



EXPLORING THE NEEDS & ASSETS OF THE LGBTQ COMMUNITY IN UPSTATE, SC

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INTRODUCTION

BACKGROUND

There is an increasing lesbian, gay, bisexual, transgender, and queer (LGBTQ) population in the U.S., including in South Carolina (Gates, 2017). Data suggest there are about 100,000 LGBTQ individuals living in the State (Gates, 2017). However, available data may underestimate the true size of this population due to the lack of centralized, national data collection, and the stigma associated with this population may make individuals hesitant to disclose this information. These individuals experience discrimination and tend to have worse social and economic outcomes than the general population (Sears & Mallory, 2014; South Carolina Equality, 2010). Yet, the exploration of their experiences, needs, and outcomes remains lacking. This assessment contributes to the literature by exploring the needs and experiences of the LGBTQ population in Upstate, South Carolina. This project was conducted by researchers in the Department of Social Work at Winthrop University and was funded by the Greenville Health System (GHS). The study was approved by the University's Institutional Review Board (IRB# 18002). The researchers hope that this research project will generate data that will help to guide programs and services for members of this vulnerable population. There are three specific aims:

- 1.** To determine the unique needs and experiences of the LGBTQ community in the Upstate area.
- 2.** To explore the assets of the LGBTQ community in the Upstate area.
- 3.** To gather recommendations from the participants about ways to improve the experience of LGBTQ people in the Upstate area.

METHODS

This project was a mixed-method design where data were collected through quantitative and qualitative means to assess the needs and experiences of LGBTQ adults living in the Upstate of South Carolina. For this project, the Upstate includes 10 counties - Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg, and Union.

QUANTITATIVE

We employed a survey design to obtain objective data on the population. Surveys were sent via email as well as through social media including Facebook, Instagram, and Twitter, to a convenience and snowball sample of LGBTQ members. The survey was active from mid-July to mid-September, 2017. There were 72 questions on the survey which were informed by other needs assessments (Coleman, Irwin, Wilson, & Miller, 2014; Grant, Mottet, Tanis, 2011; LGBT Fund of the Community Foundation of Greater Birmingham, 2015). The survey included demographic questions, as well as questions about experiences in the following areas: family, school, employment, health care, public, law enforcement, and LGBTQ community. Lastly, the survey asked about social support and engagement in this population. A total of 247 participants completed the survey.

QUALITATIVE

To get a deeper understanding of the experiences of members of the LGBTQ community in this area we conducted three (3) focus groups between September and October, 2017. The focus groups were held in three (3) different cities across the Upstate; Greenville, Easley, and Spartanburg. A total of 18 participants attended the focus groups. During the sessions participants were asked about their experiences living in the Upstate area as a member of the LGBTQ population. Questions centered on their experiences with family, health care, employment, and social support groups. Participants were also asked to discuss the availability of resources within the community for members of their population in the Upstate area.

LANGUAGE + TERMINOLOGY

The use of language and terminology are powerful. As in many communities, including the LGBTQ community, language changes over time. Therefore, we present an overview of definitions of terms that are helpful in understanding this population.

Please note, the following is not an exhaustive list. It is very important to respect people's desired self-identifications. One should never assume another person's identity based on that person's appearance. It is always best to ask people how they identify, including what pronouns they use, and to respect their wishes.

****Definitions adapted from Human Rights Campaign and We Are Family.***

Agender. People who identify as genderless or gender-neutral.

Bisexual. A person emotionally, romantically or sexually attracted to men and women, though not necessarily simultaneously, in the same way, or to the same degree.

Cisgender. A person who identifies with their sex assigned at birth.

Gay. A person who is emotionally, romantically, or sexually attracted to members of the same gender.

Gender Expression. External appearance of one's gender, usually expressed through behavior, clothing, haircut, and which may or may not conform to socially defined behaviors and characteristics typically associated with either masculine or feminine.

Gender Identity. One's innermost concept of self as male, female, or some other gender. One's gender identity can be the same or different from their sex assigned at birth.

Genderqueer/Non-Binary/Bigender. People who identify outside of a gender binary and see themselves as neither solely male nor female (but as a third gender, as gender fluid, as both, or as somewhere in between).

Lesbian. A woman who is emotionally, romantically, or sexually attracted to other women.

LGBTQ. An acronym for lesbian, gay, bisexual, transgender, and queer. This acronym

is not exhaustive of the entire sexual and gender minority community. Other identities include intersex, pansexual, asexual, questioning, etc.

Queer. An umbrella term sometimes used by LGBTQ people to refer to the entire LGBTQ community. An alternative that some people use outside the labels and categories of lesbian, gay, bisexual, etc.

Sexual Orientation. An individual's enduring physical, romantic, and/or emotional attraction toward others. Common labels: lesbian, gay, bisexual, queer, and heterosexual/straight.

