UNDERSTANDING LGBTQ+ NEEDS IN SPARTANBURG COUNTY:

AN UPDATED ASSESSMENT

2025

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STUDY AND REPORT PRODUCED BY THE SPARTANBURG COUNTY LGBTQ+ NEEDS ASSESSMENT TEAM

MANY THANKS

EXECUTIVE SUMMARY

Overview

The following report contains the detailed findings of the 2024 Spartanburg County LGBTQ+[1] needs assessment. This project updates and extends the first LGBTQ+ needs assessment in Spartanburg, released in 2018.[2]

As indicated in the 2018 report, LGBTQ+ needs assessment projects serve important purposes.[3] They increase visibility of an underserved population; collect and present novel, vital data; and inform concrete behavioral, attitudinal, and policy changes in places of employment, education, healthcare, and worship.[4] There are an estimated 12,000 LGBTQ+ people residing in Spartanburg County.[5] Any effort to expand Spartanburg County's business ventures, address the healthcare or education concerns of Spartanburg County, or understand what makes Spartanburg County more or less livable must consider the unique needs of this population.

Funded by the Freeman Foundation and the LGBT Fund of the Spartanburg County Foundation, this needs assessment was conducted by a team of University of South Carolina Upstate faculty members and community partners. Taking the original instrument as a starting point, the team discussed possible modifications in August 2023. After soliciting feedback from key stakeholders and organizations over a period of several months, the updated survey was finalized and rolled out in March 2024. Recruitment and data collection efforts concluded in early July, producing a final sample of 251 LGBTQ+ respondents.

Results suggest that many LGBTQ+ people in Spartanburg experience this area as a difficult environment. New challenges have arisen in recent years and many concerns identified in the 2018 report remain salient. In 2024, the LGBTQ+ policy landscape changed most notably for transgender residents, as bans against gender-affirming healthcare for transgender youth and preferred bathroom use in public schools were signed into law. There is a significant gap between positive changes in the community and the lived experience of many LGBTQ+ people. While increased services and welcoming rhetoric are important, they do not outweigh the legislative and cultural restrictions that shape everyday life for LGBTQ+ folks in South Carolina.

Because of this ongoing pattern of state-sanctioned bias against LGBTQ+ people, the Human Rights Campaign (HRC) has designated South Carolina as a "high priority for achieving basic equality."[6] This is the lowest rating in their ranking system. An independent research center known as MAP (Movement Advancement Project) likewise describes South Carolina's legal climate as "negative overall" for LGBTQ+ people, situated among the lowest-ranking fifteen states.[7] Our data demonstrates some of the ways individuals are impacted by this atmosphere. Like MAP, we wish to note that our report highlights important barriers to equality but may not fully "reflect the social climate . . . , the efforts of advocates, and/or opportunities for future change." Indeed, the projects sponsored by the LGBT Fund of the Spartanburg County Foundation have fostered important changes in our community that provide infrastructure through which further changes could be delivered.

Key Findings

1. Unsafe and Unhappy
Negative experiences with the Spartanburg community—including homelessness, feeling judged, feeling unwelcome, and relocating elsewhere in response to hostility—are strikingly

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1 Our preferred acronym is LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others who identify as part of the community), but we periodically use others to be consistent with cited sources. References to the LGBTQ+ "community" are intended only to be inclusive—never to imply homogeneity of perspective or experience.
2 Kofoed et al. (2018).
3 For a general discussion of the practical value of needs assessments, see Carlton & Singh (2018).
4 Kofoed et al. (2018).
5 Based on a population increase from just under 300,000 in 2017 to more than 350,000 in 2023 and relying on Williams Institute's updated estimate that 3.5% of South Carolinians identify as LGBTQ. https://williamsinstitute.law.ucla.edu/wp-content/uploads/South-Carolina-one-sheet.pdf

6 HRC State Equality Index, 2024. https://reports.hrc.org/2023-state-equality-index#2023-state-scorecards
7 Movement Advancement Project, 2024. South Carolina's Equality Profile https://www.lgbtmap.org/equality_maps/profile_state/SC

prevalent. Negative emotions—like sadness and anxiety—are extremely common, and an alarming number of respondents reported suicidal ideation or self-medication with substances. Most respondents reported at least one major adverse experience, with many involving sexual assault or domestic/sexual abuse. About a third of the sample has used recreational drugs in the last year, and most believe local community services for LGBTQ+ users to be inadequate. Barriers include cost, fear (e.g., of legal repercussions), moral judgment, bias, visibility, and provider incompetence. Many older (55+) respondents have concerns about aging as an LGBTQ+ person in the area (e.g., Will doctors and caregivers be supportive? How will I meet other LGBTQ+ people? Will there be legal difficulties when I die?).

2. Barriers to Mental and Physical Healthcare
Many participants have both 1) attended counseling or therapy—usually with positive results, and 2) postponed needed mental health treatment at some point in the past. Cost, access, visibility, fear of discrimination, and negative experiences were frequently cited as barriers to care. Impressions of health care personnel vary widely, with negative experiences ranging from general unfriendliness, obstructionism, and ignorance about specific anti-LGBTQ+ aggressions (e.g., deadnaming).[8] For those who have delayed necessary medical treatment, cost was again cited as a barrier, and many respondents don't know where they could go for safe, comfortable, and knowledgeable care.

3. Closeted or Quietly Out at Work
The majority of respondents report bad experiences at work, ranging from subtle microaggressions to overt anti-LGBTQ+ discrimination. In terms of gender identity, most respondents are out at work, at least to some people, but fewer have made their sexual orientation known. Many respondents wish they could be more open at their place of employment, but don't feel sufficiently safe and supported to do so.

8 Deadnaming means referring to someone by a name they no longer use or have asked others not to use. See Cleveland Clinic, 2021. https://health.clevelandclinic.org/deadnaming

4. Closeted or Uncomfortably Out at School
Roughly half of students in middle school through postsecondary educational environments report being closeted with respect to sexual orientation and gender identity. About half of respondents wish they could be more open at school, and the majority feel limited support there from anyone, including teachers. Negative experiences in educational settings—e.g., anti-LGBTQ+ rhetoric, bullying, name-calling, and physical assault—are remarkably common in this sample. LGBTQ+-affirming school organizations are generally evaluated positively, but roughly half of student respondents do not have access to one. Most LGBTQ+ parents worry that their gender identity/sexual orientation will cause social difficulty for their child (e.g., in terms of acceptance), and many reported actual negative experiences along these lines. The majority have little faith in their child's school (with respect to LGBTQ+ protections and education) and would relocate if they could.

5. Thin Networks of Family and Faith Communities:
Most participants describe family members living with them as respectful, trustworthy, and supportive. However, relationships with other relatives are less affirming, and a broad range of negative experiences were reported. Most participants don't currently attend a place of worship, but a significant percentage would like to. Anti-LGBTQ+ bigotry, non-acceptance, and religious trauma were frequently cited as reasons for abandoning both specific religious institutions and organized religion in general. Many don't know where they would go to feel welcome and accepted, and even regular attenders report mixed levels of support and frequent negative experiences at their places of worship.

6. Limited Connections to the LGBTQ+ Community
Respondents were generally positive about the local LGBTQ+ community, but many noted limited visibility, access, lack of gathering places, and marginalization of Black LGBTQ+ residents. BIPOC participants generally agreed that racial/LGBTQ+ intersectionality presents unique challenges, and many feel

alienated from the broader Spartanburg LGBTQ+ community.[9] Rural respondents agreed that it is particularly difficult to be LGBTQ+ where they live because anti-LGBTQ+ attitudes are more common, and it is challenging to meet other LGBTQ+ people.

RECOMMENDATIONS

Based on current survey data, the 2018 needs assessment,[10] a 2023 LGBTQ+ Gap Analysis from the Spartanburg Behavioral Task Force,[11] anecdotal reports, and recent scholarship, we recommend the following priorities and actions to promote LGBTQ+ equality in Spartanburg County and the surrounding area:

1. Increase community support for LGBTQ+ people across a broad array of demographics.

- Create an LGBTQ+ center.
- Secure financial support for the local LGBTQ+ community—especially with respect to health care and housing—whenever possible and dispense according to need.[12]
- Develop secular or nondenominational shelter space and housing assistance for LGBTQ+ residents.
- Create community support for transgender youth below the ages currently served by Uplift Outreach.
- Improve service to rural and aging LGBTQ+ populations by local advocacy organizations.
- Expand initiatives among welcoming religious organizations to promote continuous improvement regarding LGBTQ+ acceptance in local spiritual communities.
- Advocate for anti-discrimination policies at the local, state, and national levels.
- Explore—with energy, intention, and follow-through—strategies for white members of the LGBTQ+ community to implement

anti-racist initiatives and perspectives. Decenter white LGBTQ+ voices and needs.
- Conduct a survey (or other research) that focuses solely on the experiences and needs of BIPOC LGBTQ+ people. This should be developed by members of the BIPOC LGBTQ+ community.

2. Develop affirming culture of healthcare for LGBTQ+ people in Spartanburg.

- Increase the number of LGBTQ+-friendly mental health providers.
- Expand the availability of psychological telemedicine.
- Train public-facing staff (people who answer phones and make appointments) on LGBTQ+ patient care.
- Establish LGBTQ+ specific patient care in relation to drug and alcohol use, and with respect to intersections with neurodiversity.
- Provide stigma-free gender-affirming healthcare.[13]
- Consistently provide LGBTQ+ inclusive forms in medical environments.
- Conduct LGBTQ+ inclusive conversations with patients about reproductive healthcare.

3. Develop affirming educational culture for LGBTQ+ students and faculty.

- Increase protection against bullying, harassment, and discrimination through policies that explicitly address the needs and experiences of this population.
- Prioritize—and visibly support—LGBTQ+ student organizations.
- Commit to LGBTQ+ content in health classes, and to open and respectful discussions thereof.[14]
- Clearly and visibly identify safe spaces, provide safe bathrooms for gender-nonconforming

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9 The term BIPOC refers to Black, Indigenous, and People of Color. See Mack, K. (2023) MacArthur Foundation. BIPOC, LGBTQ+, and the Power and Limitations of Umbrella Terms. https://www.macfound.org/press/perspectives/bipoc-lgbtq-power-limitations-umbrella-terms
10 Kofoed et al. (2018).
11 Premo (2023).
12 Cost was frequently cited as a significant barrier to healthy functioning in multiple domains (see below).

13 Gender-affirming care is currently limited by recent changes in state law. However, data suggests that these legal restrictions are harmful to the population, and the current law is being challenged by the ACLU. (2024) Trans People & Families File Lawsuit Against South Carolina's Gender-Affirming Care Ban | American Civil Liberties Union
14 The anti-LGBTQ curriculum ban in South Carolina was declared unconstitutional in 2020; however, the culture of public schools is still influenced by a long history of adhering to that law. Victory! South Carolina Court Strikes Outdated Anti-LGBTQ Curriculum Law as Unconstitutional | Lambda Legal Legacy

students, hire LGBTQ+-knowledgeable teachers and counselors, and train teachers and counselors to effectively serve LGBTQ+ students through continuous education opportunities.

4. Develop affirming business culture for LGBTQ+ employees and customers.

- Increase LGBTQ+ affirming training in local businesses.
- Adopt LGBTQ+ inclusive anti-discrimination policies.
- Develop and publicize welcoming culture for LGBTQ+ employees and their families. Allies among personnel should better publicize their pro-LGBTQ+ stances. More organizations may openly affirm if they saw others doing so.
- Identify and support LGBTQ+-owned and vocally affirming businesses at the organizational and individual levels.
- For more details on going beyond training to address climate, see Table 1 on pgs. 34-35.

DETAILED FINDINGS

The survey was completed by 251 members of the local LGBTQ+ community. In the following sections, results are presented and discussed by demographic, interpersonal, contextual, and experiential categories.

Geography

Most respondents live in Spartanburg County (71%), but a significant minority listed Greenville County (21%) or elsewhere (8%) as their county of residence.

Gender Identity

Of the 251 respondents, roughly 41% identified as women or cis-women, 20% as men or cis-men, 10% as genderqueer, 7% as gender nonconforming, 7% as transgender men, 5% as nonbinary, 4% as transgender women, 4% as none of the above, and 2% as questioning. The samples from 2018 and 2024 were similar, but the 2024 sample reflects a greater heterogeneity of gender identity among respondents.
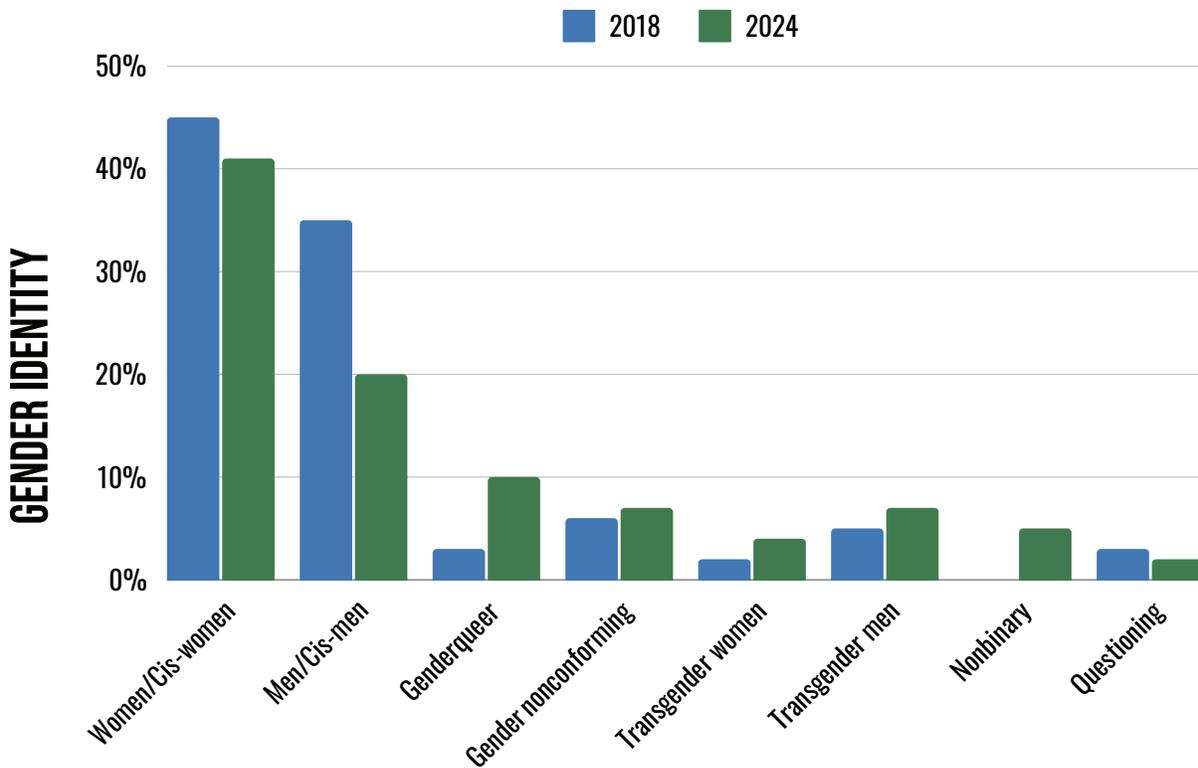
Most participants characterized their gender identity as either somewhat (35%) or very (47%) important to who they are as a person.

