CONNECTICUT LGBTQ+ COMMUNITY SURVEY

NEEDS ASSESSMENT REPORT

2021

2021 Connecticut Statewide LGBTQ+ Community Needs Assessment Results

Prepared for
The Connecticut LGBTQ+ Health and Human Services Network

Prepared by
The Consultation Center, Inc.

Amy Griffin, MA
Director, Health Evaluation Initiatives

Jordyn Beschel, BA
Evaluation Assistant II

Kaylyn Garcia, MA
Evaluation Assistant II

Danielle Chiaramonte, PhD
Postdoctoral Fellow

Kayla Linn, MA
Social Media and Graphic Designer

Kathryn Clark, MS
Data Manager

Dear Reader,

The LGBTQ+ Health and Human Services Network was created and is administered by the Legislature through the Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO) and consists of representatives from more than a dozen health and human service non-profit agencies as well as some State agencies; most representatives are also part of the LGBTQ+ community themselves. The purpose of the Network is to make recommendations to the State about how to work toward a safer, healthier, and more inclusive environment for the LGBTQ+ community.

The LGBTQ+ Community Survey aims to 1) enhance our understanding of the number of people that identify as part of the LGBTQ+ community in our State and 2) identify the needs of the LGBTQ+ Community in Connecticut. Specifically, the Survey asks community members questions related to their service needs, service access, and experiences of discrimination related to their: basic needs, safety, housing, health, mental health, legal services, social support, and community engagement.

Please visit the following website for more information: https://wp.cga.ct.gov/cwcseo/wp-content/uploads/2021/03/Slide-Show-For-Website.pdf.

Sincerely,

Steven Hernández

Executive Director

THE CONNECTICUT LGBTQ+ HEALTH AND HUMAN SERVICE NETWORK MEMBER ORGANIZATIONS AND DESIGNEES

Organization	Designee
AIDS Connecticut	John Merz, Executive Director
Commission on Women, Children, Seniors, Equity & Opportunity	Steven Hernandez, Executive Director
Connecticut Chapter of the Gay, Lesbian & Straight Education Network (GLSEN)	Ashley Holbrooks, Chair
Connecticut Community Care	Julian Evans Starr, President
Connecticut Latinas/os Achieving Rights and Opportunities (CLARO)	Charlie Ortiz, President
Connecticut TransAdvocacy Coalition	Diana Lombardi, Executive Director
Hartford Gay and Lesbian Health Collective	Linda Estabrook, Executive Director
New Haven Pride Center	Patrick Dunn, Executive Director and Network Chair
OutCT	Kia Baird, President
Queer Unity Empowerment Support Team	Juan Fonseca, Executive Director
Rainbow Center at the University of Connecticut	Kelsey O'Neil, Director
Safe Harbor Project & True Colors	Evelyn Mantilla, Board Chair
Triangle Community Center	Edson Rivas, Executive Director
A lesbian, gay, bisexual, transgender, or queer physician, licensed pursuant to Chapter 370 of the general statutes	Vacant, appointed by the speaker of the House of Representatives
An LGBT Veteran care coordinator assigned to a healthcare facility in the state administered by the United States Department of Veteran Affairs	Vacant, appointed by the president pro tempore of the Senate
A member of the LGBT Aging Advocacy Coalition	Vacant, appointed by the Governor

ACKNOWLEDGEMENTS

> **In loving memory of Jerimarie Liesegang (1950-2020), for her efforts as an advocate for the transgender community. She founded both Queers Without Borders and the Connecticut TransAdvocacy Coalition. She also started the observance of Transgender Day of Remembrance in Connecticut, helped pass anti-discrimination legislation for both "gender identity or expression" and for trans people, advocated intensely for trans issues. She was an active and beloved member of the community and the Network.**

TABLE OF CONTENTS

Key Findings

INTRODUCTION

Currently, the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Community in Connecticut is not comprehensively represented in terms of their health and human service needs and service access. Without this information, it is difficult to advocate for necessary resources and programming to support members of the LGBTQ+ Community. In 2019, the Lesbian, Gay, Bisexual, Transgender, and Queer Health and Human Services Network (Network) was established to *build a healthier and safer environment for lesbian, gay, bisexual, transgender, and queer persons* in Connecticut. A chief task of the Network is to work with a consultant to develop and conduct a comprehensive LGBTQ+ community needs assessment. This is the first statewide LGBTQ+ Needs Assessment for Connecticut.

In May 2020, the Network, through the Connecticut Department of Public Health Department Office of Health Equity, contracted with The Consultation Center, Inc. (TCC) to design and implement a community needs assessment to provide a comprehensive understanding of Connecticut's LGBTQ+ Community within the following health and human services areas*: Basic Needs, Housing, Financial Resources, Medical Care, Mental Health, Addiction/Substance Abuse, Sexual Health and HIV Prevention, Legal Services, and Violence.*

The Needs Assessment design was envisioned before the Coronavirus/COVID-19 pandemic hit. We had originally anticipated providing residents with an online and paper copy of the survey as well as holding facilitated discussions with groups in the community. But the pandemic had other plans, and the Needs Assessment was redesigned as an online survey with opportunities for respondents to provide feedback via open-ended responses throughout. We recognize the limitations of this methodology in terms of accessing all members of the community (e.g., those without internet, incarcerated individuals, individuals experiencing homelessness) but we are proud in the representation from the community that we were able to capture in our first attempt to administer a statewide LGBTQ+ survey.

Information in this report will be used to fund or enhance programming to better serve the Connecticut LGBTQ+ Community as determined by the Network. This report also serves as a resource for Connecticut organizations (nonprofits, medical institutions, corporate funders, local and state government). The Needs Assessment was not designed to evaluate current programs and delivery of specific services, nor does it explore how well current LGBTQ+ state polices are implemented or enforced.

KEY FINDINGS

Survey Respondents closely mirrored the Connecticut population in many ways. Information about respondent gender identity and sexual orientation were captured for the first time in a consistent, statewide effort.

- 3,048 adults across Connecticut completed a survey.
- The sample closely mirrored the geographic distribution of the State with the largest number of respondents representing New Haven (27%), Hartford (28%), and Fairfield (11%) counties.
- About half (58%) of the respondents have lived in Connecticut for 21 years or longer.
- A majority (76%) survey respondents identified as White/ Caucasian, 28% as Hispanic/Latinx, and 13% as Black/African American. Far fewer (8%) identified as Native Indigenous, Asian, Pacific Islander, and/or Multiracial.

- About half (58%) of respondents were between the ages of 25 and 45 years old. 18% were between 18 and 24 years old, 17% were between 45 and 64 years old, and 8% were 65 years and older.
- About half (55%) of the respondents identified as Cisgender, 40% Transgender, and 5% Gender Diverse (not Transgender).
- About one-third of respondents identified as Lesbian (29%), Gay (32%), or Bisexual (35%). An additional 5% identified as Straight.
- About two-thirds (67%) indicated being in a relationship with 24% legally married and 9% in a civil union.
- Most (74%) of respondents have attended at least some post high school education.
- Most (79%) of respondents were employed at the time of the survey (53% full time, 26% part time).
- Half (55%) of respondents lived in a home that they owned or rented at the time of the survey.

Social Support

- Most (96%) indicated being "out" to others in their community and/or support circle.
    - Respondents were least likely to report feelings of support from neighbors (23%) or a spiritual/religious community (17%).
- Overall, most (77%) respondents believed they could go to someone if they had a personal emergency.
    - About two-thirds (68%) believed they had someone to talk to about LGBTQ+ specific challenges.
- Half (49%) of the respondents knew of ways to provide input that impacted policies and laws in their city or town.
    - Only one-third (35%) agreed that the needs of the LGBTQ+ population were represented across various government programs and services offered in Connecticut.
- Less than half (40%) of respondents agreed there was at least one community organization in their city or town that advocates for LGBTQ+ specific issues.

Additional Social Support Comments. Respondents also shared open-ended feedback about their perceptions of social support and community engagement. Themes from those comments include:

- **COVID-19.** People felt that the pandemic contributed to feelings of loneliness and uncertainty, and in some ways prevented them from socializing and expanding their networks.

- **Discrimination.** People shared their concerns related to discriminatory experiences surrounding their gender or sexuality. Particularly, with certain intersectional identities (race, age, ability, etc.) respondents felt they were, in some ways, unsafe where they lived.

- **Political Climate and LGBTQ+ Advocacy.** People reported a mix of supportive and unsupportive representatives particularly at the local and state levels. Overall, people believed more work was needed to advocate for the safety of LGBTQ+ individuals, such as instituting more expansive discriminatory and protection laws, promoting more LGBTQ+/gender/sexuality education in schools, and having legislative committees address LGBTQ+ needs at all levels.

- **LGBTQ+ Visibility.** Respondents raised the importance of options for transgender and nonbinary identities on legal documentation. They also mentioned the importance to raise awareness about nonbinary and gender nonconforming identities. While CT works hard to be inclusive, some people still hope for more overall LGBTQ+ representation in our governing bodies.

-   **LGBTQ+ Community Spaces.** For those that had LGBTQ+ community spaces or groups, they found themselves safe and welcomed. Many LGBTQ+ adults wished for more spaces to socialize (outside of bars and nightclubs) in addition to Pride events in more CT towns and cities.

-   **Youth Services.** Many respondents mentioned that LGBTQ+ youth need more mental health services, shelters for runaway homeless youth, social opportunities (e.g., mentoring), and gender and sexuality educational awareness in schools (K-12). Specifically, respondents highlighted the need for protection of trans youth, particularly in school sports.

Safety

-   More than two-thirds (69%) of respondents reported experiencing discrimination based on their personal characteristics at some point in their lifetime.
-   About half (47%) of respondents reported experiencing discrimination based on their sexual orientation.
-   About half (53%) of respondents have experienced some form of violence as a result of identity-based discrimination.
-   About one-third (30%) of respondents reported being victims and/or survivors of intimate partner violence.
    o   Survivors of intimate partner violence were more likely to be Transgender (42%), followed by Gender Diverse respondents (33%), and Cisgender respondents (21%).
-   About one-third (34%) of respondents reported experiences with sexual violence.
    o   Survivors of sexual violence were more likely to be Transgender (43%) or Gender Diverse (45%) when compared to Cisgender respondents (25%).
-   7% of respondents reported that they had engaged in sex work, survival sex, or exchanged sex for money, drugs, or housing.

Housing Services

-   About one-third (36%) of respondents accessed housing services in the past three years.
    o   Of those that had accessed services, the top housing services accessed included obtaining a mortgage/loan and/or refinancing (8%), finding/accessing affordable housing services options (5%), 211 (4%), and housing services through a LGBTQ+ organization (4%).
-   The top concerns/barriers related to accessing housing services included concerns that the services would not be LGBTQ+ friendly, 9%, not being able to afford the service, 9%, concerns that provider(s)/staff are not specifically trained for my needs as a LGBTQ+ member, 8%, and the wait time to receive help is too long, 8%.

Additional Housing Services Comments. Respondents also shared open-ended feedback about their experiences accessing housing services. Salient themes from those comments include:

•   **211.** Respondents mentioned that their experiences using 211 have not been helpful, especially for those experiencing homelessness. Some also have concerns for transgender individuals as their experiences with 211 showed operators were not competent or sensitive to trans-specific needs for housing/placements.
•   **Affirming and Supportive Services.** Respondents mentioned the need for more LGBTQ+ friendly services related to housing (e.g., real estate agents, rental groups, attorneys, and financial assistance services) or assistance with how to find these services. Some also felt housing service agencies/providers should have LGBTQ+ competence training.

- **Covid-19.** Respondents felt that the pandemic has further contributed to their financial inability to move out or buy a home. Others felt that state agencies and service providers did not effectively plan around COVID-19 restrictions, making emergency housing and shelter services unavailable and assistance with finding safe and affordable housing challenging.
- **Intersectional Needs.** Respondents mentioned that their gender identity, sexual orientation, race/ethnicity, ability (physical or mental health-related), and/or documentation status particularly compounded their experiences related to housing. These experiences included not being able to work to afford most housing options or lacking access to accommodations needed to live.
- **Homelessness Support.** Respondents mentioned that more could be done to support those experiencing homelessness, especially for LGBTQ+ youth that had nowhere to go. Suggestions include providing more affordable housing options and homeless shelters.
- **Older Adults.** There were specific housing comments related to the older adult LGBTQ+ population. These comments included concerns related to the inclusivity and safety of senior housing or assisted living facilities and affordability/financial assistance for those looking to live in their own home.
- **Safety Concerns and Discrimination.** Some respondents noted that they did not disclose their gender identity or sexual orientation due to fear of discrimination by housing service providers, landlords, neighbors, residential facility workers, and other community members. Several have experienced discrimination (e.g., denied housing), abuse in shelters, or struggled to find safe services to use as a means of getting out of unhealthy or dangerous home situations.
- **Service Needs and Outreach.** Respondents mentioned that more can be done in terms of making housing services more widely available and well-known, especially for the LGBTQ+ population. Respondents were unsure where to find what they needed. They also experienced long waiting periods for assistance.
- **Affordability.** Respondents find that Connecticut is not an affordable place to live, especially for LGBTQ+ individuals experiencing pay disparities, job discrimination, and/or disabilities. Respondents also felt living on their own is the safest option but cannot always afford to do so.

Healthcare Services

- Most (93%) of respondents accessed healthcare services in the past three years.
- 16% of respondents reported being refused healthcare services because of their LGBTQ+ identity.
- Of those that had accessed services, the top healthcare services accessed included a checkup/annual exam (61%), chronic disease management (21%), and cancer screening treatment (22%).
- About two-thirds (64%) of respondents mentioned having concerns related to accessing healthcare services.
  - The top concerns related to accessing healthcare services included concerns that the services would not be LGBTQ+ friendly (20%), concerns that providers and staff would not be trained for their needs as a member of the LGBTQ+ community (19%), and not knowing where to access these services (19%).

Additional Healthcare Comments. Respondents also shared open-ended feedback about their experiences accessing healthcare services. Salient themes from those comments include:

- **Affordability and Insurance Coverage.** Respondents felt that, with or without insurance coverage, healthcare is too expensive to afford. Others expressed concerns about insurance not covering LGBTQ+ healthcare services/providers and fears of insurance companies releasing confidential information.
- **COVID-19.** Respondents shared the pandemic has impacted healthcare whether that is through scheduling delays or closings of medical providers, the lack of affordability of telehealth visits, or the fear of getting the virus from unvaccinated workers.
- **Intersectional Needs.** Some respondents reported negative experiences accessing healthcare related to their race, immigrant status, ability, and weight.
- **LGBTQ+ Informed Providers.** Respondents mentioned negative experiences such as being misgendered or "deadnamed," harassed, or unnecessarily questioned by staff and practitioners who lack LGBTQ+ training (i.e., providers mentioning not knowing how to help, not knowing how to talk about safe-sex practices). However, some respondents mentioned positive experiences with LGBTQ+ identifying practitioners, allies, and well-informed providers.
- **STD/STI Related Healthcare.** Respondents mentioned stigmas surrounding STD/STI testing, the need for more accessible or affordable testing, experiences with providers being uninformed about HIV/AIDS treatment, and an overall need for regular preventative measures such as screening and testing for STD/STI during check-ups.
- **LGBTQ+ Supportive/Affirming Healthcare Services.** Respondents mentioned the need for more LGBTQ+ safe and affirming healthcare centers (including hospitals) and for centers to make their support for this community clearer because services are not easy to find. This includes more identification options on medical forms, providing a safe and comfortable environment, not disclosing HIV status to others, and ensuring provision of trauma-informed care. Respondents shared that they had positive healthcare experiences with the following: Planned Parenthood, Circle Care Center, Anchor Health, and Hartford Gay and Lesbian Health Collective.
- **Transgender and Nonbinary Needs.** Respondents shared that the U.S. healthcare system does not meet the needs of transgender and nonbinary communities. They mentioned experiences such as being misgendered or "deadnamed," discrimination, malpractice or mistreatment, abuse, or not being able to afford gender-related surgeries because of insurance policies.

Mental Health Services

- A majority (70%) of respondents have accessed some type of mental health service in the last three years.
- 15% of respondents have been refused mental health, addiction, and/or substance use services because of their LGBTQ+ identity.
- The top mental health services accessed include therapy/counseling (43%), psychiatry visits (19%), and medication for a mental health concern prescribed by a physician (17%).
- About half (55%) of respondents have concerns related to accessing mental health, addiction, and/or substance use services including affordability (22%), competence of providers to meet LGBTQ+ community member needs (18%) and concerns that services will not be LGBTQ+ friendly (17%).
- Top mental healthcare needs include a psychologist/counselor (31%), a psychiatrist (13%), and a peer support group to navigate mental health needs or substance abuse challenges (10%).

Additional Healthcare Comments. Respondents also shared open-ended feedback about their experiences with mental health, addiction, and/or substance use services. Salient themes from those comments include:

- **Support Needs.** Respondents mentioned various needs for mental health and related services that included intersectional inclusivity (e.g., class, race, and ability), body image and weight, HIV support groups, and more support for minors and older adults. Mostly, people felt a need for broader awareness concerning mental health.
- **COVID-19.** Respondents felt the pandemic negatively impacted their mental health and their access to mental health services (e.g., telehealth). Regarding the change to telehealth, some people preferred virtual appointments because they were easier to access (e.g., those with disabilities or social anxiety); however, most people felt they connected better with in-person visits, which were limited due to the pandemic.
- **Helpful Services.** Respondents stated that services such as supportive networks, centers of care, and LGBTQ+ affirming care providers were helpful.
- **LGBTQ+ Informed Providers.** Respondents mentioned the need for professionals and providers of care to be trained and made aware of issues and needs impacting LGBTQ+ clients. They also mentioned experiences with professionals/providers who were uninformed. Respondents sometimes heard inappropriate comments made by providers or felt the need to self-explain or visit providers repeatedly to have their needs met. Some realized their provider's treatment could not meet their LGBTQ+ related needs. For those that have worked with LGBTQ+ informed providers, their experiences have been positive and affirming.
- **Transgender and Nonbinary-Specific.** Respondents felt that transgender and nonbinary individuals have unique struggles related to mental health care, including (for example) a requirement to attend therapy prior to completing gender-affirming surgery. They mentioned issues around discrimination and being denied services because of their gender identity, not having their identity validated by mental health professionals, being outted by providers, or being misdiagnosed or not treated for other mental health disorders.

Financial and Legal Services

- 44% of respondents have accessed some type of financial or legal service in the last three years.
- 13% of respondents have been refused financial or legal services because of their LGBTQ+ identity.
- The top financial or legal services accessed included will/estate planning (12%), designating a healthcare proxy (11%), and applying for social security benefits/retirement planning (10%).
- One-third (33%) of respondents have concerns related to accessing financial or legal services. These concerns included being refused services because of their LGBTQ+ identity (12%), affordability (12%), and lack of information to access services (11%).

Additional Financial or Legal Services Comments. Respondents also shared open-ended feedback about their experiences with financial and legal services. Salient themes from those comments include:

- **Legal Documentation.** Respondents noted difficulties obtaining legal documentation for changed names and/or identities. They mentioned it being a complicated process where they did not receive accurate paperwork/documents or having to explain their changes to staff members. Some, however, had no issues with personal ID changes.
- **LGBTQ+ Affirming Services.** Respondents indicated a need for more services that are LGBTQ+ friendly/affirming and more opportunities for pro bono legal services for LGBTQ+ cases. For those that have worked with LGBTQ+ friendly services or professionals that are members of the community, they noted positive experiences in terms of being treated with respect and having their relationship/identity validated.
- **Service Access.** Respondents indicated that it is not clear where to find LGBTQ+ friendly/affirming financial and legal services. They also mentioned costs and long waiting periods as barriers to accessing these services.

- **Additional Service Needs.** Respondents noted additional needs for legal and financial services, such as help for survivors (of abuse, assault) and immigrants.
- **Discrimination.** Respondents noted cases of discrimination involving law enforcement officials and attorneys using their sexuality or gender identity against them. They also mentioned fear around disclosing their sexuality or gender identity; they did not want to experience discrimination when accessing services.
- **COVID-19.** Respondents noted that the pandemic impacted their experiences with financial and legal services. Longer wait times, an inability to meet in-person or services (i.e., courts were closed), and additional stressors related to their need for access to these services ensued due to the pandemic.

RECOMMENDATIONS

What to do with the information from this report?

Leaders and champions across Connecticut are instrumental to implementing program, practice, and policy changes based on the results of this report. Below, we provide some recommendations for the actions than can be taken on an organizational, institutional, city, or state level to better support Connecticut's LGBTQ+ Community. Our recommendations are influenced by the *Advancing LGBTQ Equality Through Local Executive Action Report* (2017).[1]

We strongly encourage counties, municipalities, and state-level leaders to translate evidence from this report into actionable polices. With this recommendation guide, we hope the movers and shakers in Connecticut can continue to pass and strengthen LGBTQ+ affirming polices and actions across the State.

PROGRAM, POLICY, PRACTICE, AND POLICY CONSIDERATIONS

1. Make changes to forms, documents, and data collection tools to be inclusive of gender identity and sexual orientations.
2. Include gender identity options on legal forms, documents, and identification cards.
3. Advocate for LGBTQ+ antidiscrimination policies.
4. Increase access to LGBTQ+ affirming health and mental health care.
5. Provide <u>ongoing</u> training and technical assistance programs to service providers about LGBTQ+-specific issues.
6. Institute school-based protections for LGBTQ+ youth.
7. Improve restroom access for all genders (gender inclusive restrooms) in public facilities.
8. Develop a community action plan for protecting/promoting LGBTQ+ rights.
9. Recruit LGBTQ+ providers to work in Connecticut, especially in the healthcare and mental health sectors.
10. Assess the enforcement of Connecticut equity laws aimed to protect LGBTQ+ individuals.

HEAR OUR VOICES

Respondents indicated that it is *Very Important* for Connecticut to strengthen policies, forms, and offer additional provider trainings to promote a more inclusive environment for the LGBTQ+ community. More than 400 respondents provided suggestions and their perspectives in the open-ended comment portion of the survey. Below is a summary of themes from their comments:

- **Connecticut Reactions.** Generally, respondents feel that Connecticut is making visible efforts to meet the needs of the LGBTQ+ community and that Connecticut is a relatively safe place for members of the LGBTQ+ community to live.

---

[1] https://www.americanprogress.org/issues/lgbtq-rights/reports/2017/08/25/437280/advancing-lgbtq-equality-local-executive-action/#fn-437280-444 (retrieved September 13, 2021).

- **Community/Social.** More and safe LGBTQ+ specific events and gathering spaces for socializing, entertainment, activism, and dating, and increased advertising and awareness of them.
  - More community engagement and social opportunities targeting LGBTQ+ older adults and youth and family-friendly events.
- **Discrimination.** Discrimination against the LGBTQ+ community is still pervasive, particularly in the workplace and in medical settings.
  - Discriminatory experiences with law enforcement and religious communities were also mentioned.
- **Education and Training.** More training for service providers, law enforcement, and other professionals to safely and effectively work with LGBTQ+ clients (including bias awareness). Include LGBTQ+ issues, sex education, and history as part of the curricula in schools.
- **Identity.** Respondents are proud of their LGBTQ+ identities and want their communities to be more accepting and understanding of their identities.
- **Intersectionality.** More needs to be done in raising awareness of and meeting the needs of LGBTQ+ members that also experience racism, ableism, and/or classism.
- **Legislation/Policy.** LGBTQ+ issues need more legislative support, and LGBTQ+ community members need more involvement in state politics. Issues of concern include protections for transgender youth in schools (particularly sports), name changes and documentation, medical protections for gender-affirming care.
- **Location.** Some parts of Connecticut have more services and social opportunities for the LGBTQ+ community available than others, particularly the New Haven, Fairfield, and Hartford counties.
- **Services.** A lack of services that are affordable, affirming, and/or helpful to the LGBTQ+ community regarding medical, mental health and addiction, financial, legal, and housing services.
- **Transgender and Nonbinary.** More work needs to be done to meet the additional needs of transgender and nonbinary community members especially regarding protection against discrimination, medical and mental health services, and legislative efforts.

Introduction to the Needs Assessment

INTRODUCTION

Currently, the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Community in Connecticut is not comprehensively represented in terms of their health and human service needs and service access. Without this information, it is difficult to advocate for necessary resources and programming to support members of the LGBTQ+ Community. In 2019, the Lesbian, Gay, Bisexual, Transgender, and Queer Health and Human Services Network (Network) was established to *build a healthier and safer environment for lesbian, gay, bisexual, transgender, and queer persons* in Connecticut. A chief task of the Network is to work with a consultant to develop and conduct a comprehensive LGBTQ+ community needs assessment. This is the first statewide LGBTQ+ Needs Assessment for Connecticut.

In May 2020, the Network, through the Connecticut Department of Public Health Office of Health Equity, contracted with The Consultation Center, Inc. (TCC) to design and implement a community needs assessment to provide a comprehensive understanding of Connecticut's LGBTQ+ Community within the following health and human services areas*: Basic Needs, Housing, Financial Resources, Medical Care, Mental Health, Addiction/Substance Abuse, Sexual Health and HIV Prevention, Legal Services, and Violence*.

The Needs Assessment design was envisioned before the Coronavirus/COVID-19 pandemic began. We had originally anticipated providing residents with an online or paper copy of the survey as well as holding facilitated discussions with groups in the community. But the pandemic had other plans and the Needs Assessment was redesigned to be an online survey with opportunities for respondents to provide feedback via open-ended responses throughout. We recognize the limitations of this methodology in terms of accessing all members of the community (e.g., those without internet, incarcerated individuals, individuals experiencing homelessness) but we are proud in the representation from the community that we were able to capture in our first attempt to administer a statewide LGBTQ+ survey.

Information in this report will be used to fund or enhance programming to better serve the Connecticut LGBTQ+ Community as determined by the Network. This report also serves as a resource for Connecticut organizations (nonprofits, medical institutions, corporate funders, local and state government). The Needs Assessment was not designed to evaluate current programs and delivery of specific services, nor does it explore how well current LGBTQ+ state polices are implemented or enforced.

METHODS

Information summarized in this report was collected or informed through the following methods:

LGBTQ+ Community Survey which asked respondents about the types of services they have accessed in the past three years, their experiences receiving services, service access barriers, and current service needs. The survey also gathered information about key demographics including age, race, ethnicity, gender identity, sexual orientation, geography, ability, and economic status.

Secondary data review which included a scan of available State and National data to inform: the framing of the needs assessment survey items as well as to determine appropriate population estimates to ensure representativeness during survey administration. The scan provided a better understanding of the needs that have been identified for the LGBTQ+ population (and subpopulations) within Connecticut and how these needs compare with the general population. Limitations (or gaps) for each data source were also documented and shared with the Network. This scan is available upon request.

Policy scan of the number and types of pro-equity laws that Connecticut has passed as well as a review of anti-equity laws that are still in place (https://www.hrc.org/resources/state-scorecards/connecticut). While it is beyond the scope of this report, it is important to assess the extent to which policies and acts are implemented and to what degree they are enforced/regulated.

Interviews with other states/territories that have recently conducted similar LGBTQ+ needs assessments were conducted to gather lessons learned, tips about advertising and outreach strategies, survey dissemination methods, and survey development considerations.

Conversations with researchers and experts were conducted to discuss survey administration during COVID-19, LGBTQ+ content issues for survey development, and needs assessment best practices.

DATA COLLECTION APPROACH

The Needs Assessment was originally designed as a mixed-method design that incorporated both quantitative and qualitative data collected through an online survey and targeted community listening sessions. However, due to the COVID-19 pandemic and other factors discussed in the *Survey Context* section of the report, the Needs Assessment was redesigned as an online survey with opportunities for respondents to provide feedback via open-ended responses throughout. We recognize the limitations of this methodology in terms of accessing all members of the community (e.g., those without internet, incarcerated individuals, individuals experiencing homelessness). We hope that this is not the last statewide LGBTQ+ Needs Assessment to be implemented and recommend that future Assessments incorporate opportunities for 'on the ground' data collection at events and service locations as well as facilitated discussions with community members. We thank our Network partners who were able to administer the survey to their clients by using an electronic device during those rare, in-person visits to their clinics and agencies during the pandemic.

SURVEY DEVELOPMENT

Based on our research and guidance from the Network, we developed an initial survey draft for the Network to review. The draft was developed based on existing LGBTQ+ surveys that have been administered in Connecticut, Nationally, and in other states and cities. The process for finalizing the survey involved an initial review from Network members, a two-step piloting process, and further refinement with a subgroup of self-selected Network members, and other identified champions. The final, approved version of the survey was translated into Spanish.

The survey consisted of 112 quantitative data questions (scaled response options) with qualitative data questions added (open-ended questions) to the end of each section. The survey asked members from the LGBTQ+ community to share their opinions about the most important issues they face right now (including: housing, healthcare, and mental health service access); their experiences seeking assistance for various needs and concerns in their life; their feelings of physical and emotional safety in various aspects of their life; their feelings of connection to the LGBTQ+ community; and demographic information including sex, sexual orientation, and gender identity. Given the current COVID-19 pandemic, we also asked participants to indicate the extent to which their experiences/needs among these service areas have been impacted by COVID-19. A copy of the final survey is in the Appendix.

SAMPLING STRATEGY

The LGBTQ+ population is estimated to be a small proportion of the general population in Connecticut (approximately 3.9% of the population)[1] and therefore random sampling was not feasible. We used a combination of snowball and stratified sampling[2] that relies heavily on the connections and relationships of Network members and trusted community champions.

SURVEY ADMINISTRATION

The Survey was administered online to LGBTQ+ community members that were 18 years or older and reside most of the time in Connecticut. Participants were informed that their responses would be collected anonymously, that they could refuse to answer any question, and that they could stop the survey at any time. Given the nature of some of the survey questions (e.g., experiences with violence, mental health concerns), crisis hotlines were provided throughout the survey if a respondent needed to access emergency services/speak to a counselor or advocate.

To increase the likelihood of completing the survey, participants were given the option to enter a drawing to win one of 100, $25 gift cards. LGBTQ+ inclusive resources and crisis support hotlines were provided at the conclusion of the survey via a downloadable PDF (included in the Appendix).

> **Sampling** is the selection of a subset (a statistical sample) of individuals from within a population to estimate characteristics of the whole population (Frey, 2018).
>
> **Representativeness** is defined as how well (or how accurately) a selected sample reflects similar characteristics of the larger population (Frey, 2018).

Survey Context and Implications

This needs assessment was completed from 2020 to 2021, following the formation of a statewide LGBTQ+ Health and Human Services Network that seeks to create safe and affirming environments for members of the LGBTQ+ community. Conducting a needs assessment was a vital component to address concerns about health equity and quality of life and to better understand the perceptions, lived experiences, and specific health and human service needs of LGBTQ+ individuals residing in Connecticut.

This summary report comes at a time when the Biden administration has promised to reverse several policies rescinded during the Trump administration that removed protections for LGBTQ+ persons in areas such as healthcare, education, housing, child welfare, and the military. Policies and rhetoric promulgated by the Trump administration endorsed discrimination based on sexual orientation and gender identity and exacerbated homophobic, xenophobic, and racists attacks against those identifying as LGBTQ+. Data about individuals' experiences, such as those comprised in this Needs Assessment, intend to provide nuanced context about the concerns and challenges experienced by LGBTQ+ individuals living in Connecticut. These insights, however, cannot be interpreted in a vacuum. This section discusses key social, cultural, and political trends that occurred when the Needs Assessment data were collected.

---

[1] https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=9#about-the-data (Retrieved June 2020)

[2] Frey, B. (2018). *The SAGE encyclopedia of educational research, measurement, and evaluation* (Vols. 1-4). Thousand Oaks,, CA: SAGE Publications, Inc. doi: 10.4135/9781506326139

RECENT AND CURRENT SOCIAL, CULTURAL, AND POLITICAL TRENDS

General Tone of Trump Administration and Impact on LGBTQ+ community	Sources:
• The Trump administration rescinded key legal protections safeguarding the rights of LGBTQ+ individuals. • The regression of legal protections meant that lesbian, gay, bisexual, and transgender (LGBT) people faced enmeshed challenges when seeking health, social welfare, and housing services. • Nearly 1.5 million people identify as transgender, and 4.5% of the U.S. population identify as LGBTQ+. Explicit legal protections are necessary in areas such as employment, healthcare, education, and housing to protect the LGBTQ+ community against government-sanctioned discriminatory practices. • The impact on LGBTQ+ people of color with intersecting identities that experience systemic racism and institutional discrimination is even more disconcerting.	fenwayhealth.org *(Policy Brief, October 2020)* williamsinstitutelaw.ucla.edu americanprogress.org *(LGBTQ People of Color Encounter Heightened Discrimination, June 2021)*
Employment *(Trump rescinding policies enacted during Obama administration)*	
• The Obama administration clarified its intent to protect persons identifying as transgender and non-binary by applying an interpretation of the law warranting discrimination of the basis of sex illegal under Title VII of the Civil Rights Act. • The Supreme Court ruled in June 2020 that Title VII of the Civil Rights Act also protects LGBTQ+ employees from workplace discrimination. The 6-3 ruling was due to the Court's interpretation that Title VII banned "sex-based" discrimination. • The Trump administration upended this protection and ordered the Justice Department to consider sex discrimination based on sex assigned at birth and not a person's gender identity. This permitted discrimination that disproportionately impacted LGBT people in the workplace.	npr.org *(Supreme Court Delivers Major Victory to LGBTQ Employees, June 2020)* hrc.org *(The Real List of Trump's 'Unprecedented Steps' for the LGBTQ Community, June 2020)*
Education	
• In 2016, the Obama administration issued guidance to public schools regarding respect for preferred names and pronouns, protection from gender-based harassment, and access to restrooms that aligned with students' gender identity. • Weeks after Trump assumed office, the Department of Justice rolled back these protections, which left LGBTQ+ students (particularly those identifying as transgender or non-binary) subject to harassment and emotional harm in their school environments. • One specific attack of many occurred when the Trump administration ordered the 4-H youth organization to remove a policy that welcomed LGBTQ+ members. • Additionally, the Trump-era Department of Education considered it a violation of federal law for youth to participate in sports consistent with their gender identity.	npr.org *('Whiplash' of LGBTQ Protections and Rights, From Obama to Trump, March 2020)* Des Moines Register *(How Trump administration pressure to dump 4-H's LGBT policy led to Iowa leader's firing, November 2018)*
Military	
• Through a virulent twitter message, Trump openly denounced his acceptance of transgender individuals serving in the military. His statement supported a ban of anyone with gender dysphoria who was taking hormones or who had already undergone gender-affirming medical care from active-duty military service.	nbcnews.com *(Trump's controversial transgender military policy goes into effect, April 2019)*
Healthcare	
• Discriminatory healthcare practices based on sexual orientation and gender identity were brought into focus during the Obama administration. Providing safe, accessible, and high-quality gender-affirming care became a focal point. • The Trump administration sought to overturn the Affordable Care Act, which would eliminate non-discrimination protections for LGBTQ+ persons and jeopardize healthcare for nearly 130 million people in the United States living with pre-existing conditions. • Additionally, Trump-era policies interpreted "sex" to mean sex assigned at birth and not sexual orientation and gender identity. As such, the Department of Health and Human Services defended medical professional who decided to refuse gender-affirming care, which sent a message that healthcare quality and access for LGBTQ+ patients would be undermined.	npr.org *(Transgender health protections reversed by Trump administration, June 2020)* hrw.org *(Trump administration again weakens LGBT protections, January 2021)*

Housing

- Homelessness disproportionately affects LGBTQ+ individuals. [17% of sexual minority adults—compared to 6% of cisgender straight people—have experienced homelessness in their lifetime.]
- Under the Obama administration, the Department of Housing and Urban Development (HUD) issued the Equal Access Rule, requiring homeless shelters that received HUD funding to grant access and safe shelter to transgender persons according to their gender identity.
- Under the Trump administration, HUD permitted homeless shelters to determine whether they accepted or denied transgender individuals. No federal mandate protected the rights of transgender people from accessing gender-affirming emergency shelter.

williamsinstitue.law.ucla.edu
(Homelessness among LGBT adults in the US, May 2020)

hrc.org
(The Real List of Trump's 'Unprecedented Steps' for the LGBTQ Community, June 2020)

Public Opinion Polling

- 70% of Americans supported same-sex marriage *(3% increase since 2018)*
- 79% of Americans supported consenting relationships between gay or lesbian people.
- 66% of Americans were in favor of transgender men and women serving in the military
- 46% of Americans thought it morally acceptable to change one's gender; 51% thought it morally wrong

May 2021 Gallup poll
news.gallup.com
(LGBT Rights, 2021)

Census 2020

- Despite advocacy to include a question about sexual orientation and gender identity in the 2020 Census, this question was not reflected in its final version.
- The 2020 Census expanded household composition to include more nuanced data about coupled households. The response options for the question about household composition included: opposite-sex husband/wife/spouse; same-sex husband/wife/spouse; opposite-sex unmarried partner; and same-sex unmarried partner.
- The 2020 Census faced unprecedented challenges in the wake of COVID-19, revised its schedule, and modified outreach strategies to protect the health and safety of the public. Online, phone, and mail-in responses were extended to October 15, 2020 (from its original planned deadline of July 31, 2020).
- Phase 3.2 of the Census is currently underway. The new version of the survey asks questions about sexual orientation and gender identity.

Census.gov
(phase 3.2 of Census Bureau questions)

Racial Reckoning

- The police killings of George Floyd, Breonna Taylor, Ahmaud Arbery, and several other black and brown individuals across this nation in 2020 thrust our national dialogue into one about racial equity and White supremacy.
- As the Nation faced unprecedented loss and collective trauma in the wake of the Coronavirus pandemic, communities across the nation grew grief-stricken by news of unarmed black and brown people dying at the hands of police.
- Nationwide protests, including those organized throughout Connecticut, underscored the disproportionate impact of police violence against Black Americans and called for policy changes that reformed criminal justice responses and addressed systemic racial inequality in our society.
- The Black Lives Matter movement, ongoing protests, and mainstream dialogue forced industries—large and small—and communities—rural and urban—to confront systemic racism of the past and present.
- LGBTQ community members and movement leaders marched alongside protesters, amplified Black voices, denounced state-sanctioned violence, and continued in the fight to liberate those disproportionately impacted by systemic racism.

New York Times
February 2021

The administration of the survey was delayed due to careful consideration about the extended Census data collection (October 2020) and the presidential election (November 2020). Establishing trust about the sentiment and intentions of the LGBTQ+ Community Survey to residents was vital. The English version of the survey was launched late February 2021. The Spanish version was launched April 2021.

LIMITATIONS

Limitations of the survey include:

Sampling limitations. Due to the online nature of the survey and other factors, the survey was only available to adults 18 years and older and heavily relied on participants to have access to an internet connection. The pandemic limited us from being able to reach individuals in community settings including homeless shelters and prisons or detention centers.

Administration delays. The decision to delay the administration of the survey was appropriate but created a shorter window (two months) for data collection. Additionally, the Spanish-language survey was released one month after the English-language version, therefore restricting the opportunity for Spanish-speaking individuals to complete the survey.

Survey length. The survey was long. It took people 30 minutes on average to complete, which most likely dissuaded some potential respondents from taking or completing the survey.

Lack of comparison data. While the intention of the survey was to collect information about the needs and life experiences of the LGBTQ+ community in Connecticut, we do not have comparable data from cisgender, heterosexual members in which to draw conclusions.

ABOUT THE SURVEY FINDINGS

DATA CLEANING PROCESS

After closing the survey on May 31, 2021, we engaged in a 'data cleaning' and analysis process. We reviewed data from 3,789 survey responses to determine eligibility. We carefully looked at the survey responses and flagged surveys to remove from the final analysis for the following reasons:

- Completing the entirety of the survey in less than 5 minutes (n=42).
- If the respondent identified as both solely Cisgender and Straight (n = 209).
- If the respondent started the survey but did not complete the demographic section (first section) (n= 436).
- If the respondents were disingenuously answering the survey. "Trolls" were identified by reading the survey open comment fields. Responses were removed if individuals wrote rude remarks/degrading comments/jokes in the comment fields (n= 54).

After careful inspection of the data and the removal of the responses listed above, there were 3,048 survey responses with completed demographic information and 2,713 survey respondents that had completed the entire survey.

ANALYSIS PROCESS

Several data analytic decisions needed to be made before we could begin summarizing the data for the report. Terminology around sexuality and gender are constantly evolving and is therefore important to discuss. Current data (such as the Census) does not capture the complexity of the LGBTQ+ community. Much of this stems from researchers striving for clear cut, clean categories to make sense of their data.

Our team was tasked with creating a survey that was inclusive of an entire state's diverse LGBTQ+ community, across genders, sexual orientation, races, ethnicities, ability status, and generations. This was a tall order, particularly regarding sexuality and gender terminology.

Labels and identities used by youth and young adult LGBTQ+ members are not always the same as identities felt by middle-aged or older LGBTQ+ communities. Therefore, we begin this report with a description of our process of: how we collected sexuality and gender information from respondents, how we handled the data we received, and finally how we presented that data in this report. We understand that there is no perfect solution for how to represent such complex and dynamic identities, but we hope the transparency of our process highlights to our Connecticut LGBTQ+ community that we see you, we heard you, you were counted, and your identity is valid.

To understand similarities and differences based on gender identity in each service area (e.g., healthcare, social support, housing, mental health, etc.), we further consolidated gender in our analysis. To do so, we asked a separate question on the survey to understand which respondents identified with the transgender community at-large: "Do you identify within the transgender umbrella (this could include "two-spirit", intersex, among others)?".

From this information, we created a consolidated gender variable for analysis:

- **Transgender Community** – individuals who identify under the transgender umbrella in any part of their gender identity.
- **Gender Diverse, but under the transgender**– gender queer, nonbinary, agender, or gender non-confirming folks who did <u>not</u> also identify as being within the larger transgender umbrella. This could also include individuals currently questioning their identity (e.g., not cisgender) but not identified as under the larger transgender umbrella.
- **Cisgender** – individuals whose current identity aligns with the sex they were assigned at birth.

We recognize the limitations and potential offense caused by combining gender identities into fewer categories. Our intent is not one of harm. Our reclassification was necessary to allow us to have sufficient group sizes to understand statistically significant differences between groups when analyzing the intersections of gender identity, sexual orientation, ethnoracial identity, and age.

The survey asked respondents to describe their sexual orientation(s) based on who they typically were most romantically or sexually attracted to. Like gender identity, we recognize that the LGBTQ+ community often must choose certain predetermined terminology that may not fit their true sexual orientation. We acknowledge that overly simplistic categories are limiting and, in many cases, not person-centered. In recognizing that sexual orientation categories are both imperfect and incomplete labels, we asked respondents to describe their sexual orientation as best as possible based on the following choices: "Lesbian", "Gay", "Bisexual", "Pansexual", "Queer", "Straight", "Questioning", "Demisexual", and "Asexual."

We knew there was not an ethical way to analyze quantitative data with 9 categories. Therefore, we aimed to keep the rich qualitative data from the open-ended responses as well as the exhaustive 9-option list to select from. In addition, we gave the respondents a chance to categorize themselves into larger 'buckets' for analysis. While these buckets are imperfect, we felt that giving the respondent the agency to select where they would like to be collapsed was more ethical than us making that decision for them during the analytic phase. As such, for the majority of analyses, respondents classified themselves into the following categories: 1) Straight; 2) Gay; 3) Lesbian; or 4) Bisexual.

Analysis of these community data involved performing *Chi Square tests, Analysis of Variance (ANOVA), and Bonferroni post hoc tests* to determine differences between and within groups *(e.g., sexual orientation, gender identity, age)* in the survey sample. Throughout the report, an asterisk *(*)* is used to demarcate statistically significant mean values. We considered a p-value less than <.05 to be statistically significant, meaning that values lower than the "p-value" were less likely to occur due to chance. When a finding is reported as "significant" (p < .05), we can feel more confident stating that the result (e.g., difference in mean) is "real" rather than merely due to chance in the survey sample.