Transgender. An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Transgender Man/Trans Masculine/FTM. Individuals assigned female at birth who identify as male or masculine. FTM refers to the trajectory of female to male and some transgender men reject using this acronym because they have never considered themselves to be female.

Transgender Woman/Trans Feminine/MTF. Individuals assigned male at birth who identify as female or feminine. MTF refers to the trajectory of male to female and some transgender women reject this acronym because they have never considered themselves to be male.

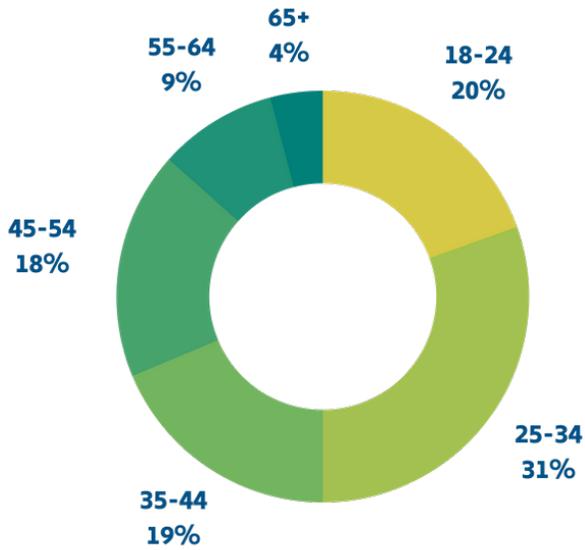


SURVEY RESULTS

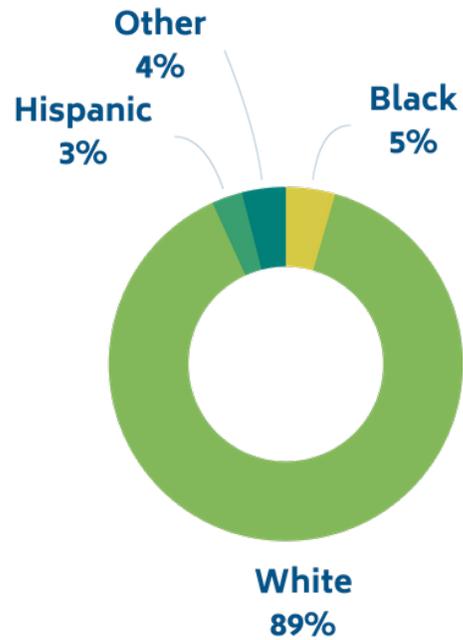
** Participants had the option to choose all categories of gender and sexual orientation that matched their identity. Therefore, overlap between categories occurred. For example, one participant could have chosen the categories 'male' and 'transgender man' and 'FTM'.*

DEMOGRAPHICS

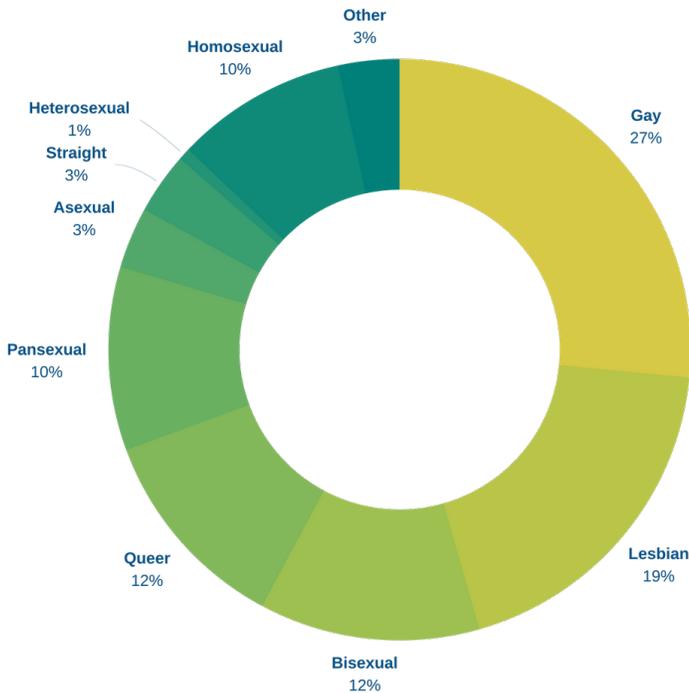
AGE



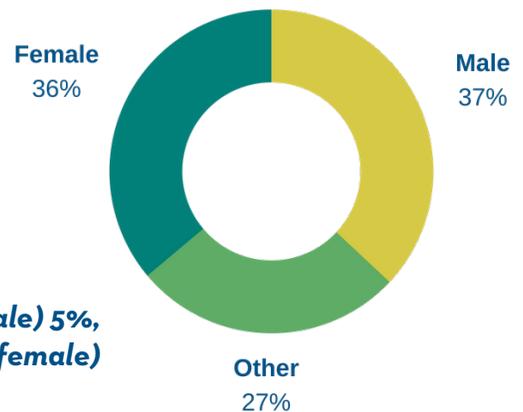
RACE



SEXUAL ORIENTATION



GENDER



Gender breakdown for 'Other' category is as follows:
Transgender man 7%, Transmasculine 4%, FTM (female to male) 5%, Transgender woman 2%, Transfeminine <1%, MTF (male to female) 1%, Genderqueer/agender/bigender/nonbinary 12%.