Sexual Orientation

Forty percent of respondents identified as either gay (21%) or lesbian (19%), down significantly from the 62% found in 2018 (32% gay and 30% lesbian, respectively). Sixteen percent listed bisexual as their sexual orientation, followed by queer, pansexual, straight, questioning, and other. The samples from 2018 and 2024 were similar, but the 2024 sample reflects a greater heterogeneity of sexual orientation among respondents.
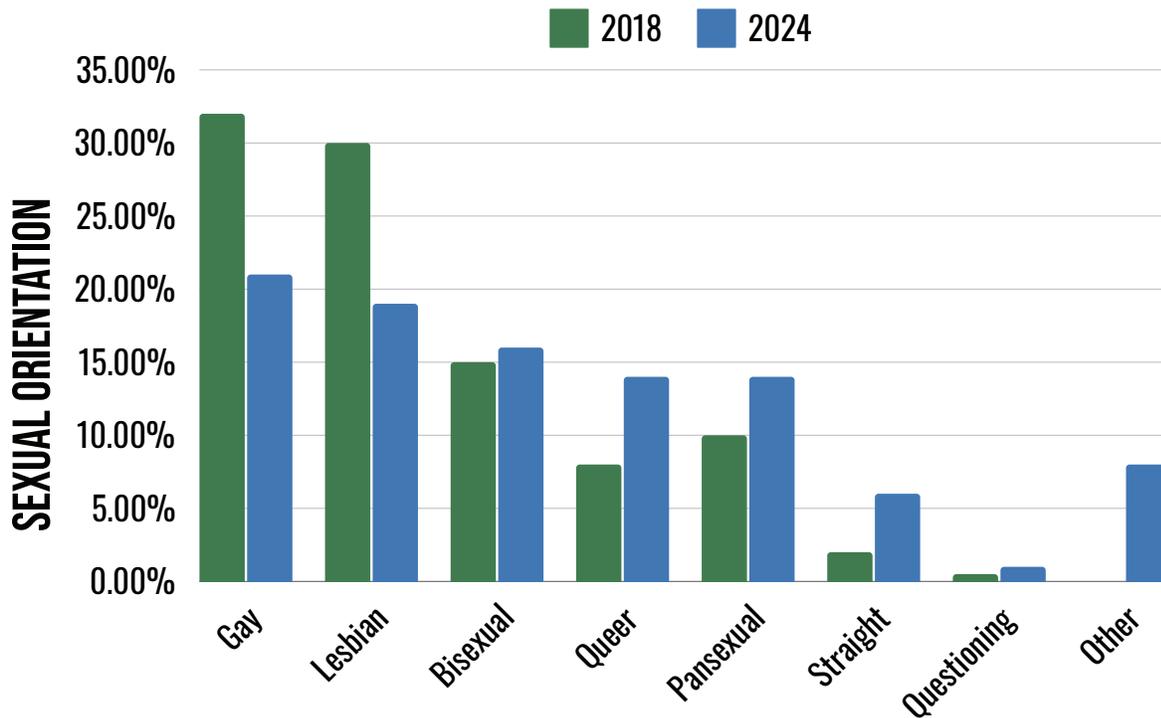
Most participants characterized their sexual orientation as either somewhat (36%) or very (57%) important to who they are as a person.

Age

The average age of the sample was 35, with a median and mode of 33. Respondents ranged in age from 10 to 74. Partnering with the Uplift Outreach Center for LGBTQ Youth allowed for input from a younger demographic in this survey update.

Employment

Most of the sample reported full-time employment (59%),[15] with significant numbers working part-time (13%) or not currently employed (24%).

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15 Cisgender participants were more likely to report full-time employment than transgender respondents (69% vs. 48%).

Race

Participants identified as either Black/African American (12%), Biracial/Multiracial (8%), or white/Caucasian (76%), representing increases in the first two categories and a decrease in the third. Six participants listed Hispanic as their race (2.4%), 4 selected Asian (1.6%), and 1 chose American Indian (.4%). The most current census information estimates the Black and white populations of Spartanburg County to comprise roughly 20% and 74% of the total,[16] respectively, and recent Williams Institute data suggest even greater diversity among the state's LGBTQ+ population (i.e., 25% Black and 52% white).[17] In sum, the Black LGBTQ+ community was particularly underrepresented—and the white overrepresented—in 2018, and that shortcoming characterizes the current report as well.
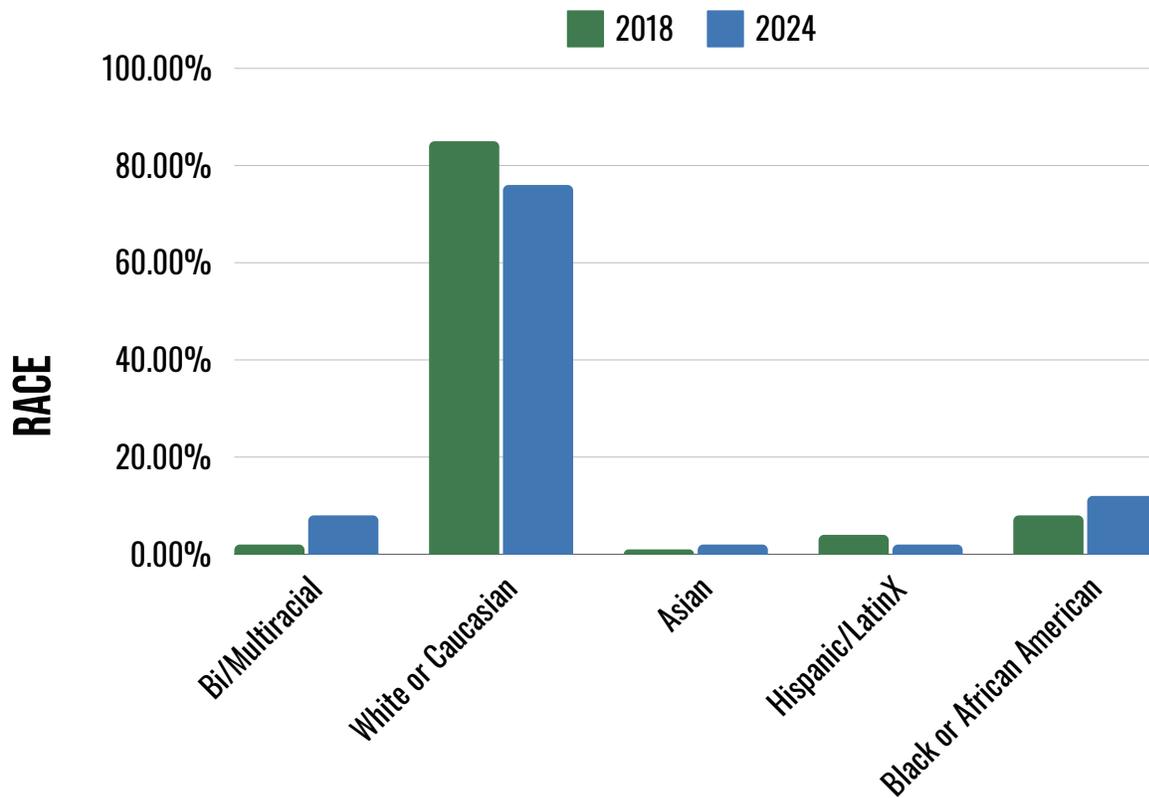
Family: Not Always a Safe Haven

The vast majority of respondents (91%) have at least one family member who is aware of their gender identity,[18] with high percentages (when applicable) for mothers (93%), fathers (89%), and at least one sibling (93%), child (78%), grandparent (77%), aunt, uncle, or cousin (84%), and guardian, foster parent, or other caregiver (69%). Most (71%) participants characterized their family as "very accepting" of their gender identity, with 21% choosing "somewhat accepting" and 6% "not very accepting." Transgender participants are out to at least one family member at rates comparable to cisgender respondents (96%), but fewer reported the highest level of familial acceptance (42%).

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16 https://www.census.gov/quickfacts/fact/table/spartanburgcountysouthcarolina,SC/PST045223
17 https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=45#density. The Williams Institute is "a think tank at UCLA Law dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy" (https://williamsinstitute.law.ucla.edu/). NORC is a nonpartisan research organization affiliated with the University of Chicago (https://www.norc.org/).
18 Unless otherwise noted, cis women and men are included in all analyses involving gender identity awareness/acceptance.

A large majority (90%) also have a family member who is aware of their sexual orientation, including most mothers (87%) and fathers (76%), and many siblings (87%), children (65%), grandparents (49%), other relatives (67%), and guardians/caregivers (58%). Fifty-one percent described a family "very accepting" of their sexual orientation, with 39% selecting "somewhat accepting" and 10% "not very accepting."

While many respondents reported positively on their families, this phenomenon was far from universal. When asked how often family members are "caring and supportive to you as an LGBTQ person," most (60%) participants selected "always" for those living with them, but fewer (30%) could say the same for others (a plurality of the latter were characterized as "sometimes" caring and supportive). Significant minorities reported that family members living with (14%) and not living with (28%) them were "rarely" or "never" caring and supportive. Similar results were found for family inclusion ("How often do you feel included with your family as an LGBTQ person?"), trust ("How often do you trust your family as an LGBTQ person?"), and respect ("How often do you feel respected by your family as an LGBTQ person?"). Most respondents always feel included (63%) and respected (63%) by family members in the home, and always trust them (60%), but these (already underwhelming) percentages drop considerably when other family members are considered (to 30%, 29%, and 31%, respectively). Twenty-eight percent reported that they would like to be more open about their gender identity and/or sexual orientation at

Many respondents reported that at some point a FAMILY MEMBER had...

45% TEASED or YELLED at them.

8% KICKED them OUT of the house.

45% STOPPED TALKING to them.

2% EXPELLED them from a foster family

8% Physically HURT them.

<1% placed them in FOSTER CARE for being LGBTQ.

50% indicated that a family member had stuck up for them.
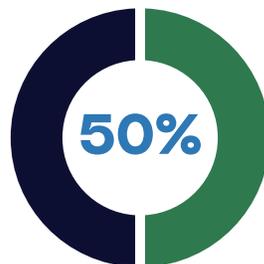
50% helped them feel good about being LGBTQ.
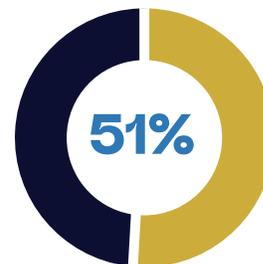
51% felt they could be themselves with their family.
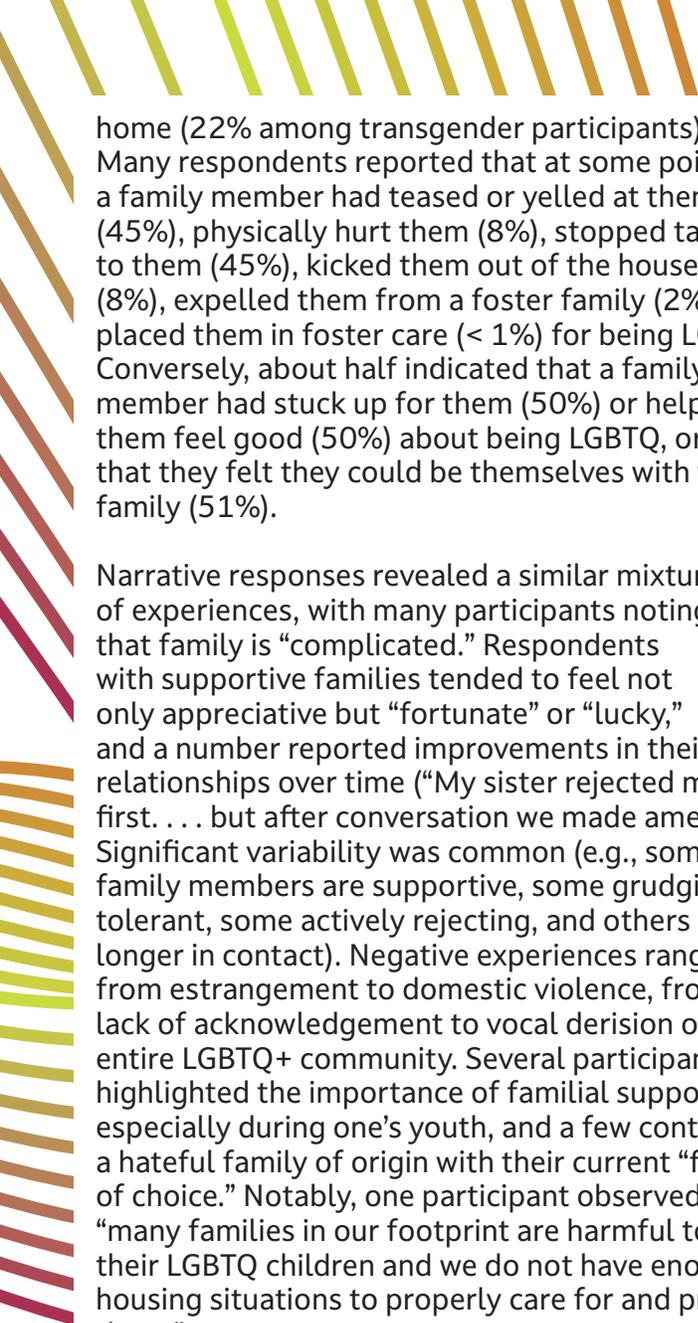
home (22% among transgender participants). Many respondents reported that at some point a family member had teased or yelled at them (45%), physically hurt them (8%), stopped talking to them (45%), kicked them out of the house (8%), expelled them from a foster family (2%), or placed them in foster care (< 1%) for being LGBTQ. Conversely, about half indicated that a family member had stuck up for them (50%) or helped them feel good (50%) about being LGBTQ, or that they felt they could be themselves with their family (51%).

Narrative responses revealed a similar mixture of experiences, with many participants noting that family is "complicated." Respondents with supportive families tended to feel not only appreciative but "fortunate" or "lucky," and a number reported improvements in their relationships over time ("My sister rejected me at first. . . . but after conversation we made amends"). Significant variability was common (e.g., some family members are supportive, some grudgingly tolerant, some actively rejecting, and others no longer in contact). Negative experiences ranged from estrangement to domestic violence, from lack of acknowledgement to vocal derision of the entire LGBTQ+ community. Several participants highlighted the importance of familial support, especially during one's youth, and a few contrasted a hateful family of origin with their current "family of choice." Notably, one participant observed that "many families in our footprint are harmful toward their LGBTQ children and we do not have enough housing situations to properly care for and protect them."

Workplaces: Worried about Being Open at Work

A substantial number (40%) reported that they would like to be more open about their gender and/or sexual orientation in the workplace (37% for transgender participants). Respondents described people at work as "always friendly and supportive to me as an LGBTQ person" at rates of 55% (supervisors), 49% (fellow workers), and 45% (colleagues), and reported feelings of inclusion (58%, 54%, 51%) and trust/respect (45%, 43%, and 40%) at the highest level around half of the time.