Note: Statistical significance measures how likely a difference between two (or more) groups is real and reliable rather than due to chance. It is important to note that statistical significance is not the sole indicator for determining practical importance. The aggregate percentage values (and the differences displayed across these percentage values) can be referenced when considering practical application as well.

GUIDE TO READING THE SURVEY FINDINGS

The survey findings are organized into the following sections:

	Survey Respondent Characteristics—about the people that completed the survey including race, ethnicity, age, income, education, gender identity, sexual orientation, relationship status, and basic needs.
	Safety—including ability to be physically, emotionally, and psychologically free from harm, perceptions of discrimination based on personal characteristics, experiences with violence based on respondent's sexual orientation, gender identity, and/or gender expression.
	Social Support and Community Engagement— experiences meeting respondent's social needs, the strength of their personal support network (e.g., family, chosen family, friends), as well as ties to their community.
	Housing Services—including current and past living situations and housing services, as well as respondent's experiences meeting their needs related to accessing housing services, receiving responsive and nondiscriminatory assistance, and barriers that prevent them from receiving these services.
	Healthcare Services—including respondent's experiences accessing healthcare services (including sexual health and HIV prevention), receiving responsive and nondiscriminatory care, and barriers that prevent them from receiving this care.
	Mental Health Services—respondent's needs related to accessing mental health, addiction, and substance use care, receiving responsive and nondiscriminatory care, and barriers that prevent them from receiving this care.

Financial and Legal Services—respondent's experiences accessing services related to their financial (e.g., loans, taxes, mortgage, retirement savings, etc.), and legal (e.g., adoption, child custody services, etc.) needs, and in receiving responsive and nondiscriminatory services, and barriers that prevent them from receiving these services.

County-Level Comparison—survey results of services access and experiences for respondents by county.

Impact of COVID—the extent to which the Coronavirus/COVID-19 pandemic negatively impacted respondent's ability to access services.

Looking to the Future—respondent's perceptions about improving LGBTQ+ inclusivity at LGBTQ+ friendly organization, businesses, faith communities, and clinics through signage, modifying intake and other forms, training providers, and changing policies that impact the LGBTQ+ community.

Definitions of Key Terms

DEFINITIONS OF KEY TERMS

Below are frequent terms used in this report[1].

Agender – Describes a person who identifies as having no gender, or who does not experience gender as a primary identity component.

Asexual – Describes a person who experiences little or no sexual attraction to others. Asexual people may still engage in sexual activity.

Bisexual – A sexual orientation that describes a person who is emotionally and physically attracted to women/females and men/males. Some people define bisexuality as attraction to all genders. See pansexual.

Cisgender – A person whose gender identity is consistent in a traditional sense with their sex assigned at birth; for example, a person assigned female sex at birth whose gender identity is woman/female. The term cisgender comes from the Latin prefix cis, meaning "on the same side of."

Coming out – The process of identifying and accepting one's own sexual orientation or gender identity (coming out to oneself), and the process of sharing one's sexual orientation or gender identity with others (coming out to friends, family, etc.).

Gay – A sexual orientation describing people who are primarily emotionally and physically attracted to people of the same sex and/or gender as themselves. Commonly used to describe men who are primarily attracted to men but can also describe women attracted to women.

Gender – The characteristics and roles of women and men according to social norms. While sex is described as female, male, and intersex, gender can be described as feminine, masculine, androgynous, and much more.

Gender affirmation – The process of making social, legal, and/or medical changes to recognize, accept, and express one's gender identity. Social changes can include changing one's pronouns, name, clothing, and hairstyle. Legal changes can include changing one's name, sex designation, and gender markers on legal documents. Medical changes can include receiving gender-affirming hormones and/or surgeries. Although this process is sometimes referred to as transition, the term gender affirmation is recommended.

Gender binary structure – The idea that there are only two genders (girl/woman and boy/man), and that a person must strictly fit into one category or the other.

Gender-diverse – Describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

Gender expression – The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.

Gender fluid – Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of more than one gender but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes, and sometimes no gender at all.

---

[1] Source: The National LGBT Health Education Center. (2020). *Glossary of LGBT Terms for Health Care Teams.* Retrieved August 2021: https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/10/Glossary-2020.08.30.pdf

Gender identity – A person's inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender.

Genderqueer or gender queer – An umbrella term that describes a person whose gender identity falls outside the traditional gender binary of male and female. Some people use the term gender expansive.

Heteronormativity – The assumption that everyone is heterosexual, or that only heterosexuality is "normal." Also refers to societal pressure for everyone to look and act in a stereotypically heterosexual way. Heteronormativity can manifest as heterosexism, the biased belief that heterosexuality is superior to all other sexualities.

Heterosexual – A sexual orientation that describes women who are primarily emotionally and physically attracted to men, and men who are primarily emotionally and physically attracted to women. Also referred to as straight.

Intersectionality – The idea that comprehensive identities are influenced and shaped by the interconnection of race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, religion, age, and other social or physical attributes.

Intersex – Describes a group of congenital conditions in which the reproductive organs, genitals, and/or other sexual anatomy do not develop according to traditional expectations for females or males. Intersex can also be used as an identity term for someone with one of these conditions.

Lesbian – A sexual orientation that describes a woman who is primarily emotionally and physically attracted to other women.

LGBTQ+ – An initialism used in this report to refer to the **L**esbian, **G**ay, **B**isexual, **T**ransgender, **Q**ueer and/or **Q**uestioning Community.

Non-binary – Describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.

Pansexual – A sexual orientation that describes a person who is emotionally and physically attracted to people of all gender identities, or whose attractions are not related to other people's gender.

Polyamorous – A sexual and/or romantic relationship comprising three or more people. Polyamorous can also describe a person in a polyamorous relationship. Sometimes abbreviated as poly.

Queer – An umbrella term describing people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Although queer was historically used as a slur, it has been reclaimed by many as a term of empowerment. Nonetheless, some still find the term offensive.

Sexual orientation – How a person characterizes their emotional and sexual attraction to others.

Straight – See heterosexual.

Transgender – Describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities

outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.

Trans man/transgender man – A transgender person whose gender identity is boy/man/male may use these terms to describe themselves. Some will use the term man.

Trans woman/transgender woman – A transgender person whose gender identity is girl/woman/female may use these terms to describe themselves. Some will use the term woman.

Two-Spirt – Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.

Survey Respondent Characteristics

- County of residence

- Years living in Connecticut

- Gender identities

- Sexual orientation

- Race and ethnicity

- Age

- Relationship status

- Income, Education, Employment, Housing
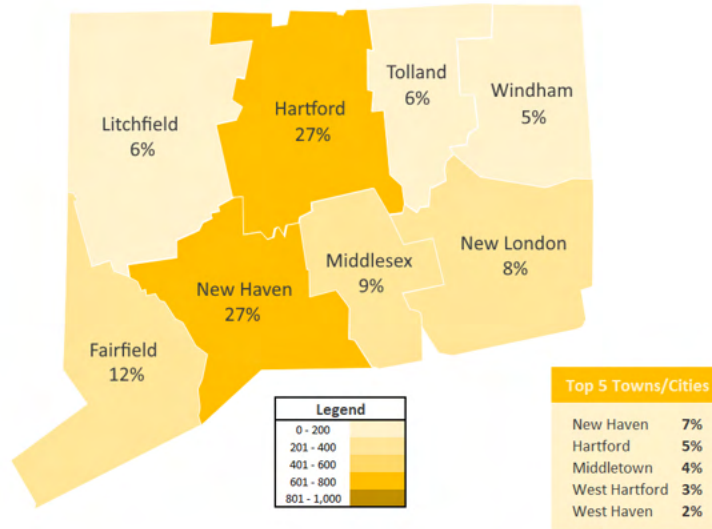
- Ability

- Additional information

Distribution of Respondents by County
The survey respondents represented each of Connecticut's eight counties.

3,048 adults across Connecticut completed the survey. The sample closely mirrored the geographic distribution of the state population with the largest number of respondents representing New Haven (27%), Hartford (27%), and Fairfield (12%) counties.

Legend
- 0 - 200
- 201 - 400
- 401 - 600
- 601 - 800
- 801 - 1,000

Top 5 Towns/Cities

New Haven	7%
Hartford	5%
Middletown	4%
West Hartford	3%
West Haven	2%

According to the U.S. Census Bureau, residents from Fairfield County comprise 26% of Connecticut's population whereas 12% of the survey respondents resided in Fairfield County (U.S Census Bureau, 2019). As such, Fairfield County residents are slightly underrepresented in the results. Response rates from other counties, however, closely mirror the geographic distribution of Connecticut's overall population.

Percentage Survey Representation by County: Respondent (n=3,048) vs. Statewide Population		
County	Survey Respondents by County	CT Census Data Population by County
Hartford	27%	25%
New Haven	27%	24%
Fairfield	12% ⌄	26%
Middlesex	9%	5%
New London	8%	7%
Litchfield	6%	5%
Tolland	6%	4%
Windham	5%	3%

Length of Residence in Connecticut
Respondents who resided in Connecticut for 21 or more years were largely represented in the survey results.

Respondents indicated the length of time (in years) they had resided in Connecticut.
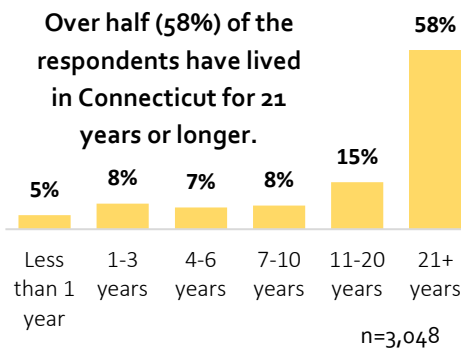
Over half (58%) of the respondents have lived in Connecticut for 21 years or longer.

Less than 1 year	1-3 years	4-6 years	7-10 years	11-20 years	21+ years
5%	8%	7%	8%	15%	58%

n=3,048

Key Terms

Cisgender refers to a person whose gender identity is consistent in a traditional sense with their sex assigned at birth.

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

LGBTQ+ is an initialism for "lesbian, gay, bisexual, transgender and queer." This term remains inclusive of nonbinary, questioning, and non-conforming identities.

N refers to the population size. *Example: If referring to Connecticut's entire population, we will use 'N' to represent the 3.5 million people residing in the state.*

n refers to the sample size, which we also describe as 'survey respondents' throughout the report. *Example: If referring to the total number of survey respondents, we will use 'n' to represent the 3,078 (or 2,713 for analysis) individuals who responded.*

Polyamorous refers to the practice of or desire for intimate relationships with more than one partner, with informed consent of all partners involved. Sometimes referred to as ethnically non-monogamous (ENM).

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

Gender Identities
Respondents' gender identities were diverse.

Terminology around sexuality and gender is constantly evolving. We recognize that the LGBTQ+ community must often choose certain predetermined terminology that may not fit their true gender identity. We acknowledge that overly simplistic categories are limiting and, in many cases, not person-centered. In recognizing that gender identity categories are both imperfect and incomplete labels, we asked respondents to describe their gender identity as best as possible based on the following choices: "cis man", "cis woman", "man", "woman", "trans man", "trans woman", "genderqueer, nonconforming, or nonbinary", "agender", and "questioning. We intentionally chose to list both Trans Man and Trans Woman AND Man and Woman response options, as we know some members of the Trans community prefer to use the Trans identifier while others do not. We encouraged respondents to choose option(s) that felt most appropriate to them and their identity.

Nearly one-quarter (26%) of respondents identified as Cis Woman.

Cis Woman	n=809	26%
Woman	n=610	20%
Cis Man	n=604	20%
Man	n=413	14%
Gender Queer, Nonconforming, or Nonbinary	n=375	12%
Trans Woman	n=292	10%
TransMan	n=284	9%
Questioning	n=101	3%
Agender	n=55	2%

We know that gender identity is personal and complex. The illustration below depicts the various identities respondents shared when asked, "In your own words, how would you describe your gender identity?"

Transgender, Gender Diverse, and Cisgender Respondents

We use the terms Transgender, Gender Diverse (not Transgender), and Cisgender to describe gender identity and expression. These identities are referenced throughout the report to describe differences and similarities in responses within and between groups based on gender identity.
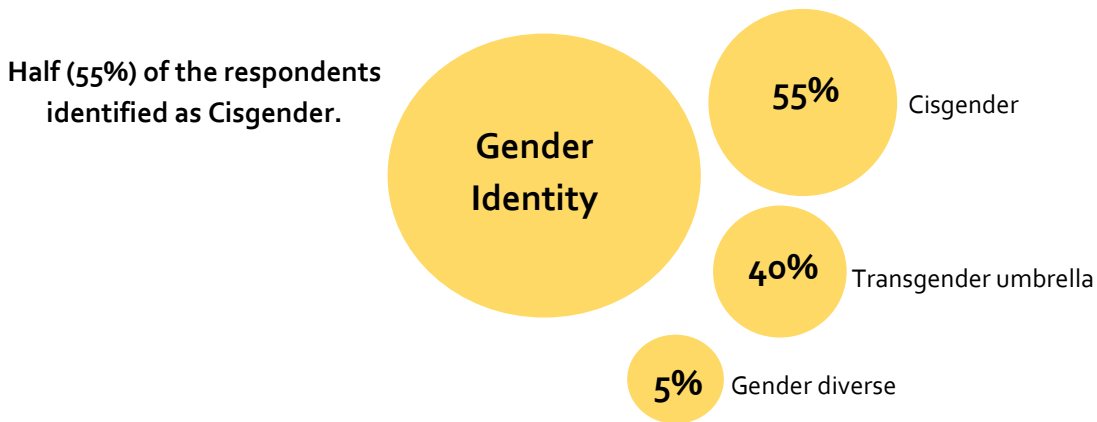
Nearly one-quarter (26%) of respondents identified as 'cis woman.' Slightly fewer (20%) identified either as 'cis' or 'woman.' 20% identified as 'cis man', 14% identified as 'man', and 12% identified as 'genderqueer, nonconforming, or nonbinary.'

To understand similarities and differences based on gender identity in each service area (e.g., healthcare, social support, housing, mental health, etc.), we further consolidated gender in our analysis. To do so, we asked a separate question on the survey to understand which respondents identified with the transgender community at-large: "Do you identify within the transgender umbrella (this could include "two-spirit", intersex, among others)?".

From this information, we created a consolidated gender variable for analysis:

- **Transgender Community** – individuals who identify under the transgender umbrella in any part of their gender identity.
- **Gender Diverse, but under the transgender**– gender queer, nonbinary, agender, or gender non-confirming folks who did <u>not</u> also identify as being within the larger transgender umbrella. This could also include individuals currently questioning their identity (e.g., not cisgender) but not identified as under the larger transgender umbrella.
- **Cisgender** – individuals whose current identity aligns with the sex they were assigned at birth.

We recognize the limitations and potential offense caused by combining gender identities into fewer categories. Our intent is not one of harm. Our reclassification was necessary to allow us to have sufficient group sizes to understand statistically significant differences between groups when analyzing the intersections of gender identity, sexual orientation, ethnoracial identity, and age.

Half (55%) of the respondents identified as Cisgender.

Gender Identity

55% Cisgender

40% Transgender umbrella

5% Gender diverse
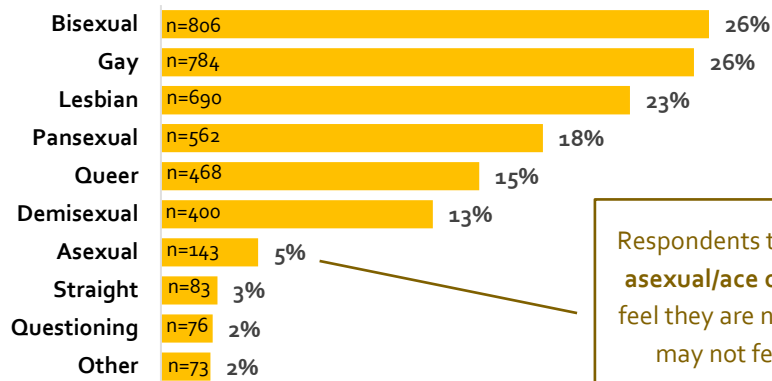
Sexual Orientations

Respondents identified across several distinct sexual orientations.

The survey asked respondents to describe their sexual orientation(s) based on who they typically were most romantically or sexually attracted to. Like gender identity, we recognize that the LGBTQ+ community often must choose certain predetermined terminology that may not fit their true sexual orientation. We acknowledge that overly simplistic categories are limiting and, in many cases, not person-centered. In recognizing that sexual orientation categories are both imperfect and incomplete labels, we asked respondents to describe their sexual orientation as best as possible based on the following choices: "Lesbian", "Gay", "Bisexual", "Pansexual", "Queer", "Straight", "Questioning", "Demisexual", and "Asexual."

Some respondents did not identify their sexual orientation based on any of these response options. Fifty-nine respondents wrote in different terms. Some of the most reported terms included:

- Aromantic
- Homoromantic
- Graysexual
- Polyamorous

Half (52%) of the respondents identified as Bisexual or Gay.

Orientation	n	%
Bisexual	n=806	26%
Gay	n=784	26%
Lesbian	n=690	23%
Pansexual	n=562	18%
Queer	n=468	15%
Demisexual	n=400	13%
Asexual	n=143	5%
Straight	n=83	3%
Questioning	n=76	2%
Other	n=73	2%

Respondents that identified as **asexual/ace or polyamorous** feel they are not accepted and may not feel part of the LGBTQ+ umbrella.

We knew there was not an ethical way to analyze quantitative data with so many categories. Therefore, we aimed to keep the rich qualitative data from the open-ended responses as well as the exhaustive list to select from. In addition, we gave the respondents a chance to categorize themselves into larger 'buckets' for analysis. While these buckets are imperfect, we felt that giving the respondent the agency to select where they would like to be collapsed was more ethical than us making that decision for them during the analytic phase. As such, for the majority of analyses, respondents classified themselves into the following categories: 1) Straight; 2) Gay; 3) Lesbian; 4) Bisexual.

The proportion of respondents were evenly represented (one-third each) between Lesbian, Gay, and Bisexual sexual orientations.

■ Lesbian ■ Gay ■ Bisexual ■ Straight

Lesbian	Gay	Bisexual	Straight
29%	32%	35%	5%

n=3,048
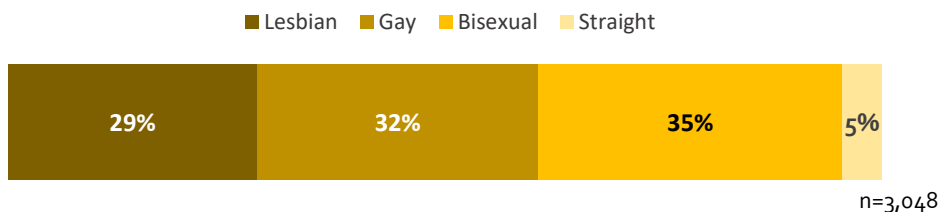
Gender by Sexual Orientation

Respondents identified across several combinations of genders and sexual orientations.

Below, we provide an illustration of gender and sexual orientation. There were clear differences in sexual orientation when broken up by gender identity. As shown, most cisgender respondents were Lesbian and Gay. Most gender diverse respondents were Queer.

The average number of sexual orientations selected among Cisgender respondents and Transgender respondents was 1.0. However, for gender diverse respondents, the average number of sexual orientations selected was 2.0.

Cisgender (n=1689)	%
Asexual (n=73)	4%
Bisexual (n=391)	23%
Demisexual (n=109)	6%
Gay (n=623)	37%
Lesbian (n=504)	30%
Other (n=34)	2%
Pansexual (n=209)	12%
Queer (n=237)	14%
Questioning (n=40)	2%
Straight (n=34)	2%

Gender Diverse (n=147)	%
Asexual (n=19)	13%
Bisexual (n=43)	29%
Demisexual (n=26)	18%
Gay (n=30)	20%
Lesbian (n=34)	23%
Other (n=7)	5%
Pansexual (n=39)	27%
Queer (n=62)	42%
Questioning (n=7)	5%
Straight (n=5)	3%

Transgender (n=1213)	%
Asexual (n=51)	4%
Bisexual (n=372)	31%
Demisexual (n=265)	22%
Gay (n=131)	11%
Lesbian (n=152)	13%
Other (n=32)	3%
Pansexual (n=314)	26%
Queer (n=169)	14%
Questioning (n=29)	2%
Straight (n=44)	4%

Finally, we provide tables of the collapsed sexual orientation variable by gender that we used in our analyses. As shown, about one third of Cisgender respondents classified themselves as Lesbian, Gay, or Bisexual. About half (45%) of Gender Diverse respondents and about one-third (38%) of Transgender respondents classified themselves as Bisexual.

Cisgender (n=1689)	%
Lesbian (n=487)	29%
Gay (n=599)	35%
Bisexual (n=528)	31%
Straight (n=75)	4%

Gender Diverse (n=147)	%
Lesbian (n=45)	31%
Gay (n=31)	21%
Bisexual (n=66)	45%
Straight (n=5)	3%

Transgender (n=1213)	%
Lesbian (n=337)	28%
Gay (n=351)	29%
Bisexual (n=467)	38%
Straight (n=57)	5%

Race and Ethnicity of Respondents

Hispanic/Latinx survey respondents were more represented in this response group when compared to their makeup in the general Connecticut population. Asian survey respondents were underrepresented.
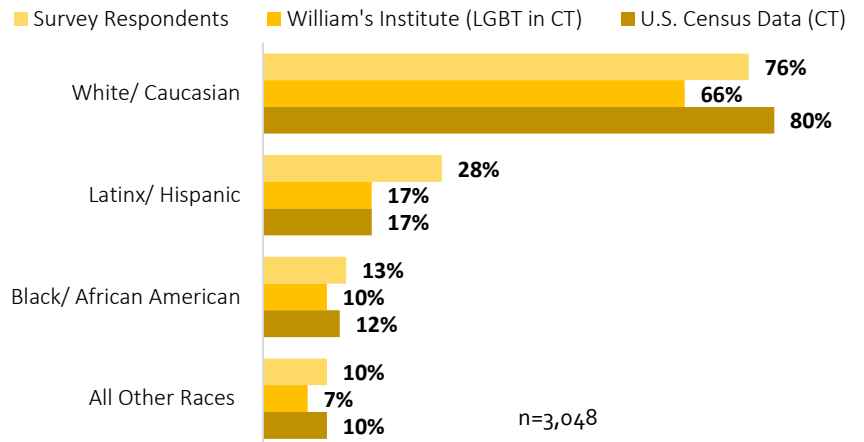
According to the U.S. Census Bureau, nearly 80% of Connecticut's population identify as White, 28% identify as Latinx/ Hispanic, 13% identify as Black, 2% identify as Asian, and less than 1% identified as American Indian/ Alaska Native[1].

A majority (76%) of our survey respondents identified as White/ Caucasian. Far fewer (8%) identified as Native Indigenous, Asian, Pacific Islander, and/or Multiracial.

Percentage Survey Respondent Representation by Race and Ethnicity		
Respondent (n=3,048) vs. Statewide Population		
Race and/or Ethnicity	Survey Respondents by Race Ethnicity	CT Census Data Population by Race Ethnicity
White	76%	80%
Black or African American	13%	12%
American Indian or Alaskan Native	1%	1%
Asian	2%	5%
Native Hawaiian or Pacific Islander	0.1%	0.1%
Multiracial	5%	3%
Hispanic or Latinx	28%	17%
Other Racial Identity	2%	4%
Declined	1%	3%

The William's Institute[2] reports race and ethnicity data for persons identifying as LGBTQ+ across the Country. The latest data from the William's Institute reports that 66% of Connecticut's total LGBTQ+ population identify as White, 17% identify as Hispanic or Latinx, and 10% identify as Black or African American (The Williams Institute, 2018). The chart below reflects comparisons between the survey respondent data from the William's Institute and U.S. Census Bureau.[3]

Survey respondents closely mirrored the racial and ethnic makeup of Connecticut's population.

■ Survey Respondents ■ William's Institute (LGBT in CT) ■ U.S. Census Data (CT)

White/ Caucasian
- 76%
- 66%
- 80%

Latinx/ Hispanic
- 28%
- 17%
- 17%

Black/ African American
- 13%
- 10%
- 12%

All Other Races
- 10%
- 7%
- 10%

n=3,048

---

[1] *U.S. Census Bureau QuickFacts: Connecticut*. (2019). Census Bureau QuickFacts. https://www.census.gov/quickfacts/CT
[2] The William's Institute is a think tank based at UCLA Law School that conducts independent research on sexual orientation and gender identity. The Williams Institute is considered one of the 'gold standard' resources for estimating LGBTQ counts across the United States. These data are available as part of the Institute's LGBT Data & Demographics project, originally built and published in 2016. *The Williams Institute*. (2018). LGBT Proportion of Population: Connecticut. https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=9#density
[3]For purposes of representation and data analysis, we recategorized racial and ethnic groups with less than 5% representation across the overall sample into the label "All Other Races" and reference this recategorization throughout the body of this report. The new label ("All Other Races") comprises racial and ethnic identities including American Indian or Alaskan Native (about 1% of the respondents), Asian (2% of the respondents), Multiracial (about 4% of the respondents), and Other Races Not Listed (about 2% of the respondents). We recognize the limitations and potential offense caused by combining racial and ethnic identities into fewer categories. Our intent is not one of harm. Rather, our reclassification was necessary to allow us to have sufficient group sizes to understand statistically significant differences between groups when analyzing the intersections of race and ethnicity (ethnoracial identities), gender identity, and sexual orientation.
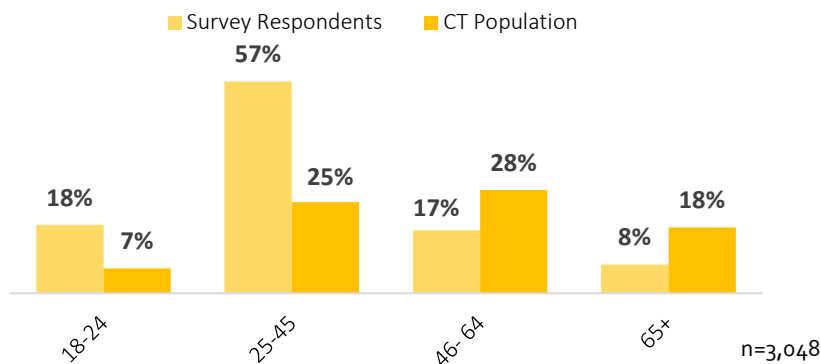
Age of Respondents

Most respondents were young adults through middle-aged adults.

Based on eligibility criteria, all survey respondents were 18 years of age or older. The percentage of respondents between the ages of 25 and 45 (57%) is higher than the overall percentage of people this age in the state of Connecticut (U.S. Census Bureau, 2019). The percentage of respondents between the ages of 46 and 64 is lower than the overall percentage of people those ages in the state of Connecticut. The percentage of respondents over the age of 65 is lower than the overall percentage of people that age in the state of Connecticut.

Over half (57%) of the respondents were between the ages of 25 and 45.

Legend: ■ Survey Respondents ■ CT Population

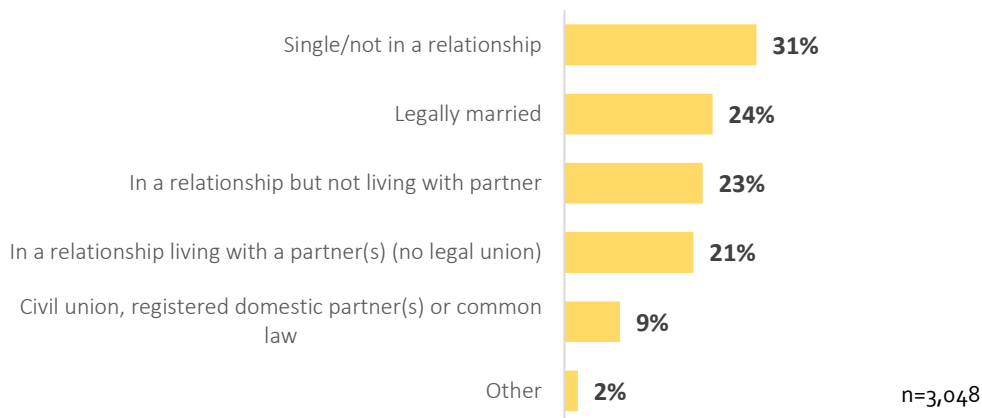| Age group	Survey Respondents	CT Population
18-24	18%	7%
25-45	57%	25%
46-64	17%	28%
65+	8%	18%

n=3,048

Note: The U.S. Census reports the following age groups: 15-to-19 and 20-to-24-year-olds. As such, we used 20-to-24-year-olds as a comparison for our 18-to-24-year-old respondents in this chart.

Relationship Status

Relationship statuses varied with most respondents indicating they were in a relationship.

Nearly one-third of respondents (31%) indicated being in a relationship but not living with a partner. This is important to note because the U.S. Census Bureau currently only reports counts of same-sex couples that live together. 18% of respondents indicated they were in a polyamorous relationship at the time of the survey, while 14% indicated previous experience being in a polyamorous relationship.

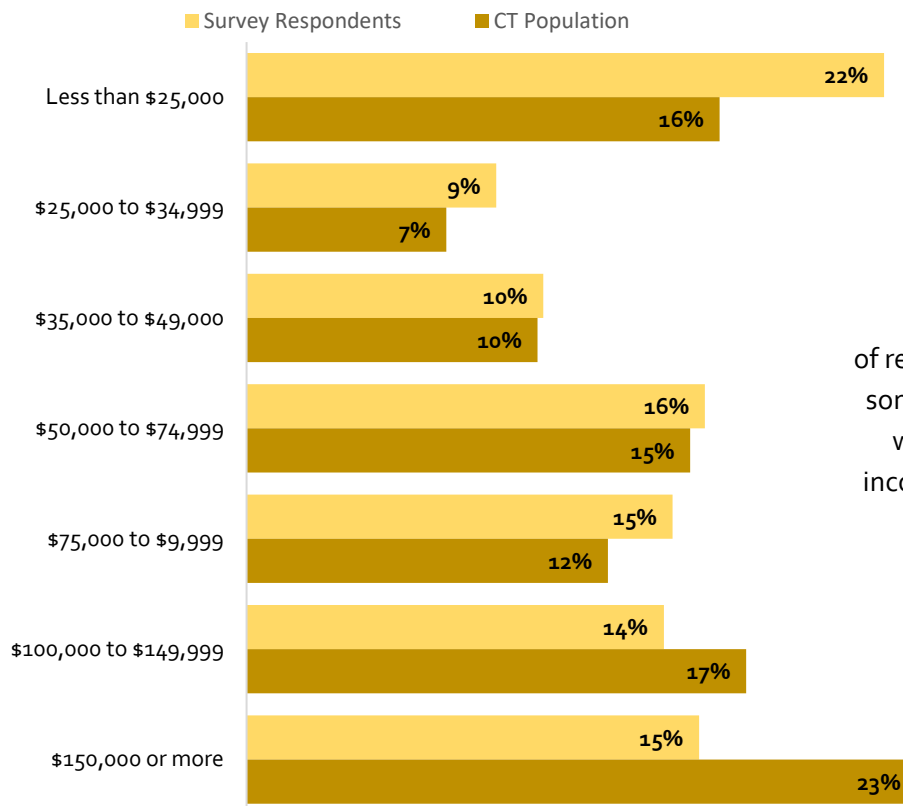| Relationship status	Percent
Single/not in a relationship	31%
Legally married	24%
In a relationship but not living with partner	23%
In a relationship living with a partner(s) (no legal union)	21%
Civil union, registered domestic partner(s) or common law	9%
Other	2%

n=3,048

Educational Attainment and Income Status

Respondents earned various amounts, and most were college educated.

The distribution of household income closely mirrored information reported by the U.S. Census Bureau for Connecticut. Individuals with a household income less than $25,000 were more represented within our response group and those with a household income greater than $150,000 were slightly underrepresented within our response group compared to Connecticut's general population.

We acknowledge that Connecticut's income inequality ranks third in the nation, with the top 1 percent out earning the rest of the population by 42.6 to 1[4]. We also acknowledge the impact COVID-19 may have had on respondents' income. We asked respondents to select their income status at the time they completed the survey.

In most instances, respondents' household income compared similarly to household income reported by the U.S. Census Bureau.

■ Survey Respondents   ■ CT Population

Income	Survey Respondents	CT Population
Less than $25,000	22%	16%
$25,000 to $34,999	9%	7%
$35,000 to $49,000	10%	10%
$50,000 to $74,999	16%	15%
$75,000 to $9,999	15%	12%
$100,000 to $149,999	14%	17%
$150,000 or more	15%	23%

14%
of respondents expect they or someone in their household will experience a loss of income in the next 3 months due to COVID-19.
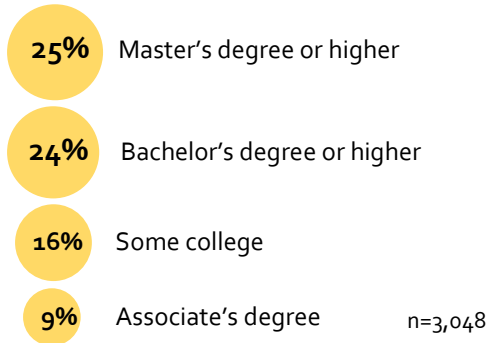
[4] Phaneuf, K. (2019, June 30). Already deep in debt, Connecticut struggles with extremes of wealth and income. *The CT Mirror*. https://ctmirror.org/2018/05/29/already-deep-debt-connecticut-struggles-extremes-wealth-income/
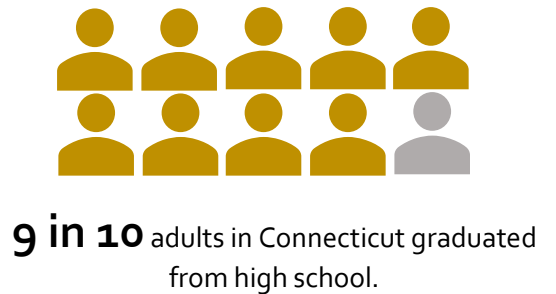
Educational attainment refers to the highest level of education individuals completed at the time they completed the survey. Half the response group (49%) had completed either a Bachelor's or Master's degree.

Most respondents (74%) are college educated.

25% Master's degree or higher

24% Bachelor's degree or higher

16% Some college

9% Associate's degree   n=3,048

High school diploma or GED (**9%**), Vocational Training (**5%**), Professional Certificate (**5%**), Some primary (K-12) school (**4%**), Other (**2%**)

According to U.S. Census Bureau

2 in 5 adults in Connecticut have at least a Bachelor's degree.

9 in 10 adults in Connecticut graduated from high school.

Employment Status

Respondents indicated their employment status and stated if COVID-19 impacted it in any way.

74% of respondents indicated that COVID-19 impacted their employment status since the pandemic began.

Most respondents were employed at the time they completed the survey.

53%	Full-time employment
26%	Part-time employment
15%	Not working
5%	Other type of employment
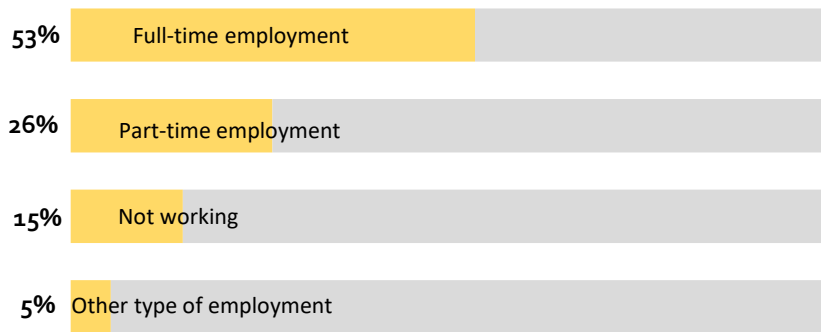
Remainder gray bars totaling 100%   n=3,048

Housing Status
Respondents indicated their current housing status.

55% of respondents lived in a home they owned or rented.

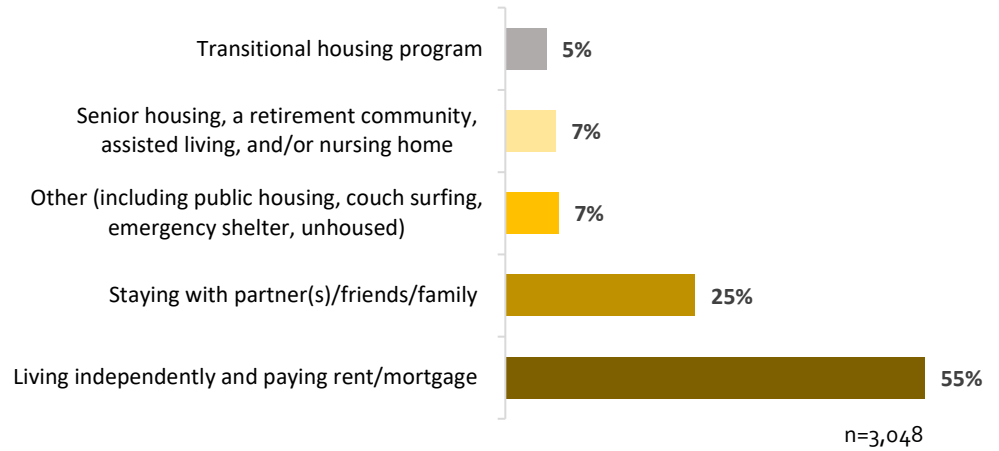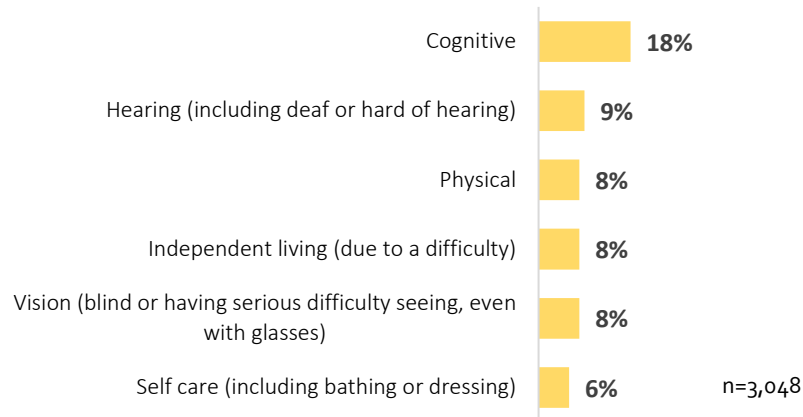| Housing	%
Transitional housing program	5%
Senior housing, a retirement community, assisted living, and/or nursing home	7%
Other (including public housing, couch surfing, emergency shelter, unhoused)	7%
Staying with partner(s)/friends/family	25%
Living independently and paying rent/mortgage	55%

n=3,048

Difficulties/Disabilities
Respondents indicated if they experienced any difficulties/disabilities.

49% of respondents indicated that they do not experience any difficulties.

Cognitive difficulty was the most frequently reported among respondents.

Difficulty	%
Cognitive	18%
Hearing (including deaf or hard of hearing)	9%
Physical	8%
Independent living (due to a difficulty)	8%
Vision (blind or having serious difficulty seeing, even with glasses)	8%
Self care (including bathing or dressing)	6%

n=3,048

Additional Information[5]

Respondents indicated if they had ever served in the United States military, had immigrated to the United States, were ever incarcerated, or experienced homelessness at any point in time.

4% had served in the military.

2% had experienced homelessness. Of those, one-third (33%) indicated experiencing homelessness for one-to-three months.

2% had experienced incarceration or juvenile detention.

4% identified as an immigrant to the United States.

[5] Respondents with the experiences below are underrepresented in response group, in many ways, due to a need to administer the survey online in the wake of COVID-19.

Safety

- Types of discrimination experienced
- Types of violence encountered
- Experiences of discrimination and violence based on gender identity, sexual orientation, age, and race/ethnicity

Respondents were asked to reflect on their ability to be physically, emotionally, and psychologically free from harm, perceptions of discrimination based on personal characteristics, experiences with violence based on their sexual orientation, gender identity, and/or gender expression, race and/or ethnicity, age, and ability.[1]
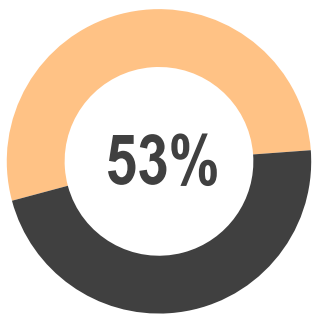
Discrimination

69% of respondents reported experiencing discrimination based on their personal characteristics at some point in their lifetime.

> "I've had several friends experience discrimination, deface property (stolen flags or destroyed decorations), and/or receive anonymous written threats while in apartment complexes from other residents."

47% of respondents reported experiencing discrimination based on their **sexual orientation**.
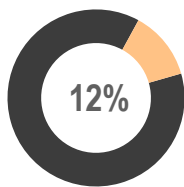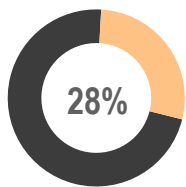
One third (32%) of respondents experienced discrimination based on their **gender identity and/or expression**. 11% of respondents reported experiencing discrimination based on their **race and/or ethnicity**. **Age-based discrimination** accounted for 10% of respondents. Finally, approximately 7% of respondents reported experiencing discrimination based on their **ability status**.

Violent Discrimination[2]

53%
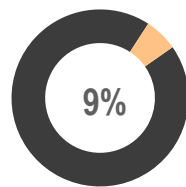
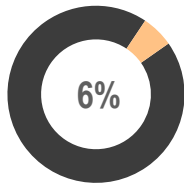Overall, half (53%) of respondents reported experiencing some form of violence as a result of identity-based discrimination.

12% Physical Violence	**28%** Verbal Violence	**9%** Sexual Violence
6% Financial Abuse	**19%** Psychological Abuse	**18%** Sexual Harassment

---

[1] The number of responses (n=2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.
[2] Respondents were asked to select all that apply.

Key Terms

Cisgender refers to a person whose gender identity is consistent in a traditional sense with their sex assigned at birth.

Ethnoracial identity describes the combination of socially demarcated ethnic and racial characteristics embodied by an individual respondent. Identities are often negotiated based on the race and ethnic terms a person has available to them during survey data collection.

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

n refers to the number of respondents that answered a question in the analysis.

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

Gender-based Violence

Respondents were also asked about their experiences with gender-based violence.

- About one-third (30%) of respondents reported being victims and/or survivors of **intimate partner violence**.

- About one-third (34%) of respondents reported experiences with **sexual violence**.

- 7% of respondents reported that they had engaged in **sex work**, **survival sex**, or **exchanged sex** for money, drugs, or housing.

Safety Results by Gender Identity

Discrimination by Gender

> "My family was kicked out of a home that was owned by a church because I'm trans."

To better understand how discrimination uniquely impacts different subgroups of the LGBTQ+ community, we analyzed responses about safety by gender identity. Overall, there were statistically significant differences in experiences of discrimination across gender.*[3]

Reports of Discrimination*

Transgender (n=1,110)	80%
Gender Diverse (n=128)	74%
Cisgender (n=1,475)	60%

Overall, **Transgender and Gender Diverse respondents** experience more discrimination than Cisgender respondents.* Discrimination based on sexual orientation was similar across gender identities, but most frequently reported among Gender Diverse respondents.*

> "I do not feel trans people are supported in Connecticut. I was fired last year after coming out to a colleague. There is no protection put in place for trans people. I constantly fear getting a job and then losing it."