FAMILY EXPERIENCES



1/3 of participants were told they were **going to hell** after coming out to their family members.

8% of participants were **kicked out** of their home.

13% were **financially cut off** from family members.

9% were **completely disowned**.

46% of participants said they felt **unaccepted** by their family members regarding their sexual orientation and/or gender identity.



WORK EXPERIENCES



30% of participants reported experiencing **verbal harassment** while on the job.

2/3 of the respondents noted they overheard LGBTQ-related **derogatory language** at work.

12% of that crosssection said they heard those types of remarks **frequently** on the job.

Additionally, almost half (46%) of respondents felt like an outcast at work related to their sexual orientation and/or gender identity.

SCHOOL EXPERIENCES

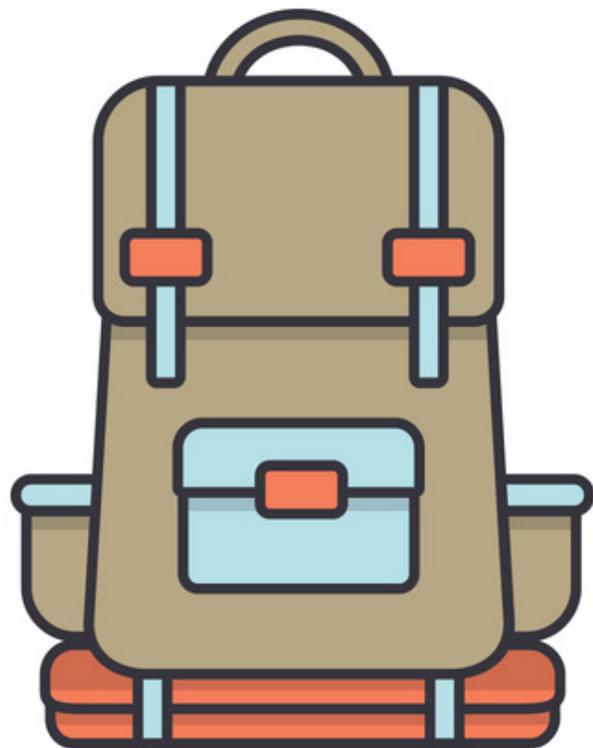
32% of participants completed a Bachelor's Degree.

Less than 5% of participants do not have a high school diploma or GED.

45% of participants graduated from high school and/or received additional higher education but did not obtain a Bachelor's Degree.

For those currently in school or in school within the last year **69%** of participants reported overhearing LGBTQ-related derogatory language at school.

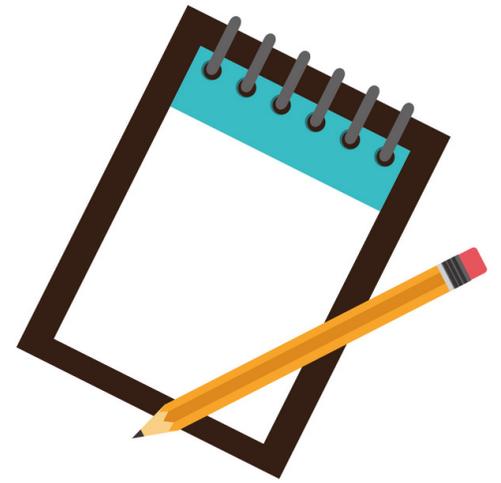
45% of the respondents noted they felt like an **outcast/not welcomed** based on their sexual orientation and/or gender identity.



HEALTH EXPERIENCES

85% of the sample had health insurance.

Nearly 30% of respondents **did not have** a primary care physician.



22% of the sample rated their **physical health** as poor or fair.

1/3 of participants had to **teach their doctor** about care related to their sexual orientation and/or gender identity.



11% reported that they had been **discriminated against** in a medical setting.

7% indicated that they were **HIV positive**.