At some point in the last 5 years at work, 29% of employed respondents had been told not to let people know they are LGBTQ, 70% heard people say mean things about LGBTQ people in general, 8% perceived that they were denied a raise or promotion because of their LGBTQ status, 21% were left out or made fun of due to their LGBTQ status, 10% were criticized by a supervisor for being LGBTQ, 32% were worried that they would be fired for being LGBTQ, 5% actually were fired for being LGBTQ, 13% were left out of professional opportunities for being LGBTQ, and 10% felt they needed to work far from home due to being LGBTQ.[19] On the positive side, 38% indicated that other workers or supervisors had stuck up for them at some point, 19% reported special opportunities stemming from their LGBTQ status, and 54% felt like they could relax and be themselves at work.

Many participants reported supportive leadership at the highest levels (59%), official policies against harassment and discrimination based on gender identity (62%) and sexual orientation (65%), benefits (e.g., health insurance) available for same-sex partners (39%), openly LGBTQ coworkers (59%), and visible signs of support for the LGBTQ community (37%).

Despite widespread official support at many workplaces, narrative responses suggest a "don't ask don't tell" atmosphere at some of them ("I was definitely advised to not share my sexual orientation with coworkers"). A number of participants keep their gender identity or sexual orientation secret for fear of repercussions (*"I love literally everything about my job, except not being able to be my authentic self.* I KNOW I would be let go," "For the most part I worry about being open at work, because I don't know if it would damage my chances at career growth or new opportunities with leadership"). Several suspect a disconnect between official rhetoric/policies and the reality on the ground

19 *One primary aim of the project was to assess the thoughts and impressions of participants, given the powerful role of perception in emotional and behavioral responses (e.g., it might matter little that someone is accepted if they don't feel accepted). So, although it may at times be difficult to know—as an incontrovertible fact—whether one has experienced anti-LGBTQ+ discrimination (e.g., an employer might be unlikely to admit to firing on such grounds), a critical question for us was whether participants believed or suspected they had.*

In the last 5 YEARS at work:

32% were worried that they would be fired for being LGBTQ.

[
5%
were fired

13%
were left out of professional opportunities

10%
felt they needed to work far from home
]

29% of employed respondents had been told not to let people know they are LGBTQ

[
70%
heard people say mean things about LGBTQ people in general

8%
were denied a raise or promotion

21%
were left out or made fun

10%
were criticized by a supervisor for being LGBTQ.
]

("I would say that *we have higher ups who are 'supportive' in that they respect queer people but would not fight for them if it came down to it,"* "I fear that many companies, including the one I work for, are outwardly LGBTQ+ inclusive/friendly. But do not necessarily practice what they preach internally," "Current workplace says they are supportive but in actual practice, is always more reactive than proactive even though staff have asked for more support. Expects marginalized community to do all the education and work. Not receptive or understanding of barriers or discrimination we face").

Workplace bigotry is experienced in relatively subtle forms ("LGBTQ discrimination from colleagues in my field often shows up through subtle microaggressions, particularly criticism or comments about my feminine style of dress or pressure to minimize my feminine gender presentation") and remarkably flagrant ways ("My previous place of employment made a blanket statement they would fire anyone who identified as LGBT," "I have been fired from two jobs because of my sexual orientation").

COMMUNITY

General Community Experience: This Place Is Awful for Us

Most participants have, at some point, either felt like they could not hold hands or kiss their friend/partner in public or know another LGBTQ person who has felt this way (66%). Many have experienced (or know an LGBTQ person who has experienced) 1) feeling unwelcome in their neighborhood of residence (46%), 2) feeling so unwelcome in an area that they moved away (31%), and/or 3) homelessness (24%).

Given the vulnerabilities of LGBTQ+ persons struggling with homelessness and housing instability (e.g., risks of discrimination and violence, potential issues with emotional and behavioral health), evidence supports a "housing first" approach; that is, a successful outcome is more likely if secure housing is prioritized up front—allowing other difficulties to be addressed from a place of relatively safety and security—and not withheld until after all significant challenges are resolved.[20] The unhoused in our LGBTQ+ community need access to shelters, and, soon thereafter, permanent housing resources. This is particularly important for LGBTQ+ youth, who may be evicted from their homes after coming out.

Relatively few respondents elected to comment further, but those who did often had negative things to say: "The LGBTQ+ community is very kind but people outside of it are generally the complete opposite once they find out you're queer," "We live in the bible belt, *this place is awful for us,"* "We have some judgmental people to say the least," "Very closed minded and with a lot of hatefully religious people."

The LGBTQ+ Community: Nothing is Designed for Us

Most (72%) respondents either "somewhat" or "strongly" agreed that the LGBTQ community is friendly and supportive to them, and that they feel included (68%) and respected (74%) therein.

20 *See Brown et al. (2016) and Haskins (2018).*

72% SOMEWHAT OR STRONGLY AGREED
that the LGBTQ community is friendly and supportive.

18% DISAGREED OR STRONGLY DISAGREED.
that the LGBTQ community is friendly and supportive.
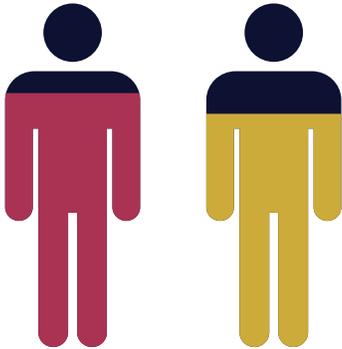
74% feel respected.

68% feel included.

45 participants who disagreed proposed explanations:

16%	Their gender identity is different.
22%	Sexual orientation is different.
20%	Racial identity or background is different.
29%	Gender identity or sexual orientation is private.
13%	Younger than most of the community.
29%	Older than most of the community.
30%	Have less money than most of the community.
47%	Live in a different community or neighborhood.

0   10   20   30   40   50
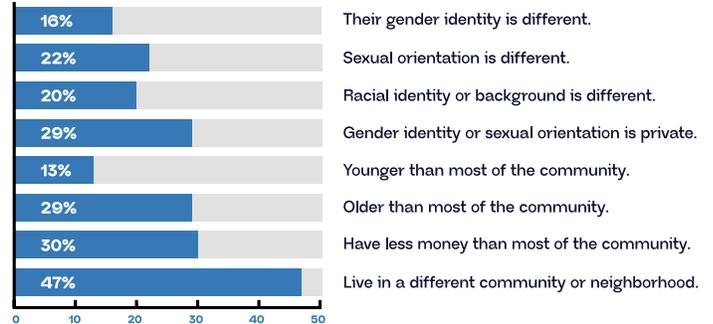
For the 45 participants (18%) who disagreed (or strongly disagreed) with any of those statements, proposed explanations were endorsed at the following rates: 1) My gender identity is different from most of the LGBTQ community (16%), 2) My sexual orientation is different from most of the LGBTQ community (22%), 3) My racial identity or background is different from most of the LGBTQ community (20%), 4) I keep my gender identity or sexual orientation private, but most of the LGBTQ community is out (29%), 5) I am younger than most of the LGBTQ community (13%), 6) I am older than most of the LGBTQ community (29%), 7) I have less money than most of the LGBTQ community (30%), 8) I live in a different community or neighborhood than most of the LGBTQ community (47%).

Significant percentages reported that it is not easy to find other LGBTQ people in the area (34%), that it is difficult to get to the places LGBTQ people hang out (45%), that the LGBTQ community is not inclusive (26%), and that they prefer mixed—rather than LGBTQ exclusive—settings (44%). LGBTQ+ people struggle to locate each other in Spartanburg and are not consistently aware of the few opportunities that do exist for togetherness: "I know there are supportive groups around here, but I'm not sure where the LGBTQ crowd hangs out or where to meet people," "I wish I knew of more local events where I can meet more same aged members of the LGBTQ community," "I've not found many events or other LGBTQ individuals," "Generally supportive, though it can be difficult to find fellow

Significant percentages reported that...

▲**34%** it is not easy to find other LGBTQ people in the area.

▲**45%** It is difficult to get to the places LGBTQ people hang out.

▲**26%** the LGBTQ community is not inclusive.

▲**44%** they prefer mixed—rather than LGBTQ exclusive—settings.

LGBTQ groups, especially new ones," "It's not that it's hard to get to places where other LGBTQ people are as it is that I just don't know where anywhere like that is around here."

Clearly marked spaces for LGBTQ+ people are not available. Gay bars and community centers are named as noticeable gaps in Spartanburg: "There's no bar/clubs that are close or around anymore it seems," "Few places to socialize openly," "Need more spaces to network for the LGBTQ community in Spartanburg and Greenville," "Since South29 closed, there are no safe queer spaces," "There's no place for us to go and safely hang out. *Nothing is designed for us,"* "We need third spaces for queer people that aren't exclusively political or geared towards youth."

For LGBTQ+ individuals, connection to a broader LGBTQ+ community has traditionally been associated with positive mental health outcomes and can serve as a buffer against minority stress.[21] One recent study, however, suggests a possible danger: if discussions within a minority group are consistently negative or distressing, the social support obtained therein may not always be protective.[22] For that reason, there must be a time and a place for fun, for simply enjoying one another apart from discussions of politics or other dimensions of inequality and distress.

ADVERSE EXPERIENCES

Mental Health

In the last two years, many respondents have experienced extended periods of sadness/depression (70%) and anxiety/panic (74%). Roughly two-thirds report persistent distressing thoughts, and suicidal ideation is remarkably common (47% have wished they were dead; 39% have thought of killing themselves). Thirty-seven percent of the sample has used drugs or alcohol to cope with negative emotions.

Mental Health Care

Most of the sample has attended counseling or therapy (69%), and most of their providers (including office staff, physicians, and therapists) were aware of their gender identity (90%) and sexual orientation (88%) at the time. This includes the 93% of transgender respondents who underwent psychological treatment, all of whom reported being out to their mental health providers. Further, clear majorities indicated that, as an LGBTQ+ person, they "always" trusted relevant personnel (79%), who were "always" friendly and supportive (85%). Eighty-three percent felt that they were helped by treatment.[23]

In the last 2 YEARS...

▲ **70%** have experienced sadness/depression
▲ **74%** regularly experience anxiety/panic.

$\frac{2}{3}$ report persistent distressing thoughts, and suicidal ideation is remarkably common.

47% have wished they were dead.

39% have thought of killing themselves.

37% of the sample has used drugs or alcohol to cope with negative emotions.

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21 *Lefevor et al. (2019). In this context, the phrase "minority stress" simply refers to the experience of chronic stress created by anti-LGBTQ+ prejudice, stigma, and discrimination.*
22 *Pulice-Farrow, Gonzalez, & Lefevor (2023).*

23 *For a review of LGBTQ-affirmative psychotherapy, see Burger & Panchankis (2024).*

On the other hand, negative experiences were not uncommon: 21% asked questions the provider couldn't answer, 16% were referred elsewhere ("they didn't think they could help me"), 10% were not called by their preferred name and pronouns, 17% did not receive the treatment they wanted, 12% received a treatment they did not want, 4% were told that their gender identity or sexual orientation was abnormal, and 25% decided not to attend additional appointments.[24]

Some respondents have delayed seeking care—even when they wanted it—for a variety of reasons:
• they expected criticism or mockery (23%),
• they didn't believe providers knew how to help them (23%),
• they weren't aware of a place they could go and feel comfortable (39%), and/or they couldn't afford to pay for care (61%).
• Forty-three participants (17% of the total sample) do not currently know a place to receive mental health treatment if they need it, but the vast majority would prefer either
  » a place that is especially for LGBTQ people (42%) or
  » a place for everyone that is also known to be LGBTQ-friendly (54%).

Many respondents commented on financial barriers ("Can't afford care," "Not having health insurance"), difficulty finding the right therapist ("Long waiting lists," "The access to care is horrendous. I've been waiting to hear back from a psychologist for months," "Not finding a POC counselor") and bad experiences with former providers ("I didn't feel safe with my therapist," "Bad therapist/psychiatrist experiences in the past," "Not respecting my pronouns/forgetting my pronouns"). A number reported that availability forced them to choose between faith-based counseling and none at all, and fear of judgment drove them to the latter. Unsupportive parents were also cited repeatedly ("My parents didn't think it was needed," a parent "found out" about a therapy referral and intervened). Several participants listed psychological reasons common to many who delay mental health treatment ("Avoidance," "Not wanting to have to explain all of my past trauma to a new therapist" "Did not want to go through the whole life story process again," "I feel undeserving").

24 This finding is difficult to interpret, given the many reasons one might discontinue treatment (including both its effectiveness and lack thereof).

Violence

Eighty-five respondents (38%) have been hurt by someone in their family or home, 23 in the last 5 years. Eighteen (8%) have been attacked on the street at some point in their lives, with 5 of these assaults occurring in the last 12 months. Over half (51%) have been raped or sexually abused (25 in the last 5 years), and 41 (19%) have had unwanted sex to acquire something they needed (17 in the last 5 years). Twenty have been arrested (9%), and 28 (13%) have been homeless (10 in the last five years).[25]

RAPED or SEXUALLY ABUSED

51%

Over half of respondents (25 in the last 5 years).

HURT by someone in their home

38%
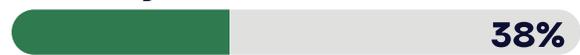
Eighty-five respondents (23 in the last 5 years).

Had UNWANTED SEX to acquire something they needed

19%

Forty-one respondents (17 in the last 5 years).

Have been HOMELESS

13%

Twenty-eight respondents (10 in the last 5 years).

Have been ARRESTED

9%
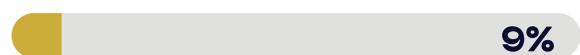
Twenty respondents (10 in the last 5 years).

ATTACKED on the street

8%

Eighteen respondents (5 of these assaults occurring in the last 12 months).

25 Twenty-nine participants (12%) elected to skip this entire section (a trigger warning was provided at the outset), and it seems reasonable to suspect that these individuals may have experienced adverse events at a higher rate (and/or with more severity) than those willing to complete it. Given this possibility, the percentage calculations above—which only include responders—could very well underestimate the prevalence of such experiences in our sample.

Medical Care: Greenville May Be Ahead of Spartanburg

Most respondents (87%) have sought medical care in the last two years, and most of their providers (71%) were aware of their gender identity at the time. These numbers are higher among transgender participants: 93% and 84%, respectively. Office personnel (including staff, doctors, and nurses) were described as "always" friendly or supportive 56% of the time, and 53% of participants "always" trusted them. The second most common response to both items was "sometimes." Negative experiences were endorsed at the following rates: 1) Doctors and nurses did not call me by my preferred pronouns (17%), 2) Doctors and nurses refused to give me the treatment I wanted (12%), 3) Doctors and nurses did not know where to send me for help (8%), 4) I could not speak honestly because I was not alone with the doctor (12%), 5) My partner was not allowed in the room with me (4%), 6) Doctors and nurses did not treat my partner like a family member (6%), and 7) I felt I had to seek medical care far from where I lived due to being LGBTQ (12%). Most respondents (76%) felt they were helped by medical providers.

Some participants have put off desired medical care because they did not know a place they would feel comfortable (37%), couldn't afford to pay for care (47%), or lacked trust/confidence in doctors (23%). Twenty-one (9%) don't have a place to get medical care if they need it. Most (68%) respondents would prefer to receive care at an establishment known to be LGBTQ-friendly (but not exclusive), while a significant minority would, if given the choice, select "a place that is especially for LGBTQ people" (29%).