Discrimination Based on Sexual Orientation*

Transgender	48%
Gender Diverse	56%
Cisgender	44%

Discrimination Based on Gender Identity*

Transgender	49%
Gender Diverse	50%
Cisgender	18%
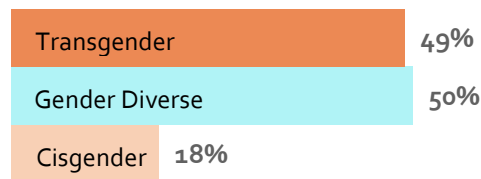
[3] * Denotes statistically significant differences between groups ($p<.001$) using Chi Square analysis.

Discrimination based on race/ethnicity, ability, age, and SES was reported more frequently by **Gender Diverse respondents**.*

Reports of Discrimination Based on Race/Ethnicity, Ability, Age, and SES *

Based on Race/Ethnicity*

T	6%
GD	21%
C	14%

Based on Ability*

T	8%
GD	16%
C	6%

Based on Age*

T	5%
GD	20%
C	13%

Based on SES

T	6%
GD	20%
C	9%

T= Transgender, GD= Gender Diverse, C= Cisgender
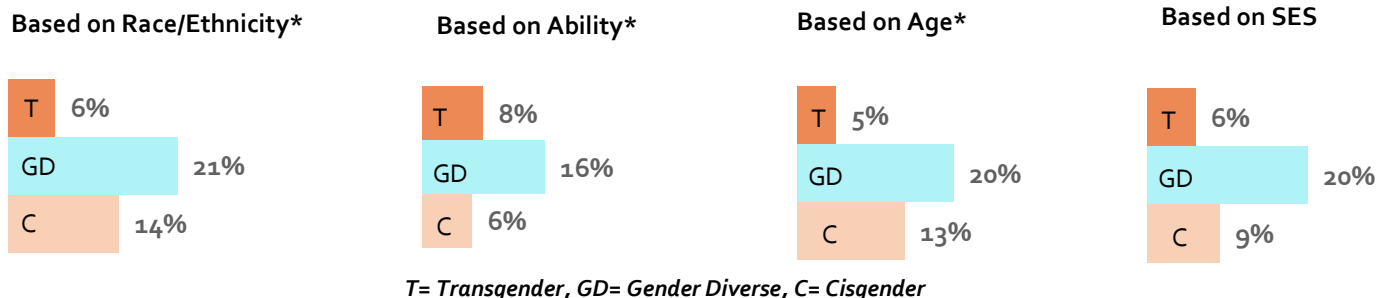
Violent Discrimination by Gender

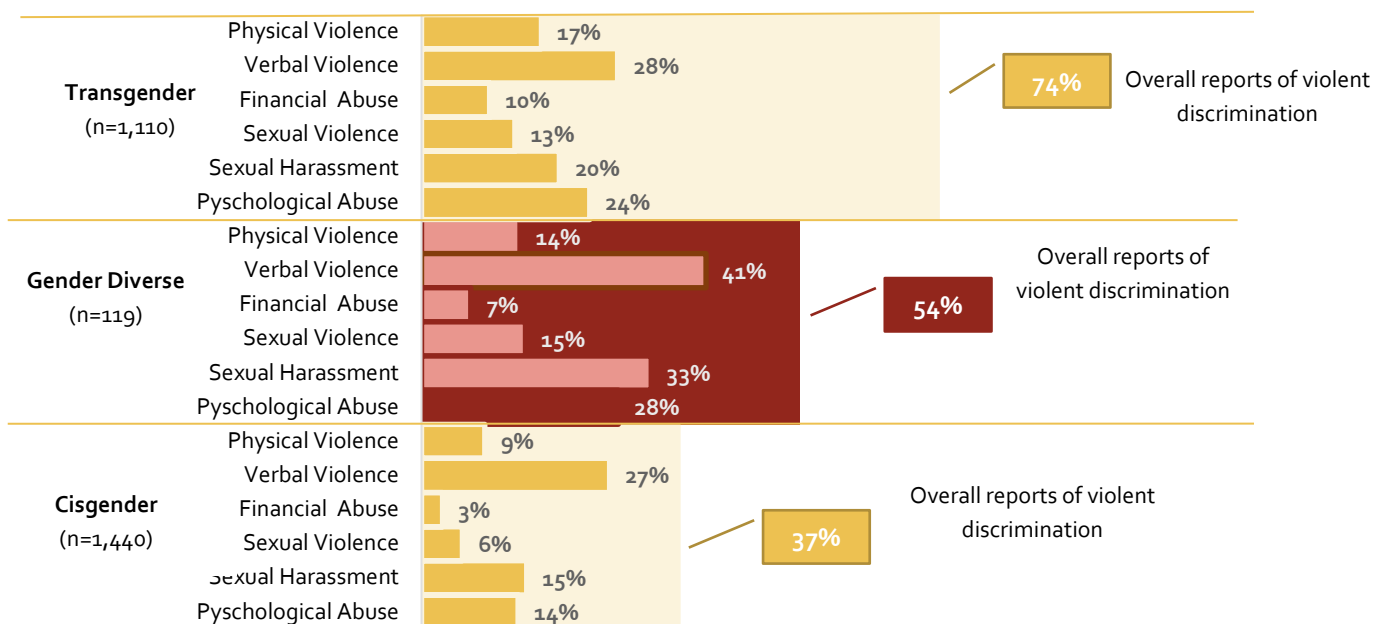Across genders, overall experiences of violent forms of discrimination were prevalent. However, overall, gender minority respondents (e.g., Transgender and Gender Diverse) experienced more discrimination than their Cisgender counterparts.* **Most (74%) Transgender respondents, half (54%) of Gender Diverse respondents, and slightly more than one-third (37%) of Cisgender respondents experienced violent forms of discrimination**. Within each gender, we illustrate below the proportion of each type of discrimination: 1) physical violence, 2) verbal violence, 3) financial abuse, 4) sexual violence, 5) sexual harassment, 6) psychological abuse.

Transgender (n=1,110)

Physical Violence	17%
Verbal Violence	28%
Financial Abuse	10%
Sexual Violence	13%
Sexual Harassment	20%
Pyschological Abuse	24%

74% Overall reports of violent discrimination

Gender Diverse (n=119)

Physical Violence	14%
Verbal Violence	41%
Financial Abuse	7%
Sexual Violence	15%
Sexual Harassment	33%
Pyschological Abuse	28%

54% Overall reports of violent discrimination

Cisgender (n=1,440)

Physical Violence	9%
Verbal Violence	27%
Financial Abuse	3%
Sexual Violence	6%
Sexual Harassment	15%
Pyschological Abuse	14%

37% Overall reports of violent discrimination

- **Transgender respondents** experienced more physical violence and financial abuse than Gender Diverse and Cisgender respondents.*
- **Gender diverse respondents** experienced more verbal violence, harassment, and psychological abuse than Transgender and Cisgender respondents.*
- **Cisgender respondents** experienced <u>less</u> sexual violence than Transgender and Gender Diverse respondents.*

Gender-based Violence by Gender

Survivors of **intimate partner violence** were more likely to be Transgender (42%), followed by Gender Diverse respondents (33%), and Cisgender respondents (21%).*

Survivors of **sexual violence** were more likely to be Transgender (43%) or Gender Diverse (45%) when compared to Cisgender respondents (25%).*

8% of Transgender respondents had engaged in **sex work**, 7% of Gender Diverse respondents, and 6% of Cisgender respondents.*

Safety Results by Sexual Orientation

To better understand how discrimination uniquely impacts different subgroups of the LGBTQ+ community, we analyzed responses about safety by sexual orientation. Overall, there were significant differences across sexual orientation.*

Discrimination by Sexual Orientation

Lesbian (n=776)	71%
Gay (n=890)	68%
Bisexual (n=933)	71%
Straight (n=111)	44%
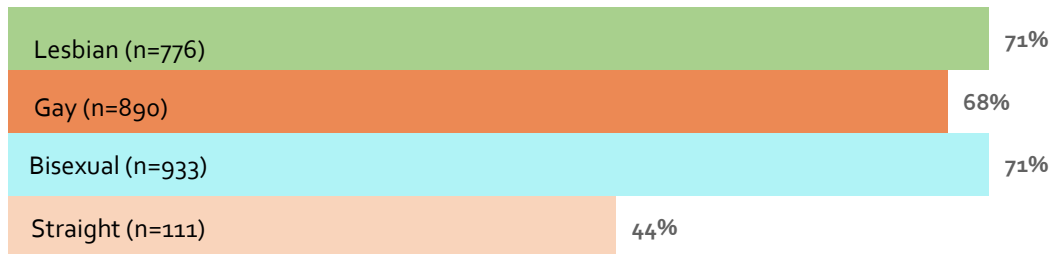
There was variability in experiences of discrimination across sexual orientation. Sexual minorities were more likely to experience discrimination based on their sexual orientation*.
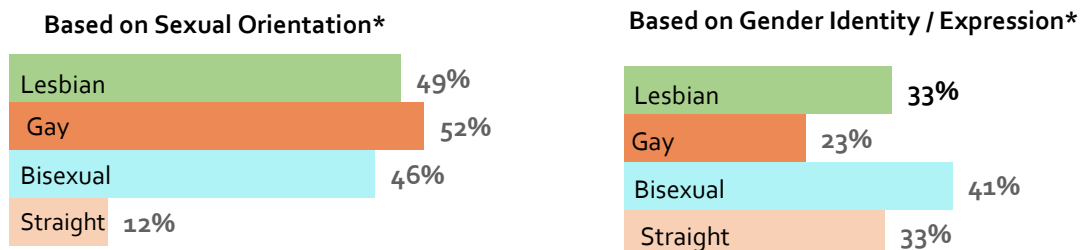
Based on Sexual Orientation*

Lesbian	49%
Gay	52%
Bisexual	46%
Straight	12%

Based on Gender Identity / Expression*

Lesbian	33%
Gay	23%
Bisexual	41%
Straight	33%

Bisexual respondents were more likely to experience discrimination based on their gender identity,* race/ethnicity,* ability status,* and socioeconomic status*. There were no differences in rates of discrimination based on age.

Reports of Discrimination Based on Race/Ethnicity, Ability, Age, and SES *

Based on Race/Ethnicity
- L. 9%
- G. 10%
- B. 13%
- S. 8%

Based on Ability*
- L. 7%
- G. 4%
- B. 11%
- S. 7%

Based on Age
- L. 9%
- G. 10%
- B. 12%
- S. 8%

L= Lesbian, G=Gay, B=Bisexual, S=Straight

Violent Discrimination by Sexual Orientation

Across sexual orientation, experiences of violent forms of discrimination were prevalent. About one-third (30%) of respondents within each sexual orientation reported experiences of violent discrimination*. Within each sexual orientation, we illustrate below the proportion of each type of discrimination: 1) physical violence, 2) verbal violence, 3) financial abuse, 4) sexual violence, 5) sexual harassment, 6) psychological abuse.

Lesbian (n=776): Physical Violence 12%, Verbal Violence 23%, Financial Abuse 8%, Sexual Violence 9%, Sexual Harassment 17%, Psychological Abuse 15%. Overall reports of violent discrimination 50%

Gay (n=890): Physical Violence 15%, Verbal Violence 29%, Financial Abuse 5%, Sexual Violence 7%, Sexual Harassment 12%, Psychological Abuse 19%. Overall reports of violent discrimination 53%

Bisexual (n=933): Physical Violence 11%, Verbal Violence 33%, Financial Abuse 6%, Sexual Violence 13%, Sexual Harassment 24%, Psychological Abuse 22%. Overall reports of violent discrimination 56%

Straight (n=114): Physical Violence 6%, Verbal Violence 20%, Financial Abuse 3%, Sexual Violence 4%, Sexual Harassment 13%, Psychological Abuse 16%. Overall reports of violent discrimination 32%

- **Gay respondents** experienced more physical violence.*
- **Bisexual respondents** experienced more verbal violence,* sexual violence,* sexual harassment,* and psychological abuse.*
- **Lesbian respondents** experienced more financial abuse.*

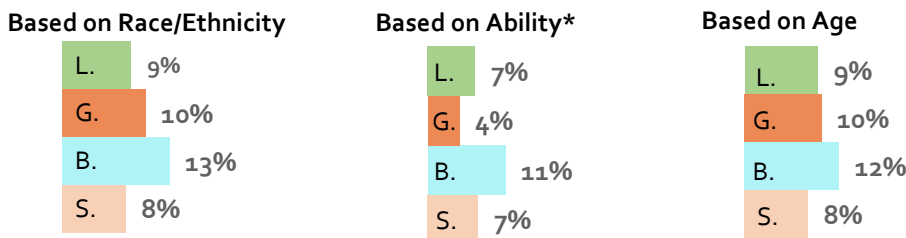"…we have a beautiful home which periodically is attacked by anti-gays (including a bullet into our bedroom window…)."

Gender-based Violence by Sexual Orientation

Survivors of **intimate partner violence** were more likely to be Bisexual (42%), followed by Lesbian (32%), Gay (25%), and Straight respondents (20%).*

Survivors of **sexual violence** were also more likely to be Bisexual (43%), followed by Lesbian (32%), Gay, (27%) and Straight respondents (19%).*

Approximately 9% of all Bisexual respondents had engaged in **sex work**, 8% of Gay respondents, 5% of Straight respondents, and 4% of Lesbian respondents.*

Safety Results by Age

To better understand how discrimination uniquely impacts different subgroups of the LGBTQ+ community, we analyzed responses about safety by age. Overall, there were significant differences between age groups:

Discrimination by Age

Age group	Percent
18-24 (n=456)	60%
25-45 (n=1,587)	73%
46-64 (n=461)	68%
65 and older (n=209)	61%

There was variability in experiences of discrimination across age.

- **Respondents aged 15-45** were more likely to report experiences of overall discrimination.*
- **Respondents aged 18-24** were more likely to experience discrimination based on their socioeconomic status (SES)*, ability status*, and race/ethnicity.*
- **Respondents ages 25-45** were more likely to experience discrimination based on their sexual orientation* and gender identity/expression*.
- **Respondents 65 and older** were more likely to report discrimination based on age*.

Reports of Discrimination

Based on Sexual Orientation*

- 18-24: 44%
- 25-45: 46%
- 46-64: 54%
- 65 ^: 49%

Based on Gender Identity / Expression*

- 18-24: 33%
- 25-45: 38%
- 46-64: 22%
- 65 ^: 14%

Based on Race/Ethnicity*

- 18-24: 17%
- 25-45: 10%
- 46-64: 12%
- 65 ^: 6%

Based on Ability*

- 18-24: 13%
- 25-45: 6%
- 46-64: 7%
- 65 ^: 4%

Based on Age*

- 18-24: 10%
- 25-45: 8%
- 46-64: 14%
- 65 ^: 19%

Based on SES*

- 18-24: 13%
- 25-45: 8%
- 46-64: 7%
- 65 ^: 5%
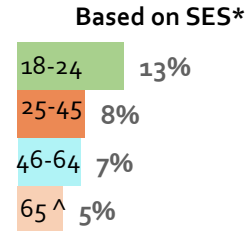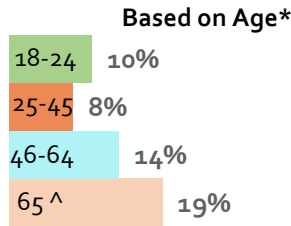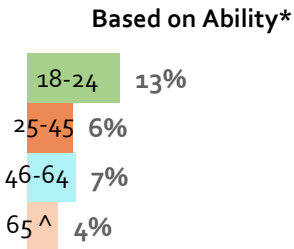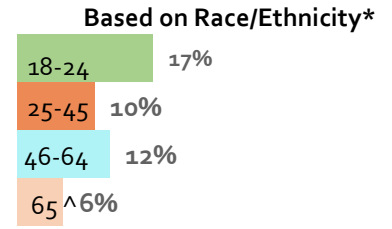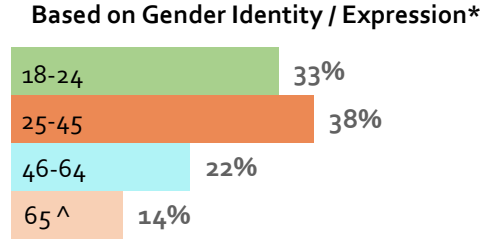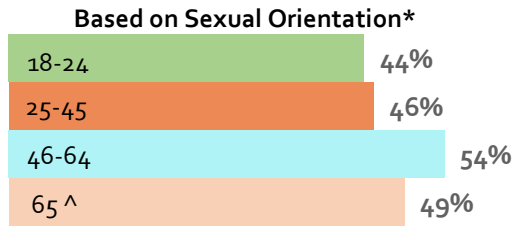
Violent Discrimination by Age

Across age, experiences of violent forms of discrimination were prevalent. About one-third (30%) of respondents reported experiences of violent discrimination.* Within each age group we illustrate below the proportion of each type of discrimination: 1) physical violence, 2) verbal violence, 3) financial abuse, 4) sexual violence, 5) sexual harassment, 6) psychological abuse.

18-24
(n=456)
- Physical Violence: 8%
- Verbal Violence: 33%
- Financial Abuse: 2%
- Sexual Violence: 8%
- Sexual Harassment: 18%
- Pyschological Abuse: 21%

Overall reports of violent discrimination: 40%

25-45
(n=1,587)
- Physical Violence: 14%
- Verbal Violence: 27%
- Financial Abuse: 8%
- Sexual Violence: 12%
- Sexual Harassment: 21%
- Pyschological Abuse: 2%

Overall reports of violent discrimination: 63%

46-64
(n=461)
- Physical Violence: 10%
- Verbal Violence: 31%
- Financial Abuse: 5%
- Sexual Violence: 5%
- Sexual Harassment: 11%
- Pyschological Abuse: 16%

Overall reports of violent discrimination: 40%

65 and older
(n=209)
- Physical Violence: 15%
- Verbal Violence: 20%
- Financial Abuse: 4%
- Sexual Violence: 4%
- Sexual Harassment: 9%
- Pyschological Abuse: 12%

Overall reports of violent discrimination: 31%

- **18–24-year-old respondents** experienced <u>less</u> physical violence compared to all other groups.*
- **25–45-year-old respondents** experienced more financial abuse and sexual violence compared to all other groups.*
- **46–64-year-old respondents** experienced more physical violence than 18-24-year-old respondents, less financial and sexual abuse than 25-45 year-old respondents, and less verbal violence, sexual harassment, and psychological abuse compared to 65 and older respondents.
- **65 and older respondents** experienced <u>less</u> verbal violence, sexual harassment, and psychological abuse compared to all other groups.*

Gender-based Violence by Age

Survivors of **intimate partner violence** were more likely to be 25-44-years old (38%) followed by 18-24-year-olds (20%), 45-64-year-olds (23%) and 65 and older respondents (15%).*

Survivors of **sexual violence** were also more likely to be 25-44-years old (40%), followed by 18-24-year-olds (29%), 45-64-year-olds (24%), and 65 and older respondents (15%).*

Approximately 8% of 25-44-year-old respondents, 6% of 18-24-year-olds, 7% of 45-64-year-olds, and 4% of 65 and older respondents had engaged in **sex work**.*

Safety by Ethnoracial Identity

To better understand how discrimination uniquely impacts different subgroups of the LGBTQ+ community, we analyzed responses about safety by race and ethnicity. Differences across racial/ethnic identity are presented below.

Discrimination by Ethnoracial Identity

White (n=1,628) — 64%
Black (n=142) — 91%
Hispanic (n=777) — 76%
Multiracial (158) — 71%
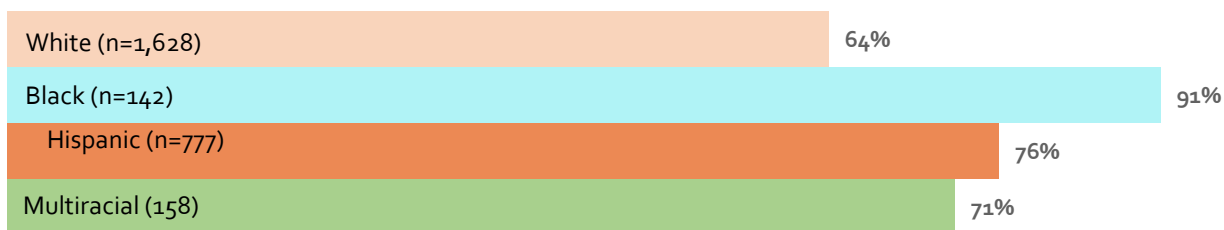
There was variability in experiences of discrimination across ethnoracial identity.

- **Minority respondents, particularly Black respondents, were more likely to experience overall discrimination.***
- **White respondents** were <u>less</u> likely to experience discrimination based on their racial or ethnic identity and gender identity.*
- **Black respondents** were <u>less</u> likely to experience discrimination based on their ability status.*
- **Multiracial respondents** were <u>more</u> likely to experience discrimination based on their socioeconomic status and age.*

Reports of Discrimination

Based on Sexual Orientation*
- White 48%
- Black 50%
- Hispanic 45%
- Multiracial 49%

Based on Gender Identity / Expression*
- White 30%
- Black 42%
- Hispanic 37%
- Multiracial 32%

Based on Race/Ethnicity
- W. 4%
- B. 35%
- H. 13%
- M. 55%
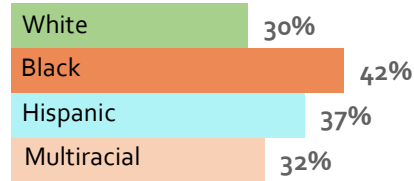
Based on Age
- W. 12%
- B. 7%
- H. 4%
- M. 19%
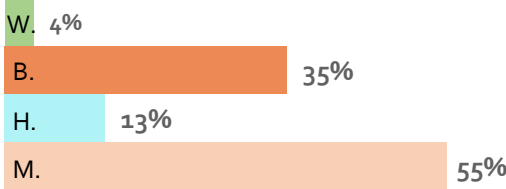
Based on SES*
- W. 8%
- B. 9%
- H. 7%
- M. 15%
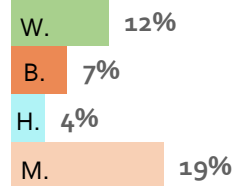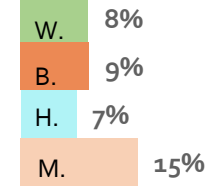
Based on Ability*
- W. 10%
- B. 4%
- H. 1%
- M. 9%
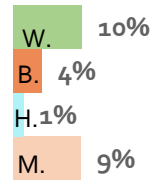
W= White, B= Black, H= Hispanic, M= Multiracial

Violent Discrimination by Ethnoracial Identity

Across race and ethnicity, experiences of violent forms of discrimination were prevalent. **Between 43% and 75% of respondents reported experiences of violent discrimination.** * Within each racial/ethnic group, we illustrate below the proportion of each type of discrimination: 1) physical violence, 2) verbal violence, 3) financial abuse, 4) sexual violence, 5) sexual harassment, 6) psychological abuse.

White Only (n=1,628)
- Physical Violence 11%
- Verbal Violence 30%
- Financial Abuse 4%
- Sexual Violence 8%
- Sexual Harassment 18%
- Psychological Abuse 18%
- Overall reports of violent discrimination 43%

Black Only (n=142)
- Physical Violence 17%
- Verbal Violence 30%
- Financial Abuse 9%
- Sexual Violence 13%
- Sexual Harassment 17%
- Psychological Abuse 22%
- Overall reports of violent discrimination 75%

Hispanic Only (n=777)
- Physical Violence 17%
- Verbal Violence 21%
- Financial Abuse 9%
- Sexual Violence 10%
- Sexual Harassment 16%
- Psychological Abuse 19%
- Overall reports of violent discrimination 70%

Multiracial (n=158)
- Physical Violence 8%
- Verbal Violence 39%
- Financial Abuse 6%
- Sexual Violence 13%
- Sexual Harassment 23%
- Psychological Abuse 22%
- Overall reports of violent discrimination 45%

- **Black and Hispanic respondents** experienced more physical compared to other groups.*
- **Multiracial respondents** experienced more verbal violence compared to all other groups.*
- **White respondents** experienced <u>less</u> financial abuse and sexual violence compared to all other groups.*

Gender-based Violence by Ethnoracial Identity

Survivors of **intimate partner violence** were more likely to be Hispanic (42%), followed by Black respondents (35%), White respondents (25%) and Multiracial-Race respondents (22%).*

Survivors of **sexual violence** were also more likely to be Hispanic (41%), followed by Black respondents (40%), Multiracial-Race respondents, (35%) and White respondents (29%).*

Approximately 11% of all Multiracial-Race respondents had **engaged in sex work**, 9% of Hispanic respondents, 6% of White respondents, and 3% of Black respondents.*

Social Support and Community Engagement

- Sources of personal support
- Feelings of connectedness

Respondents were asked to reflect on their experiences having their social needs met, the strength of their personal support network (e.g., family, chosen family, and friends), and ties to their community.[1]

Overall Results

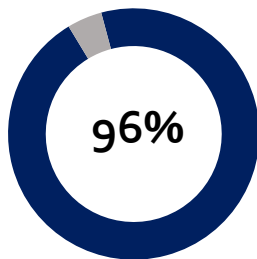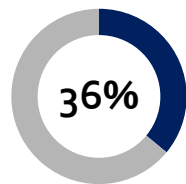Respondents shared if they were openly and freely able to disclose their sexual orientation and/or gender expression to others in their community. Most (96%) indicated being "out" to others in their community and/or support circle. Of those, the top three responses included:

96%
indicated being out to others in their social support network

36%
"I am fully out in all parts of my life."

34%
"I am out to a select group of people in my life."
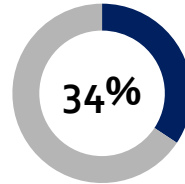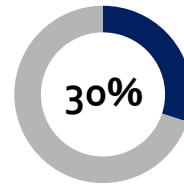
30%
"I am out to my family."

100% of respondents indicated having someone in their personal support network.[2] The **top three** (most frequently mentioned) sources of personal support included:

65%
Spouse/partner(s)

64%
LGBTQ+ friends and/or chosen family
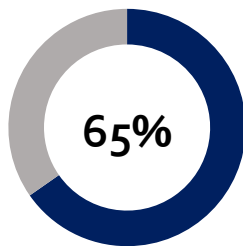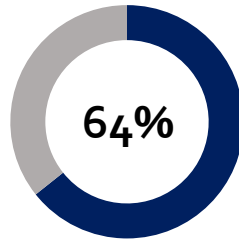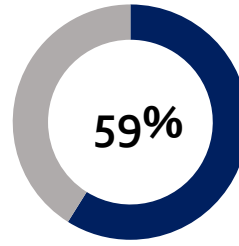
59%
Straight and/or cisgender friends

Respondents were **least likely** to report feelings of support from neighbors (23%) or a spiritual/religious community (17%). Open-ended comments revealed that religious respondents struggled to connect with LGBTQ+ friendly places of worship and gender-affirming religious organizations due to fear of discrimination. However, religious spaces that were LGBTQ+ friendly in Connecticut had been an affirming source of support for some.

Key Terms

Cisgender refers to a person whose gender identity is consistent with their sex assigned at birth.

Ethnoracial identity describes the combination of socially demarcated ethnic and racial characteristics embodied by an individual respondent. Identities are often negotiated based on the race and ethnic terms a person has available to them during survey data collection.

Gender-affirming care describes healthcare that holistically attends to transgender, gender diverse, and non-binary individuals' physical, mental, and social health needs and well-being while respectfully affirming their gender identity (Reisner and Deutch, 2016).

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

n refers to the number of respondents that answered a question in the analysis.

Out refers to someone's ability to disclose their sexual orientation openly and freely and/or gender expression to others

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

---

[1] The number of responses (2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.
[2] Respondents could choose more than one response for this question, meaning totals add to more than 100%.

Reliance on Personal Support Network

Overall, most (77%) respondents believed they could go to someone if they had a personal emergency. About two-thirds (68%) believed they had someone to talk to about LGBTQ+ specific challenges. Respondents indicated their level of agreement with the following statements about their reliance on people in their personal support network:[3]

Statement	Disagree	Unsure	Agree
I have someone to talk to about life's challenges.	16%	11%	73%
I have someone to talk to about LGBTQ+ specific challenges.	18%	14%	68%
I have at least one person I can go to if I have a personal emergency.	12%	11%	77%
I have someone to get together with to socialize and have fun.	16%	11%	73%

Knowledge about Influencing Local and Statewide Policy

Half (49%) of the respondents knew of ways to provide input that impacted policies and laws in their city or town. Only one-third (35%) agreed that the needs of the LGBTQ+ population were represented across various government programs and services offered in Connecticut. Respondents indicated their level of agreement with the following statements regarding the presence of LGBTQ+ policies in their local and statewide community:

Statement	Disagree	Unsure	Agree
I know of ways to provide input to impact decisions, policies and laws that are made in my city or town.	26%	25%	49%
I know of ways to provide input to impact decisions, policies and laws that are made in CT.	25%	25%	50%
There is one (or more) community organization or group in my city or town who advocates for LGBTQ+ specific issues.	24%	37%	40%
I believe at least one of my local elected officials understands and supports the needs of the LGBTQ+ community.	20%	38%	42%
I feel that the needs of the LGBTQ+ population are represented in the government programs and services offered in CT.	28%	37%	35%

These sample of responses from the open-ended comment section of the survey express respondents' concerns surrounding legal protection, visibility, and the presence of LGBTQ+ organizations in Connecticut:

"I feel like we need **more** visibility in Connecticut. It's been an affirming place to live, but it's hard to find other LGBT people here. We have the **power to increase visibility**; start having large pride events, more health outreach, expand mental health services, create LGBT living communities, etc. We should strive to attract more LGBT residents…if we focus on visibility."

"I don't know of any LGBTQ young adult organizations anywhere near me. All organizations seem to be social and emotional support for young teenagers (ages 13-17). I don't know what organizations there are for me. Even the suicide hotlines seem to be designated for only younger people, but I don't [know] what resources are available to me."

"I would like to be **protected** from discrimination under Connecticut law. The current law, 46a-81 protects gay, straight, and bi people. That's pretty *** for the rest of us."

---

[3] For this table, 'strongly disagree' and 'disagree' are combined into one category. The same applies for 'strongly agree' and 'agree'.

Presence of LGBTQ+ Advocacy Organizations

Overall, less than half (40%) of respondents agreed there was at least one community organization in their city or town that advocates for LGBTQ+ specific issues.

45% of New Haven County respondents (the highest percentage of respondents compared to other counties) mentioned knowing of at least one community organization near them that advocated for LGBTQ+ specific issues.

44% of Middlesex County, **41%** of Fairfield County, **40%** of Hartford County, **38%** of Windham County, **35%** of Litchfield County, and **29%** of New London County respondents mentioned there being at least one community organization in their area that advocates for LGBTQ+ specific issues.
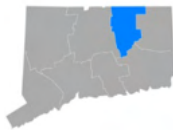
27% of Tolland County respondents (the lowest percentage of respondents compared to other counties) mentioned knowing of at least one community organization near them that advocated for LGBTQ+ rights.

Social Support Results by Gender Identity

Overall, there were statistically significant differences related to social support across gender. Responses to statements about respondents' personal support networks are depicted for each gender identity below:

To what extent do you agree or disagree with the following statements?

■ **Transgender** ■ **Gender Diverse** ■ **Cisgender**

I have someone to talk to about life's challenges.	I have someone to talk to about LGBTQ+ specific challenges.	I have at least one person I can go to if I have a personal emergency.	I have someone to get together with to socialize and have fun.
3.3	3.4	3.5	3.4
4.2	4.0	4.5	4.3
4.3	4.0	4.5	4.3

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)
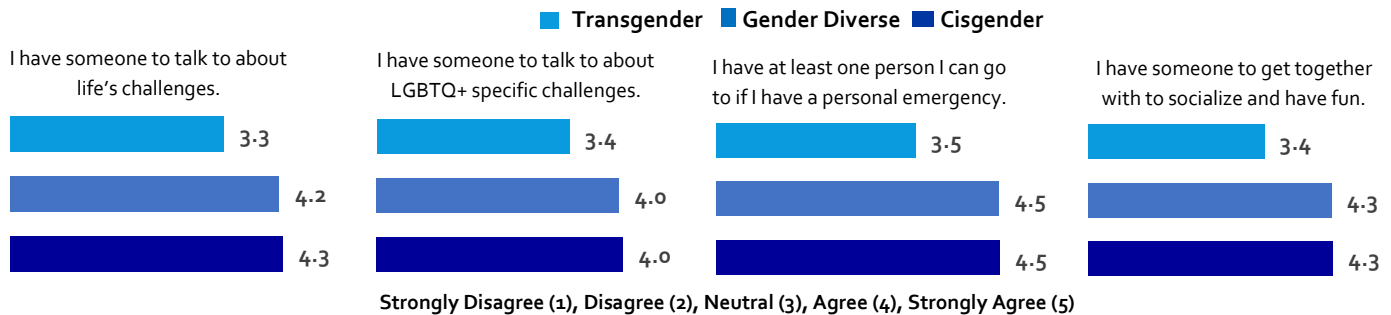
Statistically meaningful differences[4] (*) regarding support from a personal network based on gender identity were found in the following areas:

- **Transgender respondents** were significantly less likely to have someone to talk to about life's challenges when compared to Cisgender and Gender Diverse respondents.*
- **Transgender respondents** were significantly less likely to have someone to talk to about LGBTQ+ specific challenges when compared to Cisgender and Gender Diverse respondents.*
- **Transgender respondents** were significantly less likely to have at least one person to go to if they had a personal emergency when compared to Cisgender and Gender Diverse respondents.*
- **Transgender respondents** were significantly less likely to have someone to get together with to socialize and have fun when compared to Cisgender and Gender Diverse respondents.*

---

[4] Statistical significance was determined using the ANOVA and the Bonferroni post hoc tests with the α=0.05 level.

Social Support Results by Sexual Orientation

Overall, survey respondents' perceptions about social support did not significantly differ based on sexual orientation. Statistically meaningful differences (*) regarding support from a personal network based on sexual orientation were found between groups in the following statement:

To what extent do you agree or disagree with the following statement?

Legend: ▪ Lesbian ▪ Gay ▪ Bisexual ▪ Straight

I have someone to talk to about LGBTQ+ specific challenges.

Group	Score
Lesbian	3.9
Gay	3.8
Bisexual	3.7
Straight	3.6

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

- **Bisexual respondents** were significantly less likely to report having someone to talk to about LGBTQ+ specific challenges when compared to Lesbian respondents. *

Social Support Results by Age

Overall, there were statistically significant differences related to social support between age groups. Responses to statements about respondents' personal support networks are depicted for each age group below:

To what extent do you agree or disagree with the following statements?
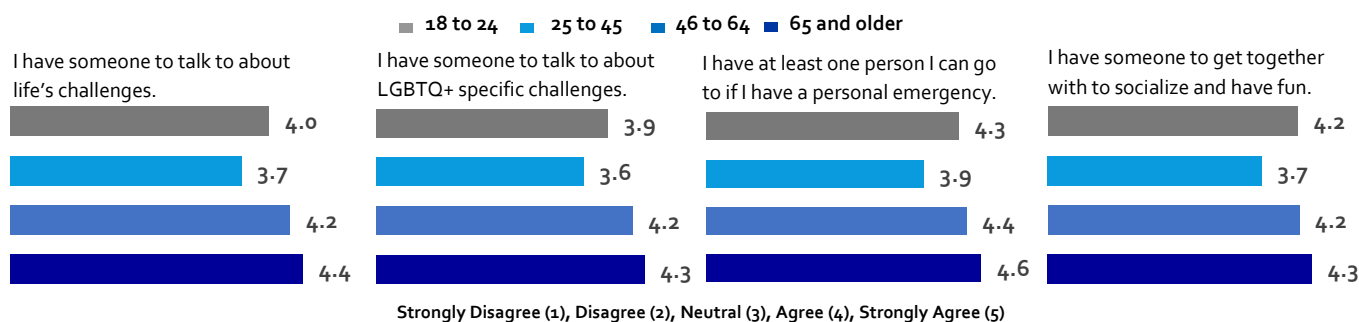
Legend: ▪ 18 to 24 ▪ 25 to 45 ▪ 46 to 64 ▪ 65 and older

Age Group	I have someone to talk to about life's challenges.	I have someone to talk to about LGBTQ+ specific challenges.	I have at least one person I can go to if I have a personal emergency.	I have someone to get together with to socialize and have fun.
18 to 24	4.0	3.9	4.3	4.2
25 to 45	3.7	3.6	3.9	3.7
46 to 64	4.2	4.2	4.4	4.2
65 and older	4.4	4.3	4.6	4.3

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding support from a personal network based on age were found in the following areas:

- **25-to-45-year-olds** were significantly less likely to have someone to talk to about life's challenges when compared to 18-to-24-year-olds, 46-to-64-year-olds, and 65+ year-olds. **18-to-24-year-olds** were significantly less likely to have someone to talk to about life's challenges when compared to 46-to-64-year-olds and 65+ year-olds.*
- **25-to-45-year-olds** were significantly less likely to have someone to talk to about LGBTQ+ specific challenges when compared to 18-to-24-year-olds, 46-to-64-year-olds, and 65+ year-olds. **18-to-24-year-olds** were significantly less likely to have someone to talk to about LGBTQ+ specific challenges when compared to 46-to-64-year-olds and 65+ year-olds.*

- **25-to-45-year-olds** were significantly less likely to have at least one person to go to if they had a personal emergency when compared to 18-to-24-year-olds, 46-to-64-year-olds, and 65+ year-olds. **18-to-24-year-olds** were significantly less likely to have someone to go to if they had a personal emergency when compared to 65+ year-olds. *
- **25-to-45-year-olds** were significantly less likely to have someone to get together with to socialize and have fun when compared to 18-to-24-year-olds, 46-to-64-year-olds, and 65+ year-olds.*

Social Support by Ethnoracial Identity

Overall, there were statistically significant differences related to social support by ethnoracial identity. Responses to statements about respondents' personal support networks are depicted for each ethnoracial identity below:

To what extent do you agree with the following statements?
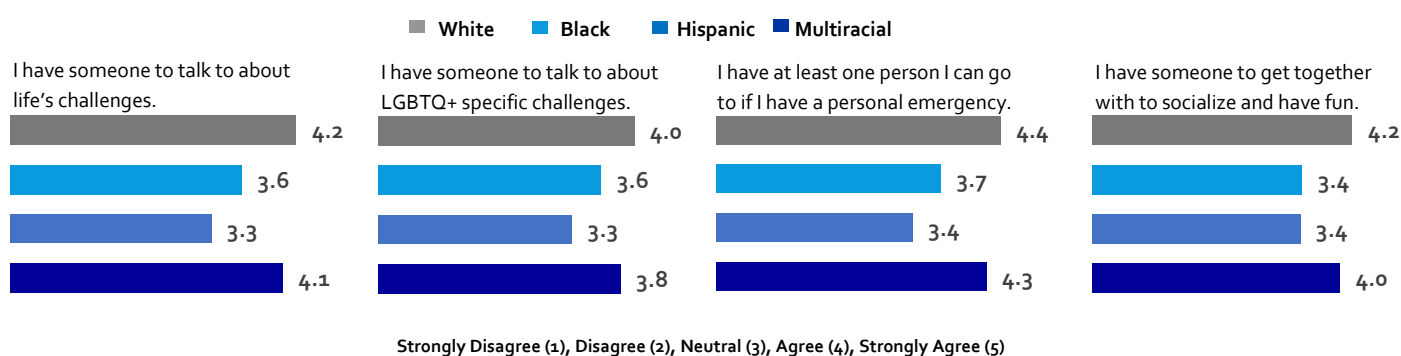
■ **White**   ■ **Black**   ■ **Hispanic** ■ **Multiracial**

	I have someone to talk to about life's challenges.	I have someone to talk to about LGBTQ+ specific challenges.	I have at least one person I can go to if I have a personal emergency.	I have someone to get together with to socialize and have fun.
White	4.2	4.0	4.4	4.2
Black	3.6	3.6	3.7	3.4
Hispanic	3.3	3.3	3.4	3.4
Multiracial	4.1	3.8	4.3	4.0

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding support from a personal network based on ethnoracial identity were found in the following areas:

- **Hispanic/Latinx respondents** were significantly less likely to have someone to talk to about life's challenges when compared to Black, White, and Multiracial respondents. **Black respondents** were significantly less likely to have someone to talk to about life's challenges when compared to Multiracial and White respondents.*
- **Hispanic/Latinx respondents** were significantly less likely to have someone to talk to about LGBTQ+ specific challenges when compared to Black, White, and Multiracial respondents. **Black respondents** were significantly less likely to have someone to talk to about LGBTQ+ specific challenges when compared to White respondents.*
- **Hispanic/Latinx respondents** were significantly less likely to have at least one person to go to if they had a personal emergency when compared to Black, White, and Multiracial respondents. **Black respondents** were significantly less likely to have at least one person to go to if they had a personal emergency when compared to Multiracial and White respondents.*
- **Hispanic/Latinx and Black respondents** were significantly less likely to have someone to get together with to socialize and have fun when compared to Multiracial and White respondents. *
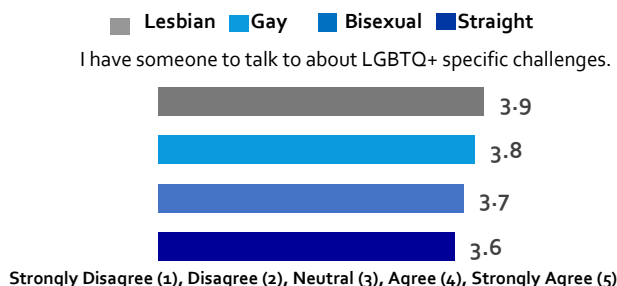
Additional Comments

Respondents also shared open-ended feedback about their perceptions of social support and community engagement. Themes from those comments include:

- **COVID-19.** People felt that the pandemic contributed to feelings of loneliness and uncertainty, and in some ways prevented them from socializing and expanding their networks.
- **Discrimination.** People shared their concerns related to discriminatory experiences surrounding their gender or sexuality. Particularly, with certain intersectional identities (race, age, ability, etc.) respondents felt they were, in some ways, unsafe where they live.
- **Political Climate and LGBTQ+ Advocacy.** People reported a mix of supportive and unsupportive representatives particularly at the local and state levels. Overall, people believe more work needs to be done to advocate for the safety of LGBTQ+ individuals, such as instituting more expansive discriminatory and protection laws, promoting more LGBTQ+/gender/sexuality education in schools, and having legislative committees address LGBTQ+ needs at all levels.
- **LGBTQ+ Visibility.** Respondents raised the importance of legal documentation options for transgender and nonbinary identities in addition to raising awareness about nonbinary and gender nonconforming identities. While CT works hard to be inclusive, some people still hoped for more LGBTQ+ representation in CT overall.
- **LGBTQ+ Community Spaces.** For those that had LGBTQ+ community spaces or groups, they found themselves safe and welcomed. Many LGBTQ+ adults wished for more spaces to socialize (outside of bars and nightclubs) in addition to Pride events in more CT towns and cities.
- **Youth Services.** Many respondents mentioned that LGBTQ+ youth need more mental health services, shelters for runaway homeless youth, social opportunities (e.g., mentoring), and gender and sexuality educational awareness in schools (K-12). Specifically, respondents highlighted the need for protection of trans youth, particularly in school sports.

Housing Services

- Access to housing services
- Current housing needs
- Typical housing experiences
- Results by gender identity, sexual orientation, age, race/ethnicity

Respondents were asked about the types of housing services they have accessed in the past three years, as well as their experiences meeting their needs related to accessing housing services, receiving responsive and nondiscriminatory assistance, and barriers that prevent them from receiving these services.[1]

Overall Results

16% of respondents have been refused housing services because of their LGBTQ+ identity in their lifetime.

Access to Housing Services[2]

36% of respondents accessed housing services in the past three years.