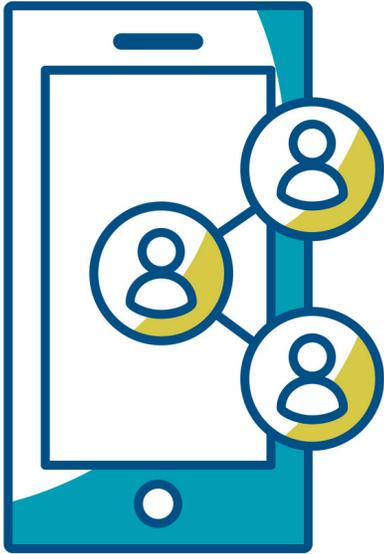
More than 20% of those surveyed reported being **hospitalized** for mental health or substance abuse reasons.

40% reported having to **teach their mental health provider** about care related to being LGBTQ while they were hospitalized for mental health or substance abuse treatment.

Over 1/3 of the sample rated their **mental health** as poor or fair.

Those respondents who identified as **bisexual** reported having the lowest perceived mental health.

COMMUNITY EXPERIENCES

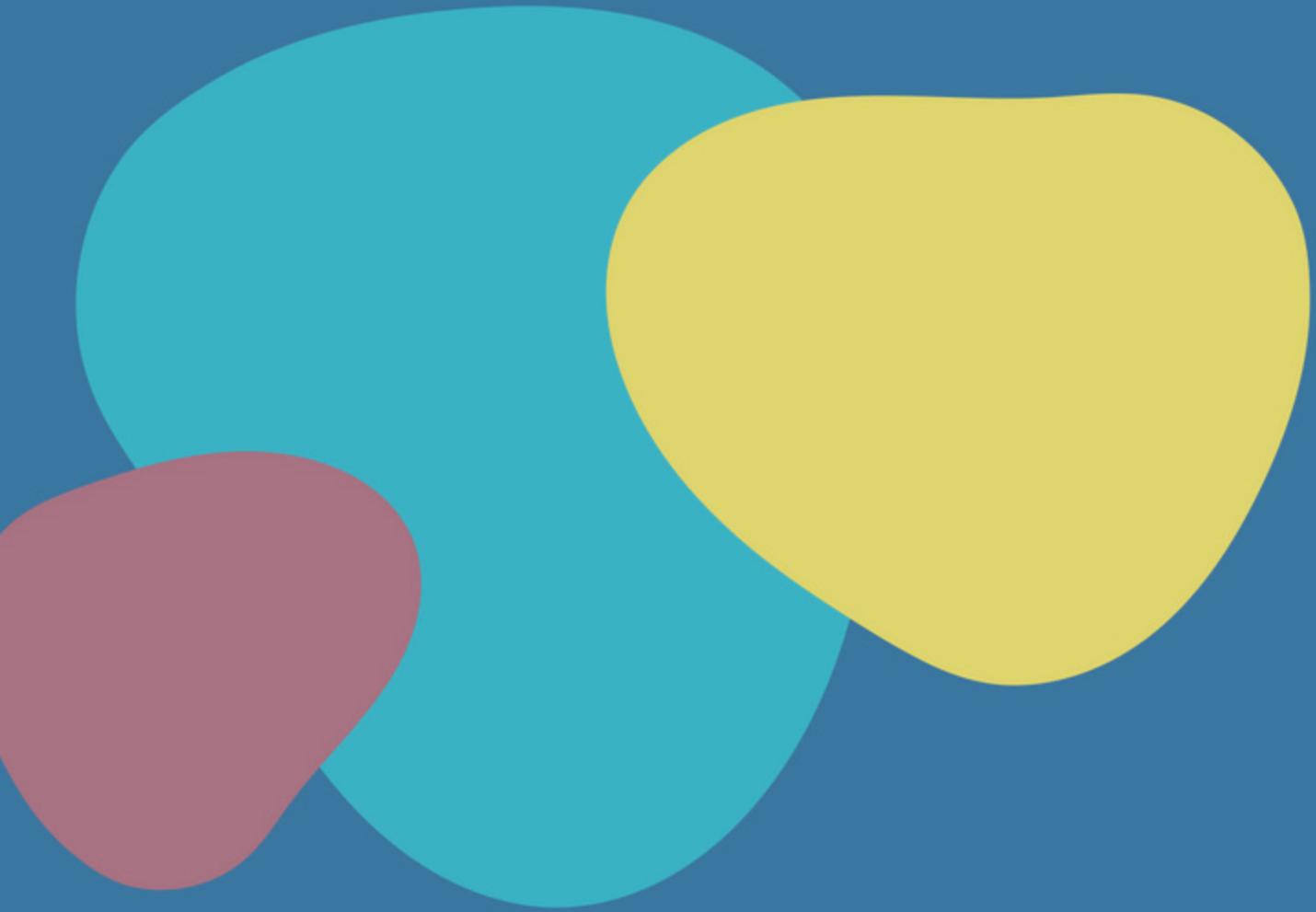


80% of participants feel it is important for them to socialize with other LGBTQ people.