Prohibitive costs were often highlighted in the narrative responses ("It's not affordable," "I could probably find somewhere to go. . . . but it would always just cost too much"), and several respondents cited poor treatment or the fear thereof ("It's been very difficult to get medical care from someone knowledgeable and willing to be helpful to me as a gay man. I've gone to several doctors looking for one that is welcoming," "I do not feel safe to tell them my gender identity so I pretend I am cis," "Nurses and desk staff are usually the ones who dead name me and use the wrong pronouns. IDK if they deliberately ignore my chart or they're negligent about reading it," "I'm scared of trying to receive gender affirming care. . . .with how things are politically right now"). A number seek care outside of Spartanburg County, and PRISMA Health (in Greenville) was singled out approvingly multiple times ("Prisma health is so accepting of me," "I was able to easily find a great LGBTQ friendly doctor through PRISMA's LGBTQ Health providers. It lists doctors who specialize in LGBTQ health, I think something like this would be great in Spartanburg").

Drug Use: Be Understanding, Helpful, and Not Judgy

Eighty-three respondents (33%) used recreational drugs in the last year, and 16% of those have accessed substance-related health resources at some point in their lives. Most (63%) would feel comfortable discussing drug use and related concerns with a LGBTQ+ competent provider, but a broad majority (77%) believe that community health care services are inadequate to the intersecting needs of LGBTQ+ individuals who use drugs. Fifteen respondents (18%) have "faced challenges in accessing LGBTQ+ friendly healthcare services for issues related to drug use."

Two open-ended questions were asked:

1) Are there any barriers preventing you from accessing healthcare services for issues related to drug use as an LGBTQ+ individual?

The few narrative responses to this item centered around three themes: 1) Cost ("Using my parents' money/insurance," "Money"), 2) Fear ("I'm scared I will get in trouble," "The laws and my mom"), 3) Awareness ("Visibility. A lack of interest in the intersectionality for substance use and being LGBTQ+," "I am not aware of specialized LGBTQ+ and drug use specific healthcare facilities in my area").

One response was particularly illuminating:

"I have briefly discussed [my drug] use with my primary care physician, but it was almost glossed over. [The doctor] didn't engage with me at

all when discussing my issue. I also withheld the information. . . . because of a fear that it would change my ability to receive care at the office, which touts its . . . values. I will say that I have not been shunned or treated poorly after disclosing this information, but I am treated as if I never said anything to begin with."

2) How do you think healthcare providers and services can be better equipped to address the unique health needs of LGBTQ+ individuals who use drugs in your community?

Again, awareness was one theme:

"Education and awareness of services that are available. I am currently unaware of any," "The more present and vocal about specialized services for LGBTQ+ individuals and drug use care the better and the more care that can be provided to the community."

Several respondents mentioned the attitudes, behavior, or presentation of providers:

"Hire people who are not judgmental, these people just need help," "Be understanding and helpful, not judgy," "More open about being LGBTQ+ friendly," "Be more present," "Foster an environment where patients can be honest about their drug use without having to worry about being denied care. Do better at meeting people where they are and trying to understand why the drug use is occurring in the first place instead of just making judgements and assumptions and writing people off."

Some offered suggestions related to research, education, or practice:

"Researching more about Harm Reduction and the intersectionality that comes with it," "Harm reduction," "Understanding the overlap of drug use, being queer, and being neurodiverse. It's such a common thing for these things to overlap and the community does little to nothing to actually help the mental health of people like us," "Offer open groups or telemedicine platforms for anonymity," "I think participating in more physical involvement with LGBTQ+ organizations in order to foster partnerships for community resources," *"Queer people are way more likely to be poor and uninsured. Free counseling/therapy would be a good start."*

School Experience: Remaining Closeted Is the Safest Option

There are 61 students in the sample, most of whom are in college or graduate school (57%). Public (62%) and non-religious private (20%) schools were most prominently represented. Thirty-eight percent of transgender students reported that most other students know their gender identity, followed by 53% for teachers and 38% for other school employees. These numbers drop considerably for sexual orientation (to 44%, 30%, and 21% respectively). About half (48%) of the students in our sample wish they could be more open about their gender identity and/or sexual orientation at school (only 38% for transgender students).

Many report NEGATIVE experiences at school:

75% Students or adults said mean things about LGBTQ people in general.

23% A health or sex education class taught that homosexuality is wrong.

66% Upsetting discussions about LGBTQ issues happened in class.

59% I felt pressure to act like I was not LGBTQ.

Bar chart values: 31%, 44%, 46%, 21%, 16%, 23%, 21%, 3%

Legend:
- ▲ I skipped school because I did not feel comfortable.
- ▲ Other students made fun of me or called me names.
- ▲ Other students picked on me or bullied me.
- ▲ I was hit, pushed or beat up by other students.
- ▲ A teacher or other adult told me not to tell anyone that I am LGBTQ.
- ▲ A teacher or other adult criticized me for being LGBTQ.
- ▲ Safe spaces at my school were violated or interfered with by others.
- ▲ I was prevented from playing a sport or participating in another extracurricular activity due to my gender identity or sexual orientation.

UNDERSTANDING LGBTQ+ NEEDS IN SPARTANBURG COUNTY: AN UPDATED ASSESSMENT

Relatively few students characterized their teachers (30%), other students (28%), or other school employees (23%) as "always friendly and supportive" to them as an LGBTQ person. Similar results were found regarding feelings of inclusion (28%, 23%, 23%), trust (23%, 20%, 21%), and respect (28%, 20%, 21%). Many reported negative experiences at school:

- Students or adults said mean things about LGBTQ people in general (75%)
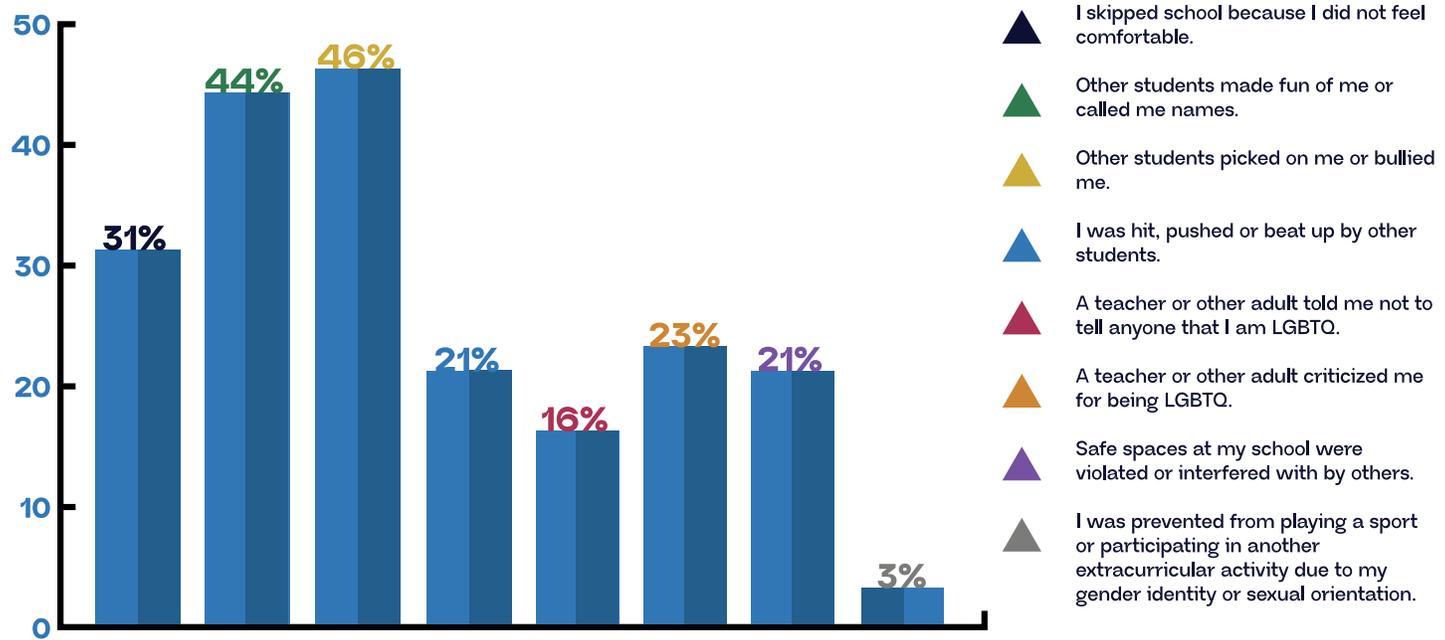- Upsetting discussions about LGBTQ issues happened in class (66%)
- A health or sex education class taught that homosexuality is wrong (23%)
- I felt pressure to act like I was not LGBTQ (59%)
- I skipped school because I did not feel comfortable there (31%)
- Other students made fun of me or called me names (44%)
- Other students picked on me or bullied me (46%)
- I was hit, pushed or beat up by other students (21%)
- A teacher or other adult told me not to tell anyone that I am LGBTQ (16%)
- A teacher or other adult criticized me for being LGBTQ (23%)
- Safe spaces at my school were violated or interfered with by others (21%)
- I was prevented from playing a sport or participating in another extracurricular activity due to my gender identity or sexual orientation (3%)

On the positive side, some reported that other students (44%) or teachers/other adults (44%) had stuck up for them as an LGBTQ person, or that they felt they could relax and be themselves at school (39%)—but each of these items was endorsed by a minority, and other indicators suggest limited support. For instance, most attend a school without LGBTQ education (56%), visible signs of LGBTQ safety are far from ubiquitous (39% see none at their school), many respondents lack access to a bathroom in which they feel comfortable (28%), and only 26% know of a counselor at their school who can answer questions about being LGBTQ. Significant minorities report no official anti-discrimination policy at their school (30%), no one who can talk to their families about LGBTQ issues (38%), no openly LGBTQ adults they can respect and can look up to (31%), and no open and respectful discussion about LGBTQ issues (33%).

Roughly half (52%) have access to an LGBTQ-affirming student organization (most of which are composed primarily of LGBTQ students), and many who do evaluate it positively: the adult in charge understands LGBTQ issues (63%), the adult in charge supports student members (69%), I can trust and depend on the adult in charge (61%), I like to hang out with people in this group (44%). However, some respondents feel that the group is not respected by the adults (16%) or other students (28%) at the school.

30% **Significant minorities report** no official **anti-discrimination policy** at their school.
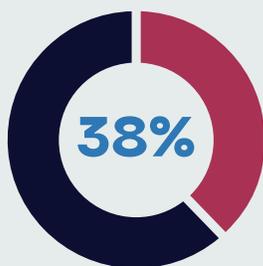
38%

No one who can talk to their families about LGBTQ issues.

31%

No openly LGBTQ adults they can respect and can look up to.

33%
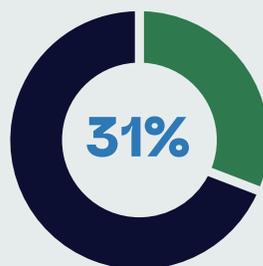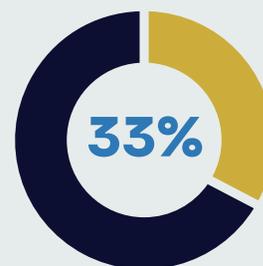
No open and respectful discussion about LGBTQ issues.

Many school districts have a general anti-bullying policy, but superior results are found when LGBTQ+ students are protected by a policy that specifically addresses them (Hatzenbuehler, 2011; Hatzenbuehler & Keyes, 2013). In fact, Kull et al. (2015) found no differences in outcome between schools with a general anti-bullying policy (that never mentions sexual or gender minorities) and those with no policy at all. Further, LGBTQ+ youth in areas with greater school protections report less suicidal ideation than those with fewer safeguards (Hatzenbuehler, Birkett, van Wagenen, & Meyer, 2014).

Most narrative responses referenced bad experiences, fear, or a combination thereof.

"My professor uses deadnaming me as a punishment for me doing things she doesn't agree with."

"It's scary since my school is a white southern school, people are racist and homophobic."

"They fire teachers who are LGBTQ or offer support for LGBTQ students, our club. . . .[does] more charity work than any other club to hide the purpose of said club."

"I have had my professor use my dead name as a punishment- she has also openly not respected my pronouns."

"As a lesbian in a male dominated major, remaining closeted is the safest option for me bc most of my classmates are homophobic and some are also misogynistic."

"I have had far too many experiences of college professors making comments about some part of my queer identity as if there is something wrong with me. This included my Abnormal Psych professor, who told the whole class she thought being trans should still be considered a disorder."

Being an LGBTQ+ Parent: I Keep My Life Private

There are 31 parents of school-aged children (ages 5-18) in the sample, and most send their child (or children) to public school (71%). Many worry that their children will be teased or bullied for having an LGBTQ+ parent (78% either somewhat or strongly agree), and more than half (57%) conceal their LGBTQ+ identity to protect them. A significant number chose neighborhoods (36%) and schools (52%) carefully, with their child's acceptance in mind.

Once again, actual negative experiences are common. A significant subset of parents somewhat or strongly agreed with the following statements: 1) My child has been teased or bullied for having an LGBTQ parent or parents (40%), 2) I have had negative experiences with my child's teachers because I am an LGBTQ parent (20%), 3) I have had negative experiences with the school's administration because I am an LGBTQ parent (23%), and 4) I have had negative experiences with other parents because I am an LGBTQ parent (30%).

Relatively few parents (20%) expressed confidence that their child's school would competently handle any problems related to being an LGBTQ parent, and most doubt that the school is careful to teach about different kinds of families (57%). The majority either somewhat (39%) or strongly (39%) agreed that, were it possible, they would move to a place with more LGBTQ families.

Only a few parents elected to comment further, and most who did suggested that, for one reason or another, problems at their child's school haven't been an issue ("My orientation hasn't affected my kids at school or with their friends," "My child's school doesn't know I'm LGBTQ, and assumes I'm straight because I'm married to a man," "I'm a very active parent. *I keep my life private,"* "I haven't run into any issues. I'm gender queer, but cis presenting").

Religion: Craving Community and a Sense of Higher Purpose

Most respondents (75%) do not currently attend a place of worship, but some of these would like to (23%). Lack of acceptance, in various forms, was frequently blamed for lack of involvement. For instance, 40% of nonattenders don't know of a place they would feel accepted, 35% don't feel welcome where family and friends go, 4% feel that their partner is unwelcome at a former place of worship, and 59% cited negative experiences with religious institutions. Eleven participants (6%) know of a place they would like to attend, but would have difficulty getting there.

Among attendees, most reported being out at their place of worship (71% for gender identity, 56% for sexual orientation), and many indicated that, as an LGBTQ person, the people there are "always" friendly and supportive to them (57%), they "always" trust them (48%), and they "always" feel respected (50%). Once again, this leaves a great deal of room for negative experiences:

- I felt like they thought I was wrong for being LGBTQ (36%)
- They told me that I wasn't welcome there unless I changed and was not LGBTQ (11%)
- I felt my partner was not welcome there (13%)
- I chose a place that is not my favorite, because they were more accepting of me (21%)

Seventeen attenders (28%) denied that their place of worship has ever helped them feel good about being LGBTQ.[26]

A number of narrative responses referenced atheism, agnosticism, or an attitude of general distaste/indifference towards organized religion in any form ("Just not into the whole church thing," "I don't trust organized religion," "I identify as atheist"). Many reported negative experiences surrounding gender identity/sexual orientation, and these were sometimes cited as a reason for

deconversion or leaving the church[27] ("I no longer attend church due to negative preachings about LBGTQ going to hell," "Kicked out. . . . after being outed by college roommate," "… a previous church I attended told me I could not become a member until I successfully completed their conversion therapy program," "I left the Catholic Church a long time ago and I feel that as a queer person it doesn't make sense to go to a place that continuously perpetuates harm towards other queer people," "My sexual orientation has a lot to do with me no longer attending church and questioning faith").