Of those that had accessed services, the **top housing services accessed** included obtaining a mortgage/loan and/or refinancing (8%), finding/accessing affordable housing services options (5%), 211 (4%), and housing services through a LGBTQ+ organization (4%).

Typical Housing Service Experience

Respondents were 'neutral' in their experiences seeking housing services[3].

Statement	Rating
My provider(s) were responsive to my needs based on my LGBTQ+ identity.	3.1
My LGBTQ+ identity was considered when talking to me about my service needs.	3.2
My provider(s) were responsive to my needs based on how I identify (e.g., race, age, ability).	3.3
I felt safe most of the time.	3.3
My needs were met most of the time.	3.3
My provider(s) offered a welcoming and non-discriminatory enviornment.	3.3

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Key Terms

Cisgender refers to a person whose gender identity is consistent in a traditional sense with their sex assigned at birth.

Ethnoracial identity describes the combination of socially demarcated ethnic and racial characteristics embodied by an individual respondent. Identities are often negotiated based on the race and ethnic terms a person has available to them during survey data collection.

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

n refers to the number of respondents that answered a question in the analysis.

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

---

[1] The number of responses (2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.
[2] Respondents could select more than one response.
[3] Respondents rated their agreement on a scale from (1) Strongly Disagree, (2) Disagree, (3) Unsure, (4) Agree, to (5) Strongly Agree.

Barriers to Accessing Housing Services

93% of respondents had at least one concern related to accessing housing services.

The top concerns related to accessing housing services included concerns that the services would not be LGBTQ friendly, 9%, not being able to afford the service, 9%, concerns that provider(s)/staff are not specifically trained for my needs as a LGBTQ+ member, 8%, and the wait time to receive help is too long, 8%.

> "I worked in housing programs for over 13 years. While I have always been fortunate to find suitable housing, I witnessed a lot of housing discrimination against the LGBT population as they tried to access shelter services."

Current Housing Needs

63% of respondents do <u>not</u> have current housing-related needs.

The top current housing-related needs included finding/accessing affordable housing options, 9%, accessing housing-related services through 211, 6%, obtaining a mortgage/loan and/or refinancing, 5%.

Housing Services Results by Gender Identity[4]

32% of Transgender respondents have been refused housing services because of their LGBTQ+ identity in their lifetime compared to 6% of Gender Diverse respondents, and 5% of Cisgender respondents. Transgender respondents were most likely to have accessed housing services in the last three years (66%) compared to Cisgender (16%), and Gender Diverse (14%) respondents. Responses to statements about access to housing services are depicted for each gender identity below. *In thinking about the housing services that you were engaged in, please indicate the level of agreement with your typical experience receiving this service(s).*

Legend: Transgender Umbrella, Gender Diverse, Not Transgender, Cisgender

The provider(s) offered a welcoming and non-discriminatory environment. Transgender 3.1, Gender Diverse 4.1, Cisgender 4.0

My needs were met all or most of the time. 3.0, 4.0, 3.9

I felt safe all or most of the time. 3.1, 4.0, 4.0

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity). 3.1, 3.5, 3.7
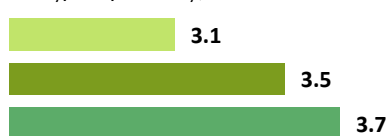
The provider(s) considered by LGBTQ+ identity when talking to me about my service needs. 3.2, 2.2, 3.5
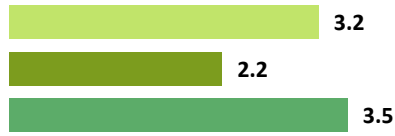
The provider(s) was responsive to my needs based on my LGBTQ+ identity. 3.0, 2.4, 3.5

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

[4] Cisgender (n=1,475), Gender Diverse (n=128), Transgender (n=1,110)

Statistically meaningful differences (*)[5] regarding access to housing services based on gender identity were found in the following areas:

Transgender respondents when compared to Cisgender and Gender Diverse respondents:

- Feel that their housing needs were <u>not met.</u> *
- Were less likely to feel safe accessing housing services.*
- Were less likely to indicate that housing-related service providers were responsive to their needs based on how they identify (e.g., race, ethnicity, age, or ability).*
- Were less likely to indicate that housing-related service providers offered a welcoming and non-discriminatory environment.*

Transgender and Gender Diverse respondents when compared to Cisgender respondents:

- Were less likely to indicate that housing-related service providers considered their LGBTQ+ identity when discussing their services needs.*

> "211 is not helpful for imminent homelessness. You must be within 48hrs of homelessness to get an appointment. I am pre-op trans and disabled and cannot be housed with men or women without being outed. 48 hours is not long enough to find accommodations for someone with extenuating circumstances. Because of this, I am still living in an abusive situation, praying every day that I will get housed based solely on my disability. Because apparently to the state I can't be both trans and disabled.

Barriers to Service by Gender Identity

The **top three** service barriers differed based on gender identity:

	Cisgender (n=1,475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**9%** I have no concerns related to housing service access.	**9%** I have no concerns related to housing service access.	**18%** Concerned that the services would not be LGBTQ+ friendly.
2nd	**2%** The wait time to receive help is too long. **2%** Not being able to afford this service.	**4%** Concerned that the services would not be LGBTQ+ friendly.	**18%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.
3rd	**2%** Not knowing how or where to access this service.	**3%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.	**16%** Not being able to afford this service.

---

[5] Statistical significance was determined using the ANOVA and the Bonferroni post hoc tests with the α=0.05 level.

Current Housing Needs by Gender Identity

The **top three** service needs differed based on gender identity:

	Cisgender (n=1,475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**7%** Obtaining a mortgage/loan and/or refinancing.	**9%** Obtaining a mortgage/loan and/or refinancing.	**14%** Finding/accessing affordable housing services options.
2nd	**2%** Finding/accessing affordable housing services options and 211 services.	**2%** Finding/accessing affordable housing services options and 211 services.	**13%** 211 services.
3rd	**1%** Housing services through a LGBTQ+ organization.	**1%** Public housing services.	**8%** Tenant/landlord disputes, residential services, finding/accessing transitional housing, public housing services.

Housing Services Results by Sexual Orientation

About one third (36%) of respondents have accessed housing services in the past three years. Lesbian respondents accessed slightly more housing services (39%) and respondents identifying as Straight accessed the fewest (25%). Responses to statements that were significantly different are depicted for each gender identity below:

In thinking about the housing services that you were engaged in, please indicate the level of agreement with your typical experience receiving this service(s).

Legend: Straight | Bisexual | Gay | Lesbian

The provider(s) offered a welcoming and non-discriminatory environment.
- Straight: 3.9
- Bisexual: 3.2
- Gay: 3.3
- Lesbian: 3.3

My needs were met all or most of the time.
- Straight: 3.8
- Bisexual: 3.2
- Gay: 3.3
- Lesbian: 3.2

I felt safe all or most of the time.
- Straight: 3.8
- Bisexual: 3.3
- Gay: 3.3
- Lesbian: 3.4

The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity).
- Straight: 3.9
- Bisexual: 3.1
- Gay: 3.3
- Lesbian: 3.3

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- Straight: 3.7
- Bisexual: 3.1
- Gay: 3.3
- Lesbian: 3.3

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- Straight: 3.7
- Bisexual: 3.0
- Gay: 3.3
- Lesbian: 3.1

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to housing services based on sexual orientation were not found.

Housing Barriers by Sexual Orientation
The **top three** service barriers differed based on sexual orientation:

	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**10%** Concerned that the services would not be LGBTQ+ friendly.	**8%** Not being able to afford this service.	**9%** Concerned that the services would not be LGBTQ+ friendly.	**9%** I have no concerns related to housing service access.
2nd	**10%** The wait time to receive help is too long.	**8%** Concerned that the services would not be LGBTQ+ friendly.	**9%** The wait time to receive help is too long.	**8%** Not knowing how or where to access this service.
3rd	**9%** Not being able to afford this service.	**8%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.	**16%** Not being able to afford this service.	**6%** Not being able to afford this service.

Current Housing Needs by Sexual Orientation
The **top three** service needs differed based on sexual orientation:

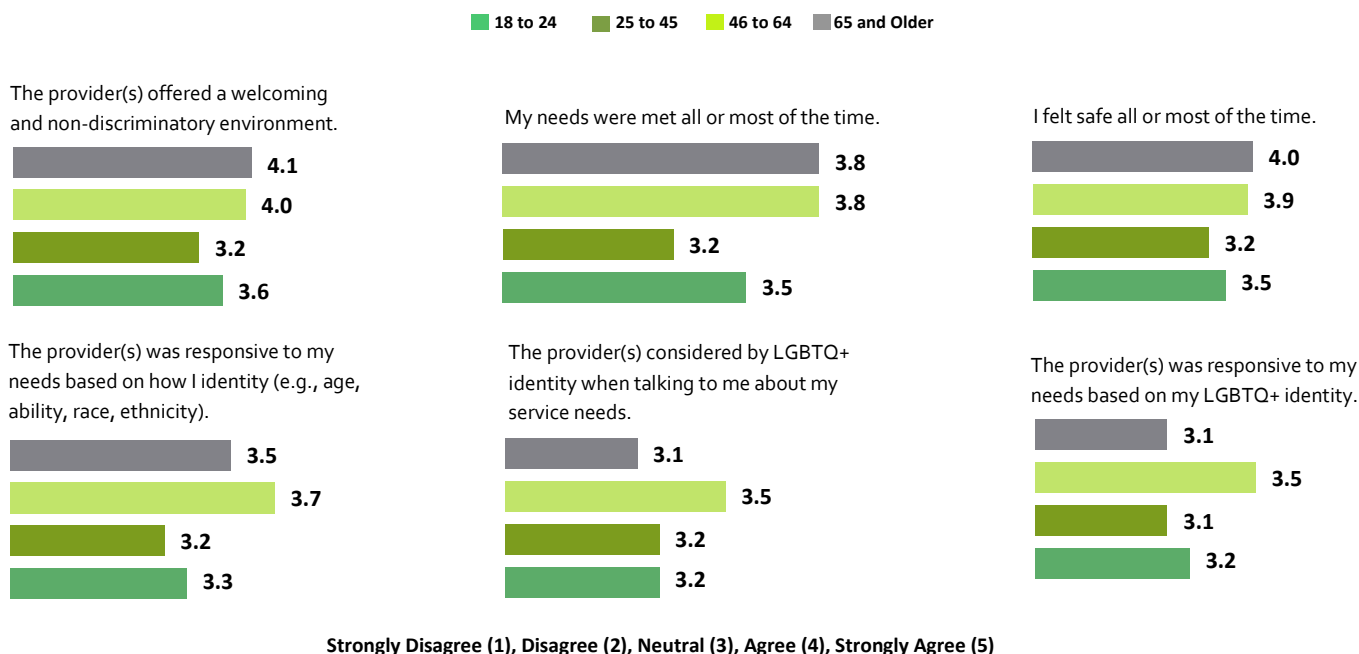|	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**9%** Finding/accessing affordable housing options.	**7%** Finding/accessing affordable housing options, accessing housing-related services through 211.	**11%** Finding/accessing affordable housing options.	**11%** Accessing housing-related services through 211.
2nd	**5%** Accessing housing-related services through 211, finding or accessing transitional housing, tenant-landlord disputes and/or rights.	**6%** Obtaining a mortgage/loan and/or refinancing.	**6%** Accessing housing-related services through 211.	**10%** Finding/accessing affordable housing options.
3rd	**4%** Finding/accessing transitional housing.	**4%** Residential services for mental health, addiction, or substance use treatment programs, senior housing	**5%** Obtaining a mortgage/loan and/or refinancing, Tenant-landlord disputes and/or rights.	**6%** Obtaining a mortgage/loan and/or refinancing.

Housing Services by Age

About half (52%) of respondents 25 to 45 years old accessed housing services in the past three years compared to 13% for respondents 18 to 24, 12% of respondents 46 to 64, and 16% of respondents 65 or older. Responses to statements that were significantly different are depicted for each age below:

In thinking about the housing services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

■ **18 to 24**　■ **25 to 45**　■ **46 to 64**　■ **65 and Older**

The provider(s) offered a welcoming and non-discriminatory environment.

65 and Older	4.1
46 to 64	4.0
25 to 45	3.2
18 to 24	3.6

My needs were met all or most of the time.

65 and Older	3.8
46 to 64	3.8
25 to 45	3.2
18 to 24	3.5

I felt safe all or most of the time.

65 and Older	4.0
46 to 64	3.9
25 to 45	3.2
18 to 24	3.5

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).

65 and Older	3.5
46 to 64	3.7
25 to 45	3.2
18 to 24	3.3

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.

65 and Older	3.1
46 to 64	3.5
25 to 45	3.2
18 to 24	3.2

The provider(s) was responsive to my needs based on my LGBTQ+ identity.

65 and Older	3.1
46 to 64	3.5
25 to 45	3.1
18 to 24	3.2

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) between groups based on their age were found in the following areas:

- **Respondents between the ages of 46 to 64** were more likely to indicate that housing-related service needs were met when compared to respondents between the ages of 25 to 45.*
- **Respondents older than 46** were more likely to feel safe when accessing housing-related services when compared to respondents between the ages of 25 to 45.*
- **Respondents older than 46** were more likely to feel that their providers offered a welcoming and non-discriminatory environment when compared to respondents between the ages of 25 to 45.*
- **Respondents between the ages of 46 to 64** were more likely to feel that their providers were responsive to their needs based on how they identity (e.g., age, ability, race, ethnicity) when compared to respondents between the ages of 25 to 45.*

Housing Service Barriers by Age

The **top three** service barriers differed based on age:

	18-24 (n=456)	25-45 (n=1587)	46-64 (n=461)	65 and older (n=209)
1st	**4%** Not knowing how or where to access this service.	**14%** Concerned that the services would not be LGBTQ+ friendly.	**9%** I have no concerns related to housing service access.	**12%** I have no concerns related to housing service access.
2nd	**4%** I have no concerns related to housing service access.	**13%** Not being able to afford this service.	**1%** Not knowing how or where to access this service.	**1%** Not knowing how or where to access this service.
3rd	**3%** Not being able to afford this service.	**12%** The wait time to receive help is too long.	**<1%** Concerned that the services would not be LGBTQ+ friendly.	**<1%** The wait time to receive help is too long.

Current Housing Needs by Age

The **top three** service needs differed based on age:

	18-24 (n=456)	25-45 (n=1587)	46-64 (n=461)	65 and older (n=209)
1st	**81%** I do not currently have needs related to housing.	**51%** I do not currently have needs related to housing.	**92%** I do not currently have needs related to housing.	**90%** I do not currently have needs related to housing.
2nd	**12%** Finding/accessing affordable housing options.	**11%** Finding/accessing affordable housing options.	**4%** Finding/accessing affordable housing options.	**4%** Finding/accessing affordable housing options.
3rd	**3%** Tenant-landlord disputes and/or rights.	**9%** Accessing housing-related services through 211.	**2%** Obtaining a mortgage/loan and/or refinancing <u>and</u> accessing housing-related services through 211.	**2%** Obtaining a mortgage/loan and/or refinancing.

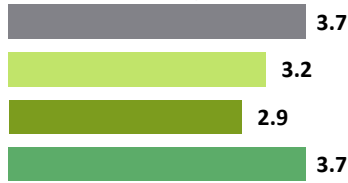# Housing Services Results by Ethnoracial Identity

About one-third (36%) of Hispanic respondents and a quarter (25%) of Black respondents have been refused housing services because of their LGBTQ+ identity in their lifetime as compared to 7% of White and 4% of Multiracial respondents. Responses to statements that were significantly different are depicted for each ethnoracial identity.

White **Black** **Hispanic** **Multiracial**

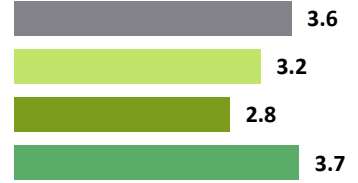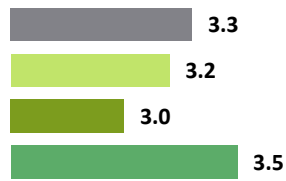**The provider(s) offered a welcoming and non-discriminatory environment.**
- Multiracial: 3.7
- Hispanic: 3.2
- Black: 2.9
- White: 3.7

My needs were met all or most of the time.
- Multiracial: 3.8
- Hispanic: 3.1
- Black: 3.1
- White: 3.7

I felt safe all or most of the time.
- Multiracial: 3.6
- Hispanic: 3.2
- Black: 2.8
- White: 3.7

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- Multiracial: 3.3
- Hispanic: 3.2
- Black: 3.0
- White: 3.5

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- Multiracial: 3.1
- Hispanic: 3.3
- Black: 3.2
- White: 3.2

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- Multiracial: 3.1
- Hispanic: 3.1
- Black: 3.1
- White: 3.2
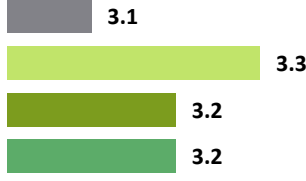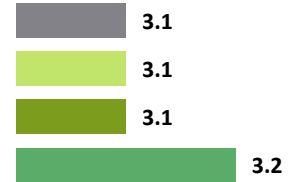
Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) between groups based on their ethnoracial identity were found in the following areas:

- **Black and Hispanic respondents** were less likely to indicate that housing-related service needs were met when compared to White and Multiracial respondents*
- **Black respondents** were less likely to feel safe accessing housing-related services when compared to White and Multiracial respondents.* **Hispanic respondents** were less likely to feel safe accessing housing-related services when compared to White respondents*
- **Black respondents** were less likely to feel that providers offered a welcoming and non-discriminatory environment when compared to White and Multiracial respondents* **Hispanic respondents** were less likely to feel that providers offered a welcoming and non-discriminatory environment when compared to White respondents*

Housing Barriers by Ethnoracial Identity
The **top three** service barriers differed based on ethnoracial:

	White (n=1,628)	Black (n=142)	Hispanic (n=777)	Multiracial (n=158)
1st	**8%** I have no concerns related to housing service access	**23%** Concerned that the services would not be inclusive to individuals of my age	**23%** Not being able to afford this service	**7%** I have no concerns related to housing service access
2nd	**4%** Concerned that the services would not be LGBTQ+ friendly	**18%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member	**20%** Travel to get there is too complicated, too expensive, or would take too long	**4%** Not knowing how or where to access this service
3rd	**3%** The wait time to receive help is too long	**16%** Concerned that the services would not be LGBTQ+ friendly	**18%** Concerned that the services would not be LGBTQ+ friendly	**4%** Concerned that the services would not be LGBTQ+ friendly

Current Housing Needs by Ethnoracial Identity

The **top three** service needs differed based on Ethnoracial Identity:

	White (n=1,628)	Black (n=142)	Hispanic (n=777)	Multiracial (n=158)
1ˢᵗ	**7%** Finding/accessing affordable housing options.	**12%** Finding/accessing affordable housing options.	**15%** Accessing housing-related services through 211.	**7%** Finding/accessing affordable housing options.
2ⁿᵈ	**4%** Obtaining a mortgage/loan and/or refinancing.	**10%** Tenant-landlord disputes and/or rights.	**14%** Finding/accessing affordable housing options.	**6%** Tenant-landlord disputes and/or rights.
3ʳᵈ	**2%** Accessing housing-related services through 211.	**9%** Accessing housing-related services through 211.	**9%** Tenant-landlord disputes and/or rights.	**6%** Tenant-landlord disputes and/or rights.

Intersecting Identities

In this section, we provide statistically significant results (*)[6] based on the interaction of various identities (age, gender, orientation, and enthoracial identity).

Housing Service Access by Age and Gender Identity

There were no significant differences between groups financial and legal service access based on the interaction between age and gender identity.

Housing Service Access by Gender Identity and Ethnoracial Identity

There were no significant differences between groups financial and legal service access based on the interaction between gender identity and ethnoracial identity.

Housing Service Access by Age and Sexual Orientation

There were no significant differences between groups financial and legal service access based on the interaction between age and sexual orientation.

Housing Service Access by Sexual Orientation and Ethnoracial Identity

There were no significant differences between groups for financial and legal service access based on the interaction between sexual orientation and ethnoracial identity.

---

[6] Statistical significance was determined with transformed data to address skewness with the distribution of the data. MANOVAs and Bonferroni post hoc tests were used with statistical significance at the $\alpha=0.05$ level.

Additional Comments

Additional Housing Services Comments. Respondents also shared open-ended feedback about their experiences accessing housing services. Salient themes from those comments include:

- **211.** Respondents mentioned that their experiences using 211 have not been helpful, especially for those experiencing homelessness. Some also have concerns for transgender individuals as their experiences with 211 showed operators were not competent or sensitive to trans-specific needs for housing/placements.
- **Affirming and Supportive Services.** Respondents mentioned the need for more LGBTQ+ friendly services related to housing (e.g., real estate agents, rental groups, attorneys, and financial assistance services) or assistance with how to find these services. Some also felt housing service agencies/providers should have LGBTQ+ competence training.
- **Covid-19.** Respondents felt that the pandemic has further contributed to their financial inability to move out or buy a home. Others felt that state agencies and service providers did not effectively plan around COVID-19 restrictions, making emergency housing and shelter services unavailable and assistance with finding safe and affordable housing challenging.
- **Intersectional Needs.** Respondents mentioned that their gender identity, sexual orientation, race/ethnicity, ability (physical or mental health-related), and/or documentation status particularly compounded their experiences related to housing. These experiences included not being able to work to afford most housing options or lacking access to accommodations needed to live.
- **Homelessness Support.** Respondents mentioned that more can be done to support those experiencing homelessness, especially for LGBTQ+ youth that have nowhere to go. Suggestions include providing more affordable housing options and homeless shelters.
- **Older Adults.** There were specific housing comments related to the older adult LGBTQ+ population. These comments included concerns related to the inclusivity and safety of senior housing or assisted living facilities and affordability/financial assistance for those looking to live in their own home.
- **Safety Concerns and Discrimination.** Some respondents noted that they did not disclose their gender identity or sexual orientation due to fear of discrimination by housing service providers, landlords, neighbors, residential facility workers, and other community members. Several have experienced discrimination (e.g., denied housing), abuse in shelters, or struggled to find safe services to use as a means of getting out of unhealthy or dangerous home situations.
- **Service Needs and Outreach.** Respondents mentioned that more can be done in terms of making housing services more widely available and well-known, especially for the LGBTQ+ population. Respondents were unsure where to find what they needed. They also experienced long waiting periods for assistance.
- **Affordability.** Respondents find that Connecticut is not an affordable place to live, especially for LGBTQ+ individuals experiencing pay disparities, job discrimination, and/or disabilities. Respondents also felt living on their own is the safest option but cannot always afford to do so.

Healthcare Services

- Access to healthcare services

- Current healthcare needs

- Typical healthcare experiences

- Results by gender identity, sexual orientation, age, race/ethnicity

Respondents were asked about the types of healthcare services they have accessed in the past three years, as well as their experiences meeting their needs related to accessing healthcare services, including sexual health and HIV prevention, receiving responsive and nondiscriminatory care, and barriers that prevent them from receiving care.[1]

Overall Results

Access to Healthcare Services[2]

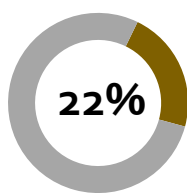**91%** of respondents accessed healthcare services in the past three years.

16% of respondents reported being refused healthcare services because of their LGBTQ+ identity.

> "I have repeatedly put off seeking and receiving medical care because of repeated discrimination based on my weight, mental illness, disability status, and sexual orientation."
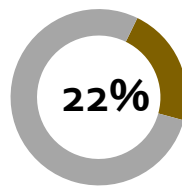
The **top three** healthcare health services accessed included:

61%
Check-up/exam

22%
Chronic disease management
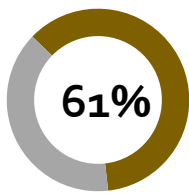
22%
Cancer screening or treatment

Healthcare Service Access Experience

In thinking about the healthcare services accessed, respondents indicated their level of agreement with a typical service experience.[3]

Statement	Disagree	Unsure	Agree
The provider(s) considered my LGBTQ+ identity when talking to me about my service needs.	27%	24%	50%
The provider(s) was responsive to my needs based on my LGBTQ+ identity.	21%	28%	51%
The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).	16%	22%	62%
The provider(s) provided a welcoming and non-discriminatory environment	14%	17%	70%
My needs were met all or most of the time.	16%	13%	71%
I felt safe all or most of the time.	15%	14%	71%

---

[1] The number of responses (2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.

[2] Respondents could select more than one response.

[3] For this table, 'strongly disagree' and 'disagree' are combined into one category. The same applies for 'strongly agree' and 'agree'.

Key Terms

Cisgender refers to a person whose gender identity is consistent in a traditional sense with their sex assigned at birth.

Ethnoracial identity describes the combination of socially demarcated ethnic and racial characteristics embodied by an individual respondent. Identities are often negotiated based on the race and ethnic terms a person has available to them during survey data collection.

Gender-affirming care describes healthcare that holistically attends to transgender, gender diverse, and non-binary individuals' physical, mental, and social health needs and well-being while respectfully affirming their gender identity (Reisner and Deutch, 2016).

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

n refers to the number of respondents that answered a question in the analysis.

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

Barriers to Care

64% of respondents mentioned having concerns related to accessing healthcare services. The **top three** concerns related to accessing healthcare services included:
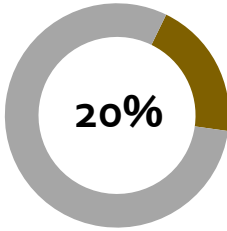
20%

Concerned that the services would not be LGBTQ+ friendly

19%

Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member

19%
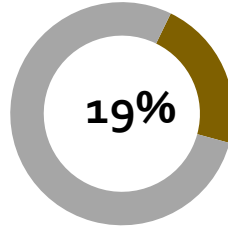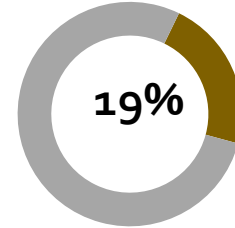
Not knowing where to access this service

Open-ended feedback revealed other concerns respondents had about accessing healthcare services. A few respondents noted the need for trauma-informed healthcare. Respondents expressed fears of being outted by healthcare providers or pharmacies, not having their pronouns or identity respected, or experiencing medical malpractice. Respondents of Color noted concerns about being denied treatment, receiving poor treatment or overall mistreatment because of their multiple intersecting identities.

"Even with health insurance, I can't afford access to healthcare. I had to stop HRT due to this issue, and issues with harassment at the pharmacy any time I needed a prescription refill. It all became too stressful to continue."

Current Healthcare Needs

29% of respondents indicated they did <u>not</u> currently have needs related to mental health. The **top three** needs indicated by those who <u>did</u> identify needs included:

40%

General Check-up / Annual Exam

17%

Chronic disease management

13%
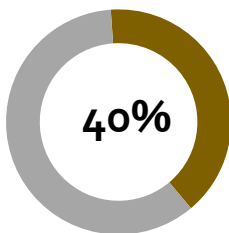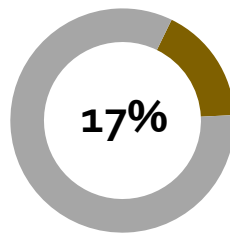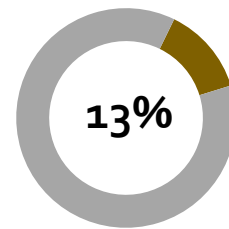
Cancer screening or treatment

Open-ended feedback revealed other healthcare needs. Several respondents desired affirming behavioral/mental health services such as therapy and psychiatry. Respondents also mentioned a need for specialized care services such as dental, dermatology, neurology, and others. A few respondents noted that they needed LBGTQ+ affirming OB/GYN, fertility, pregnancy care, and clinics for birth control services.

"Medical providers that are not trans specific are not trained to accommodate my needs. I have been misgendered, harassed, and harmed by healthcare staff. There are few providers who practice HEALTH AT EVERY SIZE in CT, which makes it difficult to receive quality care."

HIV-related Healthcare

70% **of respondents had been tested for HIV in their lifetime.** Of the 30% of respondents who had never been tested, the following reasons were selected:

85%
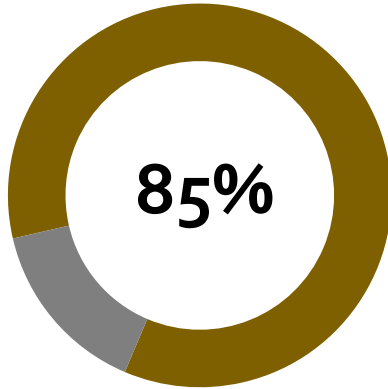
Felt it was unlikely to have been exposed

9%

Did not know how to get tested

6%
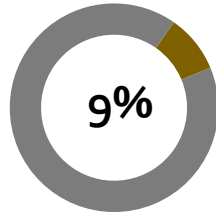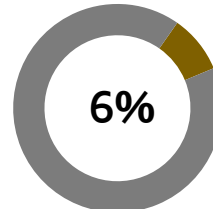
Didn't want to think about HIV or testing

6%

Don't like needles

3%
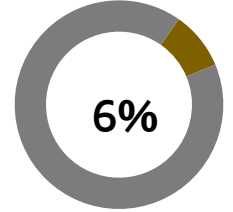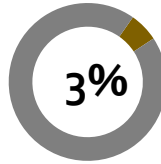
Afraid of finding out

3%
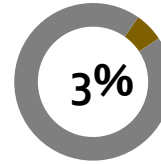
Afraid of losing job/family/friends if positive

2%
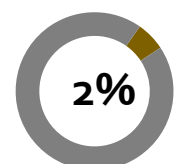
Worried information sent to government

Healthcare Services Results by Gender Identity [4]

Access to Healthcare Services

Across gender, healthcare service access was high with 93% of Transgender respondents, 91% of Gender Diverse Respondents and 88% of Cisgender respondents reported accessing healthcare services within the last three years.

Transgender respondents were 4 times more likely than Gender Diverse and 11 times more likely than Cisgender respondents to have been refused healthcare services because of their LGBQ+ identity.

"As a Non-Binary trans person finding competent healthcare and mental health professionals is very difficult. Very few are generally LGBTQ competent, but especially not when it comes to trans identities that do not fit into the binary. I've dealt with lots of misgendering and delegitimizing of my gender in medical settings..."

---

[4] Cisgender (n=1,475), Gender Diverse (n=128), Transgender (n=1,110)

Responses to statements about access to healthcare services are depicted for each gender identity in the figure below:

In thinking about the healthcare services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).[5]

Transgender **Gender Diverse** **Cisgender**

I had my needs met most of the time
- Transgender: 3.3
- Gender Diverse: 3.9
- Cisgender: 4.2

I felt safe all or most of the time.
- Transgender: 3.3
- Gender Diverse: 4.0
- Cisgender: 4.3

The provider(s) provided a welcoming and non-discriminatory environment.
- Transgender: 3.4
- Gender Diverse: 4.0
- Cisgender: 4.2

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- Transgender: 3.3
- Gender Diverse: 3.1
- Cisgender: 3.5

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- Transgender: 3.3
- Gender Diverse: 3.3
- Cisgender: 3.6

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- Transgender: 3.3
- Gender Diverse: 3.6
- Cisgender: 4.0

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*)[6] regarding access to healthcare services based on gender identity were found in the following areas:

Transgender respondents compared to Cisgender and Gender Diverse respondents were:
- Less likely to have their needs met most or all of the time.*
- Less likely to feel safe all or most of the time.*
- Less likely to agree that provider(s) provided a welcoming and non-discriminatory environment.*
- Less likely to indicate that providers were responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity).*

Gender Diverse respondents compared to Cisgender respondents were:
- Less likely to feel safe all or most of the time when compared to Cisgender respondents.*
- Less likely to indicate that providers were responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity).*

Transgender and Gender Diverse respondents compared to Cisgender respondents were:
- Less likely to agree that provider(s) considered their LGBTQ+ identity when talking with them about their service needs.*
- Less likely to indicate that providers were responsive to their needs based on their LGBTQ+ identity.*

---

[5] Respondents rated their agreement on a scale from (1) Strongly Disagree, (2) Disagree, (3) Unsure, (4) Agree to (5) Strongly Agree.
[6] Statistical significance was determined using the ANOVA and the Bonferroni post hoc tests with the α=0.05 level.

Current Healthcare Needs by Gender Identity

The **top three** service needs differed based on gender identity:

	Cisgender (n=1,475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**46%** indicated general check-up/annual exam.	**52%** indicated general check-up/annual exam.	**31%** indicated general check-up/annual exam.
2nd	**41%** indicated no need for services.	**32%** indicated no need for services.	**18%** indicated hormone treatment/hormone replacement therapy (HRT).
3rd	**20%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**20%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**16%** indicated gender confirming/affirming surgery.

Healthcare Barriers by Gender Identity

The **top three** service needs differed based on gender identity:

	Cisgender (n=1,475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**55%** indicated no concerns preventing healthcare services access.	**34%** indicated no concerns preventing healthcare services access.	**36%** indicated concerns that they will be refused this service because of my LGBTQ+ identity.
2nd	**13%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.	**34%** Concerned that the services would not be LGBTQ+ friendly.	**35%** indicated not knowing how or where to access this service.
3rd	**13%** indicated not being able to afford this service.	**32%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.	**27%** Concerned that the services would not be LGBTQ+ friendly.

HIV-related Healthcare by Gender Identity

Between 50% and 77% of respondents had been tested for HIV in their lifetime. Of the respondents who had <u>never</u> been tested, the most likely reasons were that they did not know how to get tested or felt they were unlikely to have been exposed.

Percent that have ever tested for HIV

Transgender	77%
Gender Diverse	50%
Cisgender	64%
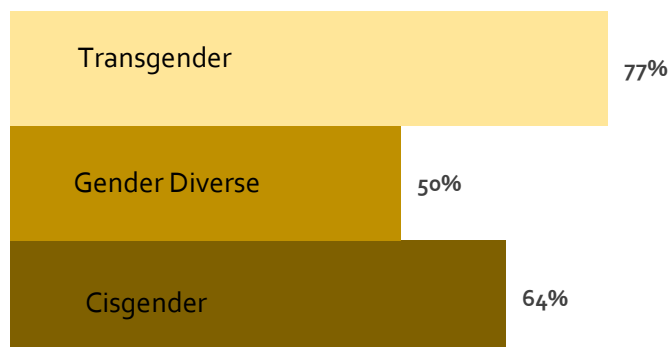
Healthcare Service Access by Sexual Orientation[7]

Most respondents accessed healthcare services in the last three years (Lesbian (92%), Gay (91%), Bisexual (90%) and Straight respondents (83%)). However, Straight respondents less likely to have been refused healthcare services because of their LGBQ+ identity compared to Bisexual, Gay, and Lesbian respondents.

Responses to statements about access to healthcare services are depicted for each sexual orientation in the figure below:

> "Last time I met with my PCP and asked questions regarding safer sex practices between women, they actually told me to Google it because they didn't know. While I appreciate that they acknowledged their lack of expertise, I find this highly problematic."

In thinking about the healthcare services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

Legend: Straight | Bisexual | Gay | Lesbian

My needs were met all or most of the time.
- Straight: 4.0
- Bisexual: 3.7
- Gay: 3.9
- Lesbian: 3.8

I felt safe all or most of the time.
- Straight: 4.1
- Bisexual: 3.8
- Gay: 4.0
- Lesbian: 3.9

The provider(s) provided a welcoming and non-discriminatory environment.
- Straight: 4.2
- Bisexual: 3.8
- Gay: 3.9
- Lesbian: 3.9

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- Straight: 3.7
- Bisexual: 3.3
- Gay: 3.6
- Lesbian: 3.5

The provider(s) considered my LGBTQ+ identity when talking to me about my service needs.
- Straight: 3.6
- Bisexual: 3.1
- Gay: 3.5
- Lesbian: 3.5

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- Straight: 3.9
- Bisexual: 3.5
- Gay: 3.7
- Lesbian: 3.7

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to healthcare services based on sexual orientation were found in the following areas:
- **Straight respondents** compared to Gay and Bisexual respondents were:
  - More likely to agree their provider(s) provided a welcoming and non-discriminatory environment.*
- **Bisexual respondents** compared to Gay respondents were:
  - Less likely to feel safe all or most of the time.*
- **Bisexual respondents** compared to Lesbian, Gay and Straight respondents were:
  - Less likely to agree that provider(s) considered their LGBTQ+ identity when talking with them about their service needs.*
  - Less likely to agree that provider(s) were responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity.*

---

[7] Lesbian (n=776), Gay (n=890), Bisexual (n=933), Straight (n=114)

Current Healthcare Needs by Sexual Orientation

The **top three** service needs based on sexual orientation:

	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**36%** indicated general check-up/annual exam	**40%** indicated general check-up/annual exam	**42%** indicated general check-up/annual exam	**55%** indicated general check-up/annual exam
2nd	**29%** indicated no need for services.	**30%** indicated no need for services.	**26%** indicated no need for services.	**27%** indicated no need for services.
3rd	**17%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**19%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**16%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**18%** indicated hormone treatment/Hormone Replacement Therapy (HRT) and Gender confirming/affirming surgery.

Healthcare Barriers by Sexual Orientation

The **top three** service barriers differed based on sexual orientation:

	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**40%** indicated no concerns preventing healthcare services access.	**39%** indicated no concerns preventing healthcare services access.	**32%** indicated no concerns preventing healthcare services access.	**33%** indicated no concerns preventing healthcare services access.
2nd	**19%** Concerned I will be refused this service because of my LGBTQ+ identity.	**21%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.	**23%** Not being able to afford this service.	**17%** Not being able to afford this service.
3rd	**19%** Concerned that the services would not be LGBTQ+ friendly.	**20%** Concerned that the services would not be LGBTQ+ friendly.	**23%** Concerned that the services would not be LGBTQ+ friendly.	**17%** The wait time to receive help is too long.

HIV-related Healthcare by Sexual Orientation

Between 48% and 82% of respondents had been tested for HIV in their lifetime. Of the respondents who had <u>never</u> been tested, the most likely reasons were that they did not know how to get tested or felt they were unlikely to have been exposed.

Percent that have ever tested for HIV

Straight	48%
Bisexual	65%
Gay	82%
Lesbian	61%
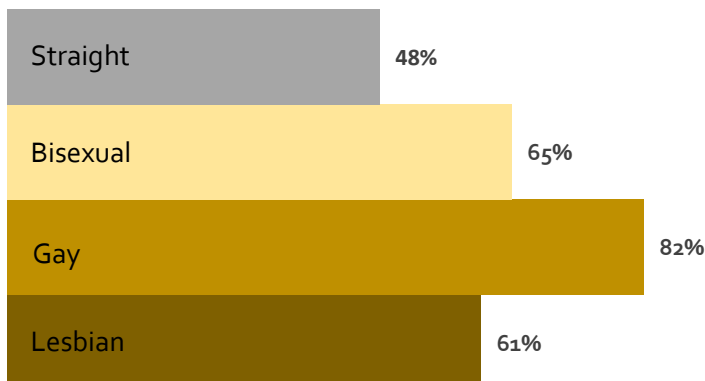
Healthcare Service Access by Age[8]

Most respondents accessed healthcare services in the last three years (18-24 (82%), 25-45 (91%), 46-64 (94%) and 65 and older (97%)). However, **respondents ages 25-45 were approximately 8 times more likely to have been refused healthcare services because of their LGBQ+ identity compared to all other age groups**.

> "Not enough providers accept Medicaid, but the providers (specialized providers specifically) who know about LGBT issues don't advertise it, so it is very hard to find help."

Responses to statements about access to healthcare services are depicted by age in the figure below:

In thinking about the healthcare services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

■ 18-24 ■ 25-45 ■ 46-64 ■ 65 and older

My needs were met all or most of the time.
- 18-24: 3.9
- 25-45: 3.6
- 46-64: 4.3
- 65 and older: 4.4

I felt safe all or most of the time.
- 18-24: 4.0
- 25-45: 3.6
- 46-64: 4.4
- 65 and older: 4.6

The provider(s) provided a welcoming and non-discriminatory environment.
- 18-24: 4.0
- 25-45: 3.6
- 46-64: 4.3
- 65 and older: (no value shown)

The provider(s) considered my LGBTQ+ identity when talking to me about my service needs.
- 18-24: 3.2
- 25-45: 3.3
- 46-64: 3.7
- 65 and older: 3.9

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- 18-24: 3.4
- 25-45: 3.3
- 46-64: 3.8
- 65 and older: 3.9

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- 18-24: 3.8
- 25-45: 3.5
- 46-64: 4.1
- 65 and older: 4.2

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to healthcare services based on age were found in the following areas:

25- to 45-year-olds compared to 46 to 64 and 65 and up were:
- Less likely to agree their provider(s) considered their LGBTQ+ identity when talking to them about their service needs.*
- Less likely to agree their provider was responsive to their needs based on how they identify.*

25- to 45-year-olds compared to all other age groups were:
- Less likely to agree their needs were met all or most of the time.*
- Less likely to agree they felt safe all or most of the time. *
- Less likely to agree their provider provided a welcoming and non-discriminatory environment. *
- Less likely to agree their provider was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity). *

---

[8] 18 to 24 years old (n=456), 25 to 45 years old (n=1,587), 46 to 64 years old (n=461), 65 and older (n=209)

18-to-24-year-olds compared to 46 to 64 and 65 and up were:
- Less likely to agree their needs were met all or most of the time. *
- Less likely to agree they felt safe all or most of the time. *
- Less likely to agree their provider provided a welcoming and non-discriminatory. *
- Less likely to agree their provider(s) considered their LGBTQ+ identity when talking to them about their service needs.*
- Less likely to agree their provider was responsive to their needs based on how they identify.*
- Less likely to agree their provider was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity).*

Current Healthcare Needs by Age

The **top three** service needs differed based on age:

	18-24 (n=456)	25-45 (n=1,587)	46-64 (n=461)	65 and older (n=209)
1st	**51%** indicated general check-up/annual exam.	**34%** indicated general check-up/annual exam.	**48%** indicated general check-up/annual exam.	**44%** indicated general check-up/annual exam.
2nd	**37%** indicated no need for services.	**22%** indicated no need for services.	**37%** indicated no need for services.	**44%** indicated no need for services.
3rd	**10%** indicated hormone Treatment/Hormone Replacement Therapy (HRT), Gender confirming/affirming surgery, and Chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**15%** Chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**29%** Chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**28%** Chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).

Healthcare Barriers by Age

The **top three** service barriers differed based on sexual orientation:

	18-24 (n=456)	25-45 (n=1,587)	46-64 (n=461)	65 and older (n=209)
1st	**35%** indicated no concerns preventing healthcare services access.	**26%** Not knowing how or where to access this service.	**63%** indicated no concerns preventing healthcare services access.	**77%** indicated no concerns preventing healthcare services access.
2nd	**22%** Concerned that the services would not be LGBTQ+ friendly.	**25%** Concerned I will be refused this service because of my LGBTQ+ identity.	**17%** Concerned that the services would not be LGBTQ+ friendly.	**8%** Concerned that the services would not be inclusive to individuals of my age.
3rd	**21%** Not being able to afford this service.	**24%** indicated no concerns preventing healthcare services access.	**17%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.	**7%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.