18% have felt unwelcome or not included at LGBTQ groups or events.

Participants noted the following barriers they face to socializing with other LGBTQ people:

- **41%** Financial Strain
- **46%** Fear of rejection/discrimination
- **49%** Distance
- **66%** Scheduling conflicts
- **67%** Group interests/focus of event is not appealing
- **18%** No means of transportation
- **17%** Physical ability
- **37%** Discrimination from LGBTQ people and/or groups.



FOCUS GROUP RESULTS

Fear for Personal Safety: Individuals stated they often fear for their safety when out in public. They stated they often take steps to ensure their protection, including avoiding public spaces and withdrawing socially. Participants reported spending a lot of emotional and mental energy worrying about their safety.

“I don’t feel safe going out by myself, like, ever.”

One transgender man said, “Half the time in men’s restrooms, the lock things don’t work, and I’m always afraid someone’s gonna walk in on me so **I just don’t go.** I just don’t.”

Experiences of Discrimination: Participants across all groups reported experiencing discrimination and anticipating forms of discrimination across various systems in their life. Discrimination occurred in employment, in religious communities, and in public in the form of physical and verbal harassment.

“A manager asked if I’d officially changed anything, and then I was told **I couldn’t use the women’s bathroom,** that I could either use the men’s or the family bathroom. When I go to use the [family] bathroom during my break, it’s locked. I check every five minutes, it’s locked. I’m just sitting there like, **‘What do I do?’**”

“[I was] called **‘faggot’** and followed out to the parking lot.”

Role of Social Capital: Participants' connection to social networks, groups, and organizations affected their experience of stress and resilience, their ability to feel supported, to garner information about resources, health providers, and positive opportunities for socialization. Participants with higher social capital had better outcomes and those with lower social capital faced more challenges.

*"I don't have anyone else I can talk to. I need that support system and when they're not willing to give it, it's just like, alright **I'm isolated.**"*

*"I feel like that there is just, **there's no support**, unless you wanna go to a bar and hope to run into somebody that's likeminded."*

Division Within LGBTQ Community: Participants across groups discussed the issue of division and lack of solidarity within the LGBTQ community in the Upstate. They reported the division affects their ability to feel supported and welcomed in LGBTQ spaces and their desire to socialize through LGBTQ groups and organizations. Many expressed their experiences of being discriminated against by other LGBTQ individuals and groups.

*One transgender person was told, 'Well if you don't get on hormones then **you're not legit.**'"*

*"There's a lot of us who are still **fighting against each other.**"*

Lack of Resources: Participants discussed the limited LGBTQ-specific resources in the area. They identified a need for support groups, social meeting places, safe spaces, and support programs for youth. Many participants expressed feeling socially isolated because of the lack of LGBTQ community resources.

*“Trans medical resources are very, very, scarce and **very tough to find.**”*

*“[We need] a **safe space** to go for either support or friendship. There is nowhere to go in this town that isn’t a bar. It would be nice to have some type of social space.”*

Lack of Culturally Competent Care: Participants reported challenges in finding culturally competent mental and physical health resources and providers in the area. They reported having knowledge of only a limited number of providers that are culturally competent about LGBTQ identities. The shortage of culturally competent providers led to several participants experiencing extremely long wait times or traveling hundreds of miles away to receive care.

*“People just **aren’t trained well** here.”*

*“[A particular doctor] only does transgender medical services, like two days a week, and **there’s a whole community** of people trying to get to see her.”*

Presence of Some Community Assets:

Despite the many challenges faced by the community, LGBTQ participants feel encouraged by expanding community assets that provide a sense of hope. Several specific assets were mentioned throughout all focus groups. They included a few faith-based resources and churches, annual LGBTQ events, and a few LGBTQ groups and organizations in the area.