One longer response is worth quoting in full:

"I grew up in an evangelical independent Southern Baptist church that horribly demonized LGBT people. Tenets of this faith taught my family that they should 'hate the sin' and abandon me, and taught me that I should hate myself for things that are innate to me. 0/10 experience do not recommend. I find myself craving a community that gives me a sense of higher purpose and meaning in the universe, which is often found in faith communities, but I'm so scared of repeating bad experiences from my youth that I don't even go to congregations that say they are affirming."

On the other hand, multiple participants reported welcoming and supportive faith communities. Synagogues were prominently represented among these responses, as were Unitarian Universalist congregations.

Numerous respondents articulated a desire for spiritual community, but question where and how they would satisfy it ("Not only are there not places for me spiritually, other faiths actively spread hate towards my faith and LBGTQ people as a whole," "I would like to find somewhere to go that is openly accepting of LGBTQ," "I think there need to be more places

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26 A reminder: these questions were asked of LGBTQ+ persons who have found a place to attend, and who continue to attend—at least some of whom, we must assume, are there voluntarily. Given self-selection dynamics (i.e., when possible, people tend to go where they feel wanted), it seems likely that the rate of negative experiences would be catastrophically higher should LGBTQ+ persons be randomly assigned to Spartanburg County congregations.

27 Notably, intolerance towards the LGBTQ+ community has often been cited as a probable cause of increasing nonreligiosity among young Americans in general, whether LGBTQ+ or not (Djupe & Neiheisel, 2023).

of worship that aren't specifically faith based. We don't practice any religion but we are in tune with the earth," "I would love to see more resources for LGBTQ individuals who are religious," "Sadly there is only one church downtown that is open to other religions. There is nowhere for local pagans to go really").

BIPOC Experience: Pressure to Hide in Plain Sight

A clear majority of the 41 Black/Biracial respondents either somewhat (10%) or strongly (66%) agreed with the following statement: "It is hard for Black or Biracial people to come out because being LGBTQ is less accepted in the Black community." Sixty-one percent agreed (or strongly agreed) that "it is hard to find examples of LGBTQ Black or Biracial people whom I respect or see as role models." When asked whether being LGBTQ adds significantly to the stress faced by Black/ Biracial people, the most common answer seems to be "yes" (78% either agreed or strongly agreed that "there are already so many things to deal with when you are Black or Biracial, that being LGBTQ just makes it harder," while only 37% endorsed the following: "I am strong because of all the things I deal with being Black or Biracial, so also being LGBTQ doesn't matter that much").
Most Black or Biracial respondents feel that the mainstream LGBTQ community does not reflect their needs (73% agree or strongly agree), and a
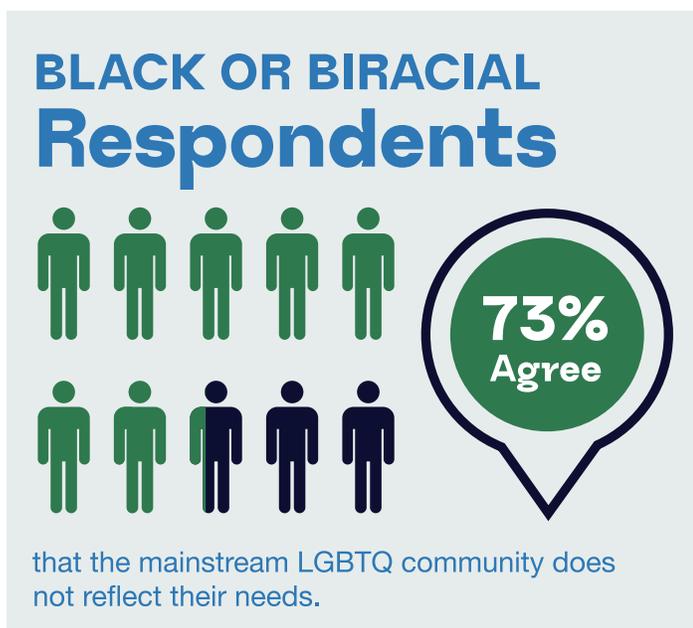
significant number are "often asked to represent all Black or Biracial people in mostly white LGBTQ settings" (44%). Only eight participants (20%) agreed/strongly agreed that their LGBTQ identity is more important to them than their racial identity (most were either neutral towards this statement or somewhat/strongly disagreed). Sixteen (39%) endorsed the reverse ("My identity as Black or Biracial is more important to who I am than my identity as LGBTQ"). About half (51%) are more comfortable spending time with Black/Biracial LGBTQ people vs. white LGBTQ people.

Relatively few BIPOC respondents chose to elaborate further, but those who did often highlighted the challenges associated with intersectionality:

"I feel like a toy as a poc in a mostly white community, at the same time I also tend to feel unwelcomed cause I'm racially different."

"POC and others in the LGBTQ communities with intersectionality have pressure to hide in plain sight."

"I feel that there aren't any resources for the black LGBTQ community. I'd love to participate in facilitating a healing workshop for this community and for everyone."

"Being black or biracial in addition to being LGBTQ comes with its own set of baggage completely separate of the baggage that comes with the individual situations."
The above is consistent with current scholarship. Several studies have shown that the discriminatory effects of LGBTQ+ status are compounded

BLACK OR BIRACIAL
Respondents

73% Agree

that the mainstream LGBTQ community does not reflect their needs.

A **SIGNIFICANT** **number,** **11 in 25**

are often asked to represent all Black or Biracial people in mostly White LGBTQ settings.

by racial/ethnic minority status.[28] Salerno et al. (2023) found that racist microaggressions perpetrated by white LGBTQ people (along with family rejection and internalized LGBTQ-phobia[29]) were associated with psychological distress among young LGBTQ persons of color. Cyrus (2017) documents the

> …complex relationship between external (discrimination/prejudice) and internal (self-doubt/rumination) stressors that shape the experience of multiple-minority groups, which helps us understand the lived experiences of LGBTQ-POC. LGBTQ-POC are adversely affected by cumulative discrimination and social exclusion, including racism from the LGBTQ community, and homophobia and heterosexism within their racial/ethnic community. In this way, they are a multiply marginalized group, which has implications not only for their risk of mental illness, but also for their access to mental health care, and the quality of care they receive.[30]

Rural Experience: Stay Vigilant and Keep to Yourself

Seventy-two respondents (29%) live in a rural area, and most feel that this presents additional challenges as an LGBTQ+ person. For instance, overwhelming majorities of rural participants either somewhat or strongly agreed that people in the city are more accepting (90%), and that, where they live:

- It is harder to connect with other LGBTQ+ people (92%, with not a single instance of disagreement)
- Anti-LGBTQ+ attitudes are more common in general (86%), in schools (73%) and in churches (76%)

Fifty-four participants (76%) indicated that "it is hard to get help for any kind of problem unless I go to the city."

28 Casey (2019).
29 The following items were among those used in the measurement of internalized LGBT-phobia: "I wish I wasn't LGBT," "I feel that being LGBT is a personal flaw in me," "I feel that me being LGBT must have been a mistake of fate/nature/God," "I have tried to stop being LGBT."
30 pg. 194.

Narrative responses (which were, again, relatively few in number) reinforce these statistics. Since moving from Spartanburg to a smaller town, one participant finds it "a lot more difficult to find places that I can be safe at." "There is very limited availability for LGBTQ activities in my rural area," notes another.

A third provided a recommendation: *"Stay vigilant and keep to yourself"*—sensible advice if, like another respondent, you worry that coming out to your neighbors could result in violence or death.

Several participants were blunt: living in a rural area as an LGBTQ+ person "sucks," "these are some of the most homophobic people I've ever encountered." Given the above challenges, it makes sense that some respondents would relocate if they could, and that lack of money would be mentioned yet again ("Desiring to buy a home in an area I feel safe is a significant financial barrier").

55+ Experience: I Think the Answer Is I'll Have to Move Away

Twenty-six respondents (10%) were at least 55 years old when they completed the survey, and many of these expressed concern about:
- How to meet other LGBTQ people as they age (66% "somewhat" or "very" concerned)
- Where they'll go to have fun and relax (68%)
- How they can meet a new partner or lover (56%)
- Whether they'll always need to come out to people about their gender identity or sexual orientation (44%)
- Who will take care of them when they need help (76%)
- Whether doctors will be able to meet their needs (52%)
- Whether hospitals will allow them to be with their partner (33%)
- Whether caregivers in any nursing home or residential facility will be LGBTQ-friendly (71%)
- Whether other residents in such a facility will be LGBTQ-friendly (68%)
- Whether any home health care provider will be LGBTQ-friendly (48%)

- Whether there will be legal difficulties when they or their partner dies (48%)

Only a few narrative responses were recorded, and most of these expressed difficulty or concern: "I was devastated when my partner died. It has been challenging to make connections in my new location," *"I think the answer is I'll have to move away. This is not a place where LGBTQ people want to retire,"* "I worry about being alone as my husband and I have no immediate family behind us." "Very concerned my biological family members will not honor my legal will at my death," "No current partner…but a concern w/ healthcare," "I am fearful of being open to the general public. I was beaten as a high school student [long ago] and don't trust that it wouldn't happen again."

BACKGROUND

Being LGBTQ+ in the United States

Taking the long view, certain forms of LGBTQ+ progress in America are undeniable. As one group of scholars recently observed,

> Over the last 50 years or so, and especially over the last few decades, the U.S. and many other societies have undergone a large, rapid, and broad decline in anti-gay attitudes. The magnitude, speed, and demographic scope of this change render it unique, distinguishing it from contemporaneous declines in negative attitudes toward other marginalized groups, such as racial/ethnic minorities and women. The historic societal shift in anti-gay attitudes is unprecedented, even profound, and demands detailed theoretical and empirical analysis.[31]

Perhaps the most conspicuous (and official) recent indicator of this transformation is The Respect for Marriage Act—a 2022 law requiring all states to recognize same-sex marriages—passed under the leadership of President Joe Biden. For historical context, President Clinton signed the Defense of Marriage Act in 1996, Barack Obama opposed same-sex marriage in 2004, and George W. Bush defined marriage as "the union between a man and a woman" in 2006. As a nation, we have moved in less than two decades from multiple federal laws against same-sex marriage to the current legal position of respecting and protecting same-sex marriage. The evolution is remarkable.

In the last few years, however, disquieting trends have emerged.[32] For instance, recent surveys conducted by the Public Religion Research Institute[33] acknowledge continued widespread

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at least in America; that is, no matter who one is or where one comes from, a family member, friend, or co-worker could come out as gay (the situation is different, obviously, for a variable like race).

The second mechanism is social category classification: people often "essentialize" others; that is, they tend to believe that all members of a group share a genetic, immutable reason for whatever they have in common. This has often worked against minorities—for instance, if poverty is more common in one group than another, "the way those people are" must explain it (as opposed to characteristics of the society in which they find themselves). For gay people, though, the tendency to essentialize has led to several widespread, often constructive beliefs: 1) sexual orientation is genetically determined (and therefore not elective), and 2) sexual orientation is unalterable (note: whether these beliefs are actually true is a separate issue). Objections to homosexuality are often rooted in moral claims—i.e., it is wrong to be gay—but most people see morality and free will as inextricably linked (i.e., no choice = no responsibility = no immorality). If sexual orientation isn't a choice, then it can't be an unethical choice. If sexual orientation is unchangeable, no one can be blamed for failing to change theirs.
32 Many explanations have been proposed for these unwelcome developments, including the possibility that the LGBTQ+ movement is anti-gay backlash. Several studies (e.g., Craig & Richeson, 2014) have found that an increase in minority numbers can drive perceptions of threat among the majority (e.g., BIPOC population growth is perceived as a challenge to the status and power of whites). Mackey & Rios (2023) recently extended this finding to the LGBTQ+ community, finding that heterosexuals often feel threatened by increases in the non-heterosexual population. The pattern of results was particularly clear for "symbolic" threat: a demographic increase in sexual minorities is seen as an attack on majority values, worldview, or culture. Perceptions of symbolic threat were, in turn, associated with higher levels of anti-LGBT prejudice.
33 Deckman et al. (2024).

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31 Kumar, Kodipady, & Young, 2023 (pg. 1). These authors propose two psychological mechanisms for such unusual progress. The first is interpersonal connections: most people have relationships with gay people, and relationships/interactions with members of a group predict more positive attitudes towards that group. Further, given the nature of sexual orientation (it is not known at birth, is easily concealed, and often has been concealed), many straight individuals have someone in their life they liked, admired, or felt connected to before they knew they were gay. Finally, it is difficult to self-select out of contact,

support for LGBTQ+ rights and protections among Americans, but also identified regression—for the first time in the organization's history—in several domains. Between 2022 and 2023, support dropped for gay marriage (69% to 67%), anti-discrimination protections in employment and housing (80% to 76%), and opposition to religiously motivated refusal of services (65% to 60%). Notably, attitudes toward Christian Nationalism (CN)[34] emerged as a key predictor of LGBTQ+ support (e.g., only 22% of CN adherents endorsed same-sex marriage, compared to the 93% found among rejectors). A recent Williams Institute/NORC report[35] documents broad support for anti-discrimination policies across U.S. demographic groups; however, a significant minority of Americans would allow the use of religious beliefs to deny medical care (16%), employment (26%), and business services (29%) to LGBTQ+ persons.

After decades of decline, anti-LGBTQ+ hate crimes have increased in recent years[36]—an unsettling reversal even if tracking plays a role.[37] LGBTQ+ persons are far more likely to experience a hate crime than their non-LGBTQ+ counterparts,[38] and chilling news items abound: for instance, a Southern California woman was recently shot for displaying a pride flag in her store window,[39] and Canada has issued an advisory to its LGBTQ+ citizens, warning that travel to the U.S. may be dangerous.[40]

Conversion therapy is still legal in many states, and a 2023 Trevor Project report identified more than 1300 active practitioners in the

United States.[41] Unmet mental health needs are disproportionately common in LGBTQ+ populations,[42] and more than 10% of trans youth attempted suicide *in the last year alone.*[43] In addition to suicide (and homicide), LGBTQ+ people are at elevated risk of abuse, harassment, ostracization, mental health problems, homelessness, sex trafficking, and unemployment/employment discrimination.[44]

In a national study of LGBTQ discrimination, Casey et al. (2019) found that

> experiences of interpersonal discrimination were common. . . . including slurs (57 percent), microaggressions (53 percent), sexual harassment (51 percent), violence (51 percent), and harassment regarding bathroom use (34 percent). More than one in six LGBTQ adults also reported avoiding health care due to anticipated discrimination (18 percent), including 22 percent of transgender adults, while 16 percent of LGBTQ adults reported discrimination in health care encounters. LGBTQ racial/ethnic minorities had statistically significantly higher odds than whites in reporting discrimination based on their LGBTQ identity when applying for jobs, when trying to vote or participate in politics, and interacting with the legal system.[45]

Despite apparent cultural progress, there is little in the way of outcome research—on stress, mental health, or health inequalities, for instance—to suggest that younger LGBTQ+ people have it better than their counterparts from previous generations.[46]

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34 Given vague and shifting definitions in the CN discourse, a note of clarification is warranted here. In the PRRI report, CN was measured by assessing level of agreement (completely agree, mostly agree, mostly disagree, or completely disagree) with 5 statements: 1) The U. S. government should declare America a Christian nation, 2) U. S. laws should be based on Christian values, 3) If the U. S. moves away from our Christian foundations, we will not have a country anymore, 4) Being a Christian is an important part of being truly American, and 5) God has called Christians to exercise dominion over all areas of American society.
35 Mallory et al. (2023).
36 Frost & Meyer (2023).
37 It is possible that this phenomenon reflects changes in reporting and documentation (as opposed to an actual uptick in the crimes themselves).
38 Flores, Stotzer, Meyer, & Langton (2022).
39 Rose (2023).
40 Wyld (2023).

