBTQ individuals	25.0	44.4	57.1	36.4
How can we meet the health care needs of transitioning transgender individuals	50.0	44.4	42.9	36.4
How can we recognize and intervene in mental health crises	75.0	83.3	64.3	81.8
What are the laws that protect LGBTQ individuals from discrimination and harassment	100.0	72.2	85.7	50.0
Are there alternative interpretations of religious teachings that support LGBTQ acceptance	25.0	55.6	42.9	90.9

Table 7.1 Outness at work (n = 504)		
	sexual orientation, L/G/B individuals	gender identity, trans individuals
Out regarding gender identity or sexual orientation with		
Other workers	72.6	32.1
Supervisor	70.7	44.0
Colleagues in the profession	65.9	27.3
Out to anyone in work setting	81.6	47.1

Table 7.2 Perceptions of current support, inclusion, and respect at work (n = 513)		
	Mean, L/G/B individuals	**Mean, trans-identified individuals**
Feels support at work**	3.22	2.62
Feels included at work	3.26	2.59
Trusts others and feels respected at work	3.23	2.45
	Mean, not out in setting	**Mean, out in setting**
Feels support at work**	2.52	3.26
Feels included at work	2.78	3.30
Trusts others and feels respected at work	2.71	3.26

** Mean of never = 1, rarely = 2, sometimes = 3, always = 4 across all in the settingss

Table 7.3 Experiences at work now or in past jobs, L/G/B individuals (n = 438)		
	% yes, not out with sexual orientation at work	% yes, out with sexual orientation at work
Negative Experiences		
I was told not to let other people know that I am LGBTQ	26.3	31.8
I heard people say mean things about LGBTQ people in general	87.0	77.1
I was left out or made fun of by other workers	18.7	26.5
My supervisor criticized me for being LGBTQ	6.7	10.5
I did not get a raise or promotion because I am LGBTQ	8.0	14.4
I was worried that I would be fired because of being LGBTQ	50.6	42.8
I was fired because of being LGBTQ	2.7	6.9
I was left out of professional opportunities because of being LGBTQ	8.0	21.3
Positive Experiences		
Other workers or supervisors stuck up for me	18.7	49.9
I had special opportunities because of being LGBTQ.	4.0	8.3
I felt like I could relax and be myself at work	30.7	67.9

Table 7.4 Experiences at work now or in past jobs, trans individuals		
	% yes, not out with gender identity at work (n=28)	% yes, out with gender identity at work (n=24)
Negative Experiences		
I was told not to let other people know that I am LGBTQ	50.0	25.0
I heard people say mean things about LGBTQ people in general	88.9	87.5
I was left out or made fun of by other workers	44.4	37.5

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Table 7.4 Experiences at work now or in past jobs, trans individuals		
	% yes, <u>not out</u> with gender identity at work (n=28)	% yes, <u>out</u> with gender identity at work (n=24)
Negative Experiences		
My supervisor criticized me for being LGBTQ	29.6	26.1
I did not get a raise or promotion because I am LGBTQ	25.9	29.2
I was worried that I would be fired because of being LGBTQ	70.4	45.8
I was fired because of being LGBTQ	0	26.1
I was left out of professional opportunities because of being LGBTQ	29.6	25.0
Positive Experiences		
Other workers or supervisors stuck up for me	40.7	58.3
I had special opportunities because of being LGBTQ.	3.7	25.0
I felt like I could relax and be myself at work	25.9	54.2

Table 7.5 Resources at work now or in past jobs (n = 489)		
	% yes, L/G/B individuals	% yes, trans individuals
Leadership at the top levels that is supportive of LGBTQ issues	54.8	32.8
An official policy that protects people from discrimination and harassment based on gender identity	41.3	29.3
An official policy that protects people from discrimination and harassment based on sexual orientation	54.4	38.6
Benefits such as health insurance available for same sex partners	50.3	24.6
Openly LGBTQ people who are colleagues or role models for you	45.4	31.6
Safe Zone stickers or other visible signs of support for LGBTQ issues	19.8	10.5

Table 7.6 Outness at place of worship (n = 254)		
	sexual orientation, L/G/B individuals	gender identity trans individuals
Out regarding gender identity or sexual orientation		
Minister, rabbi or imam	70.3	57.9
Deacons or leaders	66.8	53.3
Other worshipers	65.6	43.7
Out to anyone in worship setting	72.8	57.9

Table 7.7 Perceptions of current support, inclusion, and respect at place of worship for those who are out (n = 173)		
	Mean, L/G/B individuals	Mean, trans individuals
LGBTQ support**	3.58	2.95
LGBTQ inclusion	3.54	3.13
LGBTQ respect	3.54	3.15