***Growing number of affirming providers at
Greenville Health System***

Upstate Pride March & Festival

Gender Benders

PFLAG

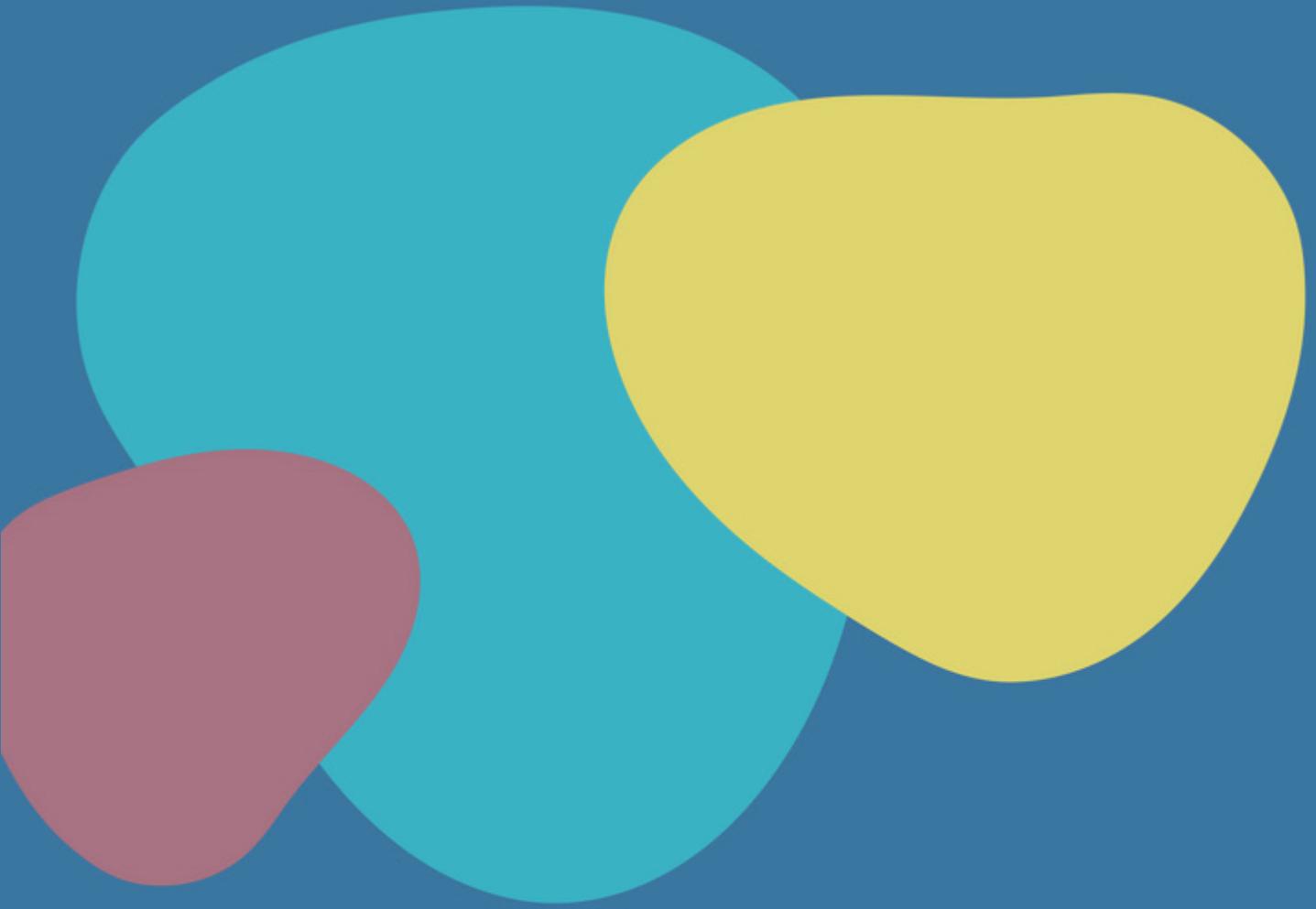
Rainbow Support Group

Greenville Unitarian Universalist Fellowship

Spartanburg Unitarian Universalist Fellowship

First Baptist of Greenville





NOW WHAT?

Implications & Recommendations

IMPLICATIONS

The results hold several implications for practice and research. First, the persistence of implicit biases across different systems suggests there is continual need for cultural competence trainings in social service agencies as well as other places of employment. These trainings should focus on raising critical consciousness of one's implicit biases toward the LGBTQ population. Trainings should also draw attention to the forms of oppression, or daily structural disadvantages, that the LGBTQ community face. Cultural competence trainings that highlight oppression, rather than simply describe diverse groups, are more likely to prompt individuals to take social action (Constance-Huggins, 2012). In addition, service agencies should take steps to create a more inclusive environment for LGBTQ individuals. A few examples are; include LGBTQ families on agency brochures, post non-discriminatory policies in visible places, and have gender neutral bathrooms. Further, organizations should partner with LGBTQ individuals and organizations to strengthen their outreach efforts.

The results on the significance of social capital highlight the need for social capital-building strategies. Given the role of social capital in mitigating negative circumstances, such as the lack of resources, greater efforts should be put in place to help strengthen the support of this community.

The results also imply the need for further research with this population. For example, additional needs assessments should be conducted throughout the state that focus specifically on the LGBTQ population. Continued exploration of their experiences using a qualitative design is especially critical. Organizations should also make concerted efforts to collect data on LGBTQ individuals. This data will enable them to assess their outcomes relative to their other clients. In the absence of data, organizations cannot make informed decisions about the best practices to employ in order to help improve the outcomes of all of their clients.