41 https://www.thetrevorproject.org/blog/new-report-re-veals-alarming-prevalence-of-conversion-therapy-with-over-1300-active-practitioners-across-the-u-s/?gad_source=1&g-clid=EAIaIQobChMIke7lncGzhwMVjzgIBR0J7AsIEAAYASA-AEgLGw_D_BwE
42 Steele et al. (2017).
43 Casteel, Sharpe, & Bozard (2024).
44 Zajec & Godshall (2020).
45 pg. 1454.
46 Frost & Meyer (2023). One possible explanation for this apparent inconsistency is the "developmental collision": people are coming out at younger ages, which also means dealing with the stress of coming out at younger ages. Adolescence and emerging adulthood are difficult and confusing

Anti-LGBTQ+ legislation is constantly being proposed (e.g., censorship, compulsory parental notification, curricular prohibitions, health care bans, "don't say gay" laws), especially in the southeastern United States. Although most such bills fail to become law, their mere existence—the fact that they are put forward, considered, and voted upon—is injurious to the LGBTQ+ community, producing fear, stress, dehumanization, and the need to relocate or worry one might have to.[47] Further, the online discourse surrounding them is often hostile and misleading.[48] In a 2023 Trevor Project survey, 86% of transgender and nonbinary youth reported compromised mental health due to proposed anti-trans legislation,[49] and 45% of transgender youth experienced cyberbullying associated with such bills.[50]

Indeed, the situation is particularly difficult for transgender Americans.[51] Several controversial issues (e.g., transgender athletes, bathroom access, gender-affirming care for minors, drag queen story hours) appear to have mobilized anti-transgender sentiment not only to the point of fear and hate, but to legislation. Hundreds of specifically anti-transgender bills have been proposed in the United States in 2024 alone. Baseless accusations of "grooming"[52] and pedophilia circulate endlessly on Twitter/X, and powerful media and political figures have described the trans community in terms suggesting existential threat (for instance, The Daily Wire's Matt Walsh described the fight against "gender ideology"—a derogatory label for transgender visibility and acceptance—as "the last stand for Western Civilization"[53]).

Still, on the national level in 2024, there were some grounds for optimism.[54] The 2023 GLAAD (Gay and Lesbian Alliance Against Defamation) review of state legislation lamented the number of anti-LGBTQ+ bills proposed early in that year, but concluded on a more positive note:

> Voters in the 2022 midterm elections rejected Senate and gubernatorial candidates who attacked trans young people (Kansas, Michigan, Maine), instead voting for governors who vetoed or opposed legislation targeting transgender people and their access to everyday life—in Kansas, Michigan, Minnesota, Maine, Pennsylvania—and elected out LGBTQ candidates to office

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times under the best of circumstances, especially in several highly relevant domains: identity, relationships, sexuality, etc. Attempting to negotiate an enormous psychosocial challenge—and this particular psychosocial challenge—so early in life might leave some LGBTQ+ youth vulnerable to long-term deleterious effects (Fish & Russell, 2022).

47 Living in a state with fewer legal protections increases the risk of psychological disorders among LGBTQ+ persons (Hatzenbuehler et al., 2010).

48 Social media sites provide minority, sensationalist voices a disproportionately large presence in our cultural discourse, and there is currently no effective mechanism to filter out the inaccurate and uninformed (to echo an old complaint, a lie about the LGBTQ+ community "can travel halfway around the world before the truth can get its boots on"). Further, the creation of online "echo chambers" has served to inoculate certain kinds of hate and fear from reality itself.

49 LGBTQ+ youth spend a great deal of time online—perhaps even more than their cisgender heterosexual peers—and many use the Internet for civic participation (GLSEN, 2013). If there is a frightening legal development, an anti-LGBTQ+ talking point, or a hateful meme making the rounds, they are likely to know about it, and be affected by it.

Conversely, the positive impact of same-sex marriage legalization on LGBTQ+ mental health is well documented, and, notably, holds regardless of partnership status (Ramos, Burgess, & Ollen, 2023).

50 https://www.thetrevorproject.org/blog/new-poll-emphasizes-negative-impacts-of-anti-lgbtq-policies-on-lgbtq-youth/. The Trevor Project is a suicide prevention organization serving LGBTQ youth.

51 Many studies have found differences in the experiences of LGBTQ+ subgroups. For instance, Su et al. (2016) reported significantly higher rates of discrimination, depression, and suicide attempts for transgender (vs. nontransgender) LGBT participants. An LGBTQ+ needs assessment of the Central Savannah River Area (encompassing parts of rural Georgia and South Carolina) revealed differences between 1) transgender and gender diverse (TGD) and 2) lesbian and gay (LG) individuals

in almost every area of health care utilization (Holt et al., 2023). Unsurprisingly, TGD participants reported more barriers to care, discriminatory experiences, and unmet medical needs than their LG counterparts.

52 The use of this term as an anti-LGBTQ+ slur—usually, it seems, to imply predatory or indoctrinating behavior towards children—is not limited to fringe Internet figures: Rep. Marjorie Taylor Greene and Gov. Ron DeSantis have both employed it in public (https://glaad.org/smsi/anti-lgbtq-online-hate-speech-disinformation-guide/).

53 4/20/23 tweet from @realDailyWire.

54 As we prepare to release this report in 2025, the national policy landscape has changed for the worse, including a recent Executive Order that bans transgender women athletes from playing women's sports and eliminates any federal recognition of transgender people. https://www.whitehouse.gov/presidential-actions/2025/01/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/

in record numbers. Independent analysis shows disinformation campaigns and other attacks on LGBTQ people backfired and motivated voters to vote for candidates who promise to protect LGBTQ rights.[55]

Being LGBTQ+ in South Carolina

As of 2023, roughly 36% of the U.S. LGBTQ+ population lived in the South—more than any other region—with 5% of LGBTQ+ Americans hailing from South Carolina (~192,800 people).[56]

According to a recent report from Out Leadership—a global network of LGBTQ+ business leaders and allies—South Carolina is among the worst places in the country for LGBTQ+ economic inclusion. The state was categorized as moderately, notably, or highly risky for LGBTQ+ citizens in every relevant domain, including 1) legal and nondiscrimination protection, 2) youth and family support, 3) political and religious attitudes, 4) health access and safety, and 5) work environment and employment. The report also warns against the negative effects of LGBTQ+ discrimination on South Carolina's business and economic climate as a whole. [57]

Recent developments make this an exceedingly difficult time to be transgender in South Carolina. In 2024, transgender youth were legally banned from using public school bathrooms that match their gender identity, a change characterized by transgender activists as an invasion of privacy, an assault on trans dignity, and a risk factor for anti-trans violence and harassment.[58] Additionally, South Carolina legally banned gender-affirming healthcare for transgender youth this year, leading to outcries from the LGBTQ+ community. Notably, the Cass Review[59] was published on April 10th,

2024, just before the ban on gender-affirming care[60] for minors was passed in May.[61]

Most southern states have passed similar restrictions, leaving transgender youth and their families scrambling for treatment—which can require expensive, time-consuming, and stressful out-of-state trips.[62] A Greenville News article documented the struggle of affected parents, some of whom are considering relocation.[63] The Supreme Court heard a challenge to a similar law in Tennessee in December 2024. While a decision is not expected before late June 2025,[64] the conservative court is predicted to uphold the ban.[65] So, more fear and uncertainty burden our transgender population, likely continuing into the foreseeable future.

In a 2019 study, the Williams Institute reviewed evidence of LGBT disadvantage in South Carolina.[66] Reports of discrimination in employment and housing were common, as were experiences of harassment, assault, unfair treatment, and poor service. LGBT adults in South Carolina reported low income, lack of health insurance, insufficient money for food, and unemployment at higher rates than their non-LGBT counterparts. Various forms of protection against anti-LGBT discrimination existed in South Carolina at the time (local ordinances, university and industry policies),

55 https://glaad.org/reference/state-legislation/?utm_source=google&utm_medium=grant&utm_campaign=advocacy&utm_term=ad-group&utm_content=voter-education&gad_source=1&gclid=EAIaIQobChMIrLut0pashwMVl1z_AR0KhwzI-EAAYASAAEgIyEfD_BwE
56 Flores & Conron (2023).
57 Out Leadership (2024).
58 https://www.southcarolinaunited.org/updates/south-carolina-legislature-passes-cruel-policy-restricting-transgender-students-access-to-school-restrooms-and-locker-rooms
59 Cass (2024). The Cass Review is an independent evaluation, commissioned by the UK's National Health Service (NHS), intended in part to provide scientific recommendations for the treatment of transgender youth. In sum, the report is highly

critical of the quality and quantity of evidence supporting current gender-affirming practices. Regardless of the merits or defects of the analysis presented therein—see McNamara et al. (2024), Grijseels (2024), Noone et al. (2024), and Horton (2024) for prominent criticisms—the report has been co-opted and weaponized by anti-trans activists in efforts to lend scientific respectability to fundamentally unscientific (i.e., thoroughly ideological) cultural and political agendas (Belas, 2024). Indeed, the report is often cited in support of claims directly contradicted in the text itself (see especially McNamara, 2024).
60 Although "gender-affirming care" exists on a continuum (starting with open discussions and supportive counseling), opponents tend to focus exclusively on full medical transitioning of adolescents. Notably, some have challenged whether gender-affirming surgeries were performed on South Carolina minors even before the ban was instituted (Casteel, Sharpe, & Bozard, 2024).
61 Moss (2024).
62 Chinn (2024).
63 Chhetri (2023).
64 Hurley (2024).
65 Ezeh (2024).
66 Mallory & Sears (2019).

but, despite majority support for such protections, these failed to cover many of our LGBT residents.

In that same year, the Campaign for Southern Equality conducted a large survey of LGBTQ persons across the southern United States, 404 of which were from South Carolina.[67] Several key findings emerged:

> 1) Mental health problems—including suicidality, depression, and anxiety—are extremely common, particularly among transgender South Carolinians.
>
> 2) Disproportionately high rates of HIV were reported, as was ignorance regarding HIV status.
>
> 3) Most respondents reported difficulty accessing medical care, and many have delayed care due to cost or their LGBTQ status.
>
> 4) Experiences of anti-LGBTQ violence, harassment, and abuse were common, as was fear of such experiences.

Being LGBTQ+ in Spartanburg County

Statewide challenges are also reflected in Spartanburg County. For instance, in August 2024, the Spartanburg Pride festival was moved back to Barnett Park after credible threats to the organizing group at the 2023 downtown location were received. According to an announcement from Upstate Pride South Carolina, one of these threats "resulted in FBI engagement and an arrest." When expressions of pride are met with this sort of threat and risk management, it can be difficult for a community to sustain an atmosphere of genuine welcome, appreciation, and safety for LGBTQ+ residents.

Yet in recent years, there have been many reasons to believe that the political, social, and cultural climate for LGBTQ people in Spartanburg, South Carolina has improved. For example, Mayor Jerome Rice and the Spartanburg City Council issued a proclamation of June as LGBTQ pride month on June 26, 2023, carrying forward the seeds of LGBTQ inclusivity planted by Mayor

Junie White in his LGBT proclamation in 2010. According to the Herald Journal, the current proclamation promises to "advocate for the elimination of all forms of discrimination" and "ensure that everyone has the right to live in conditions of dignity, respect, and peace."[68]

One endorsement of the proclamation came from the LGBTQ+ Chamber of Commerce—a 501c(6) nonprofit launched in 2021. Modeled on a similar office in Charlotte, North Carolina, the organization has set a transformative intention to "rewrit[e] the narrative of the queer intersectional experience in the Upstate of South Carolina" and to create "a stronger, healthier community" by supporting LGBT-led businesses and creating networking opportunities for these business owners. Through these goals and related projects, the LGBT+ Chamber of Commerce further contributes to the impression that Spartanburg is increasingly and uniquely equipped to address the needs of LGBTQ residents in South Carolina. Founded by local entrepreneurs and business owners, and funded by the LGBT Fund at the Spartanburg County Foundation, this office is the first such organization in the state. Its mere existence (as well as the significant accomplishments and ambitious agenda) suggests things are changing for the better in Spartanburg.

Similarly, in 2018, local clergy, congregations, and individuals of faith created "LGBTQ Theologies," a coalition devoted to supporting the Upstate LGBTQ+ community through worship, theology, service, pastoral care, and education. It would have been difficult to imagine such a development even 20 years ago, and nearly unthinkable in previous decades.

A number of organizations serve the local LGBTQ+ population (e.g., Upstate Pride SC, 864 Pride, PFLAG Spartanburg, LGBTQ Theologies, Speaking Down Barriers, South Carolina Equality, The Ladies Room). In 2019, the Uplift Outreach Center was founded. Operating under the auspices of the Mary Black Foundation—and funded by the Spartanburg County Foundation LGBT Fund—this organization provides "the

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67 Harless, Nanney, Johnson, Polaski, & Beach-Ferrara (2020).

68 Swann (2023).

only safe space specifically for LGBTQ+ youth in the Upstate." Uplift offers programs targeting suicidality, self-esteem, self-worth, body image, relationship functioning, and general mental health. This, too, is good news for our LGBTQ+ community.

But all is not well. Reactions to LGBTQ+ visibility often include an outpouring of negative comments, such as those posted online in response to the founding of the LGBT+ Chamber of Commerce[69] and the annual pride festival. While this phenomenon may be seen as a negligible product of social friction, it may influence the way LGBTQ+ people feel about their place in the community.

Other constraints can be seen in a variety of struggles over LGBTQ+ representation, including the decision to remove LGBTQ+ books from a District 1 high school library in 2024, the pressure exerted on Spartanburg libraries to remove LGBTQ+ themed books in 2022, and the 2019 controversy surrounding Drag Queen Story Hour at Five Forks Library in nearby Greenville.[70] While the First Baptist Church of Greenville recently became an overtly affirming organization, it was expelled from the Greenville and South Carolina Baptist Associations as a result, demonstrating again the embattled gains and persistent losses characteristic of LBGTQ+ circumstances in the region.