**Mean of never = 1, rarely = 2, sometimes = 3, always = 4 across all in the settings

Table 7.8 Experiences at places of worship among those who attend (n = 250)		
	% yes, L/G/B individuals	% yes, trans individuals
Negative Experiences		
I felt like they thought I was wrong for being LGBTQ	25.6	47.6
They told me that I wasn't welcome there unless I changed and was not LGBTQ	6.9	20.0
I felt my partner was not welcome there	9.5	15.0
I chose a place that is not my favorite, because they were more accepting of me	23.3	25.0
Positive Experiences		
They helped me feel good about being LGBTQ	54.3	50.0

Table 7.9 Reasons for not going to a place of worship among those who would like to go (n = 138)	% yes, L/G/B individuals	% yes, Trans individuals
I don't know any place where I would feel accepted	49.6	63.2
I don't feel welcome at the place where my family or friends go	57.0	64.7
My partner is not welcome at my usual place of worship	11.7	5.9
I had bad experiences in the past at a place of worship	54.8	61.1
I know a place that I would like to go, but it is too hard to get there	19.8	35.3

Table 7.10 Religious professionals' perceptions of their ability to meet the needs of LGBTQ congregants (n = 12)	% yes, we can address this	% yes, we know how to get outside help to address this
Confusion about gender identity and sexual orientation	33.3	58.3
Concerns about disclosing gender identity and sexual orientation	50.0	33.3
Mental health resources to address depression, suicidal thoughts or other issues	58.3	41.7
Health services to support transgender individuals	16.7	50.0
Interventions to reduce high-risk behaviors	25.0	75.0
Role models and support for healthy living as LGBTQ	66.7	16.7
Support for families with LGBTQ family members	58.3	33.3
Reduction in any bullying or harassment experienced by LGBTQ students or clients	50.0	41.7
Support to help LGBTQ individuals cope with any bullying or harassment they experience?	50.0	41.7
Social activities to encourage healthy connections to peers	66.7	25.0
Support for LGBTQ individuals with no place to live	25.0	41.7

Table 7.11 Religious professionals concerns in serving LGBTQ clients	% Major or minor concern, religious setting (n=12)
Not aware of the needs of LGBTQ individuals	58.4
Not sure how to communicate that setting is LGBTQ-friendly	75.0
Other clients will go elsewhere if setting is openly LGBTQ-friendly	41.7
Clients may be disruptive if LGBTQ issues are raised	50.0
Will lose support of donors if LGBTQ issues are raised	75.0
Not able to discourage hostile behavior by staff	8.3
May be more likely to be sued if anti-discrimination policies in place	8.3

Table 7.13 Experiences with public settings	% yes, L/G/B individuals (n=600)	% yes, trans individuals (n=83)	% yes, African American or multi-racial individuals (n=87)	% yes, > age 24 (n=138)	% yes, lives in rural area (n=72)
I felt like I could not hold hands or kiss my friend or partner in public	71.1	60.2	43.6	55.8	80.6
I did not feel welcome in the neighborhood where I lived	25.0	40.2	27.5	32.1	45.9
I have been homeless or with no place to live	10.5	27.7	26.4	10.8	19.4
I moved away from the area because I did not feel welcome	17.0	28.1	20.9	21.2	25.0

	Table 7.14 Experiences with violence				
	% yes, L/G/B individuals (n=600)	% yes, trans individuals (n=83)	% yes, African American or multi-racial individuals (n=87)	% yes, > age 24 (n=138)	% yes, lives in rural area (n=72)
I have been hurt by someone in my family or in my home	26.0	35.9	30.8	23.1	27.9
I have been attacked on the street as an LGBTQ person	12.6	21.7	25.0	8.4	10.5
I have been raped or sexually abused	30.9	42.3	41.2	30.3	33.8
I had sex when I did not want to so that I could get something I needed	13.9	29.5	38.2	17.4	14.7
I have been arrested	19.8	24.4	35.3	6.9	22.0
I have spent time in jail, prison or the juvenile justice system	11.5	21.7	29.4	6.8	11.8

8. Aging Issues

Table 8.1 Concerns of LGBTQ individuals age 55 and older (n = 99)	%, very important
How can I meet other LGBTQ people	25.3
Where can I go to have fun and relax	25.5
How can I meet a new partner or lover	29.3
Will I always need to come out to people about my gender identity or sexual orientation	8.1
Who will take care of me when I need help	32.3
Will doctors who take care of me be able to meet my needs	23.2
Will the hospital allow my partner to be with me	36.4
Will the caregivers in any nursing home or residential facility be LGBTQ-friendly	49.5
Will other residents in any nursing home or residential facility be LGBTQ-friendly	47.5
Will any home health care providers be LGBTQ-friendly	46.5
Will there be legal difficulties when me or my partner dies	43.9