HIV-related Healthcare by Age

Between 33% and 79% of respondents had been tested for HIV in their lifetime. Of the respondents who had never been tested, the most likely reasons were that they did not know how to get tested or felt they were unlikely to have been exposed.
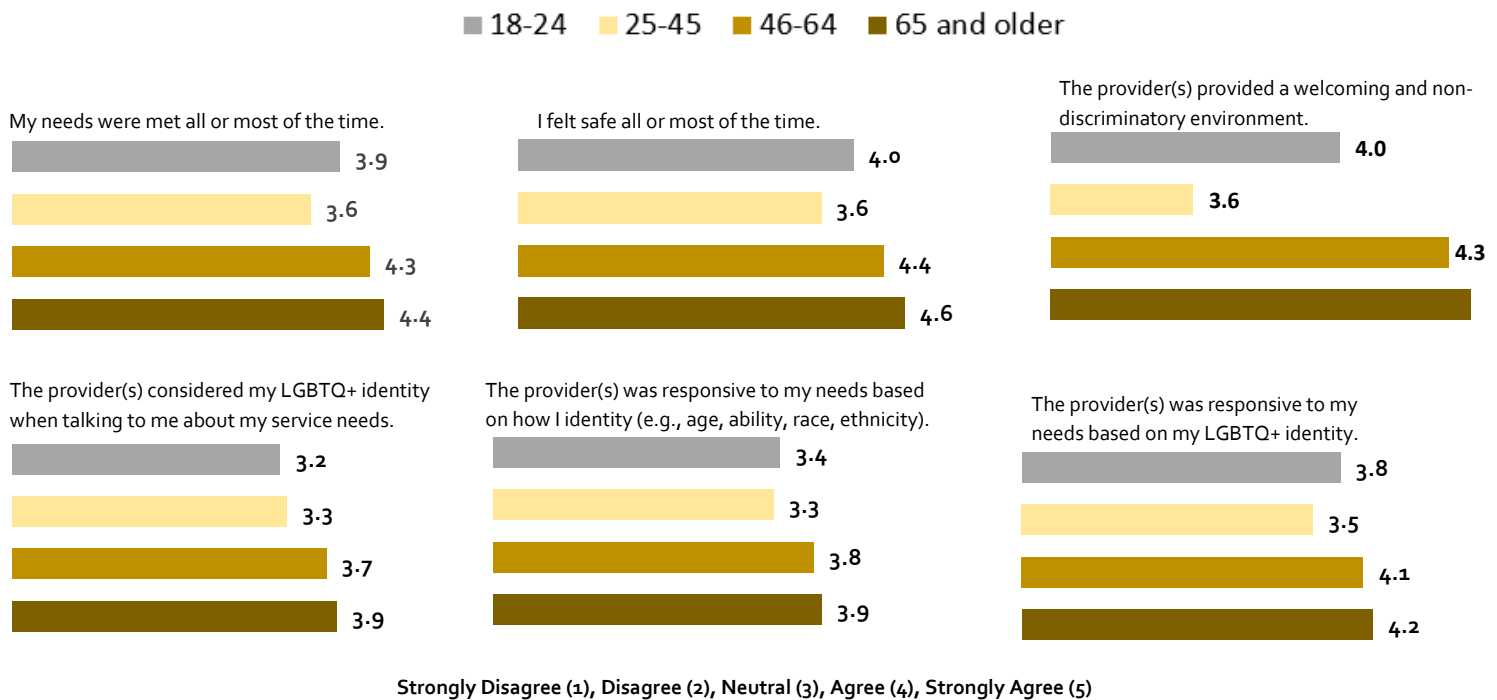
Percent that have ever tested for HIV

Age	Percent
18-24	33%
25-45	78%
46-64	79%
65 and older	55%
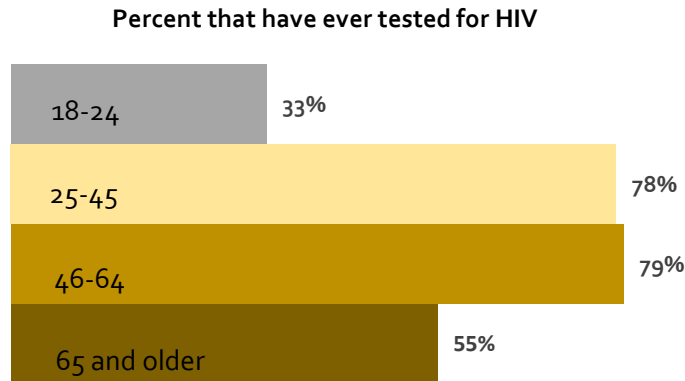
Healthcare Service Access by Ethnoracial Identity[9]

Most respondents accessed healthcare services in the last three years (White (92%), Black (95%), Hispanic (89%) and Multiracial (84%)). **However, Black and Hispanic respondents were approximately 5 times more likely to have been refused healthcare services because of their LGBQ+ identity** compared to White and Multiracial respondents.

Responses to statements about access to healthcare services are depicted by ethnoracial identity in the figure below:

In thinking about the healthcare services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

Legend: ■ White ■ Black ■ Hispanic ■ Multiracial

My needs were met all or most of the time.

Group	Score
White	4.1
Black	3.4
Hispanic	3.3
Multiracial	3.9

I felt safe all or most of the time.

Group	Score
White	4.2
Black	3.5
Hispanic	3.3
Multiracial	4.0

The provider(s) provided a welcoming and non-discriminatory environment.

Group	Score
White	4.1
Black	3.6
Hispanic	3.4
Multiracial	4.0

The provider(s) considered my LGBTQ+ identity when talking to me about my service needs.

Group	Score
White	3.5
Black	3.1
Hispanic	3.3
Multiracial	3.3

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).

Group	Score
White	3.6
Black	3.4
Hispanic	3.3
Multiracial	3.4

The provider(s) was responsive to my needs based on my LGBTQ+ identity.

Group	Score
White	3.9
Black	3.4
Hispanic	3.3
Multiracial	3.6

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

[9] White (n=1,628), Black (n=142), Hispanic (n=777), Multiracial (n=158)

Statistically meaningful differences (*) regarding access to healthcare services based on ethnoracial identity were found in the following areas:

- **Black and Hispanic/Latinx respondents** compared to White and Multiracial respondents were:
  o Less likely to agree their needs were met all or most of the time.*
  o Less likely to agree they felt safe all or most of the time.*
- **Black and Hispanic/Latinx respondents** compared to White respondents were:
  o Less likely to agree their provider provided a welcoming and non-discriminatory environment.*
  o Less likely to agree their provider(s) considered their LGBTQ+ identity when talking to them about their service needs.*
  o Less likely to agree their provider was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity).*
- **Hispanic/Latinx respondents** compared to Multiracial respondents were:
  o Less likely to agree their provider provided a welcoming and non-discriminatory environment.*
  o Less likely to agree their provider was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity). *
- **Hispanic/Latinx respondents** compared to White respondents were:
  o Less likely to agree their provider(s) were responsive to their needs based on their LGBTQ+ identity.*

Current Healthcare Needs by Ethnoracial Identity
The **top three** service barriers differed slightly based on ethnoracial identity:

|	White (n=1,628)	Black (n=142)	Hispanic (n=777)	Mixed Race (n=158)
1st	**49%** indicated general check-up/annual exam.	**29%** indicated general check-up/annual exam.	**23%** indicated general check-up/annual exam.	**47%** indicated general check-up/annual exam.
2nd	**33%** indicated no need for services.	**21%** indicated no need for services.	**20%** indicated no need for services.	**35%** indicated no need for services.
3rd	**22%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**16%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).	**12%** indicated prevention and/or treatment for sexual transmitted infections.	**18%** indicated chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma).

Healthcare Barriers by Ethnoracial Identity

There were no differences in the **top three** service barriers differed based on ethnoracial identity:

	White (n=1,628)	Black (n=142)	Hispanic (n=777)	Mixed Race (n=158)
1st	**49%** indicated no concerns preventing healthcare services access.	**36%** Not knowing how or where to access this service.	**34%** Concerned I will be refused this service because of my LGBTQ+ identity.	**39%** indicated no concerns preventing healthcare services access.
2nd	**20%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.	**25%** indicated no concerns preventing healthcare services access.	**34%** Not knowing how or where to access this service	**25%** Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member.
3rd	**20%** Concerned that the services would not be LGBTQ+ friendly.	**24%** Not being able to afford this service.	**21%** Concerned that the services would not be LGBTQ+ friendly.	**20%** Not being able to afford this service.

HIV-related Healthcare by Ethnoracial Identity

Between 60% and 82% of respondents had been tested for HIV in their lifetime. Of the respondents who had <u>never</u> been tested, the most likely reasons were that they did not know how to get tested or felt they were unlikely to have been exposed.

Percent that have ever tested for HIV

White	63%
Black	82%
Hispanic	81%
Multiracial	60%
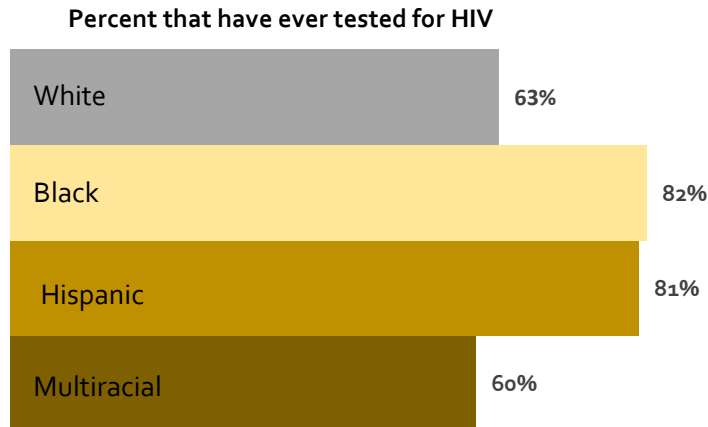
Intersecting Identities

In this section, we provide statistically significant results (*)[10] based on the interaction of various identities (age, gender, orientation, and enthoracial identity).

Healthcare Service Access by Age and Gender Identity

In analyzing the interaction between age and gender identity, the degree to which healthcare needs were met depended on both age and gender identity. Significant differences were found between the following groups:

Comparisons Between Groups			Interpretation
18 to 24	Cisgender	Transgender	There were no significant differences between transgender and cisgender respondents between the ages of 18 to 24.
25 to 45	Cisgender	**Transgender**	25- to 45-year-old **transgender** respondents had **fewer** healthcare needs met compared to cisgender respondents in this age group.*
46 to 64	Cisgender	**Transgender**	46-to-64-year-old **transgender** respondents had **fewer** healthcare needs met compared to cisgender respondents in this age group.*
65 and older	Cisgender	Transgender	There were no significant differences between transgender and cisgender respondents over the age of 65.

Healthcare Service Access by Gender Identity and Ethnoracial Identity

In analyzing the interaction between gender and ethnoracial identity, the degree to which healthcare needs were met depended on both. Significant differences were found between the following groups:

Comparisons Between Groups			Interpretation
White	Cisgender	**Transgender**	White **transgender** respondents had **fewer** healthcare needs met compared to White cisgender respondents.*
Black	Cisgender	**Transgender**	Black **transgender** respondents had **fewer** healthcare needs met compared to Black cisgender respondents.*
Hispanic/ Latinx	Cisgender	**Transgender**	**Hispanic/Latinx** transgender respondents had **fewer** healthcare needs met compared to Hispanic/Latinx cisgender respondents.*

---

[10] Statistical significance was determined with transformed data to address skewness with the distribution of the data. MANOVAs and Bonferroni post hoc tests were used with statistical significance at the α=0.05 level.

Healthcare Service Access by Sexual Orientation and Age

In analyzing the interaction between sexual orientation and age, the degree to which healthcare needs were met depended on both for Lesbians 25 to 45 years old[11].

Comparisons Between Groups		Interpretation
18 to 24	Straight — Lesbian Straight — Gay Straight — Bisexual Lesbian — Bisexual Lesbian — Gay Gay — Bisexual	There were no significant differences between sexual orientations for respondents between the ages of 18 and 24.
	Straight — Lesbian	**Lesbian** respondents had fewer healthcare needs met compared to Straight respondents between the ages of 25 and 45.*
25-45	Straight — Lesbian Straight — Gay Straight — Bisexual Lesbian — Bisexual Lesbian — Gay Straight — Lesbian	There were no other significant differences between sexual orientations for respondents between the ages of 25 and 45.
46 to 64	Straight — Lesbian Straight — Gay Straight — Bisexual Lesbian — Bisexual Lesbian — Gay	There were no significant differences between sexual orientations for respondents between the ages of 46 and 64.
65 and Older	Straight — Lesbian Straight — Lesbian Straight — Gay Straight — Bisexual Lesbian — Bisexual Lesbian — Gay	There were no significant differences between sexual orientations for respondents between the ages of 65 and older.

Healthcare Service Access by Sexual Orientation and Ethnoracial Identity

There were no significant differences between groups for healthcare service access based on the interaction between sexual orientation and ethnoracial identity.

---

[11] Statistical significance was determined with transformed data to address skewness with the distribution of the data. MANOVAs and Bonferroni post hoc tests were used with statistical significance at the $\alpha=0.05$ level.

Additional Comments

Respondents also shared open-ended feedback about their experiences accessing healthcare services. Salient themes from those comments include:

- **Affordability and Insurance Coverage.** Respondents felt that, with or without insurance coverage, healthcare is too expensive to afford. Others expressed concerns about insurance not covering LGBTQ+ healthcare services/providers and fears of insurance companies releasing confidential information.
- **COVID-19.** Respondents reflected on the impact of the pandemic on healthcare lamenting scheduling delays, the lack of affordability of telehealth visits, or the fear of getting the virus from unvaccinated workers.
- **Intersectional Needs.** Some respondents reported negative experiences accessing healthcare related to their race, immigrant status, ability, and weight.
- **LGBTQ+ Informed Providers.** Respondents mentioned negative experiences such as being misgendered or "deadnamed", harassed, or unnecessarily questioned by staff and practitioners who lack LGBTQ+ training (including practitioners who simply were uninformed on how to help such as providing safe-sex practices). However, some respondents mention positive experiences with LGBTQ+ identifying practitioners, allies, or well-informed providers.
- **STD/STI Related Healthcare.** Respondents mentioned stigmas against STD/STI testing, the need for more accessible or affordable testing, experiences with providers being uninformed about HIV/AIDS treatment, and an overall need for regular preventative measures such as screening and testing for STD/STI during check-ups.
- **LGBTQ+ Supportive/Affirming Healthcare Services.** Respondents mentioned the need for more LGBTQ+ safe and affirming healthcare centers (including hospitals) and for centers to make their support for this community clearer because services are not easy to find. This included more identification options on medical forms, providing a safe and comfortable environment, not disclosing HIV status to others, and trauma-informed care providers. A few specific places were noted as places respondents had positive experiences with healthcare services: Planned Parenthood, Circle Care Center, Anchor Health, and Hartford Gay and Lesbian Health Collective.
- **Transgender and Nonbinary Needs.** Respondents felt the U.S. healthcare system does not meet the needs of transgender and nonbinary communities. They mentioned experiences such as being misgendered or "deadnamed," discrimination, malpractice or mistreatment, abuse, or not being able to afford gender-related surgeries because of insurance policies.

Mental Health Services

- Access to mental health services
- Current mental health service needs
- Typical mental health experiences
- Results by gender identity, sexual orientation, age, race/ethnicity

Respondents were asked to reflect on their access to mental health, addiction, and substance use services. This section reflects respondents' ability to receive responsive and nondiscriminatory mental health care and/or overcome barriers to receiving this type of care.[1]

Overall Results

Access to Mental Health, Addiction, and Substance Use Services[2]

15% of respondents believed they had been refused mental health, addiction, and/or substance use services because of their LGBTQ+ identity.

"I've had a hard time finding someone who is well versed in trans issues that does not fixate on that instead of my actual issues. It's kept me from accessing much needed mental health help…The dread of having to educate a professional on trans and queer things before actually getting their help has stopped me."
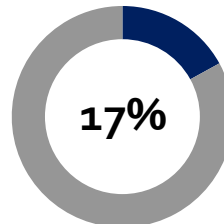
70% of respondents indicated having accessed some type of mental health service in the last three years.

Out of all responses, the **top three** mental health services accessed included:

43%
Therapy/counseling
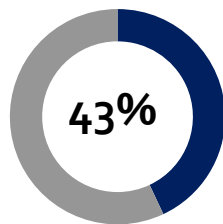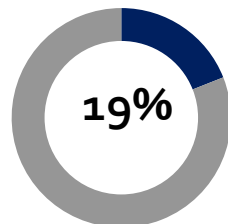
19%
Psychiatry visit(s) for prescribed medication

17%
Medication for a mental health concern prescribed by a primary care physician

Open-ended feedback on the survey revealed that respondents accessed **additional services** including 12-step programs and similar addiction support services (e.g., AA groups) not offered through an LGBTQ+ organization, intimate partner violence advocacy and support services, online support groups, and non-medication based mental health care (e.g., reiki).

---

[1] The number of responses (2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.

[2] Respondents could select more than one response when asked about their access to mental health, addiction, and/or substance use services.

Key Terms

Cisgender refers to a person whose gender identity is consistent in a traditional sense with their sex assigned at birth.

Ethnoracial identity describes the combination of socially demarcated ethnic and racial characteristics embodied by an individual respondent. Identities are often negotiated based on the race and ethnic terms a person has available to them during survey data collection.

Gender-affirming care describes healthcare that holistically attends to transgender, gender diverse, and non-binary individuals' physical, mental, and social health needs and well-being while respectfully affirming their gender identity (Reisner and Deutch, 2016).

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

n refers to the number of respondents that answered a question in the analysis.

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

Service Access Experience

In thinking about the mental health, addiction, and/or substance use services accessed, respondents indicated their level of agreement with a typical service experience.[3]

Statement	Disagree	Unsure	Agree
My needs were met all or most of the time.	23%	16%	61%
The provider(s) was responsive to my needs based on my LGBTQ+ identity.	19%	22%	60%
The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.	19%	21%	60%
The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity).	17%	18%	66%
I felt safe all or most of the time.	17%	15%	68%
The provider(s) provided a welcoming and non-discriminatory environment.	15%	16%	69%

Barriers to Care

55% of respondents mentioned having concerns related to accessing mental health, addiction, and/or substance use services. Out of all responses, the **top three** concerns or barriers to access included:

20%
Affordability
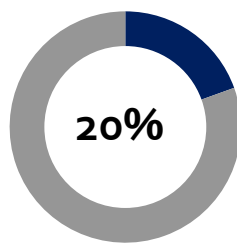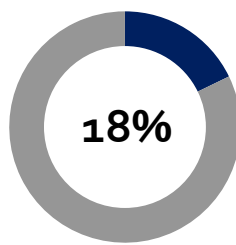
18%
Healthcare providers not having competence/training to meet LGBTQ+ needs
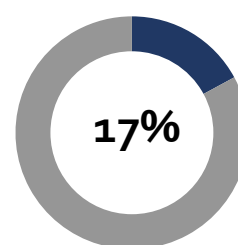
17%
Services not being LGBTQ+ friendly

Open-ended feedback revealed the importance of **LGBTQ+ competence** and **gender-affirming mental health care**. Several respondents explained their discontent educating mental health providers about LGBTQ+ issues during therapy sessions. Some felt misunderstood and/or disrespected by mental health providers who continued to mislabel their gender identity and/or sexual orientation during counseling sessions. Additionally, respondents expressed a need to connect with therapists and counselors who created safe spaces and remained adept in understanding the intersectionality between sexual orientation, gender identity, race, ethnicity, and socio-economic status.

"After fully coming out as trans, I've been unable to find any professional or group who can support me while I try to accept my family's rejection of me...In the meantime, my mental health is spiraling."

"I am lucky that I found an amazing provider who also identifies as Lesbian. It's been a gift as I don't have to educate her on how to help me as a Lesbian woman. It makes a huge difference over [my] previous providers."

[3] For this table, 'strongly disagree' and 'disagree' are combined into one category. The same applies for 'strongly agree' and 'agree'.

Current Needs

43% of respondents indicated they did <u>not</u> currently have needs related to mental health, addiction, and/or substance use.

The **top three** needs indicated by those who <u>did</u> identify needs included:

31%

A psychologist, counselor, and/or therapist to help navigate mental health, addiction, and substance use challenges

13%

A psychiatrist or primary care physician who can prescribe medication to help me manage my mental health, addiction, or substance use challenges

10%

Peer support group to navigate my mental health, addiction, and substance use challenges
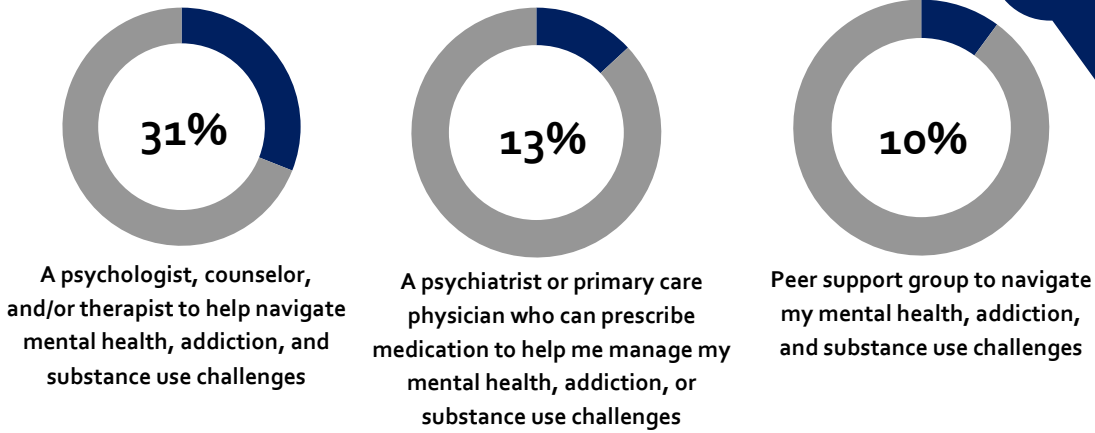
> "Finding a therapist for anyone has always been a difficult and overly complicated process...Sometimes therapists mention that they are LGBTQ+ friendly when they obviously have little to no experience/understanding of Queer identity."

Mental Health Service Access by Gender Identity[4]

A majority (87%) of Transgender respondents have accessed mental health services in the last three years compared to 76% of Gender Diverse and 58% of Cisgender respondents. Additionally, **Transgender respondents were 20 times more likely than Gender Diverse and 12 times more likely than Cisgender respondents to have been refused mental health, addiction, and/or substance use services because of their LGBQ+ identity**. Responses to statements about access to mental health services are depicted for each gender identity below:

In thinking about the mental health, addiction, and/or substance use services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).[5]

■ Transgender ■ Gender Diverse ■ Cisgender

My needs were met all or most of the time.
- 3.2
- 3.8
- 4.0

I felt safe all or most of the time.
- 3.3
- 4.0
- 4.3

The provider(s) provided a welcoming and non-discriminatory environment.
- 3.5
- 4.2
- 4.3

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- 3.4
- 3.8
- 4.0

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- 3.3
- 3.8
- 4.0

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- 3.4
- 4.0
- 4.2

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)
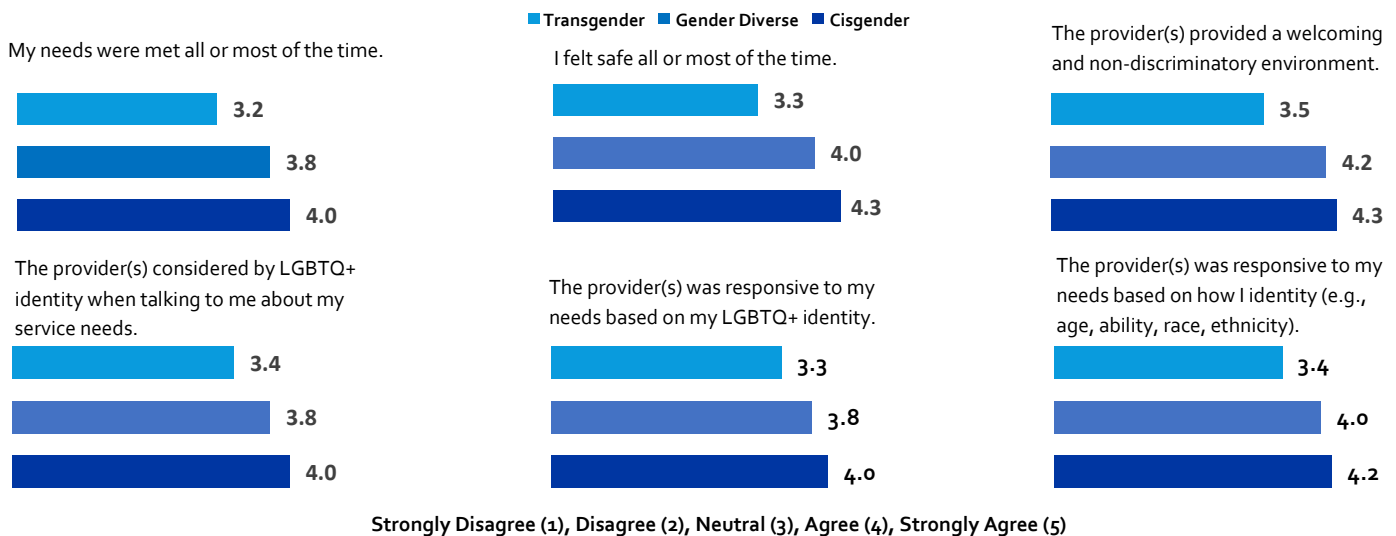
[4] Cisgender (n=1,475), Gender Diverse (n=128), Transgender (n=1,110)
[5] Respondents rated their agreement on a scale from (1) Strongly Disagree, (2) Disagree, (3) Unsure, (4) Agree, to (5) Strongly Agree.

Statistically meaningful differences (*)[6] regarding access to mental health, addiction, and/or substance use services based on gender identity were found in the following areas:

Transgender respondents compared to Cisgender and Gender Diverse respondents were:

- Less likely to have their needs met most or all of the time.*
- Less likely to feel safe all or most of the time.*
- Less likely to agree that provider(s) provided a welcoming and non-discriminatory environment.*
- Less likely to agree that provider(s) considered their LGBTQ+ identity when talking with them about their service needs.*
- Less likely to indicate that providers were responsive to their needs based on their LGBTQ+ identity.*
- Less likely to indicate that providers were responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity).*

Gender Diverse respondents compared to Cisgender respondents were:

- Less likely to feel safe all or most of the time.*

Current Mental Health, Addiction, and/or Substance Use Needs by Gender Identity
The **top three** service needs by gender identity:

	Cisgender (n=1,475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**60%** indicated no need for services.	**50%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**31%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.
2nd	**30%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**39%** indicated no need for services.	**20%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.
3rd	**8%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.	**14%** indicated peer support to navigate mental health, addiction, and substance us challenges.	**17%** indicated no need for services.

---

[6] Statistical significance was determined using the ANOVA and the Bonferroni post hoc tests with the α=0.05 level.

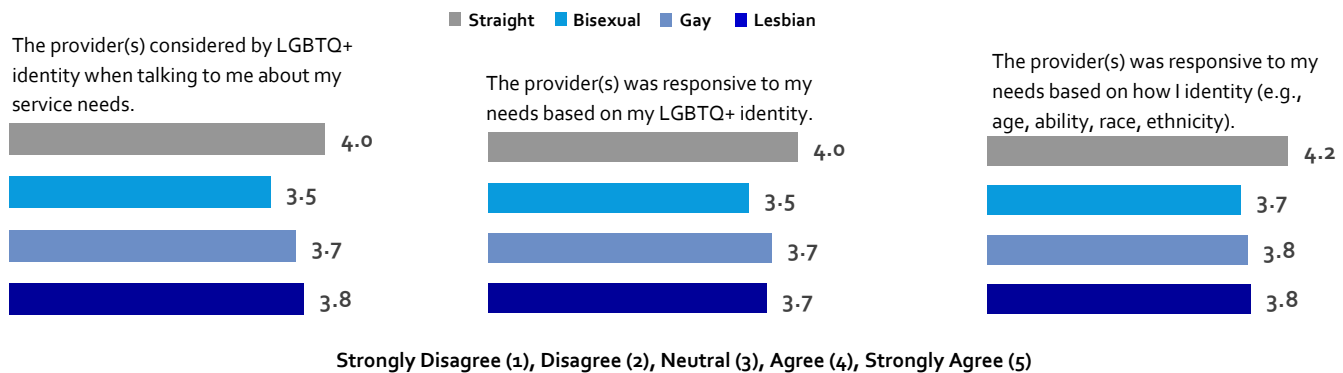## Barriers to Mental Health, Addiction, and/or Substance Use Services by Gender Identity

The **top three** barriers based on gender identity:

	Cisgender (n=1,475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**65%** indicated no concerns regarding access to these services.	**43%** indicated no concerns regarding access to these services.	**26%** were concerned they would be refused these services because of their LGBTQ+ identity.
2nd	**15%** indicated an inability to afford this service.	**31%** indicated an inability to afford this service.	**25%** indicated not knowing how or where to access these services.
3rd	**12%** were concerned that provider(s) and staff are not specifically trained for their needs as an LGBTQ+ member.	**30%** were concerned these services would not be LGBTQ+ friendly.	**24%** were concerned provider(s) and staff are not specifically trained for their needs as an LGBTQ+ member.

Mental Health Service Access by Sexual Orientation

Most Lesbian respondents (71%) and Bisexual respondents (79%) have accessed mental health services in the last three years compared to 68% of Straight and 62% of Gay respondents who indicated accessing these services. Responses to statements that were significantly different are depicted for each gender identity below:

In thinking about the mental health, addiction, and/or substance use services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

■ Straight ■ Bisexual ■ Gay ■ Lesbian

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- 4.0
- 3.5
- 3.7
- 3.8

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- 4.0
- 3.5
- 3.7
- 3.7

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- 4.2
- 3.7
- 3.8
- 3.8

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to mental health, addiction, and/or substance use services based on sexual orientation were found in the following areas:

- **Bisexual respondents** were less likely to agree provider(s) considered their LGBTQ+ identity when talking to them about their service needs when compared to all other respondents.*
- **Bisexual respondents** were less likely to agree their provider(s) was responsive to their needs based on their LGBTQ+ identity when compared to Gay and Straight respondents.*
- **Straight respondents** were <u>more likely</u> to agree their provider(s) was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity) when compared to all other respondents.*

Current Mental Health, Addiction, and/or Substance Use Needs by Sexual Orientation

The **top three** service needs based on sexual orientation:

	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**47%** indicated no need for services.	**50%** indicated no need for services.	**43%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**54%** indicated no need for services.
2nd	**25%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**24%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**31%** indicated no need for services.	**29%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.
3rd	**11%** indicated support getting sober and/or maintaining sobriety.	**10%** indicated group therapy to navigate mental health, addiction, or substance use challenges.	**21%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.	**10%** indicated (1) group therapy to navigate mental health, addiction, or substance use challenges & (2) peer support to navigate mental health challenges.

Barriers to Mental Health, Addiction, and/or Substance Use Services by Sexual Orientation
The **top three** barriers based on sexual orientation:

	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**50%** indicated no concerns regarding access to these services.	**51%** indicated no concerns regarding access to these services.	**36%** indicated no concerns regarding access to these services.	**46%** indicated no concerns regarding access to these services.
2nd	**16%** were concerned that services would not be LGBTQ+ friendly.	**17%** indicated an inability to afford this service.	**26%** indicated an inability to afford this service.	**21%** indicated an inability to afford this service.
3rd	**15%** were concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member.	**15%** indicated not knowing how or where to access these services.	**24%** were concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member.	**18%** indicated (1) not knowing how or where to access these services and (2) the wait time being too long to receive help.

Mental Health Service Access by Age

A majority of 18- to 24-year-olds (74%) and 25- to 45-year-olds (78%) had accessed mental health, addiction, and/or substance use services in the past three years compared to 54% of 46-to-64-year-olds and 41% of 65(+) year old respondents.

In thinking about mental health, addiction, and/or substance use services accessed, respondents differed by age group in their reflections about a typical service experience. Older adults indicated stronger agreement compared to younger adults when sharing about their experiences overall.
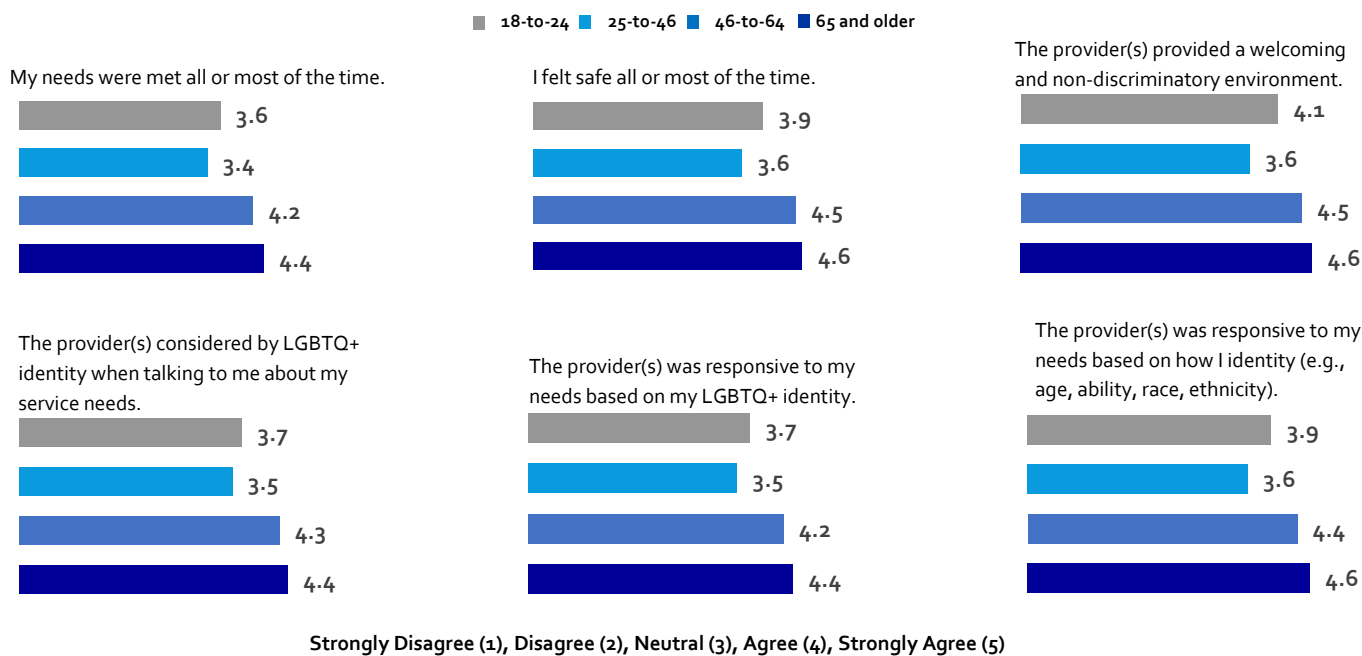
My needs were met all or most of the time.

Age Group	Disagree	Unsure	Agree
18 to 24 years	19%	17%	65%
25 to 45 years	28%	18%	54%
46 to 64 years	7%	8%	84%
65+ years	5%	10%	84%

The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity).

Age Group	Disagree	Unsure	Agree
18 to 24 years	11%	15%	74%
25 to 45 years	22%	19%	59%
46 to 64 years	2%	15%	83%
65+ years	3%	7%	91%

In thinking about the mental health, addiction, and/or substance use services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

Legend: ■ 18-to-24 ■ 25-to-46 ■ 46-to-64 ■ 65 and older

My needs were met all or most of the time.
- 18-to-24: 3.6
- 25-to-46: 3.4
- 46-to-64: 4.2
- 65 and older: 4.4

I felt safe all or most of the time.
- 18-to-24: 3.9
- 25-to-46: 3.6
- 46-to-64: 4.5
- 65 and older: 4.6

The provider(s) provided a welcoming and non-discriminatory environment.
- 18-to-24: 4.1
- 25-to-46: 3.6
- 46-to-64: 4.5
- 65 and older: 4.6

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- 18-to-24: 3.7
- 25-to-46: 3.5
- 46-to-64: 4.3
- 65 and older: 4.4

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- 18-to-24: 3.7
- 25-to-46: 3.5
- 46-to-64: 4.2
- 65 and older: 4.4

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- 18-to-24: 3.9
- 25-to-46: 3.6
- 46-to-64: 4.4
- 65 and older: 4.6

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to mental health, addiction, and/or substance use services based on age were found in the following areas:

- **25-to-45-year-olds** were less likely to agree their needs were met all or most of the time compared to all other age groups. **18-to-24-year-olds** were less likely to agree their needs were met all or most of the time compared to 46-to-64 and 65+ year olds.*
- **25-to-45-year-olds** were less likely to agree they felt safe all or most of the time compared to all other age groups. **18-to-24-year-olds** were less likely to agree they felt safe all or most of the time compared to 46-to-64 and 65+ year olds.*

- **25-to-45-year-olds** were less likely to agree their provider provided a welcoming and non-discriminatory environment compared to all other age groups. **18-to-24-year-olds** were less likely to agree their provider provided a welcoming and non-discriminatory environment compared to 46-to-64 and 65+ year olds.*
- **18-to-24-year-olds and 25-to-46-year-old**s were less likely to agree their provider considered their LGBTQ+ identity when talking to them about their service needs compared to 46-to-64-year-olds and 65+ year olds.*
- **25-to-45-year-olds** were less likely to agree their provider was responsive to their needs based on their LGBTQ+ identity compared to all other age groups. **18-to-24-year-olds** were significantly less likely to agree their provider was responsive to their needs based on their LGBTQ+ identity compared to 46-to-64-year-olds and 65+ year olds.*
- **25-to-45-year-olds** were significantly less likely to agree their provider was responsive to their needs based on how they identify compared to all other age groups. **18-to-24-year-olds** were significantly less likely to agree their provider was responsive to their needs based on how they identify compared to 46-to-64-year-olds and 65+ year olds.*

Current Mental Health, Addiction, and/or Substance Use Needs by Age

The **top three** service needs based on age:

	18-to-24-years (n=456)	25-to-45-years (n=1,587)	46-to-64-years (n=461)	65 and older (n=209)
1st	**54%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**33%** indicated no need for services.	**69%** indicated no need for services.	**83%** indicated no need for services.
2nd	**32%** indicated no need for services.	**30%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**22%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**9%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.
3rd	**23%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.	**15%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.	**6%** indicated a need for peer support to navigate mental health challenges.	**2%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.

Barriers to Mental Health, Addiction, and/or Substance Use Services by Age

The **top three** barriers based on age:

	18-to-24-years (n=456)	25-to-45-years (n=1,587)	45-to-64-years (n=461)	65 years and older (n=114)
1st	**41%** indicated no concerns regarding access to these services.	**32%** indicated no concerns regarding access to these services.	**76%** indicated no concerns regarding access to these services.	**86%** indicated no concerns regarding access to these services.
2nd	**27%** indicated an inability to afford this service.	**22%** indicated an inability to afford this service.	**10%** were concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member.	**21%** indicated not knowing how or where to access these services.
3rd	**23%** were (1) concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member and (2) concerned that services would not be LGBTQ+ friendly.	**21%** were concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member.	**9%** were concerned that services would not be LGBTQ+ friendly.	**5%** indicated an inability to afford this service.

Mental Health Service Access by Ethnoracial Identity

A majority of Black/African American (83%) and Hispanic/Latinx (83%) had accessed mental health, addiction, and/or substance use services in the past three years compared to 58% of Multiracial respondents and 65% of White/Caucasian respondents.

In thinking about mental health, addiction, and/or substance use services accessed, respondents differed by ethnoracial identity in their reflections about a typical service experience. Black and Hispanic/Latinx respondents indicated less agreement compared to White respondents when sharing about their experiences overall.

My needs were met all or most of the time.

Ethnoracial Identity	Disagree	Unsure	Agree
White	15%	13%	72%
Black	32%	20%	48%
Hispanic/Latinx	34%	21%	46%
Multiracial	25%	21%	54%

The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity).

Ethnoracial Identity	Disagree	Unsure	Agree
White	8%	14%	77%
Black	27%	14%	59%
Hispanic/Latinx	27%	22%	51%
Multiracial	17%	26%	57%

In thinking about the mental health, addiction, and/or substance use services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

White **Black** **Hispanic** **Multiracial**

My needs were met all or most of the time.
- White: 3.9
- Black: 3.3
- Hispanic: 3.2
- Multiracial: 3.4

I felt safe all or most of the time.
- White: 4.1
- Black: 3.5
- Hispanic: 3.3
- Multiracial: 3.8

The provider(s) provided a welcoming and non-discriminatory environment.
- White: 4.2
- Black: 3.5
- Hispanic: 3.4
- Multiracial: 3.8

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- White: 3.9
- Black: 3.5
- Hispanic: 3.4
- Multiracial: 3.6

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- White: 3.9
- Black: 3.4
- Hispanic: 3.3
- Multiracial: 3.6

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- White: 4.1
- Black: 3.5
- Hispanic: 3.3
- Multiracial: 3.6

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to mental health, addiction, and/or substance use services based on ethnoracial identity were found in the following areas:

- **Black, Hispanic/Latinx, and Multiracial respondents** were less likely to agree their needs were met all or most of the time compared to White respondents. *
- **Hispanic/Latinx respondents** were less likely to agree they felt safe all or most of the time compared to White and Multiracial respondents. **Black and Hispanic/Latinx respondents** were less likely to agree they felt safe all or most of the time compared to White respondents. *
- **Hispanic/Latinx respondents** were less likely to agree their provider provided a welcoming and non-discriminatory environment compared to White and Multiracial respondents. **Black, Hispanic/Latinx, and Multiracial respondents** were less likely to agree their provider provided a welcoming and non-discriminatory environment compared to White respondents. *
- **Black and Hispanic/Latinx respondents** were less likely to agree their provider(s) considered their LGBTQ+ identity when talking to them about their service needs compared to White respondents. *
- **Black and Hispanic/Latinx respondents** were less likely to agree their provider(s) were responsive to their needs based on their LGBTQ+ identity compared to White respondents.*
- **Black, Hispanic/Latinx, and Multiracial respondents** were less likely to agree their provider was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity) compared to White respondents. *

Current Mental Health, Addiction, and/or Substance Use Needs by Ethnoracial Identity

The **top three** service needs based on ethnoracial identity:

	White (n=1,628)	Black (n=142)	Hispanic/Latinx (n=777)	Multiracial (n=158)
1st	**53%** indicated no need for services.	**28%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**24%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**48%** indicated no need for services.
2nd	**34%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.	**28%** indicated no need for services.	**22%** indicated no need for services.	**42%** indicated the need for a psychologist, counselor, and/or therapist to help them navigate mental health challenges.
3rd	**12%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.	**18%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.	**17%** indicated help getting sober and/or maintaining sobriety.	**12%** indicated help accessing a psychiatrist or primary care physician who can prescribe medication to manage their mental health.

Barriers to Mental Health, Addiction, and/or Substance Use Services by Ethnoracial Identity

The **top three** barriers based on ethnoracial identity:

	White (n=1,584)	Black (n=142)	Hispanic/Latinx (n=777)	Multiracial (n=158)
1st	**57%** indicated no concerns regarding access to these services.	**30%** indicated no concerns regarding access to these services.	**27%** were concerned they would be refused services because of their LGBTQ+ identity	**53%** indicated no concerns regarding access to these services.
2nd	**19%** indicated an inability to afford this service.	**21%** were concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member.	**24%** indicated not knowing how or where to access these services.	**26%** were concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member.
3rd	**18%** were concerned that provider(s) and staff are not specifically trained for their needs as a LGBTQ+ member.	**20%** were (1) concerned they would be refused services because of their LGBTQ+ identity, (2) indicated not knowing how or where to access these services, and (3) indicated an inability to afford this service.	**21%** indicated no concerns regarding access to these services.	**20%** indicated (1) an inability to afford this service and (2) were concerned that services would not be LGBTQ+ friendly.

Intersecting Identities

In this section, we provide statistically significant results (*)[7] based on the interaction of various identities (age, gender, orientation, and ethnoracial identity).