RECOMMENDATIONS

- 1.** **BECOME MORE CULTURALLY COMPETENT.** Whether we are parents, family members, providers, teachers, clergy, or members of the LGBTQ community we should always learn more about the lived experience and needs of LGBTQ people.
- 2.** **CREATE SAFE SPACES.** Community agencies, medical and mental health offices, schools, churches, workplaces, businesses, and LGBTQ groups and organizations should assess their policies and practices to ensure they are inclusive and welcoming of all expressions of gender and sexuality.
- 3.** **FOCUS ON INTERSECTIONALITY, ESPECIALLY IN LGBTQ SPACES.** The intersections of race, class, ability, gender, and sexuality have great impacts on individuals that are not always explicitly known or seen. The Upstate community, especially those specifically serving LGBTQ people, should be intentional about understanding and addressing intersectionality.
- 4.** **SUPPORT COMMUNITY-LED PROGRAMS AND INITIATIVES.** Individuals and communities are more likely to engage in and sustain participation with organizations and initiatives when they feel empowered to take ownership and are given authority to make decisions that will ultimately affect them. Community input, involvement, and feedback should be an intentional part of programming and initiatives for the LGBTQ community.

LIMITATIONS

The results from this study offer important insights into the experiences of LGBTQ people. However, there are a few limitations of this study that must be noted. First, the study used a convenience, snowball sampling. The survey was sent to individuals with whom the primary researcher had contact via email and social media. Because the primary researcher is White, the majority of the respondents were also White. This circumstance could have limited the range of experiences reported. The literature on intersectionality suggests that individuals with multiple oppressed social locations have worse outcomes than those with fewer oppressed locations (Poling, 1996; Seabrook, 2016; Young, 2004). For example, a Black, transgender woman has different experiences of oppression than a White, gay man. Additionally, the study was only open to adults 18 and older. LGBTQ youth have distinct experiences and needs that should be explored in future research. This study could be strengthened and expanded upon in future research by engaging a diverse committee of LGBTQ members in the Upstate of SC to inform, develop, distribute, and analyze data in collaboration with the researcher. Despite these limitations, the current study helps to address the gap in literature on the experiences of the LGBTQ population in the Upstate, South Carolina.