LGBTQ Support Systems

Table 9.1 Experiences in the LGBTQ community

	% agree, under age 24 (n=122)	% agree, trans individuals (n=82)	% agree, cisfemale (n=233)	% agree, cismale (n=332)	% agree, African American/ multiracial (n=83)	% agree, rural residents (n=68)
Positive Experiences						
I feel the LGBTQ community is friendly and supportive to me	71.5	61.0	74.8	66.2	59.6	74.9
I feel included in the LGBTQ community	55.7	53.7	62.4	60.5	57.3	66.1
I feel respected by other members of the LGBTQ community	72.1	64.2	71.6	68.0	63.8	76.1
It is easy for me to find other LGBTQ people in this area	31.1	34.2	45.1	57.5	46.4	37.3
Negative Experiences						
I am not interested in most of the activities that LGBTQ organizations sponsor or support	16.5	19.5	22.1	29.1	22.6	16.6
It is hard for me to get to the places where LGBTQ people hang out	52.5	50.6	32.9	21.0	41.2	44.8
I feel that the LGBTQ community is not inclusive	22.5	40.7	28.3	37.3	52.4	31.8
I prefer to be in settings with a mix of people, not just with LGBTQ people	47.5	47.5	62.3	64.5	56.6	56.1

Table 9.2 Negative experiences with the LGBTQ community

	% agree, under age 24 (n=123)	% agree, trans individuals (n=82)	% agree, cisfemale (n=233)	% agree, cismale (n=332)	% agree, African American/ multiracial (n=83)	% agree, rural residents (n=68)
Do not feel supported	5.6	13.4	6.7	10.4	15.5	7.4
Do not feel Included	11.5	18.7	14.7	13.4	17.1	11.8
Do not feel respected	7.4	11.1	9.3	5.9	13.2	7.5
Any of the above (n)	13.8 (17)	23.2 (19)	17.2 (41)	17.1 (57)	25.0 (21)	14.7 (10)
Reasons listed by those feeling not supported, not included or not respected (number reporting):						
My gender Identity is different from most of the LGBTQ community	3	10	9	14	6	0
My sexual orientation is different from most of the LGBTQ community	7	10	12	3	7	1
My racial identity or background is different from most of the LGBTQ community	3	7	5	5	15	2

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					% agree, African American/ multiracial (n=83)	% agree, rural residents (n=68)

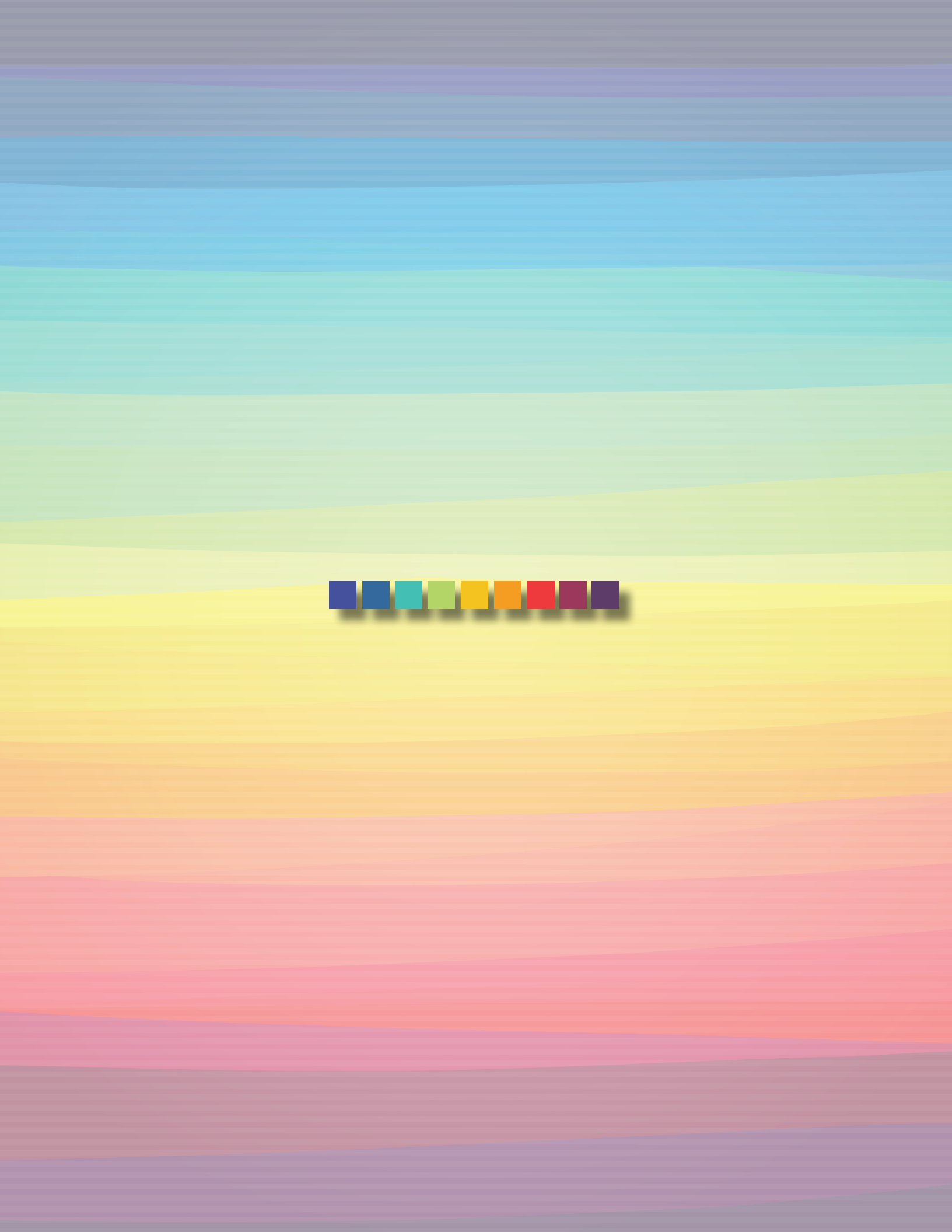**Table 9.2 Negative experiences with the LGBTQ community**