Mental Health Service Access by Age and Gender Identity

In analyzing the interaction between age and gender identity, the degree to which mental health care needs were met depended on both age and gender identity. Significant differences were found between the following groups:

Comparisons Between Groups			*Interpretation*
18 to 24	Cisgender	**Trans Umbrella**	18- to 24-year-old **transgender** respondents had **fewer** mental health care needs met compared to cisgender respondents in this age group.
25 to 45	Cisgender	**Trans Umbrella**	25- to 45-year-old **transgender** respondents had **fewer** mental health care needs met compared to cisgender respondents in this age group.
46 to 64	Cisgender	Trans Umbrella	There were no significant differences between transgender and cisgender respondents between 46 and 64 years of age.
65 and older	Cisgender	Trans Umbrella	There were no significant differences between transgender and cisgender respondents over the age of 65.

Mental Health Service Access by Gender Identity and Ethnoracial Identity
There were no significant differences between groups for mental health service access based on the interaction between ethnoracial identity and gender identity.

Mental Health Service Access by Sexual Orientation and Age
There were no significant differences between groups for mental health service access based on the interaction between age and sexual orientation.

Mental Health Service Access by Sexual Orientation and Ethnoracial Identity
There were no significant differences between groups for mental health service access based on the interaction between ethnoracial identity and sexual orientation.

---

[7] Statistical significance was determined with transformed data to address skewness with the distribution of the data. MANOVAs and Bonferroni post hoc tests were used with statistical significance at the $\alpha=0.05$ level.

Additional Comments

Respondents also shared open-ended feedback about their experiences with mental health, addiction, and/or substance use services. Salient themes from those comments include:

- **Support Needs.** Respondents mentioned various needs for mental health and related services including intersectional inclusivity (e.g., class, race, and ability), body image and weight, HIV support groups, and more support for minors and older adults. Mostly, people felt a need for broader awareness concerning mental health.
- **COVID-19.** Respondents felt the pandemic negatively impacted their mental health and their access to mental health services (e.g., telehealth). Regarding the change to telehealth, some people preferred virtual appointments because they were easier to access (e.g., those with disabilities or social anxiety); however, most people felt they did better with in-person visits and were unable to have them due to the pandemic.
- **Helpful Services.** Respondents mentioned services such as supportive networks, centers of care, and LGBTQ+ affirming or identifying care providers.
- **LGBTQ+ Informed Providers.** Respondents mentioned the need for professionals and providers of care to be trained and made aware of issues and needs impacting LGBTQ+ clients. They also mentioned experiences with professionals/providers who were uninformed. Some experienced hearing inappropriate comments made by the provider, having to self-explain and repeatedly visit providers, or realizing that the provider's treatment could not meet their LGBTQ+ related needs. For those that have worked with LGBTQ+ informed providers, their experiences have been positive and affirming.
- **Transgender and Nonbinary-Specific.** Respondents felt that transgender and nonbinary individuals have unique struggles related to mental health care, and in some cases, therapy is still required for gender-affirming surgery eligibility. They mentioned issues around discrimination and being denied services because of their gender identity, not having their identity validated by mental health professionals, being outted by providers, or being misdiagnosed or not treated for other mental health disorders.

Financial and Legal Services

- Financial and legal service needs
- Typical financial and legal service experiences
- Results by gender identity, sexual orientation, age, race/ethnicity

This section summarizes respondents' experiences accessing services related to their financial (e.g., loans, taxes, mortgage, retirement savings, etc.), and legal (e.g., adoption, child custody services, etc.) needs, and in receiving responsive and nondiscriminatory services, and barriers that prevent them from receiving these services. [1]

Overall Results

Access to Financial and Legal Services[2]

13% of respondents indicated they had been refused financial and/or legal services because of their LGBTQ+ identity.

> "When I changed my name/sex at the social security office...I had to be very stern that the secretary was wrong, that I did not need surgery to make the changes I requested..."
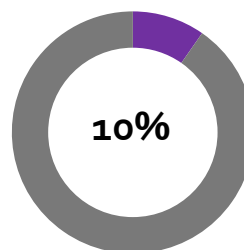
44% of respondents indicated having accessed some type of financial and/or legal service in the last three years. Out of all responses, the top three financial and legal services accessed included:
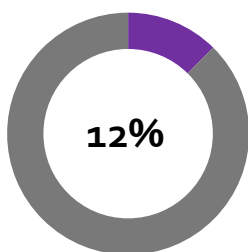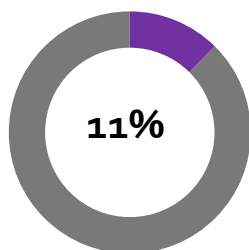
12%
Will/estate planning

11%
Designating a healthcare proxy or medical power of attorney for self or their partner

10%
Applying for Social Security benefits/retirement planning

Open-ended feedback on the survey revealed that respondents accessed additional services including general accounting (e.g., tax services) and financial advising, fiduciary services, loan and debt management, mortgage and other property-related services, legal or financial business services, employment-related services, and immigration and other discrimination-related services. Unlike other service areas, the open-ended comments in this section suggested that fewer respondents experienced direct or overt forms of discrimination when accessing financial and legal services.

> "How I identify in terms of gender and sexual orientation weren't brought up. I feel there still seems to be the assumption that the general population is straight. This didn't necessarily negatively impact my lawyer/attorney interactions. However, I can see how hurtful it may be to others."

Terms

Cisgender refers to a person whose gender identity is consistent in a traditional sense with their sex assigned at birth.

Ethnoracial identity describes the combination of socially demarcated ethnic and racial characteristics embodied by an individual respondent. Identities are often negotiated based on the race and ethnic terms a person has available to them during survey data collection.

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

n refers to the number of respondents that answered a question in the analysis.

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

---

[1] The number of responses (2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.
[2] Respondents could select more than one response when asked about their access to financial and legal services.
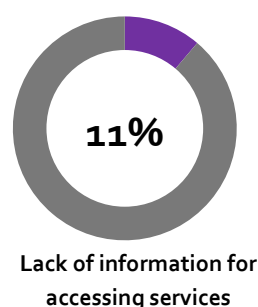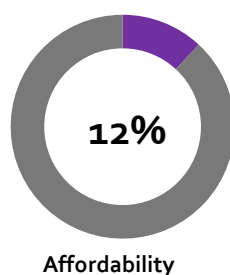
Service Access Experience

In thinking about the financial and legal services accessed, respondents indicated their level of agreement with a typical service experience.[3]

Statement	Disagree	Unsure	Agree
My needs were met all or most of the time.	25%	16%	59%
I felt safe all or most of the time.	25%	15%	60%
The provider(s) provided a welcoming and non-discriminatory environment.	22%	21%	57%
The provider(s) considered my LGBTQ+ identity when talking to me about my service needs.	24%	23%	53%
The provider(s) was responsive to my needs based on my LGBTQ+ identity.	25%	22%	53%
The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity).	23%	19%	58%

Barriers to Service

33% of respondents mentioned having concerns related to accessing financial and legal services. The **top three** concerns or barriers to access included:

12%
Being refused service because of LGBTQ+ identity

12%
Affordability

11%
Lack of information for accessing services

Open-ended feedback revealed concerns and experiences related to legal discrimination, as well as concerns around the inability to access legal services (e.g., courts) because of the prolonged COVID-19 pandemic.

"I was arrested 2.5 years ago. The police were disgusting and made rude remarks about me... The court refused to recognize me as a trans woman because I am not on hormones or plan to get surgery... They told me if I messed up while on probation I would go to men's jail or prison."

"[I'm] just concerned about the changing legal landscape and laws that are often discriminatory."

"All things dealing with documentation are a nightmare. I have a court-ordered name change, and still cannot get my legal social security and other documents updated despite quite a bit of effort on my part..."
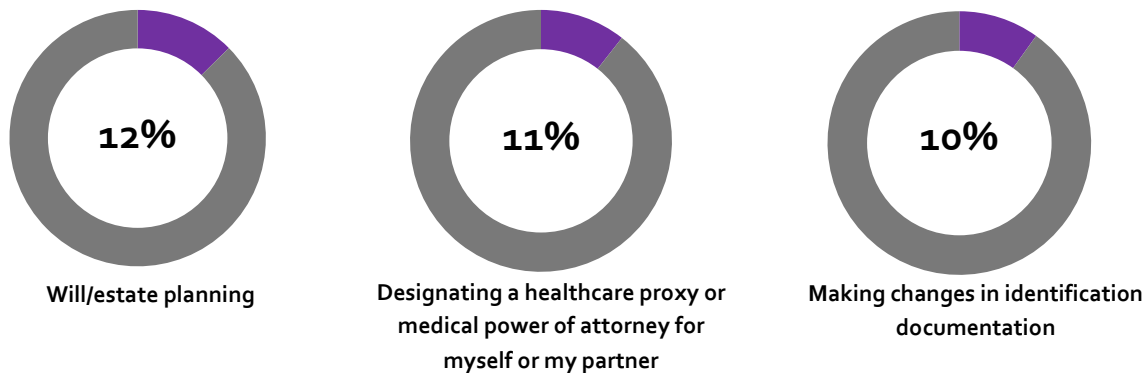
[3] For this table, 'strongly disagree' and 'disagree' are combined into one category. The same applies for 'strongly agree' and 'agree'.

Current Needs

60% of respondents indicated they did <u>not</u> currently have a need for financial or legal services or support.
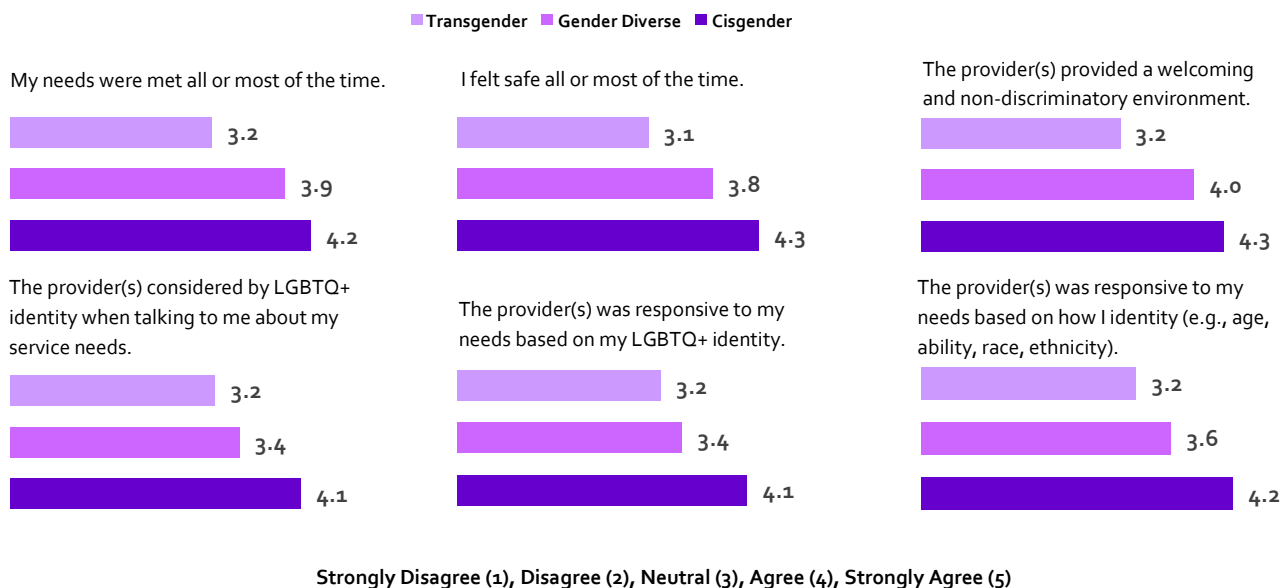
The **top three** needs indicated by those who <u>did</u> identify current needs included:

12%	**11%**	**10%**
Will/estate planning	**Designating a healthcare proxy or medical power of attorney for myself or my partner**	**Making changes in identification documentation**

Financial and Legal Service Access by Gender Identity

Transgender respondents were most likely to have accessed financial and legal services in the last three years (69%) compared to Cisgender (28%) and Gender Diverse (23%) respondents. Responses to statements about access to financial and legal services are depicted for each gender identity below:

In thinking about the financial and/or legal services that you were engaged in, please indicate the level of agreement with your typical experience receiving this service(s).[4]

■ Transgender ■ Gender Diverse ■ Cisgender

My needs were met all or most of the time.
- Transgender: 3.2
- Gender Diverse: 3.9
- Cisgender: 4.2

I felt safe all or most of the time.
- Transgender: 3.1
- Gender Diverse: 3.8
- Cisgender: 4.3

The provider(s) provided a welcoming and non-discriminatory environment.
- Transgender: 3.2
- Gender Diverse: 4.0
- Cisgender: 4.3

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- Transgender: 3.2
- Gender Diverse: 3.4
- Cisgender: 4.1

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- Transgender: 3.2
- Gender Diverse: 3.4
- Cisgender: 4.1

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- Transgender: 3.2
- Gender Diverse: 3.6
- Cisgender: 4.2

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

---

[4] Respondents rated their agreement on a scale from (1) Strongly Disagree, (2) Disagree, (3) Unsure, (4) Agree, to (5) Strongly Agree.

Statistically meaningful differences (*)[5] regarding access to financial and legal services based on gender identity were found in the following areas:

- **Transgender respondents** were less likely to have their needs met most or all of the time when compared to Cisgender and Gender Diverse respondents.*
- **Transgender respondents** were less likely to feel safe all or most of the time when compared to Cisgender and Gender Diverse respondents.*
- **Transgender respondents** were less likely to agree that provider(s) provided a welcoming and non-discriminatory environment when compared to Cisgender and Gender Diverse respondents.*
- **Transgender respondents** were less likely to agree that provider(s) considered their LGBTQ+ identity when talking with them about their service needs when compared to Cisgender respondents.*
- **Gender Diverse and Transgender respondents** were less likely to indicate that providers were responsive to their needs based on their LGBTQ+ identity when compared to Cisgender respondents.*
- **Gender Diverse and Transgender respondents** were less likely to indicate that providers were responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity) when compared to Cisgender respondents.*

Barriers to Service by Gender Identity
The **top three** concerns related to accessing financial and legal services based on gender identity:

	Cisgender (n=,1475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**8%** indicated affordability as a barrier.	**18%** indicated affordability as a barrier.	**24%** indicated their concern that they will be refused service because of their LGBTQ+ identity.
2nd	**7%** indicated not knowing how or where to access services.	**16%** indicated not knowing how or where to access services.	**17%** indicated their concern that services are not accessible for people with disabilities.
3rd	**5%** indicated both their concern that services would not be LGBTQ+ friendly and their concern that provider(s) and staff are not specifically trained for the needs of the LGBTQ+ community.	**16%** indicated their concern that services would not be LGBTQ+ friendly.	**16%** indicated affordability and not knowing how or where to access services.

---

[5] Statistical significance was determined using the ANOVA and the Bonferroni post hoc tests with the α=0.05 level.
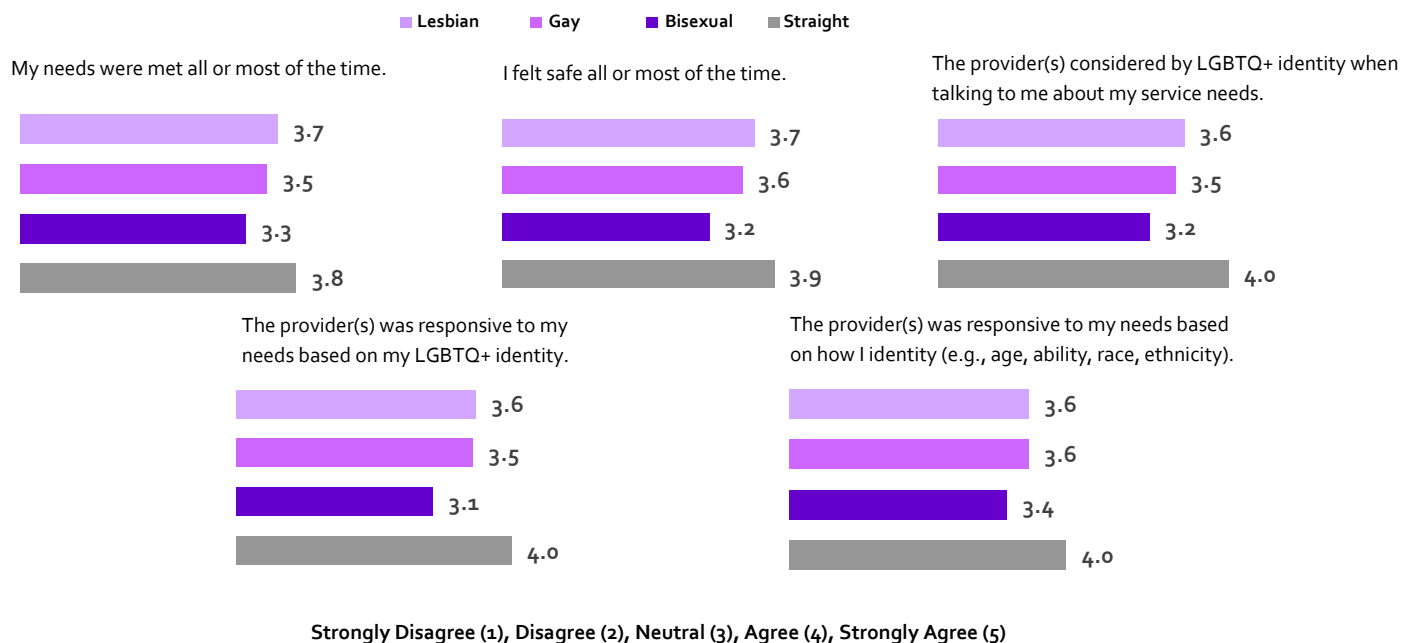
Current Financial and Legal Needs by Gender Identity

The **top three** service needs differed based on gender identity:

	Cisgender (n=,1475)	Gender Diverse (n=128)	Transgender (n=1,110)
1st	**11%** indicated the need for will/estate planning.	**10%** indicated the need for will/estate planning.	**22%** indicated the need for making changes in identification documentation.
2nd	**5%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**5%** indicated the need for making changes in identification documentation.	**19%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.
3rd	**4%** indicated the need for applying for Social Security benefits/retirement planning.	**3%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**17%** indicated the need for applying for Social Security benefits/retirement planning.

Financial and Legal Service Access by Sexual Orientation

Half (51%) of Lesbian respondents have accessed financial and legal services in the last three years compared to Gay (46%), Bisexual (38%), and Straight (40%) respondents. Slightly more Lesbian (15%) and Gay (16%) respondents reported being refused financial or legal service(s) due to their LGBTQ+ identity compared to Bisexual (10%) and Straight (4%) respondents. Responses to statements that were significantly different are depicted for each sexual orientation below:

In thinking about the financial and/or legal services that you were engaged in, please indicate the level of agreement with your typical experience receiving this service(s).

■ Lesbian   ■ Gay   ■ Bisexual   ■ Straight

My needs were met all or most of the time.
- Lesbian: 3.7
- Gay: 3.5
- Bisexual: 3.3
- Straight: 3.8

I felt safe all or most of the time.
- Lesbian: 3.7
- Gay: 3.6
- Bisexual: 3.2
- Straight: 3.9

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.
- Lesbian: 3.6
- Gay: 3.5
- Bisexual: 3.2
- Straight: 4.0

The provider(s) was responsive to my needs based on my LGBTQ+ identity.
- Lesbian: 3.6
- Gay: 3.5
- Bisexual: 3.1
- Straight: 4.0

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).
- Lesbian: 3.6
- Gay: 3.6
- Bisexual: 3.4
- Straight: 4.0

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to financial and legal services based on sexual orientation were found in the following areas:

- **Bisexual respondents** were less likely to have their needs met most or all of the time when compared to Lesbian respondents.*
- **Bisexual respondents** were less likely to feel safe all or most of the time when compared to Lesbian, Gay, and Straight respondents.*
- **Bisexual respondents** were less likely to agree that provider(s) considered their LGBTQ+ identity when talking with them about their service needs when compared to Lesbian, Gay, and Straight respondents.*
- **Bisexual respondents** were less likely to indicate that providers were responsive to their needs based on their LGBTQ+ identity when compared to Lesbian, Gay, and Straight respondents.*
- **Bisexual respondents** were less likely to indicate that providers were responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity) when compared to Straight respondents.*

Barriers to Service by Sexual Orientation

The **top three** concerns related to accessing financial and legal services based on sexual orientation:

	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**13%** indicated their concern of being refused service because of their LGBTQ+ identity.	**12%** indicated their concern of being refused service because of their LGBTQ+ identity.	**15%** indicated affordability as a barrier.	**9%** indicated affordability as a barrier.
2nd	**10%** indicated not knowing how or where to access services.	**10%** indicated affordability as a barrier.	**14%** indicated not knowing how or where to access services as a barrier	**7%** indicated not knowing how or where to access services.
3rd	**10%** indicated affordability as a barrier.	**10%** indicated not knowing how or where to access services.	**11%** indicated their concern of being refused service because of their LGBTQ+ identity.	**7%** indicated their concern of being refused service because of their LGBTQ+ identity.

Current Financial and Legal Needs by Sexual Orientation

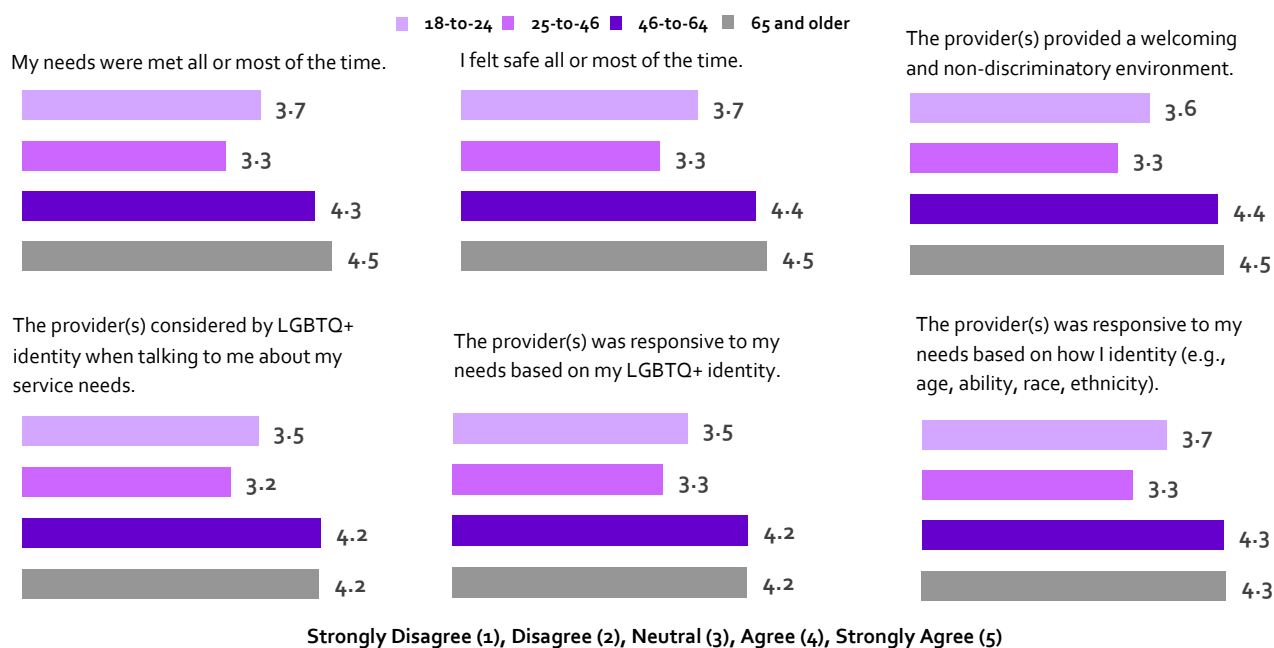The **top three** service needs differed based on sexual orientation:

	Lesbian (n=776)	Gay (n=890)	Bisexual (n=933)	Straight (n=114)
1st	**15%** indicated the need for will/estate planning.	**13%** indicated the need for will/estate planning.	**11%** indicated the need for making changes in identification documentation.	**11%** indicated the need for designating a healthcare proxy or medical power of attorney.
2nd	**11%** indicated the need for applying for Social Security benefits/retirement planning.	**11%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**10%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**11%** indicated the need for making changes in identification documentation.
3rd	**11%** indicated the need for designating a healthcare proxy or medical power of attorney.	**10%** indicated the need for applying for Social Security benefits/retirement planning.	**10%** indicated the need for will/estate planning.	**10%** indicated a need for adoption services.

Financial and Legal Service Access by Age

18- to 24-year-olds (15%) had fewer respondents that had accessed financial and/or legal services in the past three years compared to 24-to-45-year-olds (55%), 46-to-64-year-olds (36%), and 65(+) year old (48%) respondents. Additionally, 21% of 25-to-45-year-old respondents reported being refused service because of their LGBTQ+ identity, compared to only 2-3% of the other age groups. Responses to statements that were significantly different are depicted for each age below:

In thinking about the financial and legal use services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

■ **18-to-24** ■ **25-to-46** ■ **46-to-64** ■ **65 and older**

My needs were met all or most of the time.

18-to-24	3.7
25-to-46	3.3
46-to-64	4.3
65 and older	4.5

I felt safe all or most of the time.

18-to-24	3.7
25-to-46	3.3
46-to-64	4.4
65 and older	4.5

The provider(s) provided a welcoming and non-discriminatory environment.

18-to-24	3.6
25-to-46	3.3
46-to-64	4.4
65 and older	4.5

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.

18-to-24	3.5
25-to-46	3.2
46-to-64	4.2
65 and older	4.2

The provider(s) was responsive to my needs based on my LGBTQ+ identity.

18-to-24	3.5
25-to-46	3.3
46-to-64	4.2
65 and older	4.2

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).

18-to-24	3.7
25-to-46	3.3
46-to-64	4.3
65 and older	4.3

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)

Statistically meaningful differences (*) regarding access to financial and legal services based on age were found in the following areas:

- **18-to-24 and 25-to-45-year-olds** were less likely to agree their needs were met all or most of the time compared to 46-to-64 and 65+ year olds.*
- **18-to-24 and 25-to-45-year-olds** were less likely to agree they felt safe all or most of the time compared to 46-to-64 and 65+ year olds.*
- **18-to-24 and 25-to-45-year-olds** were less likely to agree their provider provided a welcoming and non-discriminatory environment compared to 46-to-64 and 65+ year olds.*
- **18-to-24 and 25-to-45-year-olds** were less likely to agree their provider considered their LGBTQ+ identity when talking to them about their service needs compared to 46-to-64 and 65+ year olds.*
- **18-to-24 and 25-to-45-year-olds** were less likely to agree their provider was responsive to their needs based on their LGBTQ+ identity compared to 46-to-64 and 65+ year olds.*
- **18-to-24 and 25-to-45-year-olds** were less likely to agree their provider was responsive to their needs based on how they identify (e.g., race, ability, ethnicity, age) compared to 46-to-64 and 65+ year olds.*

Barriers to Service by Age

The **top three** concerns related to accessing financial and legal services based on age:

	18-to-24 years (n=456)	25-to-45 years (n=1587)	46-to-64 years (n=461)	65+ years old (n=209)
1st	**11%** indicated not knowing how or where to access services.	**17%** indicated concern of being refused service because of their LGBTQ+ identity.	**9%** indicated affordability as a barrier.	**5%** indicated affordability as a barrier.
2nd	**10%** indicated affordability as a barrier.	**14%** indicated affordability as a barrier.	**8%** indicated concern that services would not be LGBTQ+ friendly.	**3%** indicated concern that services would not be LGBTQ+ friendly.
3rd	**7%** indicated concern of being refused service because of their LGBTQ+ identity.	**13%** indicated not knowing how or where to access services.	**8%** indicated not knowing how or where to access services.	**3%** indicated not knowing how or where to access services.

Current Financial and Legal Needs by Age

The **top three** service needs differed based on age:

	18-to-24 years (n=456)	25-to-45 years (n=1587)	46-to-64 years (n=461)	65+ years old (n=209)
1st	**8%** indicated the need for making changes in identification documentation.	**14%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**17%** indicated the need for will/estate planning.	**20%** indicated the need for will/estate planning.
2nd	**4%** indicated the need for applying for Social Security benefits/retirement planning.	**14%** indicated the need for making changes in identification documentation.	**10%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**9%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.
3rd	**2%** indicated the need for adoption services.	**13%** indicated the need for will/estate planning.	**7%** indicated the need for applying for Social Security benefits/retirement planning.	**6%** indicated the need for applying for Social Security benefits/retirement planning.

Financial and Legal Access by Ethnoracial Identity

A majority of Black /African American (64%) and Hispanic/Latinx (71%) respondents had accessed financial and/or legal services in the past three years compared to White/Caucasian (32%) and Multiracial (44%) respondents. Black/African American (23%) and Hispanic/Latinx groups (33%) had the most respondents who reported being refused service because of their LGBTQ+ identity compared to White/Caucasian (4%) and Multicultural (4%) respondents. Responses to statements that were significantly different are depicted for each ethnoracial identity:

In thinking about the financial and legal services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

■ White ■ Black ■ Hispanic ■ Multiracial

My needs were met all or most of the time.

- 4.0
- 3.4
- 3.1
- 3.8

I felt safe all or most of the time.

- 4.1
- 3.0
- 3.1
- 3.8

The provider(s) provided a welcoming and non-discriminatory environment.

- 4.0
- 3.3
- 3.2
- 3.8

The provider(s) considered by LGBTQ+ identity when talking to me about my service needs.

- 3.8
- 3.1
- 3.2
- 3.5

The provider(s) was responsive to my needs based on my LGBTQ+ identity.

- 3.8
- 3.4
- 3.2
- 3.6

The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity).

- 3.9
- 3.3
- 3.2
- 4.0

Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly
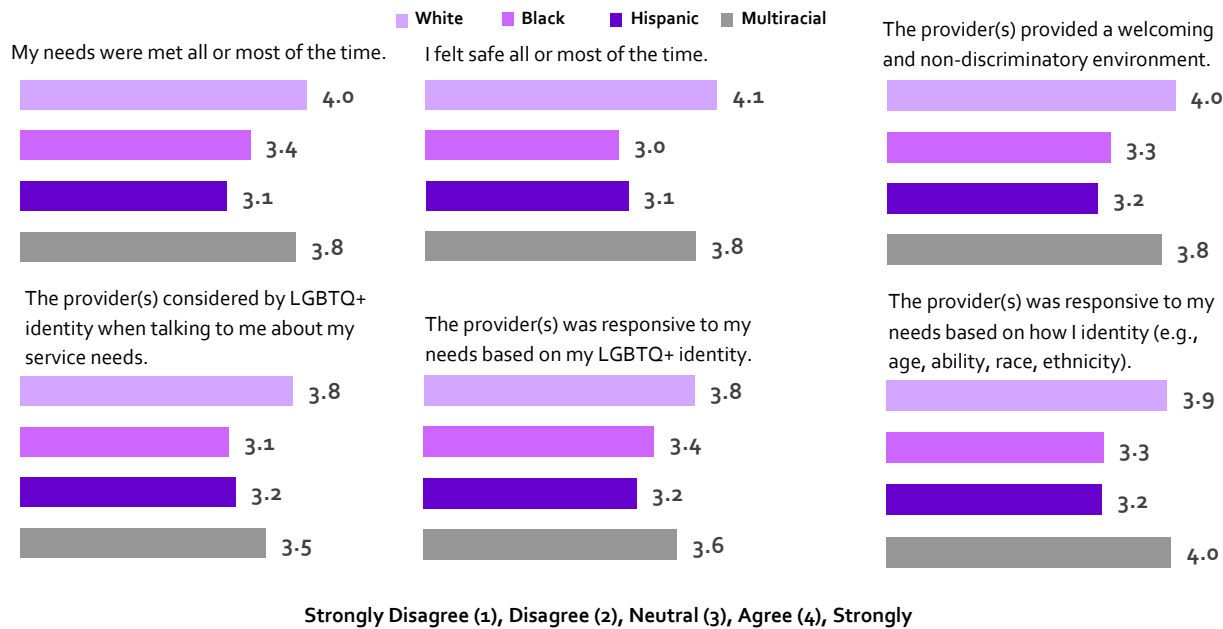
Statistically meaningful differences (*) regarding access to financial and legal services based on ethnoracial identity were found in the following areas:

- **Black/African American and Hispanic/Latinx respondents** were less likely to agree their needs were met all or most of the time compared to White respondents.* **Hispanic/Latinx respondents** were also less likely to agree their needs were met all or most of the time compared to Multiracial respondents.*
- **Black/African American and Hispanic/Latinx respondents** were less likely to agree they felt safe all or most of the time compared to White respondents and Multiracial respondents.*
- **Black/African American and Hispanic/Latinx respondents** were less likely to agree their provider provided a welcoming and non-discriminatory environment compared to White respondents.* **Hispanic/Latinx respondents** were also less likely to agree their provider provided a welcoming and non-discriminatory environment compared to Multiracial respondents.*
- **Black/African American and Hispanic/Latinx respondents** were less likely to agree their provider(s) considered their LGBTQ+ identity when talking to them about their service needs compared to White respondents.*
- **Black/African American and Hispanic/Latinx respondents** were less likely to agree their provider(s) were responsive to their needs based on their LGBTQ+ identity compared to White respondents.*
- **Black/African American and Hispanic/Latinx respondents** were less likely to agree their provider was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity) compared to White respondents.* **Hispanic/Latinx respondents** were also less likely to agree their provider was responsive to their needs based on how they identify (e.g., age, ability, race, ethnicity) compared to Multiracial respondents.*

Barriers to Service by Ethnoracial Identity

The **top three** concerns related to accessing financial and legal services based on ethnoracial identity:

	White (n=1,628)	Black (n=142)	Hispanic (n=777)	Multiracial (n=158)
1st	**10%** indicated affordability as a barrier.	**21%** indicated concern that services are not accessible for people with disabilities as a barrier	**25%** indicated concern of being refused service because of their LGBTQ+ identity.	**13%** indicated affordability as a barrier.
2nd	**8%** indicated concern that services would not be LGBTQ+ friendly.	**18%** indicated concern of being refused service because of their LGBTQ+ identity as a barrier	**16%** indicated not knowing how or where to access services.	**12%** indicated not knowing how or where to access services as a barrier.
3rd	**8%** indicated not knowing how or where to access services.	**14%** indicated fear that someone they know would find out they were using these services.	**16%** indicated concern that services are not accessible for people with disabilities.	**10%** indicated concern that staff are not specifically trained for the needs of the LGBTQ+ community.

Current Financial and Legal Needs by Ethnoracial Identity

The **top three** service needs differed based on ethnoracial identity:

	White (n=,1628)	Black (n=142)	Hispanic (n=777)	Multiracial (n=158)
1st	**11%** indicated the need for will/estate planning.	**19%** indicated the need for making changes in identification documentation.	**19%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**13%** indicated the need for will/estate planning.
2nd	**7%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**19%** indicated the need for adoption services.	**18%** indicated the need for applying for Social Security benefits/retirement planning.	**6%** indicated the need for applying for Social Security benefits/retirement planning.
3rd	**6%** indicated the need for making changes in identification documentation.	**17%** indicated the need for designating a healthcare proxy or medical power of attorney for self or their partner.	**18%** indicated the need for making changes in identification documentation.	**6%** indicated the need for adoption services.

Intersecting Identities

In this section, we provide statistically significant results (*)[6] based on the interaction of various identities (age, gender, orientation, and enthoracial identity).

Financial and Legal Service Access by Age and Gender Identity

There were no significant differences between groups financial and legal service access based on the interaction between age and gender identity.

Financial and Legal Service Access by Gender Identity and Ethnoracial Identity

There were no significant differences between groups financial and legal service access based on the interaction between gender identity and ethnoracial identity.

Financial and Legal Service Access by Age and Sexual Orientation

There were no significant differences between groups financial and legal service access based on the interaction between age and sexual orientation.

Financial and Legal Service Access by Sexual Orientation and Ethnoracial Identity

There were no significant differences between groups for financial and legal service access based on the interaction between sexual orientation and ethnoracial identity.

Additional Comments

Respondents also shared open-ended feedback about their experiences with financial and legal services. Salient themes from those comments include:

- **Legal Documentation.** Respondents mentioned it being a difficult process to change names and/or identities on legal documents. They noted challenge receiving accurate paperwork/documents, being invalidated, and/or having to explain their changes to staff members. Some, however, mentioned having no issues with personal ID changes.
- **LGBTQ+ Affirming Services**. Respondents indicated a need for more services that are LGBTQ+ friendly/affirming, and more opportunities for pro bono legal services for LGBTQ+ cases. For those that have worked with LGBTQ+ friendly services or professionals that are members of the community, they noted positive experiences in terms of being treated with respect and having their relationship/identity validated.
- **Service Access.** Respondents indicated that it is not clear where to find LGBTQ+ friendly/affirming financial and legal services. They also mention cost and long waiting periods are barriers to accessing these services.
- **Additional Service Needs.** Respondents noted some additional needs for legal and financial services, such as help for survivors [of abuse or assault] and immigrants.

---

[6] Statistical significance was determined with transformed data to address skewness with the distribution of the data. MANOVAs and Bonferroni post hoc tests were used with statistical significance at the α=0.05 level.

- **Discrimination.** Respondents noted cases of discrimination by law enforcement and attorneys using their sexuality or gender identity against them. They also feared facing discrimination when accessing services if they disclosed their sexuality or gender identity.
- **COVID-19.** Respondents indicated the pandemic has impacted their experience by creating longer wait times, closing physical service locations (e.g., courts), and exacerbating stress related to accessing these services.
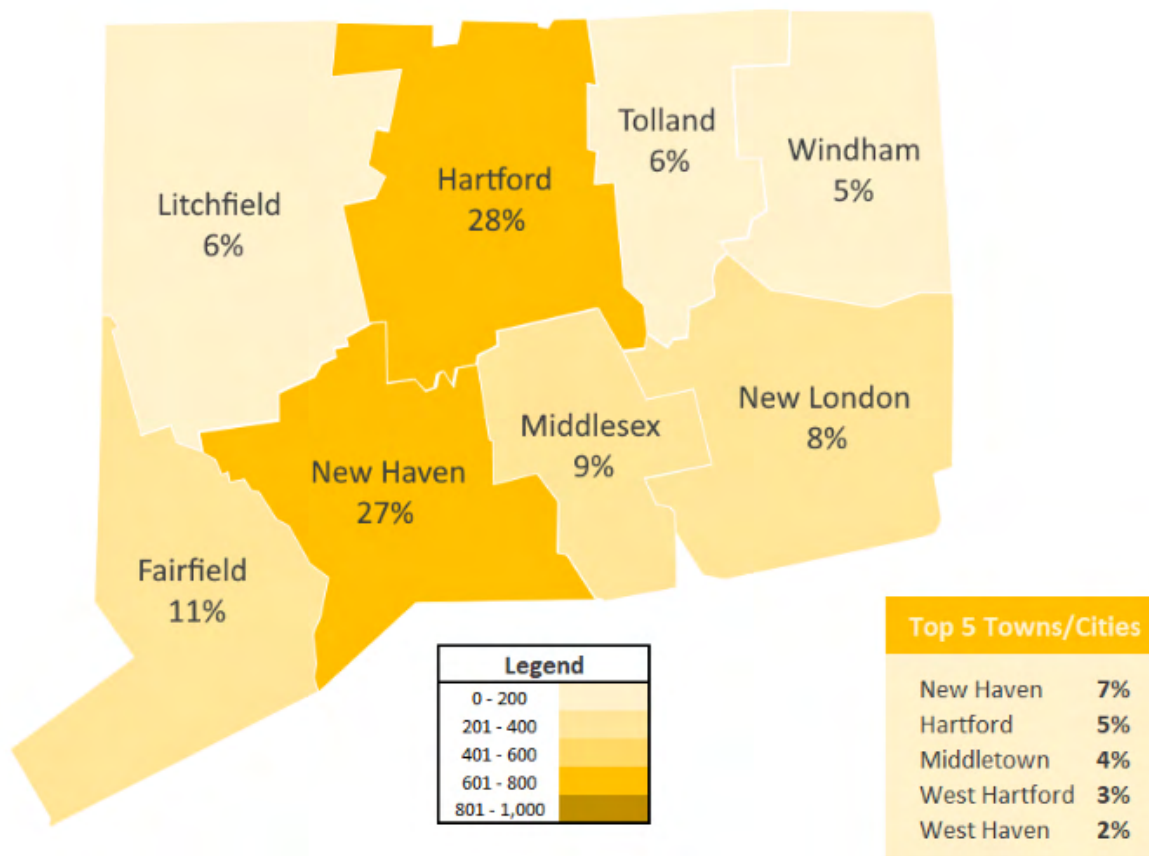
County Level Comparison

- Types of services accessed
- Service needs

This section provides an overview of respondent service access and service needs for Housing, Healthcare, Mental Health, and Financial and Legal services by county of residence.[1]

Slightly more than one quarter of survey respondents live in Hartford (28%) and New Haven Counties (27%). The top five towns/cities where respondents reside are New Haven (7%), Hartford (5%), Middletown (4%), West Hartford (3%), and West Haven (2%).

Service Access

Across all counties, healthcare, mental health, and financial/legal services were accessed most in the past three years.

	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham
Housing Services	33%	34%	57%	34%	30%	39%	45%	51%
Healthcare Services	91%	90%	92%	94%	90%	93%	88%	91%
Mental Health Services	70%	65%	81%	74%	71%	71%	72%	78%
Financial/Legal Services	39%	46%	61%	42%	37%	49%	48%	60%

[1] Please note that the survey did not ask where respondents sought each service. Therefore, the data are reported by respondent's county of residence.

Top 3 Housing Services Access by County[2]

Obtaining a mortgage/loan and/or refinancing was the most common housing-related service for residents in six out of eight counties.

Fairfield
- Obtaining a mortgage/loan and/or refinancing (10%)
- Finding/accessing affordable housing services options (5%)
- Housing related services through an LGBTQ+ organization (5%)

Hartford
- Obtaining a mortgage/loan and/or refinancing (8%)
- Housing related services through 211 (5%)
- Housing related services through an LGBTQ+ organization (5%)

Litchfield
- Shelter (10%)
- Public housing (8%)
- Housing related services through 211 (7%)

Middlesex
- Obtaining a mortgage/loan and/or refinancing (7%)
- Public housing (4%), Shelter (4%)
- Housing related services through 211 (3%), Tenant-landlord disputes and/or rights services (3%), Senior housing, retirement community, assisted living, and/or nursing home (3%)

New Haven
- Obtaining a mortgage/loan and/or refinancing (7%)
- Finding/accessing affordable housing options (5%)
- Housing related services through an LGBTQ+ organization (4%)

New London
- Obtaining a mortgage/loan and/or refinancing (7%)
- Senior housing, retirement community, assisted living, and/or nursing home (7%)
- Residential mental health, addiction, or substance use treatment program (5%)

Tolland
- Finding/accessing affordable housing options (9%)
- Housing related services through 211 (7%), Senior housing, retirement community, assisted living, and/or nursing home (7%)
- Obtaining a mortgage/loan and/or refinancing (6%)

Windham
- Obtaining a mortgage/loan and/or refinancing (9%)
- Housing related services through 211 (8%)
- Tenant-landlord disputes and/or rights services (7%)

---

[2] **Housing services** include finding affordable housing options, locating a shelter, transitional housing, residential, or senior housing options, tenant-landlord disputes, and mortgage/loan/ refinancing services.

Top 3 Healthcare Services Accessed by County [3]

General check-up/annual exam was the most common service respondents have accessed in the past three years across all counties.