The community has also been impacted by a recent tragedy. Consider the motivation behind the creation of the Uplift Outreach Center, developed after two local LGBTQ+ youth died by suicide. The youth center was created, in other words, because it was needed. Center youth report "relentless bullying" in local schools.[71] Social exclusion and anti-LGBTQ+ bias put community members at serious risk, as seen in the loss of Jacob Williamson—an eighteen-year-old transgender man from Greenwood, SC—who was murdered on June 30, 2023, after fleeing a non-accepting family and ostracizing community.[72]

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69 Cooper (2021).
70 Young (2023).
71 Foreman (2023).
72 Smith (2023).

LGBTQ+ Gap Analysis, Spartanburg County

Where are the gaps in the social fabric of Spartanburg? In 2023, Kelly S. Premo completed an LGBTQ+ gap analysis for Spartanburg County's Behavioral Health Task Force.[73] Drawing on multiple sources (e.g., key informants, historical documents), the report identified three critical needs for our LGBTQ+ community: 1) Access to Quality Care, 2) Community and Safe Spaces, and 3) Education.

Access to Quality Care:[74] It is particularly difficult for LGBTQ+ adults and adolescents to find knowledgeable, supportive, and affirming mental health providers in Spartanburg County, and word-of-mouth referral is the most common avenue for successfully doing so. Fear and mistrust cloud the process, driving most key informants to seek health services elsewhere.

Community and Safe Spaces: Members of the Spartanburg LGBTQ+ community report limited social support networks, and safety concerns prevent their expansion: "Fear of harm has quite literally driven the LGBTQ+ community into their homes. All Key Informants report going out in public less, building fewer relationships with others. . . .and feeling ill at ease in public. They fear verbal and physical harm from the community at large."[75].

Perceptions of unwelcoming and cliquish behavior within the LGBTQ+ community contribute to feelings of disconnection, and members lament a general lack of intragroup communication–a dynamic rendered particularly worrisome by the "word of mouth" phenomenon described above.

Some of this comes down to a simple lack of space. If there is nowhere safe to congregate, how does a group build relationships,

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73 Premo (2023).
74 Premo's conclusions are broadly consistent with the findings of a recent New Orleans LGBTQ needs assessment, which identified mental health service accessibility and culturally competent health providers (as well as affordable housing and transportation support) as the community's most pressing needs (Zajac & Godshell, 2020).
75 pg. 8.

community, and connectedness? Supportive environments exist, but they are either 1) not LGBTQ+ exclusive, and consequently never entirely "safe," or 2) focused on advocacy/outreach as opposed to fun, socializing, and community building.

Education: Many local providers are not equipped to care for LGBTQ+ persons, but they could be educated and trained. Similarly, the prejudices of the community at large are rooted, to a significant degree, in the kinds of ignorance addressed by existing affirming education programs.

Premo makes a number of recommendations:

1) Integrated care for the LGBTQ community at the local level:

Premo defines integrated care as "a patient-centered, team-based approach to supportive infrastructure and environments that eliminates care fragmentation, especially when it leads to an adverse impact on people's care experiences and care outcomes."[76] Integrated models are known to improve interactions throughout the healthcare system, fostering feelings of trust and safety among patients. Premo provides a list of relevant training resources, noting that integrated care has already been established in the region by PRISMA Health.

Spartanburg Medical Center (SMC) is the only provider in the county to participate in the Health Equality Index (HEI) survey ("a national LGBTQ+ benchmarking tool that evaluates healthcare facilities' policies and practices related to the health equity and inclusion of their LGBTQ+ patients, visitors and employees"[77]). Three areas for improvement were identified: 1) Training, 2) Transgender Inclusive Health Insurance, and 3) Patient and Community Engagement.

2) Education and Training:

It is not enough merely to value diversity and aspire to cultural competence.[78] Personnel must be taught how to provide the highest level of care to all patients, including the LGBTQ+ community. Empirically supported training resources are available from many organizations, several of which operate locally.[79]

In addition to training, many institutional policies focus on defining, identifying, and punishing discrimination against LGBTQ+ persons (which is important), but these should be integrated into a holistic approach toward organizational transformation. In other words, the goal is to create a maximally LGBTQ+ supportive climate, and this requires more than just training and discipline. For instance, Roberson and colleagues[80] group pro-LGBTQ+ organizational practices into five evidence-based "bundles" that can work together to support the LGBTQ+ community: Compliance/Anti-Discrimination, Representation, Work-Life, Inclusion, and Corporate Social Responsibility:

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76 *pg. 12.*
77 *pg. 14.*
78 *Some prefer the related construct "cultural humility" (see for instance Lekas, Pahl, & Lewis, 2020), but the distinction is not critical for present purposes.*
79 *For a recent evaluation in the medical field, see Schneidewind (2024).*
80 *Roberson et al. (2024). The authors also provide a theoretical framework for increasing the effectiveness of pro-LGBTQ+ institutional practices.*

Table 1. LGBTQ Practice Bundles[81]

Bundle	Description	Example Polices/Practices
Compliance/ Anti-Discrimination	Promotes compliance with prevailing laws and regulations at federal, state, and local levels, as well as prevents discrimination on the basis of sexual orientation and gender identity diversity.	- Non-discrimination policies around sexual orientation & gender identity - Including sexual orientation & gender identity diversity in organizational diversity definitions - Reporting and investigation mechanisms for sexual orientation & gender identity discrimination
Representation	Increases the presence and advancement of LGBTQ individuals within organizational workforces.	- Targeted recruitment sources (e.g., career events hosted by LGBTQ organizations) - Encouraging LGBTQ employee participation in recruiting events and inclusion in recruitment materials - Targeted mentoring and targeted leadership opportunities
Work-Life	Helps individuals of stigmatized sexual orientations and gender identities balance role pressures from their work and nonwork domains.	- Same-sex domestic partner benefits - Leave allowances for LGBTQ couples - Transgender healthcare and family planning services for LGBTQ individuals
Inclusion	Supports feelings of acceptance and being treated as an insider among LGBTQ employees.	- Gender- and LGBTQ-inclusive language in organizational communications and handbooks - Identity-affirming HR/IT systems that formally allow preferred names and/or pronouns - Training and feedback systems (e.g., LGBTQ-specific and/or allyship workshops and safe-space programs)
Corporate Social Responsibility (CSR)	Advances equal protections, treatment, and inclusion of individuals within the broader society regardless of sexual orientation and gender identity.	- Outreach and other advocacy practices to influence the adoption of pro-LGBTQ legislation - Philanthropic nature donations or other assistance to support LGBTQ organizations, initiatives or events - Engaging with LGBTQ markets and communities, such as inclusive marketing and supplier diversity programs

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81 Table reproduced from Roberson et al. (2024).

3) Community Centers:

Many communities have a LGBTQ+ wellness center (focused on health and wellness), community center (focused on community and connectedness), or hybrid space serving both functions. These tend to be active and successful, but relatively few currently operate in or around Spartanburg County.

Premo advocates for short-, mid-, and long-term investments:

Short-term, immediate investments:

1) A permanent, user-friendly, searchable database of LGBTQ-friendly providers

2) Increased visibility of services and resources

3) Increased business engagement

Mid- to long-term investments:

1) Community business development

2) Provide training for healthcare providers in culturally competent practices and affirming care for the LGBTQ+ community

3) Increase access to affirming mental health care by increasing the number of mental health care providers

4) Creating emergency shelter space for adolescents

5) Community space or a community center

HISTORY OF THE CURRENT PROJECT

The First Spartanburg County LGBTQ+ Needs Assessment

In 2016, a group of faculty members from USC Upstate launched the first LGBTQ+ Needs Assessment of Spartanburg County, with the support of grant funds from the Freeman Foundation and the Spartanburg County Foundation's LGBT Fund. Administered in late 2016 and throughout 2017, this project produced 398 completed surveys—188 from LGBTQ+ community members, 95 from local professionals, and 115 from LGBTQ allies—and the resulting report was circulated to local stakeholders across sectors of education, healthcare, and business.[82]

Key findings painted a mixed, worrisome picture of LGBTQ+ life in Spartanburg County. For instance, 25% of LGBTQ+ respondents indicated a plan or desire to leave the area. Most were selectively out at work (but not to their healthcare providers), and many had heard anti-LGBTQ+ comments from coworkers and classmates. Transgender respondents reported more negative experiences than gay and lesbian participants. Black and biracial respondents cited racism within the LGBTQ+ community as a barrier to safety and belongingness. Consistent with national statistics, depression, anxiety, and suicidal ideation were common among LGBTQ+ participants. Most did not belong to a place of worship, but 33% wish they did, citing fear of anti-LGBTQ+ bias as a barrier to attendance.

The Current Report

Six years have passed since the publication of "Understanding LGBTQ Needs in Spartanburg County."[83] As documented above, the positive steps taken in our community over that period (e.g., the Uplift Outreach Center, a Spartanburg City Council Proclamation of LGBTQ Pride, the LGBT+ Chamber of Commerce) exist alongside

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82 *Kofoed et al. (2018).*
83 *Kofoed et al. (2018).*

anti-LGBTQ+ messages, controversies, policies, and violence at every level of American society. To be data-driven in such a complex and volatile landscape requires updated information, and that necessity drives the current project.

The Survey

The project survey was designed by USC Upstate faculty,[84] with support from three community liaisons and feedback from a broader array of community partners. For the latter role, one hundred candidates were identified and contacted, and twenty agreed to serve on the advisory board. These included Uplift Outreach staff and youth, USC Upstate faculty, physicians, therapists, parents, teachers, harm reduction specialists, and several others. All parties were given access to the 2017 survey, the 2018 final report, and a rough draft of the current questionnaire, and many community partners solicited feedback from their respective networks and organizations. After a productive meeting in January 2024 and dozens of communications, the survey was finalized at the beginning of March.

When possible, continuity with the 2018 instrument was preserved for comparison purposes,[85] but some significant modifications were deemed appropriate. Additions often reflected new content areas or shifting realities, while deletions were generally in service of brevity, as feedback from the 2018 survey included complaints of burdensome length. Perhaps the most fundamental change was our target population: only LGBTQ+ respondents—not relevant professionals or LGBTQ+ allies—were included, so many items from the earlier project were omitted for inapplicability.

At the beginning of March, the research team and advisory board members shared the survey link with their networks (e.g., PRISMA, USC Upstate, Upstate Pride, Uplift, Piedmont Care, the Spartanburg Initiative for Racial Equality Now [SIREN], Spartanburg Democrats, District 7, Emerge, Anchoring Within, The Ladies Room, The Queer Wellness Center [QWC] of Greenville, Amaryllis Counseling, Fernwood Baptist Church, the Unitarian Universalist Church of Spartanburg, Trinity Lutheran Church, The Upstate Queer Coalition). On March 8, a promotional graphic was posted to various social media sites (e.g., Facebook, Instagram, LinkedIn, Snapchat, Discord, Remind, WhatsApp, and Trello). Fliers were placed in willing businesses on Main Street in Spartanburg, and the survey was promoted—often via staffed table—at a variety of events (e.g., Uplift Outreach Center/Fernwood Baptist Church youth craft event, YOU Day, Spring Fling, Community Health Awareness Day, and Black Pride.)

Team leaders were determined to improve the representation of Black LGBTQ perspectives in the collection of these new data. This effort started with hiring community liaisons from the Black community who could successfully deliver the survey to this demographic. These liaisons served on the planning team and took the lead in rolling out the survey. After two months of this work, the statistics of Black participation remained lower than the targeted level. We extended the survey dates to allow us the opportunity to promote it at Black Pride in Greenville on June 29, 2024. For this final push, we had small black cards designed with the statement Black Pride Is Powerful on the front and a link to the survey on the back, along with instructions for requesting a $10 gift code in exchange for completing the survey.[86]

The survey was closed in early July.

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84 A multidisciplinary team was assembled by Dr. Lisa Johnson, a faculty member in Women's and Gender Studies with expertise in LGBTQ Studies. Members have experience on similar projects or in related fields of scholarship, and several have now worked on both assessments.
85 The 2018 project—including many survey questions— was modeled after an LGBTQ+ needs assessment in Central Alabama (Community Foundation of Greater Birmingham, 2015).

86 At the beginning of the survey period, no external incentives—financial or otherwise—were provided (so the only obvious motivation for taking the survey would be a desire to participate in the project). This decision was made in response to problems with bad and useless data in 2017, produced by hackers and bots responding to online gift code offers attached to the survey.

LIMITATIONS

I. Access

a. Spaces

As in 2017, there are currently relatively few LGBTQ+-specific spaces in Spartanburg County (see below). This presented a challenge for reaching and recruiting our target population.

b. Online reliance

All surveys were completed online (partially due to the instrument's length), and many recruitment strategies were virtual. As a result, it was difficult to reach and recruit eligible participants who lack reliable Internet access.

II. Representation

Although it may appear that our survey sample is only a small portion of Spartanburg's LGBTQ+ population,[87] it is in line with similar efforts to reach this particular population. Still, it is possible that those who learned of the survey and elected to complete it are non-representative of the whole in important ways. For example, the high rate of respondents who are out in terms of gender or sexual identity may distort the larger picture of LGBTQ+ life in Spartanburg County. It is almost certainly the case that a high percentage of LGBTQ+ people are not out to anyone. Those who are out are likely a self-selecting population who are more engaged with the community and therefore more likely to complete the survey.

To compound matters, most participants chose not to respond to any of the open-ended questions (e.g., "What else would you like to say about being an LGBTQ+ person in the workplace?" "Is there anything else you would like to say about places of worship?"). Those who did, then, are a minority among an already small minority, and

it is impossible to know the extent to which their attitudes and experiences represent Spartanburg County's LGBTQ+ population as a whole.

Further, our efforts to increase the ethnic/racial representativeness of the sample were not entirely successful: as in 2018, we have underrepresented Black—and overrepresented white—participants. The team encountered a mixture of enthusiasm and reluctance while publicizing the project, and anecdotal evidence suggests the latter response was more common among majority Black audiences. In any event, efforts specifically targeting the Black LGBTQ+ population bore relatively little fruit in terms of survey participation.

For example, two day-long efforts to solicit responses at Black community events resulted in many exciting conversations, but almost no survey clicks. Part of this is likely due to the well-known challenges accompanying Black/LGBTQ+ intersectionality, but it is also possible that the entire enterprise—i.e., "(mostly White) scholars here to help"—was viewed with suspicion by a group that has, historically, every right to be wary of precisely those kinds of efforts. One advisory board member even worried that the survey itself reads like a "White" document: i.e., one written by and for White people. For this reason, we have included among our recommendations that a survey be created by BIPOC LGBTQ+ people for BIPOC LGBTQ+ people.

It is also worth noting that some elements of our recruitment plan within this community were not implemented in the fullness of their intention, through no fault of any individual team member, and probably due to the extreme overextension of the small number of BIPOC LGBTQ+ community leaders. This group is called on to fulfill more initiatives, tasks, and community-building visions than is reasonable to expect. For this reason, we have included among our recommendations that the white LGBTQ+ community work consistently in support roles for anti-racist LGBTQ+ initiatives within Spartanburg County and the surrounding area.