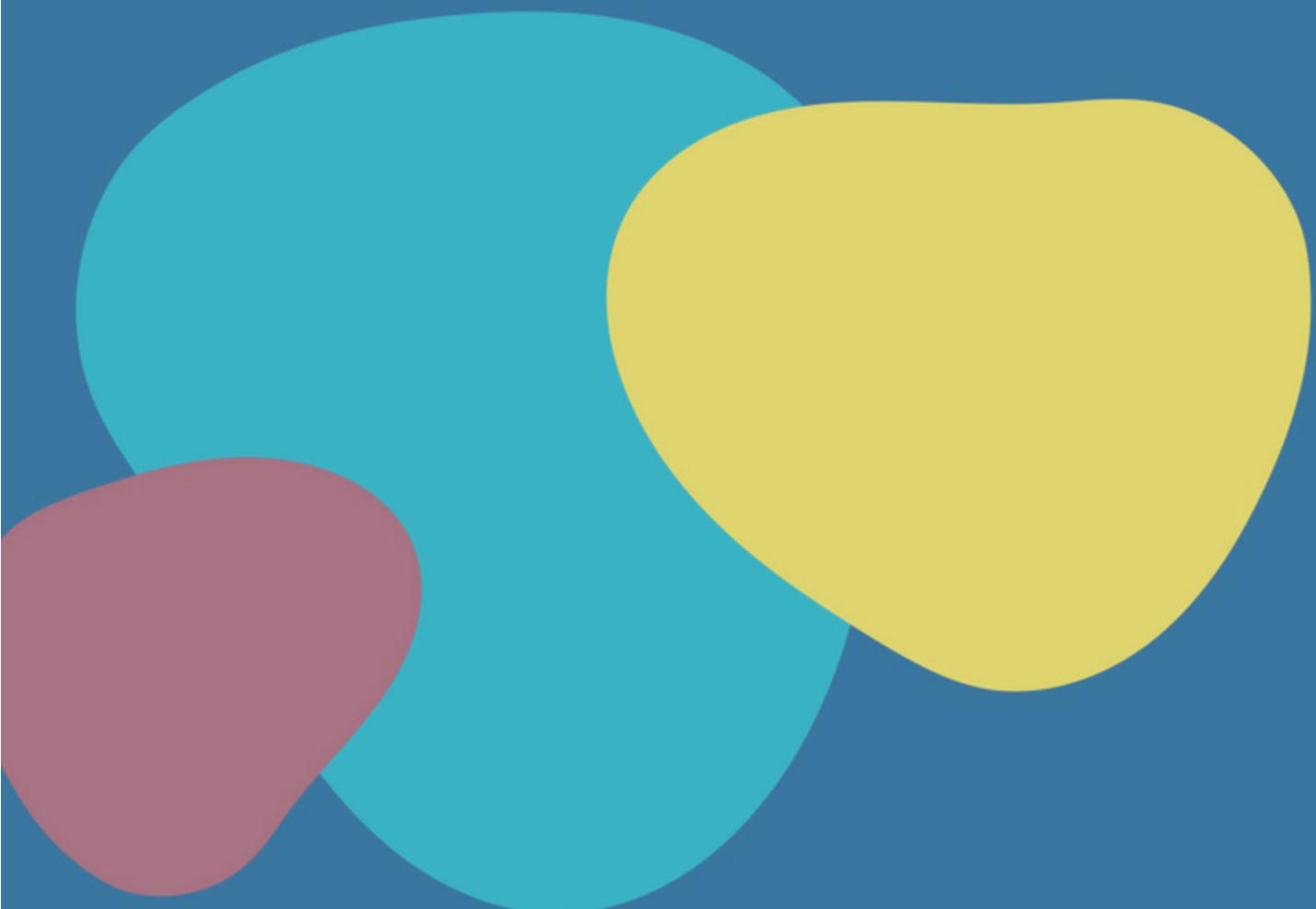
CONCLUSION

This study explored the needs of LGBTQ individuals in Upstate SC. It attempted to fill the gap in knowledge on the experiences of this population in the area. A cross-sectional survey and focus groups were conducted in the Fall of 2017. Results from the study highlight several areas of need for the population across multiple systems including family, work, school, and healthcare settings. Continual efforts should be made across all areas of society to improve the outcomes of people in this community.

REFERENCES

- Coleman, J. D., Irwin, J. A., Wilson, R. E. & Miller, H. C. (2014). The South Carolina LGBT needs assessment: A descriptive overview. *Journal of Homosexuality*, 61, 1152-1171.
- Coleman, J. S. (1994). Social capital in the creation of human capital. *American Journal of Sociology*, 94, p.S95-S120. Retrieved from <http://www.jstor.org/stable/2780243>, (1988).
- Constance-Huggins, M. (2012). Critical race theory in social work education: A framework for addressing racial disparities. *Critical Social Work*, 13(2), 1-16.
- Gates, G. J. (2017). In U.S., more adults identifying as LGBT. Retrieved from Gallup News: <http://news.gallup.com/poll/201731/lgbt-identification-rises.aspx>
- Grant, J. M., Mottet, L. A. & Tanis, J. (2011) Injustice at every turn: A report of the national transgender discrimination survey. Washington, DC: National Center for Transgender Equality & National Gay and Lesbian Task Force. Retrieved from http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_summary.pdf
- Human Rights Campaign. (2018). Glossary of terms. Retrieved from <https://www.hrc.org/resources/glossary-of-terms>
- Kates, J., Ranji, U., Beamesderfer, A., Salganicoff, A., & Dawson, L. (2017). Health and access to care and coverage for lesbian, gay, bisexual, and transgender individuals in the U.S. Menlo Park, CA: The Henry J. Kaiser Family Foundation. Retrieved from <http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>
- LGBT Fund of the Community Foundation of Greater Birmingham. (2015). Living LGBTQ in Central Alabama. Retrieved from <http://www.cfbham.org/wp-content/uploads/2016/08/Living-LGBTQ-in-Central-Alabama.pdf>

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.
- Poling, J. N. (1996). *Deliver us from evil: Resisting racial and gender oppression*. Minneapolis, MN: Fortress Press
- Seabrook, R. (2016). The ugly side of America: Institutional oppression and race. *Journal of Public Management & Social Policy*, 23(1), 20-46.
- Sears, B. & Mallory, C. (2014). Employment discrimination against LGBT people: Existence and impact. In Duffy, C. M. & Visconti, D. M., *Gender identity and sexual orientation discrimination in the work place* (pp. 40-2 - 40-19). Arlington, VA: Bloomberg.
- Staats, C., Capatosto, K., Wright, R.A., & Contractor, D. (2015). *State of science: Implicit bias review 2015*. Kirwan Institute. Retrieved from <http://kirwaninstitute.osu.edu/wp-content/uploads/2015/05/2015-kirwan-implicit-bias.pdf>
- South Carolina Equality. (2010). *A survey of South Carolina's lesbian, gay, bisexual, and transgender community*. Retrieved from South Carolina Equality: <http://www.scequality.org/public/files/docs/SurveyFinal.pdf>
- Szreter, S. & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology*, 33(4), 650-667
- We Are Family. (2018). *LGBT A-Z glossary*. Retrieved from <http://www.wearefamilycharleston.org/lgbt-a-z-glossary/>
- Young, I. (2004). Five Faces of Oppression. In Heldke, L. & O'Conner, P. *Oppression, Privilege, and Resistance*. New York, NY: McGraw-Hill



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