Fairfield
- General check-up/annual exam (64%)
- Cancer screening/prevention (24%)
- Chronic disease management (21%)

Hartford
- General check-up/annual exam (65%)
- Cancer screening/prevention (27%)
- Chronic disease management (24%)

Litchfield
- General check-up/annual exam (39%)
- Cancer screening/prevention (20%), Chronic disease management (20%)
- Pain management for chronic pain (14%)

Middlesex
- General check-up/annual exam (64%)
- Cancer screening/prevention (21%)
- Chronic disease management (20%)

New Haven
- General check-up/annual exam (65%)
- Chronic disease management (22%)
- Cancer screening/prevention (20%)

New London
- General check-up/annual exam (64%)
- Cancer screening/prevention (23%)
- Chronic disease management (22%)

Tolland
- General check-up/annual exam (55%)
- Chronic disease management (24%)
- Cancer screening/prevention (20%)

Windham
- General check-up/annual exam (39%)
- Chronic disease management (21%)
- Prevention and/or treatment for sexually transmitted infections (15%)

Top 3 Mental Health Services Access by County [4]

Counseling from a therapist was the most common mental health service accessed in the past three years by respondents across all counties.

Fairfield
- Counseling from a therapist (44%)
- Psychiatrist to prescribe medication (19%)
- Medication for mental health concern prescribed by a general practitioner (18%)

Hartford
- Counseling from a therapist (41%)
- Psychiatrist to prescribe medication (17%)
- Medication for mental health concern prescribed by a general practitioner (16%)

New Haven
- Counseling from a therapist (49%)
- Psychiatrist to prescribe medication (22%)
- Medication for mental health concern prescribed by a general practitioner (16%)

New London
- Counseling from a therapist (37%)
- Psychiatrist to prescribe medication (22%)
- Medication for mental health concern prescribed by a general practitioner (17%)

---

[3] **Healthcare services** include preventative/general, chronic disease management, specialized (e.g., cancer), pain management, hormone therapy, and sexual health and HIV prevention.

[4] **Mental Health services** include services related to mental health, addiction, and substance use care.

Litchfield
- Counseling from a therapist (33%)
- Medication for mental health concern prescribed by a general practitioner (20%)
- Psychiatrist to prescribe medication (14%), Peer support group (14%)

Middlesex
- Counseling from a therapist (47%)
- Medication for mental health concern prescribed by a general practitioner (22%)
- Psychiatrist to prescribe medication (19%)

Tolland
- Counseling from a therapist (42%)
- Psychiatrist to prescribe medication (20%)
- Medication for mental health concern prescribed by a general practitioner (14%)

Windham
- Counseling from a therapist (37%)
- Psychiatrist to prescribe medication (18%)
- Treatment at an outpatient facility (17%)

Financial/Legal Services[5]

Will/estate planning was listed as a top need for respondents in half of the counties.

Fairfield
- Designating a healthcare proxy or medical power of attorney for myself or my partner (13%)
- Will/estate planning (11%)
- Making changes in identification documentation (8%)

Hartford
- Will/estate planning (15%)
- Designating a healthcare proxy or medical power of attorney for myself or my partner (11%)
- Applying for Social Security benefits/retirement planning (10%)

Litchfield
- Making changes in identification documentation (16%)
- Applying for Social Security benefits/retirement planning (15%)
- Designating a healthcare proxy or medical power of attorney for myself or my partner (13%), Tenant-landlord disputes and/or rights (13%), Child custody (13%)

New Haven
- Will/estate planning (11%)
- Designating a healthcare proxy or medical power of attorney for myself or my partner (9%)
- Applying for Social Security benefits/retirement planning (8%)

New London
- Applying for Social Security benefits/retirement planning (14%)
- Will/estate planning (13%)
- Designating a healthcare proxy or medical power of attorney for myself or my partner (12%)

Tolland
- Will/estate planning (11%), Making changes in identification documentation (11%)
- Designating a healthcare proxy or medical power of attorney for myself or my partner (10%), Tenant-landlord disputers and/or rights (10%)
- Applying for Social Security benefits/retirement planning (9%)

---

[5] **Financial and Legal Services** include services related to financial (e.g., loans, taxes, mortgage, retirement savings, etc.), and legal (e.g., adoption, child custody services, etc.) needs.

Middlesex

- Will/estate planning (15%)
- Designating a healthcare proxy or medical power of attorney for myself or my partner (10%)
- Divorce/separation (9%)

Windham

- Adoption (16%)
- Designating a healthcare proxy or medical power of attorney for myself or my partner (14%), Making changes in identification documentation (14%)
- Applying for Social Security benefits/retirement planning (11%)

Service Needs

Respondents were asked to indicate their current needs related to housing, mental health, healthcare, and financial and legal services. In general, the counties with the fewest residents reported greater service needs. Connecticut county population estimates are provided for reference. Comments from the open-ended portion of the survey highlight respondents' concerns about the need for additional services in the rural areas of Connecticut.

"What services there are in Connecticut are in the Hartford or New Haven area. There's really nothing out here in the eastern CT boondocks for LGBTQ+ people. I wish there were."

"It's disheartening to have to travel hours in a car to get to a city where you can find representation and community. Don't solely focus on the city areas and the suburbs. The rural areas need support and help too."

"Services must go beyond the urban hubs where parallel services already exist. Our community is spread out, especially in rural CT because of the privacy and protection some LGBTQ+ people find in being away from others."
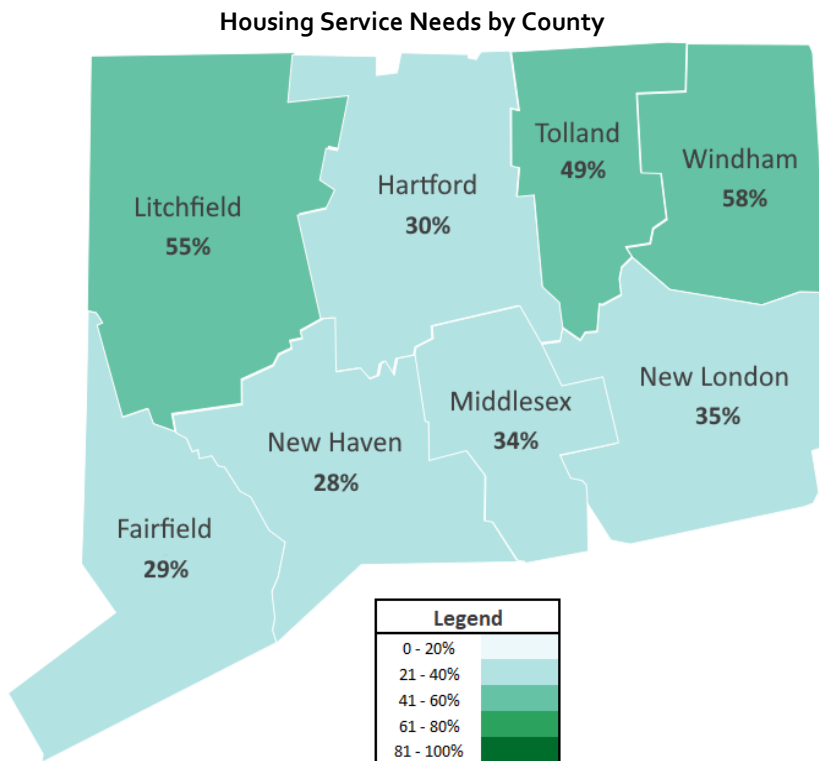
Connecticut Counties by Population*

Fairfield County, 943,332

Hartford County, 891,720

New Haven County, 854,757

New London County, 265,206

Litchfield County, 180,333

Middlesex County, 162,436

Tolland County, 150,721

Windham County, 116, 782

*census.gov 2019 population estimates

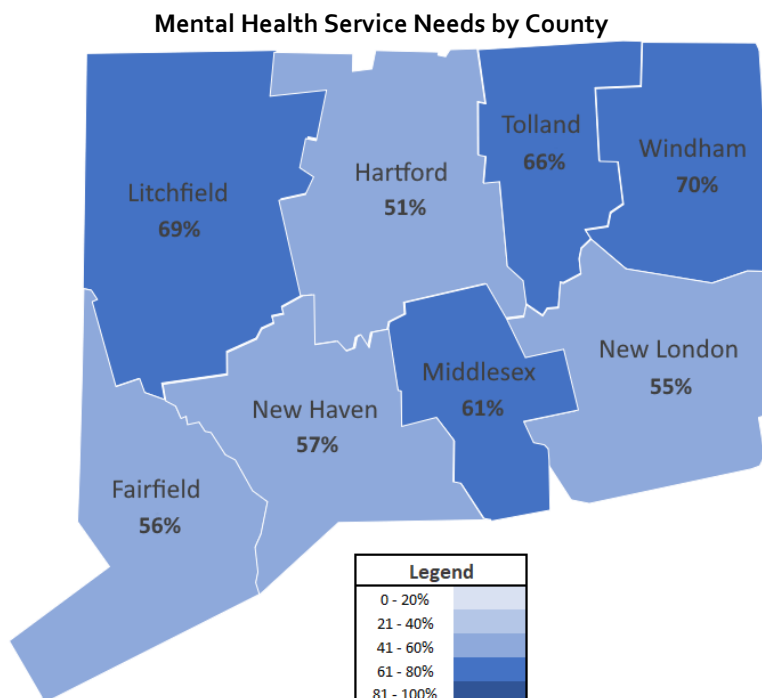Respondents residing in Windham (58%), Litchfield (55%), and Tolland (49%) counties reported the greatest **Housing Needs**.

Housing Service Needs by County

Litchfield
55%

Hartford
30%

Tolland
49%

Windham
58%

New London
35%

Middlesex
34%

New Haven
28%

Fairfield
29%

Legend	
0 - 20%	
21 - 40%	
41 - 60%	
61 - 80%	
81 - 100%	

More than half of all respondents indicated a need for **Mental Health Services**. Respondents from Windham (70%), Litchfield (69%), Tolland (66%), and Middlesex (61%) counties reported the greatest needs for mental health services.

Mental Health Service Needs by County

Litchfield
69%

Hartford
51%

Tolland
66%

Windham
70%

New London
55%

Middlesex
61%

New Haven
57%

Fairfield
56%

Legend	
0 - 20%	
21 - 40%	
41 - 60%	
61 - 80%	
81 - 100%	

Healthcare Needs varied little by county (ranging from 80% in Litchfield County to 67% in Hartford County).

Healthcare Service Needs by County
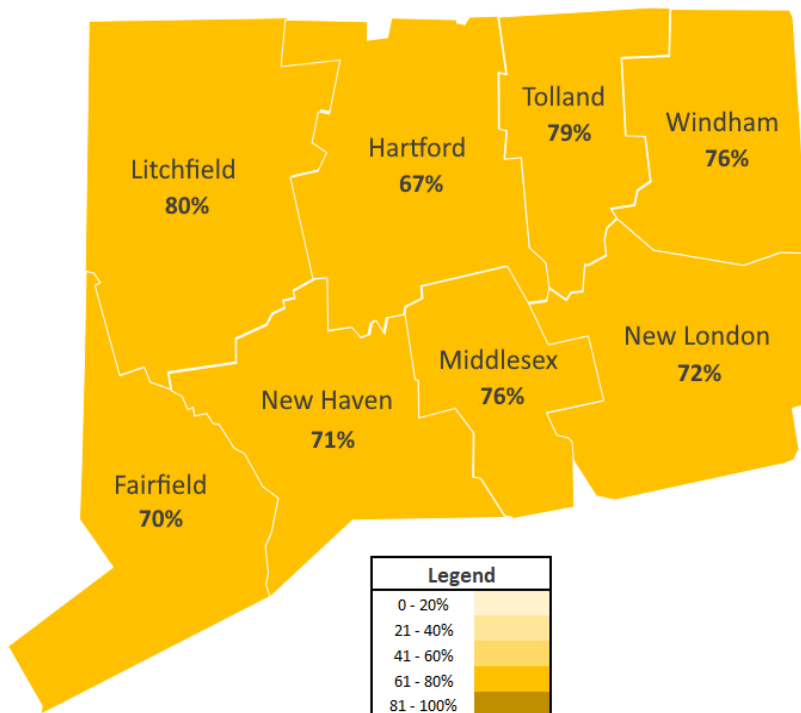
Needs pertaining to **Financial and Legal Services** were greatest in Windham (60%), Litchfield (60%), and Tolland (41%) counties.

Financial and Legal Service Needs by County
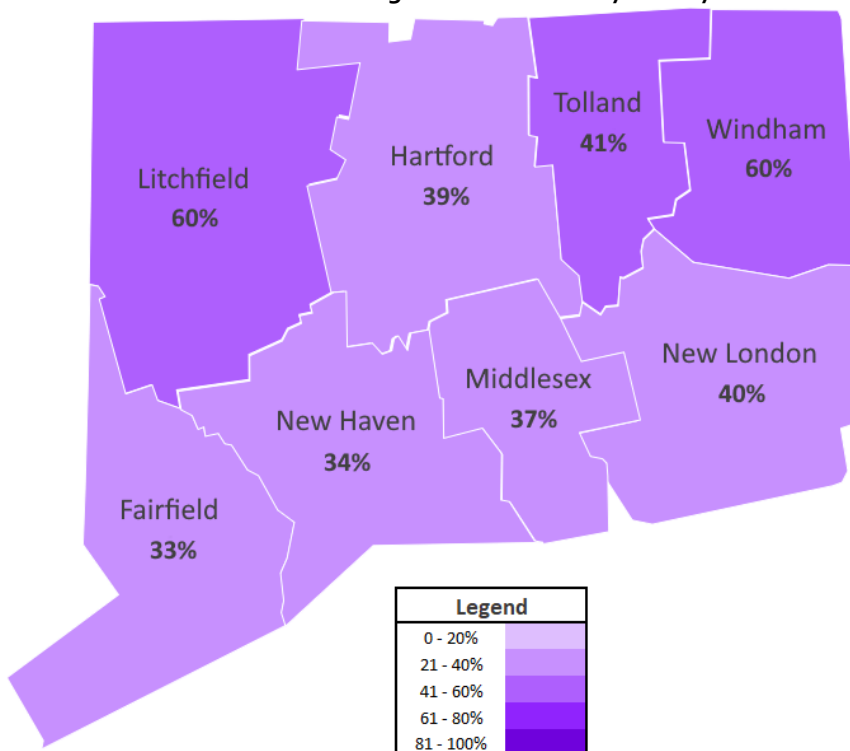
Town and Government LGBTQ+ Support

Respondents indicated the degree to which they <u>agree</u> or <u>strongly agree</u> with the following statements about their **ability to make their voices heard**.

- Nearly half of respondents (44% to 54%) know of ways to provide input to impact decisions, policies, and laws that are made in their city or town.
- Respondents from New London (29%), Tolland (28%), and Windham (38%) counties were less likely to report having a LGBTQ+ advocacy community organization or group in their area.
- Less than half of all respondents believed that at least one of their local elected officials understands and supports the needs of the LGBTQ+ community with New London (34%), Tolland (38%), and Windham (35%) counties reporting the lowest perceptions of support.
- About one-third (between 29% and 39%) of respondents feel that the needs of the LGBTQ+ population are represented in the government programs and services offered in Connecticut.

Survey statement	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham
I know of ways to provide input to impact decisions, policies, and laws that are made in my city or town	48%	54%	50%	51%	44%	52%	46%	44%
There is one (or more) community organization or group in my city or town who advocates for LGBTQ+ specific issues	41%	40%	35%	44%	45%	29%	28%	38%
I believe at least one of my local elected officials understands and supports the needs of the LGBTQ+ community	42%	45%	43%	49%	42%	34%	38%	35%
I feel that the needs of the LGBTQ+ population are represented in the government programs and services offered in Connecticut	32%	39%	33%	39%	33%	29%	37%	36%

Impact of COVID

- On employment
- On service access
- On housing services
- On healthcare services
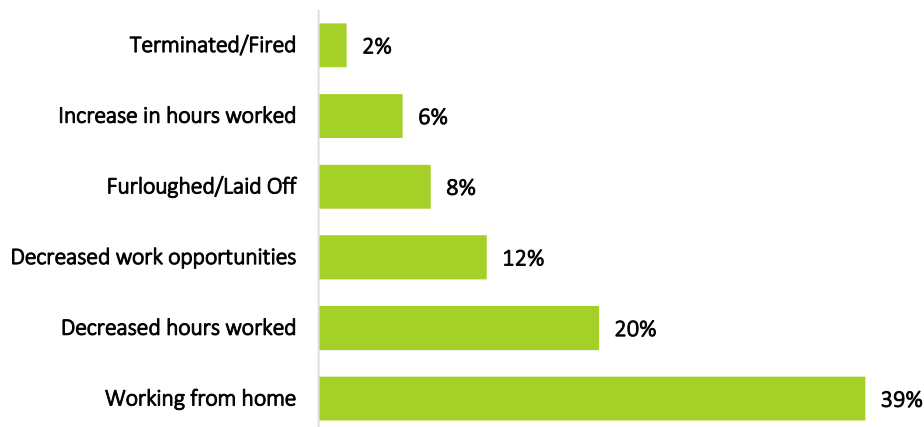- On mental health services
- On financial/legal services
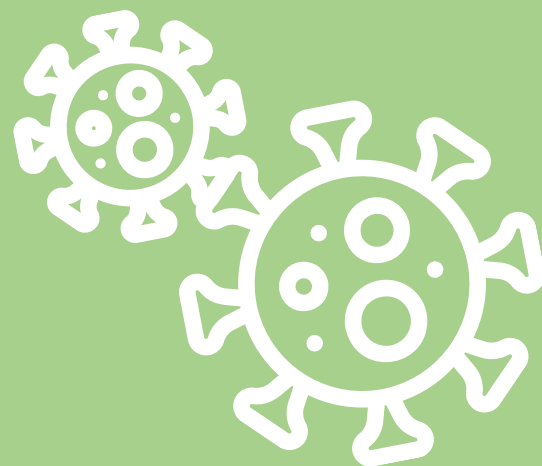
Respondents were asked the extent to which the Coronavirus/COVID-19 pandemic negatively impacted their employment and their ability to access services.[1]

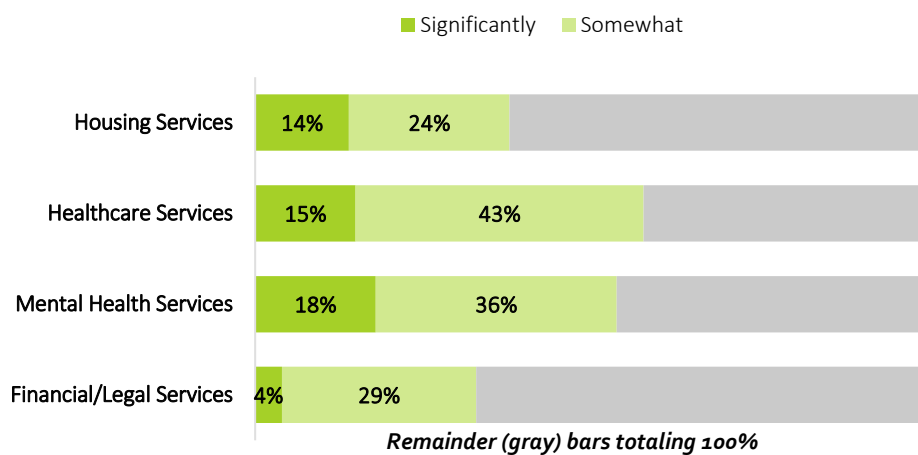## Overall Results

Impact on Employment

74% of respondents indicated that the Coronavirus/COVID-19 has impacted their employment in one or more of the following ways:

Category	Percentage
Terminated/Fired	2%
Increase in hours worked	6%
Furloughed/Laid Off	8%
Decreased work opportunities	12%
Decreased hours worked	20%
Working from home	39%

14% of respondents expect that they or someone in their household will experience a loss of income in the next 3 months due to Coronavirus/COVID-19.

Impact on Service Access

More than half of the respondents report that the pandemic has negatively impacted their ability to access mental health services (58%) and health care services (54%).

Significantly **Somewhat**

Service	Significantly	Somewhat
Housing Services	14%	24%
Healthcare Services	15%	43%
Mental Health Services	18%	36%
Financial/Legal Services	4%	29%

Remainder (gray) bars totaling 100%

---

[1] The number of responses (2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.

Key Terms

Cisgender refers to a person whose gender identity is consistent in a traditional sense with their sex assigned at birth.

Gender diverse describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

n refers to the number of respondents that answered a question in the analysis.

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

Respondents also shared more about ways the Coronavirus/COVID-19 has impacted their lives in the open-ended comments of the survey. Below is a summary of themes from those comments:

- **Social and Community Connections.** Overall, respondents felt that the COVID-19 pandemic has limited options for socialization and increased feelings of isolation that may have already existed within the LGBTQ+ community.
- **Housing.** Respondents felt that the pandemic has further contributed to their financial inability to move out or buy a home. Others felt that state agencies and service providers did not effectively plan around COVID-19 restrictions, making emergency housing and shelter services unavailable.
- **Healthcare.** Respondents shared the pandemic has impacted healthcare whether that is through scheduling delays or closings of medical providers, the lack of affordability of telehealth visits, or the fear of getting the virus from unvaccinated workers.
- **Mental Health.** Respondents felt the pandemic negatively impacted their mental health and their access to mental health services (e.g., telehealth). Regarding the change to telehealth, some people preferred virtual appointments because they were easier to access (e.g., those with disabilities or social anxiety); however, most people felt they connected better with in-person visits, which were limited due to the pandemic.
- **Financial and Legal.** Respondents noted that the pandemic impacted their experiences with financial and legal services. Longer wait times, an inability to meet in-person or services (i.e., courts were closed), and additional stressors related to their need for access to these services ensued due to the pandemic.

> "I assisted in finding emergency housing during Covid for two LGBT+ teens who lost their housing as a direct result of their gender/sexual identities. The state agencies were completely unable to assist; they had no plan in place to work around COVID restrictions. It came down to a network of parents stepping up to catch these kids. That's not ok. The state should have put more thought and efforts into their COVID planning for emergency housing needs."

COVID Service Impact by Gender Identity

To what extent has COVID underlined(negatively) impacted your ability to access...

	Overall *(n=2,713)*	*Cisgender* *(n=1,689)*	*Gender Diverse* *(n=147)*	*Transgender Umbrella* *(n=1,212)*
Housing Services	- Somewhat, **24%** - Significantly, **14%**	- Somewhat, **14%** - Significantly, **4%**	- Somewhat, **11%** - Significantly, **11%**	- Somewhat, **36%** - Significantly, **24%**
Healthcare Services	- Somewhat, **43%** - Significantly, **15%**	- Somewhat, **42%** - Significantly, **7%**	- Somewhat, **44%** - Significantly, **15%**	- Somewhat, **44%** - Significantly, **24%**
Mental Health Services	- Somewhat, **36%** - Significantly, **18%**	- Somewhat, **33%** - Significantly, **10%**	- Somewhat, **37%** - Significantly, **16%**	- Somewhat, **40%** - Significantly, **28%**
Financial/Legal Services	- Somewhat, **29%** - Significantly, **4%**	- Somewhat, **17%** - Significantly, **3%**	- Somewhat, **13%** - Significantly, **6%**	- Somewhat, **44%** - Significantly, **6%**

Statistically meaningful differences[2] (*) about the negative impact of COVID-19 on accessing services based on **gender identity** were found in the following areas:

- **Transgender respondents** were more likely to report negative impact of COVID on their ability to access housing-related services when compared to Cisgender and Gender Diverse respondents*.
- **Transgender respondents** were more likely to report a negative impact on their ability to access healthcare services when compared to Cisgender and Gender Diverse respondents*. **Gender Diverse respondents** were more likely to report a negative impact on their ability to access healthcare services when compared to Cisgender respondents*.
- **Transgender respondents** were more likely to report a negative impact on their ability to access mental healthcare services when compared to Cisgender and Gender Diverse respondents*.
- **Transgender respondents** were more likely to report a negative impact on their ability to access financial and legal services when compared to Cisgender and Gender Diverse respondents*.

COVID Service Impact by Sexual Orientation

To what extent has COVID underlinenegatively impacted your ability to access…

	Overall (n=2,713)	Lesbian (n=869)	Gay (n=981)	Bisexual (n=1,061)	Straight (n=137)
Housing Services	- Somewhat, 24% - Significantly, 14%	- Somewhat, 23% - Significantly, 16%	- Somewhat, 24% - Significantly, 13%	- Somewhat, 25% - Significantly, 13%	- Somewhat, 38% - Significantly, 11%
Healthcare Services	- Somewhat, 43% - Significantly, 15%	- Somewhat, 42% - Significantly, 13%	- Somewhat, 41% - Significantly, 14%	- Somewhat, 43% - Significantly, 18%	- Somewhat, 58% - Significantly, 11%
Mental Health Services	- Somewhat, 36% - Significantly, 18%	- Somewhat, 34% - Significantly, 18%	- Somewhat, 32% - Significantly, 15%	- Somewhat, 40% - Significantly, 23%	- Somewhat, 52% - Significantly, 8%
Financial/Legal Services	- Somewhat, 29% - Significantly, 4%	- Somewhat, 26% - Significantly, 4%	- Somewhat, 29% - Significantly, 4%	- Somewhat, 29% - Significantly, 5%	- Somewhat, 44% - Significantly, 6%

---

[2] Statistical significance was determined using the ANOVA and the Bonferroni post hoc tests with the $\alpha=0.05$ level.

Statistically meaningful differences (*) about the negative impact of COVID based on **sexual orientation** were found in the following areas:

- **Bisexual respondents** were more likely to report a negative impact on their ability to access <u>healthcare services</u> when compared to Lesbian and Gay respondents*.

- **Bisexual respondents** were more likely to report a negative impact on their ability to access <u>mental healthcare services</u> when compared to Lesbian and Gay respondents*.

- **Straight respondents** were more likely to report a negative impact on their ability to access <u>financial and legal services</u> when compared to Lesbian and Gay respondents*.

COVID Service Impact by Age

To what extent has COVID <u>negatively</u> impacted your ability to access…

	Overall (n=2,713)	*18 to 24 Years (n=561)*	*25 to 45 Years (n=1,345)*	*46 to 64 Years (n=1,738)*	*65 and Older (n=235)*
Housing Services	- Somewhat, 24% - Significantly, 14%	- Somewhat, 29% - Significantly, 9%	- Somewhat, 30% - Significantly, 18%	- Somewhat, 6% - Significantly, 3%	- Somewhat, 5% - Significantly, 2%
Healthcare Services	- Somewhat, 43% - Significantly, 15%	- Somewhat, 48% - Significantly, 13%	- Somewhat, 43% - Significantly, 19%	- Somewhat, 38% - Significantly, 8%	- Somewhat, 39% - Significantly, 4%
Mental Health Services	- Somewhat, 36% - Significantly, 18%	- Somewhat, 47% - Significantly, 20%	- Somewhat, 38% - Significantly, 22%	- Somewhat, 27% - Significantly, 7%	- Somewhat, 17% - Significantly, 3%
Financial/Legal Services	- Somewhat, 29% - Significantly, 4%	- Somewhat, 24% - Significantly, 7%	- Somewhat, 36% - Significantly, 5%	- Somewhat, 15% - Significantly, 2%	- Somewhat, 12% - Significantly, 2%

Statistically meaningful differences (*) about the negative impact of COVID based on **age** were found in the following areas:

- **Respondents 25 to 45** were more likely to report a negative impact on their ability to access <u>housing services</u> when compared to all other age groups*. **Respondents 18 to 24** were more likely to report a negative impact on their ability to access <u>housing services</u> when compared to respondents 46 and older*.

- **Respondents 18 to 24** and **25 to 45** were more likely to report a negative impact on their ability to access <u>healthcare services</u> when compared to respondents 46 and older*.

- **Respondents 18 to 24** and **25 to 45** were more likely to report a negative impact on their ability to access <u>mental healthcare services</u> when compared to respondents 46 and older*. **Respondents 46 to 64** were more likely to report a negative impact on their ability to access <u>mental healthcare services</u> when compared to respondents 65 and older*.

- **Respondents 18 to 24** and **25 to 45** were more likely to report a negative impact on their ability to access <u>financial and legal services</u> when compared to respondents who are 46 and older*.

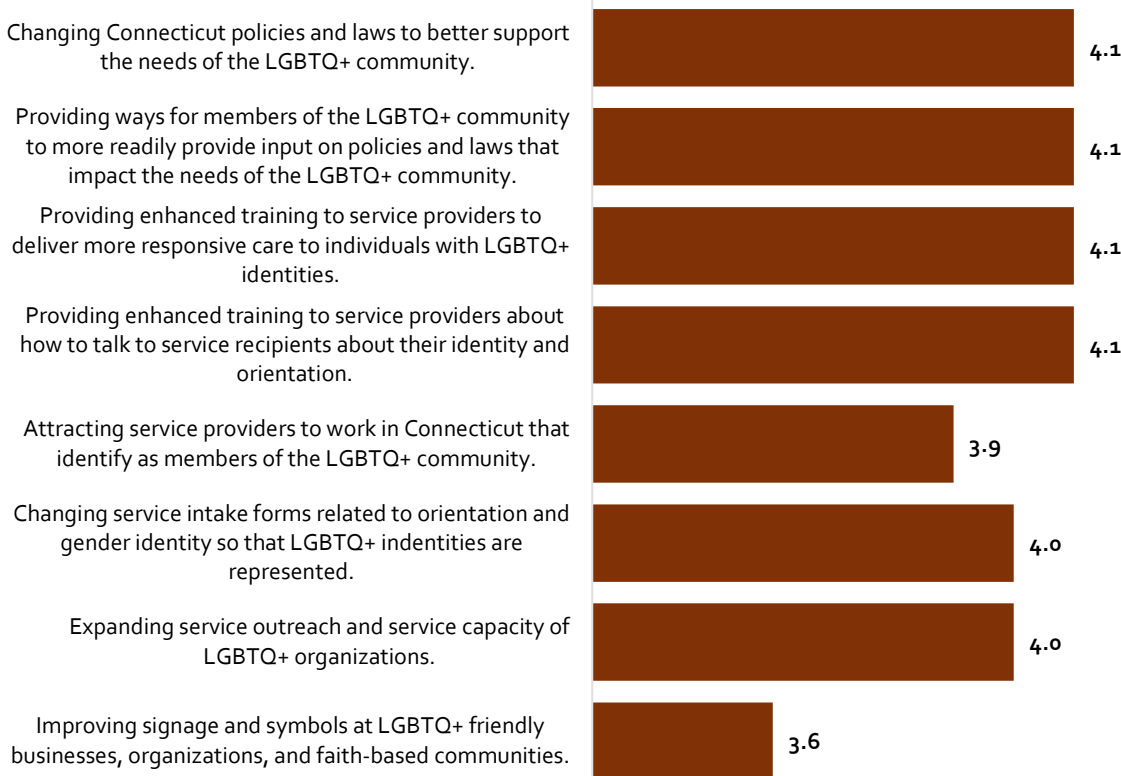## COVID Service Impact by Ethnoracial Identity

To what extent has COVID <u>negatively</u> impacted your ability to access…

	Overall (n=2,713)	White/Caucasian (n=1,843)	Black/African American (n=155)	Hispanic (n=857)	Multiracial (n=185)
Housing Services	- Somewhat, 24% - Significantly, 14%	- Somewhat, 14% - Significantly, 6%	- Somewhat, 26% - Significantly, 23%	- Somewhat, 42% - Significantly, 24%	- Somewhat, 16% - Significantly, 7%
Healthcare Services	- Somewhat, 43% - Significantly, 15%	- Somewhat, 42% - Significantly, 10%	- Somewhat, 37% - Significantly, 24%	- Somewhat, 45% - Significantly, 22%	- Somewhat, 42% - Significantly, 14%
Mental Health Services	- Somewhat, 36% - Significantly, 18%	- Somewhat, 34% - Significantly, 12%	- Somewhat, 33% - Significantly, 25%	- Somewhat, 41% - Significantly, 29%	- Somewhat, 39% - Significantly, 12%
Financial/Legal Services	- Somewhat, 29% - Significantly, 4%	- Somewhat, 18% - Significantly, 3%	- Somewhat, 32% - Significantly, 5%	- Somewhat, 49% - Significantly, 6%	- Somewhat, 24% - Significantly, 4%

Statistically meaningful differences (*) about the negative impact of COVID based on **ethnoracial identity** were found in the following areas:

- **Hispanic respondents** were more likely to report negative impact of COVID on their ability to access housing-related services when compared to all other racial/ethnic groups*. **Black respondents** were more likely to report negative impact of COVID on their ability to access housing-related services when compared to Multiracial and White respondents*.

- **Hispanic respondents** were more likely to report a negative impact on their ability to access healthcare services when compared to Multiracial and White respondents*. **Black respondents** were more likely to report negative impact of COVID on their ability to access healthcare services when compared to White respondents*.

- **Hispanic respondents** were more likely to report a negative impact on their ability to access mental health services when compared to Multiracial and White respondents*. **Black respondents** were more likely to report a negative impact on their ability to access mental health services when compared to White respondents*.

- **Hispanic respondents** were more likely to report a negative impact on their ability to access financial and legal services when compared to all other racial/ethnic groups*. **Black respondents** were more likely to report a negative impact on their ability to access financial and legal services when compared to White respondents*.

Looking to the Future

- Perceptions of LGBTQ+ inclusivity at LGBTQ+ friendly organizations, businesses, faith communities, and clinics/healthcare facilities
- Recommendations for advancing LGBTQ+ inclusivity in Connecticut

Respondents were asked their perceptions about improving LGBTQ+ inclusivity at LGBTQ+ friendly organizations, businesses, faith communities, and clinics through signage, modifying intake and other forms, training health and human service providers, and changing policies that impact the LGBTQ+ community[1].

Overall Results

In general, respondents indicated that it is *Very Important* for Connecticut to strengthen policies, forms, and offer additional provider trainings to promote a more inclusive environment for the LGBTQ+ community.

Item	Score
Changing Connecticut policies and laws to better support the needs of the LGBTQ+ community.	4.1
Providing ways for members of the LGBTQ+ community to more readily provide input on policies and laws that impact the needs of the LGBTQ+ community.	4.1
Providing enhanced training to service providers to deliver more responsive care to individuals with LGBTQ+ identities.	4.1
Providing enhanced training to service providers about how to talk to service recipients about their identity and orientation.	4.1
Attracting service providers to work in Connecticut that identify as members of the LGBTQ+ community.	3.9
Changing service intake forms related to orientation and gender identity so that LGBTQ+ indentities are represented.	4.0
Expanding service outreach and service capacity of LGBTQ+ organizations.	4.0
Improving signage and symbols at LGBTQ+ friendly businesses, organizations, and faith-based communities.	3.6

1= Not at all Important, 2=Somewhat Important, 3= Neutral, 4= Very important, 5= Extremely Important

"We need more representation from actual members of the LGBTQ+ community in lawmaking positions. There needs to be more ways for us to impact laws that affect us."

"Change all CT marriage certificates to read 'Spouse and Spouse.' It made us feel shame to have 'Bride and Groom' on ours."

"We need LGBTQ+-welcoming retirement communities, assisted living, and nursing homes. I don't want to have to go back in the closet if I need to move to a residential community."

---

[1] The number of responses (2,713) comprises the total number of respondents who indicated their gender identity and completed the entire survey.

Key Terms

Intersectionality refers to the idea that comprehensive identities are influenced and shaped by the interconnection of race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, religion, age, and other social or physical attributes.

Transgender umbrella describes individuals who gender identity and sex assigned at birth do not correspond based on traditional expectations. Transgender can also include people with gender identities outside the girl/woman and boy/man binary structure.

Nonbinary describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.

425 respondents also provided suggestions and their perspectives in the open-ended comment portion of the survey. Below is a summary of themes from their comments:

- **Connecticut Reactions.** Generally, respondents feel that Connecticut is making visible efforts to meet the needs of the LGBTQ+ community and that Connecticut is a relatively safe place for members of the LGBTQ+ community to live.
- **Community/Social.** More and safe LGBTQ+ specific events and gathering spaces for socializing, entertainment, activism, and dating, and increased advertising and awareness of them.
    - More community engagement and social opportunities targeting LGBTQ+ older adults and youth and family-friendly events.
- **COVID-19.** The COVID-19 pandemic has limited options for socialization and increased feelings of isolation that may have already existed within the LGBTQ+ community.
- **Discrimination.** Discrimination against the LGBTQ+ community is still pervasive, particularly in the workplace and in medical settings.
    - Discriminatory experiences with law enforcement and religious communities were also mentioned.
- **Education and Training.** More training for service providers, law enforcement, and other professionals to safely and effectively work with LGBTQ+ clients (including bias awareness). Include LGBTQ+ issues, sex education, and history as part of the curricula in schools.
- **Identity.** Respondents are proud of their LGBTQ+ identities and want their communities to be more accepting and understanding of their identities.
- **Intersectionality.** More needs to be done in raising awareness of and meeting the needs of LGBTQ+ members that also experience racism, ableism, and/or classism.
- **Legislation/Policy.** LGBTQ+ issues need more legislative support, and LGBTQ+ community members need more involvement in state politics. Issues of concern include protections for transgender youth in schools (particularly sports), name changes and documentation, medical protections for gender-affirming care.
- **Location.** Some parts of Connecticut have more services and social opportunities for the LGBTQ+ community available than others, particularly the New Haven, Fairfield, and Hartford counties.
- **Services.** A lack of services that are affordable, affirming, and/or helpful to the LGBTQ+ community regarding medical, mental health and addiction, financial, legal, and housing services.
- **Transgender and Nonbinary.** More work needs to be done to meet the additional needs of transgender and nonbinary community members especially in regard to protection against discrimination, medical and mental health services, and legislative efforts.

> "I am a mental health provider and know all too well how challenging it is for the [LGBTQ+] community to find and receive quality services. Mental health and substance abuse are already stigmatized enough and being part of a marginalized community adds additional needs specific to that community."

> "I am grateful to be living in CT with its somewhat progressive atmosphere. As I 've aged here I am more comfortable with my identity, my community of choice, and even my neighborhood. My current healthcare providers have no problem acknowledging and treating me and my wife as a couple."

> "CT needs to do a better job not only in training people to be more LGBTQ competent but actually attracting LGBTQ people trained in LGBTQ services to the state. We cannot support our community by continually allowing 'cishet' [cisgender and heterosexual] people to be the gatekeepers of our needs. We need to see ourselves represented in the fields we need to access help from."

Appendix

- Copy of the Survey
- Hotlines and Resources

Connecticut LGBTQ+ Community Needs Assessment Survey

Do you live in Connecticut (CT) most of the time?
- ○ Yes
- ○ No

Are you 18 or older?
- ○ Yes
- ○ No

Thank you for taking the time to complete this Connecticut LGBTQ+ Community Survey!

Connecticut (CT) is home to a diverse and vibrant lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community. As individuals and as a community, we have great strength, resiliency, and resourcefulness. At the same time, our community continues to be disproportionately affected by a range of safety, medical, behavioral health, economic, social, legal, and political issues, as well as personal and systemic discrimination.

The **Connecticut Lesbian, Gay, Bisexual, Transgender, and Queer Health and Human Services Network (The Network)** is funding this survey. The Network hired the Consultation Center at Yale to conduct this survey. The aim of this survey is to identify the needs of the LGBTQ+ Community in Connecticut (CT). Without this survey, Connecticut (CT) lacks sufficient data to identify the scale and diversity of needs of the community. Limited data also means that organizations in the state often struggle to secure adequate funding to provide LGBTQ+ services and supports.

Your voice matters.
Completing this survey is vital to providing data to legislatures, funders, and advocates about the services, resources, and supports that our community needs.

This survey will ask you about:
- Your feelings of physical and emotional safety
- Your feelings of connection to your community
- Your experiences accessing support services
- Some information about you (to ensure all voices are heard)

Your responses will be confidential.
This survey is <u>completely</u> anonymous and confidential. You will not be asked for your name and your responses cannot be identified individually.

Resources:
We realize some questions in the survey may bring up difficult feelings. It is OK to indicate that you "Prefer not to say". We also have a resource page you will be directed to at the end of the survey, if you'd like to talk to someone or get support about any feelings that come up as you are completing the survey.

Thank you!
We greatly appreciate you taking the time to add your voice to this effort. You are helping to bring attention to what is needed in the LGBTQ+ community to support our equality, dignity, and well-being. **Together, we can make every voice count.**

<u>**We anticipate that this survey will take you 15-30 minutes to complete.**</u>

<u>**About You**</u>

First, we would like to learn a little bit about you…

In what city do you currently live or stay most of the time?
[drop down menu with towns]

How many years have you lived in your <u>current</u> city?
- o Less than 1 year
- o 1-3 years
- o 4-6 years
- o 7-10 years
- o 11-20 years
- o 21+ years

How many years have you lived in Connecticut (CT)?

Please note, if you live in another state part of the year, provide an estimate of how many years you have lived in Connecticut (CT). This includes those who are currently experiencing homelessness (or transient housing), as well as students who may only reside in Connecticut (CT) a portion of the year.
- o Less than 1 year
- o 1-3 years
- o 4-6 years
- o 7-10 years
- o 11-20 years
- o 21+ years

How old are you? _____

Are you of Hispanic, Latino, Latina, Latinx, or Spanish origin? *Select all that apply.*
- ☐ No, <u>not</u> Hispanic, Latino, Latina, Latinx or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, Latina, Latinx, or Spanish origin (e.g., Salvadorian, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)

What is your race? *Select all that apply.*

Please note, these definitions are from the Census and will allow us to compare data within the state and nationally. They are imperfect categorizations; please select the categorization that best represents you.
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaskan Native (e.g., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
- ☐ Chinese
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Chamorro
- ☐ Samoan
- ☐ Asian Indian
- ☐ Filipino
- ☐ Native Hawaiian
- ☐ Another Pacific Islander (e.g., Tongan, Fijian, Marshallese, etc.)
- ☐ Another Asian identity (e.g., Pakistani, Cambodian, Hmong, etc.)
- ☐ Another racial identity (please specify): _____

Is English one of your primary languages?
- o Yes
- o No

What language do you prefer to receive information?

_____

We know that gender identity is personal and complex. In your own words, how would you describe <u>your</u> gender identity?

By gender identity, we mean your internal understanding of your own gender(s) or the gender(s) with which you identify.

_____

Note: The goal of this survey is to collect information about the needs of the LGBTQ+ community in Connecticut (CT), as this information doesn't currently exist. This will require us, in *some* cases, to use overly simplistic categories to describe gender identity.

In recognizing that these are imperfect labels, if you *had* to use the descriptions below, how would you describe your gender identity? *Select all that apply.*
- ☐ Cis Man
- ☐ Cis Woman
- ☐ Man*
- ☐ Woman*
- ☐ Trans Man*
- ☐ Trans Woman*
- ☐ Genderqueer, Nonconforming, or Nonbinary
- ☐ Agender
- ☐ Questioning

*Note: We have intentionally chosen to list both Trans Man and Trans Woman AND Man and Woman labels, as we know some folks from the trans community prefer to use the trans identifier and others do not. If you are from the trans community, please select the option that feels most right for you.

Do you identify within the transgender umbrella (this could include "two-spirit", intersex, among others)?
- o Yes
- o No

We know that sexuality is personal and complex. Of the following sexual orientation identities, which best fits you? *Select all that apply.*

When we say sexual orientation, we mean who you are most typically romantically or sexually attracted (or a combination of these).
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Pansexual (sexual attraction toward people regardless of their sex or gender identity)
- ☐ Queer
- ☐ Straight
- ☐ Questioning
- ☐ Demisexual (sexual attraction to those that you have close emotional connections with)
- ☐ Asexual (lack of sexual attraction to others or low to no interest in sexual activity)
- ☐ Other identity (please specify): _____

Note: The goal of this survey is to collect information on the needs of the LGBTQ+ community in Connecticut (CT), as this information doesn't currently exist. This will require us, in *some* cases, to use overly simplistic categories to describe sexual orientation.