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87 *For instance, if 3.5% of the county's ~346,000 residents identify as LGBTQ+, our 251 participants would represent 2% of the total (3.5% is the Williams Institute's estimate for LGBTQ+ density in South Carolina: https://williamsinstitute.law. ucla.edu/visualization/lgbt-stats/?topic=LGBT#density). This percentage is similar to the 2017 estimate.*

CONCLUSION

The 2024 Needs Assessment reflected that LGBTQ+ individuals in Spartanburg report significant challenges, including feelings of unsafety, exclusion, and lack of community support. Many have faced high rates of adverse experiences such as homelessness, judgment, discrimination, sexual assault, and substance use. Barriers to mental and physical healthcare—such as cost, discrimination, and lack of inclusive providers—prevent many from seeking necessary treatment. Workplace and school environments often feel unwelcoming, with microaggressions, discrimination, and limited support preventing full openness. Family and faith communities provide mixed levels of acceptance, with many abandoning organized religion due to bigotry. While respondents appreciate the local LGBTQ+ community, they cite limited visibility, racial marginalization, and difficulty connecting with others, especially in rural areas.

Overall, there were some areas of progress noted since the 2018 report – particularly due to efforts directly related to the LGBT Fund of Spartanburg – including but not limited to the formation of the Uplift Outreach Center as a space for LGBTQ+ youth, and changes in healthcare environments to provide intake forms and lines of questioning that reflect the needs of the LGBTQ+ population. We hope the data in this report can be used by community leaders, nonprofit organizations, and individual residents to support the pursuit of an increasingly LGBTQ+ inclusive and welcoming Spartanburg County.

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RESOURCES

1. Southern Trans Youth Emergency Project: For families of transgender youth in southern states.

2. Upstate Pride SC: Empowers people of all gender expressions and sexual identities in the Upstate of South Carolina by promoting acceptance through education, advocacy and networking.

3. 864 Pride: Serves Upstate of South Carolina by offering mental health programming and funding for access to medical and mental health care, as well as increasing affirming providers through clinical training.

4. PFLAG Spartanburg: Advances equality through its mission of support, education, and advocacy.

5. Uplift Outreach Center: Provides resources to LGBTQ youth in Spartanburg.

6. Piedmont Care: Provides resources for prevention and treatment of HIV and AIDS in Upstate South Carolina.

7. Upstate SC LGBTQ Chamber of Commerce: Working to create an Upstate where LGBT+ businesses and professionals thrive at every level. https://upstatelgbt.org/

8. Proud Mary Theatre Company: Creative, dedicated people supporting LGBTQIA+ advocacy through the arts.

9. Greenville Gay Men's Chorus: Represents LGBTQ+ individuals in an effort to build community, foster compassion, and inspire activism at home and around the world through music.

10. South Carolina Equality: Promotes civil and human rights for LGBT South Carolinians and their families.

11. Out in the South: Works to increase philanthropic resources for organizations that enhance the well-being of LGBTQ people in the south (part of the national organization Funders for LGBTQ Issues).

12. Campaign for Southern Equality: Promotes legal and lived LGBTQ equality in the south.[88]

13. Out & About Upstate: This group promotes acceptance for people of all sexual orientations, with a goal to establish socializing opportunities for LGBT people.

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[88] *The above are taken from Casteel, Sharpe, & Boazard (2024), Kofoed et al. (2017), and the USC Upstate Library website: https://uscupstate.libguides.com/c. php?g=842904&p=9110175*

DATA TABLES

Table 1.1 Demographic characteristics of LGBTQ survey respondents

Gender identity (n=251)	N	%
Man	50	20
Woman	103	41.2
Transgender man	17	6.8
Transgender woman	10	4
Genderqueer	24	9.6
Gender non-conforming	18	7.2
Questioning	6	2.4
Nonbinary	13	5.2
None of the above	9	3.6
Sexual Orientation (n=251)		
Gay	53	21.1
Lesbian	47	18.7
Bisexual	41	16.3
Queer	36	14.3
Pansexual	35	13.9
Straight	16	6.4
Questioning	3	1.2
Other	20	8
Race/ethnicity (n= 251)		
Black/African American	29	11.6
Hispanic	6	2.4
Asian	4	1.6
American Indian	1	0.4
White or Caucasian	188	75
Biracial or Multiracial	21	8.4
Age (n=246)		
Mean	34.97	
Median	33	
Mode	33	
Minimum	10	
Maximum	74	

Table 1.2. Number and percent of respondents reporting level of importance of gender identity

How important is your gender identity to you as a person?	Frequency (n=251)	%
Not at all important	7	2.8
Not very important	37	24.8
Somewhat important	88	35.2
Very important	118	47.2

Table 1.3. Number and percent of respondents reporting level of importance of sexual orientation

How important is your sexual orientation to you as a person?	Frequency (n=251)	%
Not at all important	3	1.2
Not very important	17	6.8
Somewhat important	89	35.5
Very important	142	56.6

FAMILY FINDINGS

Table 2.1 Family knowledge of gender identity

Which members of your family know your gender identity?	Yes N	Yes %	No N	No %	I don't know if they know N	I don't know if they know %
Mother	183	79	10	4.4	4	1.7
Father	161	70.3	14	6.1	6	2.6
Any brothers or sisters	189	82.5	8	3.5	7	3.1
Any children	68	29.7	13	5.7	7	3.1
Any grandparent	115	50.2	22	9.6	13	5.7
Any aunts, uncles, or cousins	171	74.7	16	7	17	7.4
Any guardian, foster parent, or other caregiver	33	14.4	13	5.7	2	0.9

Table 2.2 Family acceptance of gender identity and sexual orientation

	Not Very N	Not Very %	Somewhat N	Somewhat %	Very N	Very %
How accepting is your family of your current gender identity?	15	6.6	48	21	163	71.2
How accepting is your family of your current sexual orientation?	22	9.7	88	38.9	116	51.3

Table 2.3 Family knowledge of sexual orientation

Which members of your family know your sexual orientation?	Yes N	Yes %	No N	No %	I don't know if they know N	I don't know if they know %
Mother	167	73.9	14	6.2	12	5.3
Father	130	57.5	20	8.8	20	8.8
Any brothers or sisters	174	77	13	5.8	14	6.2
Any children	53	23.5	15	6.6	13	5.8
Any grandparent	70	31	47	20.8	26	11.5
Any aunts, uncles, or cousins	141	62.4	28	12.4	40	17.7
Any guardian, foster parent, or other caregiver	26	11.5	15	6.6	4	1.8

WORKPLACE FINDINGS

Table 3.1 Out at work
This table reflects employed respondents' answers to the question "Where you work, do other workers know your gender identity/sexual orientation?"

	Yes N	Yes %	No N	No %	I don't know if they know N	I don't know if they know %
Gender identity (n=191)						
Other workers	139	72.8	25	13.1	13	6.8
Supervisor	141	73.8	24	12.6	6	3.1
Colleagues in your profession	137	71.7	28	14.7	11	5.8

	Yes N	Yes %	No N	No %	I don't know if they know N	I don't know if they know %
Sexual orientation (n=191)						
Other workers	103	53.9	45	23.6	30	15.7
Supervisor	141	55.5	41	21.5	28	14.7
Colleagues in your profession	96	50.3	44	23.0	38	19.9

Table 3.2 Openness at work

Are you as open as you would like to be about your gender and/or sexual orientation at work?	**N**	**%**
Yes	113	59.2
No	75	39.3

Table 3.3 Workplace Support
This table reflects employed respondents' answers to the questions about workplace friendliness, inclusion, and trust/respect. For example, "How often do you trust and feel respected as an LGBTQ person by other workers, your supervisor, and other colleagues where you work?"

	Never N	Never %	Rarely N	Rarely %	Sometimes N	Sometimes %	Always N	Always %
Friendliness (n=191)								
Other workers	3	1.6	11	5.8	45	23.6	93	48.7
Supervisor	6	3.1	7	3.7	29	15.2	104	54.5
Colleagues in your profession	5	2.6	11	5.8	50	26.2	85	44.5
Inclusion (n=191)								
Other workers	7	3.7	17	8.9	48	26.1	86	45
Supervisor	8	4.2	19	9.9	36	18.8	87	45.5
Colleagues in your profession	5	2.6	24	12.6	49	25.7	80	41.9

Trust/ Respect (n=191)							
Other workers	5	2.6	23	12	52	27.2	81	42.4
Supervisor	6	3.1	20	10.5	43	22.5	85	44.5
Colleagues in your profession	8	4.2	20	10.5	56	29.3	75	39.3

Table 3.4 Work experiences of LGBTQ+ people

As an LGBTQ person, have you had any of these experiences at work now or in recent jobs (past 5 years)? (n=191)	Yes N	Yes %	No N	No %	Don't know or Doesn't apply N	Don't know or Doesn't apply %
I did not get a raise or promotion because I was LGBTQ	15	7.9	132	69.1	41	21.5
I was left out of professional opportunities because of being LGBTQ	25	13.1	120	62.8	43	22.5
I had to work far from where I live due to being LGBTQ	19	9.9	145	75.9	25	13.1
Other workers or supervisors stuck up for me	71	37.2	51	26.7	65	34
I had special opportunities because of being LGBTQ	35	18.3	123	64.4	31	16.2
I felt like I could relax and be myself at work	102	53.4	70	36.6	17	8.9
I was told to not let other people know I am LGBTQ	56	29.3	117	61.3	17	8.9
I heard people say mean things about LGBTQ people in general	133	69.6	47	24.6	10	5.2
I did not get a raise or promotion because I am LGBTQ	15	7.9	132	69.1	41	21.5
I was left out or made fun of by other workers	40	20.9	124	64.9	26	13.6
My supervisor criticized me for being LGBTQ	19	9.9	148	77.5	23	12
I was worried that I would be fired because of being LGBTQ	61	31.9	108	56.5	20	10.5
I was fired because of being LGBTQ	10	5.2	151	79.1	28	14.7

Table 3.5 Workplace infrastructure to support LGBTQ+ people

Do you have any of the following at your workplace? (n=191)	Yes N	Yes %	No N	No %	Don't know or Doesn't apply N	Don't know or Doesn't apply %
Leadership at the top levels that is supportive of LGBTQ issues	110	57.6	35	18.3	42	22
An official policy that protects people from discrimination and harassment based on gender identity	117	61.3	37	19.4	35	18.3
An official policy that protects people from discrimination and harassment based on sexual orientation	123	64.4	34	17.8	32	16.8
Benefits such as health insurance for same-sex partners	73	38.2	35	18.3	81	42.4
Openly LGBTQ people who are colleagues or role models for you	111	58.1	55	28.8	22	11.5
Safe Zone stickers or other visible signs of support for LGBTQ issues	69	36.1	91	47.6	29	15.2

COMMUNITY FINDINGS

Table 4.1 Community experience

Have you ever had any of these experiences, or do you know anyone who has? (n=251)	Yes I have had this happen	I know another LGBTQ person who has had this happen	No	Yes, I have had this happen and I know another LGBTQ person who has had this happen	I do not know another LGBTQ person who has had this happen
I felt like I could not hold hands or kiss my friend or partner in public	79	45	80	40	4
I did not feel welcome in the neighborhood where I lived	49	47	131	17	2
I have been homeless or with no place to live	16	37	173	6	14
I moved away from the area because I did not feel welcome	23	47	157	7	14

HEALTHCARE & MEDICAL EXPERIENCES

Table 5.1 Out at the doctor

Thinking about the most recent place that you went for medical care, did the staff in the medical office and the doctor or nurse who took care of you know your:	Yes N	Yes %	No N	No %	I don't know if they know N	I don't know if they know %
Gender identity?	155	70.8	36	16.4	19	8.7
Sexual orientation?	108	49.3	60	27.4	43	19.6

Table 5.2 LGBTQ+ Experiences with healthcare

Have you had any of these experiences in a doctor's office, clinic, or hospital in the past two years? (n=219)	Yes N	Yes %	No N	No %	Don't know or Doesn't apply N	Don't know or Doesn't apply %
Doctors and nurses did not call me by my preferred name or pronouns	36	16.4	132	60.3	46	21
Doctors and nurses refused to give me the treatment I wanted	26	11.9	167	76.3	20	9.1
Doctors and nurses did not know where to send me for help	18	8.2	168	76.7	27	12.3
I could not speak honestly because I was not alone with the doctor	26	11.9	163	74.4	23	10.5
My partner was not allowed into the room with me	8	3.7	130	59.4	75	34.2
Doctors and nurses did not treat my partner like a family member	12	5.5	121	55.3	79	36.1
I felt like I had to seek medical care far from where I lived because I was LGBTQ	26	11.9	158	72.1	29	13.2
The medical practice helped me with my concerns	162	74	29	13.2	22	10

Table 5.3 Delaying medical treatment

Have you ever delayed medical care that you wanted for any of these reasons? (n=219)	Yes N	Yes %	No N	No %	Don't know or Doesn't apply N	Don't know or Doesn't apply %
I didn't know any place where I felt comfortable	78	35.6	121	55.3	14	6.4
I could not afford to pay for care	101	46.1	96	43.8	16	7.3
I didn't think doctors knew how to help me. I don't trust doctors.	48	21.9	144	65.8	21	9.6

SCHOOL EXPERIENCES

6.1 Student Demographics

	N	%
What grade are you in right now? N=61		
Middle school	6	9.8
High school	17	27.9
College or graduate school	35	57.4
Did not answer	3	4.9
What type of school do you attend? (n=61)		
Public	38	62.3
Private (religious)	4	6.6
Private (non-religious)	12	19.7
Charter	2	3.3
Other (homeschool/online/virtual)	5	8.2

Table 6.2 Out at school
This table reflects answers to the question, "In your school do most people know your gender identity/ sexual orientation?"

	Yes N	Yes %	No N	No %	I don't know if they know N	I don't know if they know %
Gender identity (n=61)						
Teachers	37	60.7	14	23	7	11.5
Other students	36	59	10	16.4	9	14.8
Other school employees	29	47.5	16	26.2	10	16.4
Sexual orientation (n=61)						
Teachers	18	29.5	25	41	13	21.3
Other students	27	44.3	20	32.8	5	8.2
Other school employees	13	21.3	26	42.6	15	24.6

Table 6.3 Openness at school

Are you as open as you would like to be about your gender and/or sexual orientation at school?	N	%
Yes	32	52.5
No	29	47.5

Table 6.4 School support
This table reflects students' answers to the questions about friendliness, inclusion, and trust/respect. For example, "How often do you trust people in your school, as an LGBTQ student?" and "How often do you feel respected/included/supported by people in your school, as an LGBTQ student?"

	Never N	Never %	Rarely N	Rarely %	Sometimes N	Sometimes %	Always N	Always %
Friendliness & Supportive (n=61)								
Other students	4	6.6	8	13.1	17	27.9	17	27.9
Teachers	2	3.3	5	8.2	21	34.4	18	29.5
Other school employees	5	8.2	2	3.3	18	29.5	14	23
Inclusion (n=61)								
Other students	3	4.9	14	23	17	27.9	14	23
Teachers	3	4.9	7	11.5	17	27.9	17	27.9
Other school employees	4	6.6	8	13.1	10	16.4	14	23
Trust (n=61)								
Other students	9	14.8	10	16.4	20	32.8	12	19.7
Teachers	7	11.5	12	19.7	19	31.1	14	23
Other school employees	7	11.5	10	16.4	16	26.2	13	21.3
Respected (n=61)								
Other students	2	3.3	14	23	18	29.5	12	19.7
Teachers	2	3.3	9	14.8	19	31.1	17	27.9
Other school employees	4	6.6	7	11.5	17	27.9	13	21.3