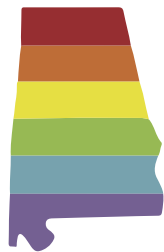|	% agree, under age 24 (n=123)	% agree, trans individuals (n=82)	% agree, cisfemale (n=233)	% agree, cismale (n=332)	% agree, African American/ multiracial (n=83)	% agree, rural residents (n=68)
I keep my gender identity or sexual orientation private, but most of the LGBTQ community is out	5	4	8	4	2	1
I am younger than most of the LGBTQ community	8	3	6	3	4	4
I am older than most of the LGBTQ community	0	8	7	17	0	2
I have less money than most of the LGBTQ community	9	11	15	14	15	7
I live in a different community or neighborhood than most of the LGBTQ community	7	7	18	27	11	8

Table 9.3 Concerns expressed by friends and families of LGBTQ individuals (n = 243)	
	% Concerned
I worry about whether they are safe	67.5
I worry about whether they are happy	79.4
I don't know enough about being LGBTQ to give them good advice or support	50.0
I don't know who can be trusted to give them the support they need	54.4
I am not sure who else knows that they are LGBTQ	44.2
I am afraid I will offend them without meaning to	45.6
I am not that comfortable with their gender identity or sexual orientation	9.6
I am afraid that other people will reject me because I am their friend or family member	13.8
I worry that if I stand up for them, I will get in trouble	10.8
I am afraid that people will think I am LGBTQ because I am their friend or family member	6.2
I am not sure how to be helpful	47.1

Table 9.4 Topics that would be helpful to learn about for families and friends (n = 215)	
	% Very Important
What it means to be LGBTQ	46.1
How I can separate my personal beliefs about being LGBTQ from my actions as a family member or friend	18.3
How I can establish rapport and communicate support to LGBTQ people	42.3
How I can help family members accept LGBTQ individuals	53.2
How I can intervene when LGBTQ people experience bullying or violence	73.5
How I can recognize and intervene in mental health crises	66.5
Whether there are alternative interpretations of religious teachings that support LGBTQ acceptance	47.4
How to help with health issues faced by LGBTQ individuals, including sexuality and transitioning for transgender individuals	55.3

Table 9.5 Current and preferred features of workplace LGBTQ competency training (n = 127)	% yes, features of current competency training	% yes, does not have this training, features of preferred training
Everyone is required to attend	44.7	75.0
Interested people can volunteer to attend	74.5	68.7
Training is done by staff in our workplace	74.5	26.2
Training is done by outside consultants in our profession	42.6	77.8
Training is done by local or national LGBTQ groups	41.3	71.9
Training is done by people who are like our LGBTQ clients or students	56.5	61.7

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Community Needs Assessment

A project of the LGBTQ Fund of the Community Foundation of Greater Birmingham