In recognizing that these are imperfect labels, if you *had* to categorize your sexual orientation as one of the following, how would you describe your sexual orientation?

- o Lesbian
- o Gay
- o Bisexual
- o Straight

What was your sex assigned at birth?

- o Male
- o Female
- o Intersex
- o Prefer not to say

How would you describe your religious and/or spiritual beliefs? *Select all that apply.*
- ☐ Christian
- ☐ Catholic
- ☐ Mormon
- ☐ Greek or Russian Orthodox
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Atheist (i.e., belief in no god or gods)
- ☐ Agnostic (i.e., the belief that the existence of God, the divine or supernatural is unknown)
- ☐ Spiritual, but not religious
- ☐ Other religion (please specify): _____

Are you currently in a polyamorous relationship (sometimes referred to as ethically non-monogamous (ENM))?

By polyamorous we mean the practice of, or desire for, intimate relationships with more than one partner, with the informed consent of all partners involved.
- o Yes
- o No
- o Not currently, but I have been in the past
- o Prefer not to say

What is your <u>current</u> intimate relationship(s) status? *Select all that apply.*
- ☐ Single/not in a relationship(s)
- ☐ In a relationship but not living with a partner(s)
- ☐ In a relationship and living with a partner(s) (no legal union)
- ☐ Civil union, registered domestic partner(s) or common law
- ☐ Legally married
- ☐ Prefer not to say
- ☐ Other relationship(s) status (please specify): _____

Which of the following best describes your <u>current</u> housing situation?

Please note, if your housing situation changes frequently, select the option that best describes where you have stayed most often in the past six months.
- o Living independently and paying rent/mortgage
- o Senior housing, a retirement community, assisted living, and/or nursing home
- o Staying with partner(s)/friends/family

- Transitional housing program (e.g., housing programs for: veterans, individuals with mental health, addiction and substance use challenges, individuals with AIDS/HIV, formally incarcerated individuals)
- Public housing (including vouchers and publicly-funded housing for individuals with HIV)
- Shelter (e.g., homeless shelter, warming station, domestic violence shelter)
- Couch surfing and/or motel room
- On the street/outdoors/in a vehicle/abandoned building
- Prefer not to say
- Different housing situation (please specify): _____

Including yourself, how many people are in your household? _____

Are you <u>currently experiencing</u> homelessness?

By homeless, we mean you currently lack fixed, regular, nighttime residence. This could include living in nature, on the street, a bus station, a car, couch surfing with friends/family/others, an emergency shelter, among other locations.

- Yes
- No
- Prefer not to say

Which of the following describes your experience(s) with homelessness? *Select all that apply.*
- I have <u>never</u> experienced homelessness
- I have experienced homelessness in the past
- I am currently experiencing homelessness
- I am currently experiencing a housing transition and have not yet identified an alternative housing situation
- Prefer not to say

In your lifetime, approximately how long have you experienced homelessness?
- Less than one month
- One to three months
- Three to six months
- Six months to one year
- One year to three years
- More than three years

What barriers do/did you have (if any) in accessing support services for housing? *Select all that apply.*
- No barriers
- Unaware of services or how to access
- Barriers due to my sexual orientation and/or gender identity and/or gender expression
- Barriers due to transportation
- Barriers due to my cultural and/or ethnic identity; including language spoken
- My immigration status
- Other barriers (please specify): _____

What is your total household income?
- Less than $10,000
- $10,000 to $14,999
- $15,000 to $24,999
- $25,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 to $199,999

o $200,000 or more

Do you feel your income allows you to meet the basic needs of your family (i.e., food, water, shelter, healthcare, and clothing)?

       o Yes   o Somewhat   o No   o Prefer not to say

Do you provide unpaid caregiver support to a partner(s), family member, neighbor, and/or friend?

By unpaid caregiver support we mean assisting other with activities of daily living and/or medical tasks.

       o Yes   o No   o Prefer not to say

Are you currently enrolled in school (e.g., vocational training, apprenticeship, community college, college, etc.)?
- o Yes, full-time
- o Yes, part-time
- o No
- o Prefer not to say

Select the option that best describes your <u>current</u> employment:
- o Working full-time
- o Working part-time
- o Not working
- o Other type of employment (please specify): _____

At <u>any</u> time since the outbreak of coronavirus/COVID, has your employment status been influenced in any of the following ways? *Select all that apply.*
- ☐ No Change
- ☐ Working from home
- ☐ Decreased Hours
- ☐ Increased Hours
- ☐ Furloughed/Laid Off
- ☐ Terminated/Fired
- ☐ Decreased work opportunities, as someone who is self-employed
- ☐ Other change (please specify): _____

Do you expect that you or anyone in your household will experience a loss of income in the <u>next 3 months</u> due to coronavirus/COVID?
- o Yes
- o No

What type of health insurance coverage do you <u>currently</u> have? *Select all that apply.*
- ☐ I do <u>not</u> have health insurance coverage
- ☐ Insurance through a current or former employer or union (of this person or another family member)
- ☐ Insurance purchased directly from an insurance company, including Access Health CT (by this person or another family member)
- ☐ Medicare, for people 65 and older, or people with certain disabilities
- ☐ Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- ☐ TRICARE or other military health care
- ☐ VA (enrolled for VA health care)
- ☐ Indian Health Service
- ☐ Unsure

☐ Prefer not to say
☐ Other insurance (please specify): _____

What is your highest level of education completed?
o Elementary or middle school
o Some high school
o High school diploma or GED
o Some college, but did not earn a certificate or degree
o Associate's degree
o Vocational certificate, training and/or apprenticeship
o Bachelor's degree
o Professional certificate
o Master's degree or higher
o Unsure
o Prefer not to say
o Other (please specify): _____

Note: Please be reminded that all questions in this survey are anonymous. We cannot trace your responses back to you.

Do you have any of the following? *Select all that apply.*

Please note, these definitions are from the Census and will allow us to compare data within the state and nationally. In knowing that they are imperfect categorizations, please select the categorization that best represents you.
☐ Hearing difficulty; including: deaf or having serious difficulty hearing
☐ Vision difficulty; including: blind or having serious difficulty seeing, even when wearing glasses
☐ Cognitive difficulty; including: because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
☐ Physical difficulty; including: having serious difficulty walking or climbing stairs
☐ Self-care difficulty; including: having difficulty bathing or dressing
☐ Independent living difficulty: because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping
☐ I do not experience any difficulties
☐ Prefer not to say
☐ Other (please specify): _____

Do you access support services for the difficulty/difficulties you described previously?
o Yes, I access support services
o No, I don't access support services
o No, I don't access support services due to barriers

Have you ever served in the United States military?
o Yes   o No   o Prefer not to say

Do you access support services for military workers or veterans?
o Yes, I access support services
o No, I don't access support services
o No, I don't access support services due to barriers

Are you an immigrant?
o Yes   o No   o Prefer not to say

Do you access support services for immigrants?
o Yes, I access support services

o   No, I don't access support services
o   No, I don't access support services due to barriers

In your <u>lifetime</u>, have you ever been incarcerated in jail, prison and/or a juvenile detention facility?
  o Yes   o No   o Prefer not to say

How <u>many times</u> have you been incarcerated? _____

Do you access support services for formally incarcerated individuals?
  o Yes, I access support services
  o No, I don't access support services
  o No, I don't access support services due to barriers

<u>Safety</u>

Now we would like to ask you some questions about personal safety. When we say **Safety**, we mean your ability to be physically, emotionally, and psychologically free from harm.

We will be touching on sensitive topics in this section of the survey, such as your experiences with discrimination, violence, and threats to your safety. Please be reminded that you can skip any question you feel uncomfortable answering by selecting "Prefer not to say". We encourage you to seek help if you need support navigating these difficult topics. We will be providing relevant resources throughout this section and will also provide a link to resources at the end of the survey.

Have you ever experienced discrimination based on your personal characteristics?

By discrimination, we mean being treated less favorably because of: sexual orientation, gender identity, gender expression, race and/or ethnicity, socioeconomic status, age, and/or disability status and/or presence of a disability (often due to the presence of a disability).
  o Yes   o No   o Prefer not to say

In your experience of discrimination, what personal characteristics do you feel your discrimination was based on? *Select all that apply.*
  ☐ Sexual orientation
  ☐ Gender identity and/or gender expression
  ☐ Race and/or Ethnicity
  ☐ Age
  ☐ Disability Status and/or presence of a disability
  ☐ Socioeconomic status (an economic or social position in relation to others)
  ☐ Prefer not to say

Have you ever experienced discrimination based on your sexual orientation, gender identity and/or gender expression that was physically or emotionally violent in nature? *Select all that apply.*

By violent we mean behavior using humiliation, criticism, control and shame, and/or behavior involving physical force intended to hurt, damage, or kill something or someone.
  ☐ Yes, physical violence
  ☐ Yes, verbal violence
  ☐ Yes, financial abuse/control of finances
  ☐ Yes, sexual violence
  ☐ Yes, sexual harassment
  ☐ Yes, psychological abuse
  ☐ No, I have <u>never</u> experienced discrimination that was violent in nature
  ☐ Prefer not to say

Have you ever experienced (or are you a survivor of) domestic/intimate partner(s) violence?

By domestic/intimate partner(s) we mean domestic violence by a current or former spouse or partner against the other spouse or partner(s) (can include: physical, verbal, emotional, economic, and sexual abuse)?

     o   Yes   o   No   o   Prefer not to say

We encourage you to seek help if you need it. If you are (or believe you might be) a victim of abuse, please connect with a certified advocate at Safe Connect by visiting CTSafeConnect.org or texting/calling 1-888-774-2900. They also have confidential email and chat.

Have you ever experienced (or are you a survivor of) sexual violence?

     o   Yes   o   No   o   Prefer not to say

We encourage you to seek help if you need it. If you are (or believe you might be) a victim of sexual violence, please connect with a certified sexual assault crisis counselor by visiting endsexualviolencect.org or calling 1-888-999-5545 (English) or 1-888-568-8332 (para Español).

Have you ever participated in sex work (including online) or survival sex (i.e., traded sex for money, drugs, or housing)?

     o   Yes   o   No   o   Prefer not to say

We encourage you to seek help if you need it. If you would like to talk to someone, you can access these free support hotlines:
Sex Workers Outreach Support Line: 1-877-776-2004
National Human Trafficking Hotline: 1-888-373-7888 (TTY: 711)|*Text 233733
Trans Lifeline: 1-877-565-8860

<u>Social Support and Community Engagement</u>

Now we would like to ask you some questions about social support and community engagement. When we say **Social Support and Community Engagement**, we mean your experiences meeting your social needs, the strength of your personal support network (e.g., family, chosen family, friends), as well as your ties to your community.

In what ways are you out (in your sexual orientation, gender identity and/or gender expression)? *Select all that apply.*

By "out", we mean that you openly and freely disclose your sexual orientation and/or gender expression.
- ☐ I am <u>not</u> out to anyone
- ☐ I am out to a select group of people in my life
- ☐ I am out to my family
- ☐ I am out in my neighborhood/community
- ☐ I am out where I volunteer
- ☐ I am out at school and/or work
- ☐ I am out on social media
- ☐ I am fully out in all parts of my life

Who do you consider to be part of your personal support network? *Select all that apply.*
- ☐ Spouse/partner(s)
- ☐ LGBTQ+ friends and/or "chosen family"
- ☐ Straight and/or cisgender friends
- ☐ Family members
- ☐ Neighbors

- ☐ Spiritual/religious community
- ☐ Work and/or volunteer colleagues
- ☐ Social worker and/or therapist
- ☐ Others (please specify): _____

To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I have someone to talk to about life's challenges	○	○	○	○	○
I have someone to talk to about <u>LGBTQ+ specific challenges</u>	○	○	○	○	○
I have at least one person I can go to if I have a personal emergency	○	○	○	○	○
I have someone to get together with to socialize and have fun	○	○	○	○	○

To what extent do you agree or disagree with the following statements about your options for making your voice heard?

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I know of ways to provide input to impact decisions, policies and laws that are made in <u>my city or town</u>	○	○	○	○	○
I know of ways to provide input to impact decisions, policies and laws that are made in <u>Connecticut (CT)</u>	○	○	○	○	○
There is one (or more) community organization or group in my city or town who advocates for LGBTQ+ specific issues	○	○	○	○	○
I believe at least one of my local elected officials understands and supports the needs of the LGBTQ+ community	○	○	○	○	○
I feel that the needs of the LGBTQ+ population are represented in the government programs and services offered in Connecticut (CT)	○	○	○	○	○

Please share any additional comments related to your social support and community engagement (e.g., needs, concerns, positive or negative experiences, or suggestions for improvement)?
_____

<u>Housing</u>

Now we would like to ask you some questions about your current and past living situations and housing

services you may have used. When we say **Housing Services**, we mean your experiences meeting your needs related to accessing housing services, receiving responsive and nondiscriminatory assistance, and barriers that prevent you from receiving these services.

In the last three years, have you accessed any of the following types of housing services? *Select all that apply.*

☐ I have not accessed housing services in the past three years
☐ Housing-related services through an LGBTQ+ organization
☐ Housing-related services through 211
☐ Shelter (e.g., homeless shelter, warming station, domestic violence shelter)
☐ Public housing (including publicly funded housing for individuals with HIV)
☐ Finding/accessing affordable housing services options
☐ Transitional housing for: veterans, individuals with mental health, addiction and substance use challenges, domestic violence, individuals with AIDS/HIV, formally incarcerated individuals
☐ Residential mental health, addiction or substance use treatment program
☐ Tenant-landlord disputes and/or rights services
☐ Obtaining a mortgage/loan and/or refinancing
☐ Senior housing, a retirement community, assisted living, and/or nursing home
☐ Other housing service (please specify):
_____

In thinking about the housing services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My needs were met all or most of the time	○	○	○	○	○	○
I felt safe all or most of the time	○	○	○	○	○	○
The provider(s) provided a welcoming and non-discriminatory environment	○	○	○	○	○	○
The provider(s) considered my LGBTQ+ identity when talking to me about my service needs (e.g., they did not use heterosexual terms to ask me about my experiences)	○	○	○	○	○	○
The provider(s) was responsive to my needs based on my LGBTQ+ identity	○	○	○	○	○	○
The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity)	○	○	○	○	○	○

Do any of the following concerns or situations <u>prevent</u> you from accessing housing services or impact your service experience? *Select all that apply.*

- ☐ I have <u>no</u> concerns related to housing service access
- ☐ Not knowing how or where to access this service
- ☐ Not being able to afford this service
- ☐ The wait time to receive help is too long
- ☐ Travel to get there is too complicated, too expensive, or would take too long
- ☐ Not accessible for people with disabilities
- ☐ Concerned that the services would not be LGBTQ+ friendly
- ☐ Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member
- ☐ Concerned that the services would not be responsive to my race, cultural or ethnic identities; including language spoken
- ☐ Concerned that the services would not be inclusive to individuals of my age
- ☐ Being afraid someone I know would find out I was using this service
- ☐ Other (please specify): _____

In your <u>lifetime</u>, have you ever been refused housing services because of your LGBTQ+ identity?

    o Yes   o No   o Prefer not to say

To what extent has COVID <u>negatively</u> impacted your ability to access housing-related services?

    o Not at all   o Somewhat   o Significantly   o Not applicable

What, if any, are your <u>current</u> needs related to housing and/or experiences with housing support services? *Select all that apply.*

- ☐ I do <u>not</u> currently have needs related to housing
- ☐ Homelessness and shelters (e.g., homeless shelter, warming station, domestic violence shelter)
- ☐ Accessing housing-related services through 211
- ☐ Public housing (including publicly-funded housing for individuals with HIV)
- ☐ Finding/accessing affordable housing options
- ☐ Finding/accessing transitional housing for: veterans, individuals with mental health, domestic violence, addiction and substance use challenges, individuals with AIDS/HIV, formally incarcerated individuals
- ☐ Residential services for mental health, addiction or substance use treatment programs
- ☐ Tenant-landlord disputes and/or rights
- ☐ Obtaining a mortgage/loan and/or refinancing
- ☐ Accessing senior housing, a retirement community, assisted living, and/or nursing home
- ☐ Other need (please specify): _____

Please share any additional comments related to accessing housing services or experiences with these services (e.g., needs, concerns, positive or negative experiences, or suggestions for improvement)?

_____

<u>Healthcare Services</u>

Now we would like to ask you some questions about healthcare services. When we say **Healthcare Services**, we mean your experiences accessing healthcare services (including sexual health and HIV prevention), receiving responsive and nondiscriminatory care, and barriers that prevent you from receiving this care. *This does <u>not</u> include behavioral/mental health, which you will be asked about later in the survey.*

In the <u>last three years</u>, have you accessed any of the following types of healthcare services?
Select all that apply.

- ☐ I have <u>not</u> accessed healthcare services in the past three years
- ☐ Healthcare services through an LGBTQ+ organization
- ☐ General Check-Up/Annual Exam
- ☐ Pain management for chronic pain
- ☐ Chronic disease management (e.g., diabetes, high blood pressure, asthma).
- ☐ Cancer screening/prevention (e.g., Pap smear, breast exam, and rectal examination)
- ☐ Prevention and/or treatment for sexually transmitted infections (e.g., PrEP/PEP, HPV, testing)
- ☐ Menopause related needs
- ☐ Hormone therapy for gender confirmation/affirmation
- ☐ Gender confirming/affirming surgery
- ☐ In-home health support services (e.g., in-home aid, visiting nurse, social worker)
- ☐ Alternative healthcare services (e.g., acupuncture, chiropractor)
- ☐ Other healthcare service (please specify):
  _____

In thinking about the healthcare services that you have accessed, please indicate the level of agreement with your <u>typical experience</u> receiving this service(s).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My needs were met all or most of the time	○	○	○	○	○	○
I felt safe all or most of the time	○	○	○	○	○	○
The provider(s) provided a welcoming and non-discriminatory environment	○	○	○	○	○	○
The provider(s) considered my LGBTQ+ identity when talking to me about my service needs (e.g., they did not use heterosexual terms to ask me about my experiences)	○	○	○	○	○	○
The provider(s) was responsive to my needs based on my <u>LGBTQ+ identity</u>	○	○	○	○	○	○
The provider(s) was responsive to my needs based on how I identity (e.g., age, ability, race, ethnicity)	○	○	○	○	○	○

Do any of the following concerns or situations <u>prevent</u> you from accessing healthcare services or impact your service experience? *Select all that apply.*

- ☐ I have <u>no</u> concerns related to healthcare service access
- ☐ Concerned I will be refused this service because of my LGBTQ+ identity
- ☐ Not knowing how or where to access this service
- ☐ Not being able to afford this service
- ☐ The wait time to receive help is too long
- ☐ Travel to get there is too complicated, too expensive, or would take too long
- ☐ Not accessible for people with disabilities
- ☐ Concerned that the services would not be LGBTQ+ friendly
- ☐ Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member
- ☐ Concerned that the services would not be responsive to my race, cultural or ethnic identities; including language spoken
- ☐ Concerned that the services would not be inclusive to individuals of my age
- ☐ Being afraid someone I know would find out I was using this service
- ☐ Other (please specify): _____

In your <u>lifetime</u>, have you ever been refused healthcare services because of your LGBTQ+ identity?

- ○ Yes
- ○ No
- ○ Prefer not to say

To what extent has coronavirus/COVID <u>negatively</u> impacted your ability to access healthcare services?

- ○ Not at all
- ○ Somewhat
- ○ Significantly
- ○ Not applicable

What, if any, are your <u>current</u> needs related to your healthcare and/or experiences with healthcare support services? *Select all that apply.*

- ☐ I do <u>not</u> currently have needs related to my health and/or healthcare services
- ☐ General check-up/annual exam
- ☐ Pain management for chronic pain
- ☐ Chronic disease treatment and/or management (e.g., diabetes, high blood pressure, asthma)
- ☐ Cancer screening/prevention (e.g., Pap smear, breast exam, rectal examination)
- ☐ Prevention and/or treatment for sexual transmitted infections
- ☐ Treatment for menopause related needs
- ☐ Hormone Treatment/Hormone Replacement Therapy (HRT)
- ☐ Gender confirming/affirming surgery
- ☐ In-home health support services (e.g., in-home aid, visiting nurse, social worker)
- ☐ Paying for out of pocket healthcare costs (e.g., fertility services, gender affirming care, etc.)
- ☐ Other need (please specify): _____

Have you ever been tested for HIV (the virus that causes AIDS)?

- ○ Yes
- ○ No
- ○ Prefer not to say

What are the reasons that you have <u>not</u> been tested? *Select all that apply.*

- ☐ I didn't know how to get tested
- ☐ I don't like needles
- ☐ It's unlikely I've been exposed to HIV
- ☐ I was afraid to find out if I have HIV
- ☐ I didn't want to think about HIV or about being HIV positive
- ☐ I was worried my name would be sent to the government if I was tested positive
- ☐ I was afraid of losing my job, insurance, home, friends, or family if people knew I had HIV/AIDS

Please share any additional comments related to your health and/or accessing healthcare services (e.g., needs, concerns, positive or negative experiences, or suggestions for improvement)?

_____

Mental Health, Addiction and Substance Use Services

Now we would like to ask you some questions about mental health, addiction, and substance use services. When we say **Mental Health, Addiction and Substance Use Services**, we mean your needs related to accessing mental health, addiction, and substance use care, receiving responsive and nondiscriminatory care, and the barriers that prevent you from receiving this care.

We will be discussing sensitive topics in this section of the survey. Please be reminded that you can skip any questions you feel uncomfortable answering by selecting 'Prefer not to say' or 'Not applicable'. We encourage you to seek help if you need support navigating these difficult topics. We will be providing resources in this section and will also provide a link to supports and resources at the end of the survey.

In the last three years, have you accessed any of the following types of mental health, addiction, and/or substance use services? *Select all that apply.*
- ☐ I have not accessed mental health, addiction, and/or substance use services in the past three years
- ☐ Mental health, addiction and/or substance use services through an LGBTQ+ organization
- ☐ Counseling from a therapist
- ☐ Group therapy
- ☐ Peer support group
- ☐ Psychiatrist to prescribe medication
- ☐ Medication for a mental health concern prescribed by a general practitioner/primary care doctor
- ☐ Treatment at an inpatient facility (i.e., admitted staying overnight)
- ☐ Treatment at an outpatient facility (i.e., a service that doesn't require overnight stay)
- ☐ Prefer not to say
- ☐ Other mental health, addiction, and/or substance use service (please specify):
  _____

In thinking about the mental health, addiction, and/or substance use services that you have accessed, please indicate the level of agreement with your typical experience receiving this service(s).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My needs were met all or most of the time	○	○	○	○	○	○
I felt safe all or most of the time	○	○	○	○	○	○
The provider(s) provided a welcoming and non-discriminatory environment	○	○	○	○	○	○
The provider(s) considered my LGBTQ+ identity when talking to me about my service needs (e.g., they did not use heterosexual terms to ask me about my experiences)	○	○	○	○	○	○

| The provider(s) was responsive to my needs based on my <u>LGBTQ+ identity</u> | ○ | ○ | ○ | ○ | ○ | ○ |
| The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity) | ○ | ○ | ○ | ○ | ○ | ○ |

In your <u>lifetime</u>, have you ever been refused mental health, addiction, and/or substance use services because of your LGBTQ+ identity?

- ○ Yes　　　　　　　　　○ No　　　　　　　　○ Prefer not to say

Do any of the following concerns or situations <u>prevent</u> you from accessing mental health, addiction, and/or substance use services or impact your service experience? *Select all that apply.*

- ☐ I have <u>no</u> concerns related to mental health, addiction, and/or substance use service access
- ☐ Concerned I will be refused this service because of my LGBTQ+ identity
- ☐ Not knowing how or where to access this service
- ☐ Not being able to afford this service
- ☐ The wait time to receive help is too long
- ☐ Travel to get there is too complicated, too expensive, or would take too long
- ☐ Not accessible for people with disabilities
- ☐ Concerned that the services would not be LGBTQ+ friendly
- ☐ Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member
- ☐ Being afraid someone I know would find out I was using this service
- ☐ The service is not accessible for people with disabilities
- ☐ Concerned that the services would not be responsive to my race, cultural or ethnic identities; including language spoken
- ☐ Concerned that the services would not be inclusive to individuals of my age
- ☐ Prefer not to say
- ☐ Other (please specify): _____

To what extent has coronavirus/COVID <u>negatively</u> impacted your ability to access mental health, addiction, and/or substance use services?

Wh at, if
- ○ Not at all　　　○ Somewhat　　　○ Significantly　　　○ Not applicable

any, are your <u>current</u> needs related to your mental health, addiction, and/or substance use or experiences with mental health, addiction, and/or substance use services? *Select all that apply.*

- ☐ I do <u>not</u> currently have needs related to my mental health, addiction, and/or substance use
- ☐ Getting sober and/or maintaining sobriety (can include sobriety related to: alcohol and/or drugs)
- ☐ A psychologist, counselor and/or therapist to help me navigate my mental health, addiction and substance use challenges.
- ☐ Group therapy to navigate my mental health, addiction or substance use challenges
- ☐ Peer support group to navigate my mental health, addiction and substance use challenges
- ☐ I need help accessing a psychiatrist or general practitioner/primary care doctor who can prescribe me medication to manage my mental health, addiction and/or substance use challenges
- ☐ Prefer not to say
- ☐ Other need (please specify): _____

Please share any additional comments related to your mental health, addiction, and/or substance use or experiences with these services (e.g., needs, concerns, positive or negative experiences, or suggestions for improvement)?

_____

Financial and Legal Services

Now we would like to ask you some questions about financial and legal services. When we say **Financial and Legal Services**, we mean your experiences accessing services related to your financial (e.g., loans, taxes, mortgage, retirement savings, etc.), and legal (e.g., adoption, child custody services, etc.) needs, and in receiving responsive and nondiscriminatory services, and barriers that prevent you from receiving these services.

In the last three years, have you accessed any of the following types of financial and/or legal services? *Select all that apply.*

- ☐ I have not accessed financial and/or legal in the past three years
- ☐ Financial and/or legal services through an LGBTQ+ organization
- ☐ Applying for Social Security benefits/retirement planning
- ☐ Designating a healthcare proxy or medical power of attorney for myself or my partner
- ☐ Making changes in identification documentation
- ☐ Will/estate planning
- ☐ Tenant-landlord disputes and/or rights
- ☐ Adoption
- ☐ Child custody
- ☐ Divorce/separation
- ☐ Other financial and/or legal service (please specify):

  _____

In thinking about the financial and/or legal services that you were engaged in, please indicate the level of agreement with your typical experience receiving this service(s).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My needs were met all or most of the time	○	○	○	○	○	○
I felt safe all or most of the time	○	○	○	○	○	○
The provider(s) provided a welcoming and non-discriminatory environment	○	○	○	○	○	○
The provider(s) considered my LGBTQ+ identity when talking to me about my service needs (e.g., they did not use heterosexual terms to ask me about my experiences)	○	○	○	○	○	○
The provider(s) was responsive to my needs based on my LGBTQ+ identity	○	○	○	○	○	○
The provider(s) was responsive to my needs based on how I identify (e.g., age, ability, race, ethnicity)	○	○	○	○	○	○

In your <u>lifetime</u>, have you ever been refused financial and/or legal services because of your LGBTQ+ identity?

- o Yes
- o No
- o Prefer not to say

Do any of the following concerns or situations <u>prevent</u> you from accessing financial and/or legal services or impact your service experience? *Select all that apply.*

- ☐ I have <u>no</u> concerns related to financial and/or legal service access
- ☐ I am concerned that I will be refused this service because of my LGBTQ+ identity
- ☐ Not knowing how or where to access this service
- ☐ Not being able to afford this service
- ☐ The wait time to receive help is too long
- ☐ Travel to get there is too complicated, too expensive, or would take too long
- ☐ Not accessible for people with disabilities
- ☐ Concerned that the services would not be LGBTQ+ friendly
- ☐ Concerned that provider(s) and staff are not specifically trained for my needs as a LGBTQ+ member
- ☐ Concerned that the services would not be responsive to my race, cultural or ethnic identities; including language spoken
- ☐ Concerned that the services would not be inclusive to individuals of my age
- ☐ Being afraid someone I know would find out I was using this service
- ☐ Other (please specify): _____

To what extent has coronavirus/COVID <u>negatively</u> impacted your ability to access financial and/or legal services?

- o Not at all
- o Somewhat
- o Significantly
- o Not applicable

What, if any, are your <u>current</u> needs related to your finance or legal needs or experiences with financial and/or legal services? *Select all that apply.*

- ☐ I do <u>not</u> currently have needs related to financial and/or legal services
- ☐ Applying for Social Security benefits/retirement planning
- ☐ Designating a healthcare proxy or medical power of attorney for myself or my partner
- ☐ Making changes in identification documentation
- ☐ Will/estate planning
- ☐ Tenant-landlord disputes and/or rights
- ☐ Adoption
- ☐ Child custody
- ☐ Divorce/separation
- ☐ Other need (please specify): _____

Please share any additional comments related to your finance or legal needs or experiences with these services (e.g., needs, concerns, positive or negative experiences, or suggestions for improvement)?

_____

<u>Looking to our future...</u>

How important is it to address the following...

	Not at all Important	Somewhat Important	Neutral	Very Important	Extremely Important	No Opinion

Improving signage and symbols at LGBTQ+ friendly businesses, organizations, and faith-based communities	○	○	○	○	○	○
Expanding the service reach and service capacity of LGBTQ+ organizations	○	○	○	○	○	○
Changing service intake forms related to sexual orientation and gender identity so that LGBTQ+ identities are represented	○	○	○	○	○	○
Attracting service providers to work in Connecticut (CT) that identify as members of the LGBTQ+ community	○	○	○	○	○	○
Providing enhanced training to service providers about how to talk to service recipients (e.g., clients, consumers, patients) about their identity and orientation	○	○	○	○	○	○
Providing enhanced training to service providers to deliver more responsive care to individuals with LGBTQ+ identities	○	○	○	○	○	○
Providing ways for members of the LGBTQ+ community to more readily provide input on policies and laws that impact the needs of the LGBTQ+ community	○	○	○	○	○	○
Changing Connecticut (CT) policies and laws to better support the needs of the LGBTQ+ community	○	○	○	○	○	○

A survey can only capture so much!

We greatly appreciate the time you have taken to share your thoughts and experience as a member of the LGBTQ+ community in Connecticut (CT). Please share anything else about your experiences or those of the LGBTQ+ community in Connecticut (CT) you think is important for us to know.

_____

LGBTQ+ HOTLINES & RESOURCES

SEX WORKERS/ HUMAN TRAFFICKING

NATIONAL

SWOP USA (Sex Workers Outreach Project USA): CALL: 1-877-776-2004
SWOP USA operates a national community support line, where current & former sex workers and activists can directly access support. Commits to answering over 95% of calls and will respond to all calls in 24 hours.

National Human TraffickingHotline (National Human Trafficking Hotline):
CALL: 1-888-373-7888 (TTY: 711)|*Text 233733
Supports victims of human trafficking. 24 hours; 7 days a week; live chat is also available.

DOMESTIC VIOLENCE/ RAPE

CONNECTICUT

CTSafeConnect.org (CT Safe Connect): CALL OR TEXT: 24/7 1-888-774-2900
Provides 24 hours; 7 days a week confidential phone, email and/or chat support to victims of abuse from certified advocates. Visit CTSafeConnect.org or CALL (OR TEXT): **1-888-774-2900**.

NATIONAL

The Hotline (National Domestic Violence Hotline): CALL: 1-800-799-7233
Provides hotline support to domestic abuse survivors. 24 hours, 7 days a week.

National Sexual Assault Hotline (RAINN): CALL: 1-800-656-HOPE
National Sexual Assault Hotline; free; confidential; 24/7.

Domestic Violence Hotline: CALL: 1-617-742-4911 or toll free 1-800-832-1901
The Network/LA Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, SM, polyamorous, and queer communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services.

CONNECTICUT

The Connecticut Mental Health Association CALL: 1-800-842-1501 or 1-860-529-1970
Dedicated to the promotion of mental health, prevention of mental illness, and improved care
and treatment of persons with mental illness.

The National Alliance for the Mentally Ill - Connecticut (NAMI of CT) CALL: 1-800-215-3021
NAMI of CT is a statewide organization for the families and friends of persons who have a psychiatric
disability. Its activities include support, education and information, and advocacy.

Dial 2-1-1 (United Way of Connecticut and State of Connecticut) or CALL: 1-800-203-1234
Connects callers, at no cost, to critical health and human services in their community.

Emergency Mobile Psychiatric Services for Adults (Western Connecticut Mental Health Newark):
CALL: 1-866-794-0021
Emergency psychiatric outreach for adults in Beacon Falls, Bethlehem, Cheshire, Middlebury, Naugatuck,
Oxford, Prospect, Southbury, Thomaston, Waterbury, Watertown, Wolcott, and Woodbury. Mobile Crisis
Team offers mental health crisis intervention to individuals who are experiencing acute emotional crisis
M-Sun: 7:30 AM -12 midnight. Mobile Crisis Team can't transport individuals. The hotline provides
telephone intervention to people in an emotional or mental crisis 24/7.

Suicide Prevention Hotlines (Connecticut Mental Health Center): CALL: 1-203-974-7713
Telephone crisis intervention **5 days/week 9 am- 5 pm**. Service Areas: Woodbridge, Bethany, Branford,
Hamden, New Haven, North Haven, West Haven.

The Connecticut Mental Health Association CALL: 1-800-842-1501 or 1-860-529-1970
Dedicated to the promotion of mental health, prevention of mental illness, and improved care and
treatment of persons with mental illness.

Suicide Prevention Hotlines (BHCARE): CALL: 1-203-483-2630
Press "6" to speak to therapist if in a psychiatric crisis.
24/7 telephone crisis intervention is provided to people in psychiatric distress.

Suicide Prevention Hotlines (Griffin Health): CALL: 1-203-732-7580. Ask to speak to the crisis team.
Crisis team available 24hrs/7days to address individualized issues and emergencies both over the
telephone and in person at the hospital. Service area: Seymour, Shelton, Ansonia, Derby, and Oxford.

Crisis Services (Bristol Health): CALL: 1-860-585-3274
The Crisis Center responses to immediate mental health needs to encourage stabilization, and provides
safety to patients.

SUICIDE/ SELF HARM

NATIONAL

National Suicide Prevention Lifeline: CALL: 1-800-273-TALK (8255)
Available 24 hours and 7 days a week; Languages: English and Spanish.

Trevor Lifeline (The TrevorProject) CALL: 1-866-488-7386
A national 24-hour, free and confidential suicide hotline for LGBTQ+ youth.

The National Alliance for the Mentally Ill - Connecticut (NAMI of CT) CALL: 1-800-215-3021
NAMI of CT is a statewide organization for the families and friends of persons who have a psychiatric disability. Its activities include support, education and information, and advocacy.

LGBT SENIORS

NATIONAL

LGBT National Elder Hotline (SAGE): CALL: 1-877-360-LGBT (5428)
LGBT Elder Hotline connects LGBT older people, or an individual who cares for one, who want to talk with a responder if in need of comfort and support services. Hotline responders are certified in crisis response and can offer support and provide information about community support resources such as healthcare, transportation, counseling, legal services, and emotional support programs.

SAGE LGBTQ Elder Hotline: CALL: 1-888-234-SAGE
A place to call when you need to talk. Offers peer-to-peer support without judgment. Listens to those who are often very isolated and sometimes still closeted. Answers factual questions regarding safer-sex information. Gives local resource information using the largest LGBTQ resource database in the country. **Mon-Fri: 3 PM- 11 PM, Sat: 11 AM- 4 PM.**

GENERAL

NATIONAL

Lesbian, Gay, Bisexual and Transgender National Hotline: CALL: 1-888-843-4564
The LGBT National Hotline is for all ages. We provide a safe space that is anonymous and confidential where callers can speak on many different issues and concerns including, but limited to, coming out issues, gender and/or sexuality identities, relationship concerns, bullying, workplace issues, HIV/AIDS anxiety, safer sex information, suicide, and much more. **Hours: Monday-Friday, 4 PM to midnight, and Saturday, noon to 5 PM EST.**

Trans Lifeline: CALL: 1-877-565-8860
A free hotline staffed by transgender people for transgender people. Trans Lifeline volunteers are ready to respond to whatever support needs members of our community might have.

A Place to Nourish Your Health (APNH): https://apnh.org/
Our vision is a community where everyone has access to high quality, relationship based, holistic care to inspire health and well-being and to empower people at risk of, or impacted by, HIV, substance use, mental illness and related conditions.
Service Area: New Haven

AIDS CT (ACT): https://aids-ct.org/
ACT builds sustainable, accessible, and high-quality systems and services dedicated to eliminating health disparities for people impacted by HIV/AIDS.
Service Area: Hartford

Anchor Health Initiative: https://anchorhealthinitiative.org/
Anchor Health Initiative is a health care provider offering medical services to everyone in the community with particular expertise in the area of HIV/AIDS, Hepatitis C, and Transgender medicine. Anchor Health Initiative offers a welcoming, supportive and safe environment for the lesbian, gay, bisexual, transgender and questioning (LGBTQ) community. For many, simply knowing that allies exist can be a big source of support. There is a notary available in both locations.
Service Area: Stamford and Hamden

Circle Care Center/World Health Clinicians: https://www.circlecarecenter.org/
To provide the highest quality services to our patients in Southern Connecticut specializing in primary care for people living with HIV, the LGBTQ community, as well as HIV prevention (PrEP & PEP), Hepatitis C and STI testing and treatment. Circle Care Center in Norwalk is a primary care practice with a specialty pharmacy on site. In addition to primary care, Circle Care Center provides stigma-free STD/infectious disease testing, treatment, and prevention.
Service Area: Norwalk

Connecticut Community Care: https://ctcommunitycare.org/
Connecticut Community Care is your first step in the care at home process. As experienced care managers, we focus exclusively on being there when you think the time may be right for care at home. Rather than recommend a litany of services, we assess your personal situation first, listen to your family caregivers, then provide an independent review of options and help to coordinate care at home. We are your partner and problem-solver, helping to assess the situation, set personal goals, serve a mediator and negotiate complicated medical needs, among other activities.
Service Area: Statewide

Connecticut Latinos Achieving Rights and Opportunities (CLARO): https://www.claroct.org/
Connecticut Latinos Achieving Rights and Opportunities (CLARO), is dedicated to educate and promote equality for the LGBTQ+ community to achieve rights, address homophobia, and discrimination. We accomplish these goals by mobilizing our community and partner agencies on issues like marriage equality, parental rights, anti-bullying policies, employment discrimination, hate violence, privacy rights, sexual education, adoption, and HIV/AIDS.
Service Area: Statewide

Connecticut Commission on Women, Children, and Seniors (CWCS):
https://ctcwcs.com/
The Commission on Women, Children and Seniors (CWCS) is a non-partisan arm of the Connecticut General Assembly. As staff to the legislature, the CWCS researches best practices, coordinates stakeholders, and promotes public policies that are in the best interest of Connecticut's underserved and underrepresented women, children and older adults.
Service Area: Statewide

CT General Assembly: https://www.cga.ct.gov/
The Connecticut General Assembly is the legislative branch of State Government. The General Assembly, which is made up of the House of Representatives (151 members) and the Senate (36 members), enacts laws dealing with the collection and allocation of funds, public welfare, the environment, education, public works, civil and criminal law and other matters.
Service Area: Statewide

CT TransAdvocacy Coalition: https://www.transadvocacy.org/
The Connecticut TransAdvocacy Coalition (CTAC) mission is to improve, through Education, political and social Advocacy and Activism, societal attitudes and the law in order to achieve equal rights for the Trans and gender non-conforming individuals and communities. TransAdvocacy is a true grassroots and coalition oriented organization comprising individuals and organizations dedicated to the advancement and attainment of full Human Rights for all trans and gender non-conforming people in every aspect of society and actively opposes discriminatory acts.
Service Area: Statewide

Connecticut Department of Public Health (DPH): https://portal.ct.gov/dph
Disease and Prevention - Links to Department of Public Health webpages concerning various disease related topics, including helpful tools and tips to lead a healthy lifestyle through prevention
Parents and Children - Useful information for parents to keep their children and themselves healthy
Statistics and Research - Links to data, analysis, and research from the Department of Public Health
Environmental Health - Links to various environmental health topics
Media - Contact information to public information staff and link to the department's on-line news room.
Researchers - Guidance for researchers requesting data from the Department of Public Health
Service Area: Statewide

The Gay, Lesbian, Straight Education Network (GLSEN): https://www.glsen.org/
Our research and experience has shown that there are four major ways that schools can cultivate a safe and supportive environment for all of their students, regardless of sexual orientation, gender identity or expression. Advocating for supportive educators, inclusive and affirming curriculum, and student -led clubs and GSAs are the focus of GLSEN's programs, advocacy, research, and policy work.
Service Area: Statewide

Hartford Gay and Lesbian Health Collective: http://www.hglhc.org/
Our Mission: The Hartford Gay & Lesbian Health Collective empowers individuals of diverse sexual orientations, gender identities and gender expressions to lead healthy lives through the provision of health and support services, education and advocacy.
Service Area: Hartford and Manchester

Hearing Youth Voices: https://www.hearingyouthvoices.com/
We are a youth-led social justice organization in working to create systemic change in the education system in New London, Connecticut.
Service Area: New London

LGBT Aging Advocacy: https://www.sageusa.org/
We make aging better for LGBT people nationwide. How? We show up and speak out for the issues that matter to us. We teach. We answer your calls. We connect—generations, each other, allies. We win. And together, we celebrate.
Service Area: National, closest center in NYC

National Association of Social Workers (NASW): https://www.socialworkers.org/
Founded in 1955, the National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with more than 120,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.
Service Area: National

National Organization for Women (NOW): https://now.org/
NOW is a multi-issue, multi-strategy organization that takes a holistic approach to women's rights. Our priorities are winning economic equality and securing it with an amendment to the U.S. Constitution that will guarantee equal rights for women; championing abortion rights, reproductive freedom and other women's health issues; opposing racism; fighting bigotry against the LGBTQIA community; and ending violence against women.
Service Area: National

New Haven Pride Center: https://www.newhavenpridecenter.org/
The purpose of New Haven Pride Center, formerly the New Haven Gay and Lesbian Community Center, is to provide educational, cultural and social enrichment for the LGBTQ+ community, its allies, and members, to make a positive contribution to the entire community of Greater New Haven.
Service Area: New Haven

Planned Parenthood of Southern New England:
https://www.plannedparenthood.org/planned-parenthood-southern-new-england
Planned Parenthood is America's most trusted provider of reproductive health care.
Service Area: Southern New England

Pride and Wellness: **https://www.prideandwellness.org/about**
Our mission is to highlight those providers in the area who are knowledgeable, affirmative, or even LGBTQ+ themselves. We want these providers to be visible to the community, so that the community can access these services and thrive.
Service Area: Fairfield County

Rainbow Center, UConn: **https://rainbowcenter.uconn.edu/**
The Rainbow Center's mission is to operate in the service of a more equitable world for all students, faculty, and staff at the University of Connecticut. Using an intersectional lens, we center our work on advocating for, and increasing education, access, retention, identity development, and community-building for queer- and trans-spectrum communities.
Service Area: Storrs

Triangle Community Center: **https://www.ctpridecenter.org/**
Triangle Community Center (TCC) is Fairfield County's leading provider of programming and resources to nurture growth and connection within the LGBTQ community.
Service Area: Fairfield County, centers in Norwalk

True Colors Inc.: **https://ourtruecolors.org/**
The organization trains more than 5,000 people annually, organizes the largest LGBTQ+ youth conference in the country with more than 3,000 attendees and manages the state's only LGBTQ+ mentoring program. True Colors has been spotlighted by both national and local media for their expertise in LGBTQ+youth issues.
Service Area: Hartford