A LETTER FROM THE EXECUTIVE DIRECTOR

The Alliance For Full Acceptance (AFFA) has been working for equality and justice in the Charleston, South Carolina area since 1998. Our work over the past 21 years has been about rooting out ignorance, hatred, and inequity wherever they live...in courtrooms, in fine print, in emergency rooms and classrooms, in boardrooms and living rooms, in systems, institutions, and language, in private and public spaces—and replacing them with knowledge, empathy, and justice.

While there have been landmark victories for the LGBTQ community in recent years, we know from AFFA’s work on the ground that life for all LGBTQ people has not necessarily gotten better. Unfortunately though, there is very little research being done to document the experiences of our community in South Carolina. This is where AFFA decided to step in.

Human rights activist, Thorkild Olesen said, “If you are not counted, you do not count.” Believing this to be true, AFFA has led an effort to quantify the experiences of those in our community. We forged partnerships with the College of Charleston and Medical University of South Carolina to conduct a survey of the LGBTQ community in the Charleston Tri-County area. This was the first survey ever conducted to listen specifically to the voices of the LGBTQ community in the Lowcountry.

What you see in this report represents over a year of work by a passionate cross-disciplinary team. We believe that the data collected provides us with a snapshot of what life is really like for those who identify as LGBTQ.

We do not see this report as an endpoint, but rather a call to action. What will you and I do to create positive change for LGBTQ individuals in our region? What will we do to improve their lives? Consider this report to be an invitation to join us in this important work. Because the work of achieving, nurturing, defending, and ensuring equality and acceptance for all of us takes all of us.

CHASE GLENN
EXECUTIVE DIRECTOR, ALLIANCE FOR FULL ACCEPTANCE

TABLE OF CONTENTS

EXECUTIVE SUMMARY .................................................. 5
FINDINGS ................................................................. 6
RECOMMENDATIONS .................................................. 14
GLOSSARY ............................................................... 16
ACKNOWLEDGEMENTS ................................................. 18
EXECUTIVE SUMMARY

ALLIANCE FOR FULL ACCEPTANCE (AFFA) commissioned a needs assessment study in 2018 with the goals of bolstering discussion of LGBTQ perspectives, issues, and concerns in Berkeley, Charleston, and Dorchester Counties of South Carolina (“the tri-county area”); building a regionally relevant and focused programmatic strategy; and raising its visibility among community stakeholders. Prior to this study, there was no existing research specifically centered on the unique experiences, assets, and needs of the LGBTQ community in the tri-county area.

In order to design and execute this study, AFFA recruited two external partners: the College of Charleston’s Community Assistance Program (CAP) and the Medical University of South Carolina’s (MUSC) College of Health Professions. Researchers at both institutions, in consultation with AFFA, designed a study with two main components: an online survey and focus groups. Launched in August of 2018, the survey was completed by 1,436 respondents in the tri-county area, and utilized snowball sampling, which involves identifying stakeholders through referrals from others. As the first comprehensive examination of its kind, the survey provides much needed information about the demographic composition of the tri-county LGBTQ population. Perhaps most importantly, three areas of need were examined: personal and financial well-being, mental and emotional health, and personal safety. All three areas of need were combined into a single scale and regression analysis was used to assess who among the LGBTQ population is most vulnerable. Based, in part, on the survey results, the focus groups were held in January and February of 2019 and included five key demographic groups: all LGBTQ people, transgender people, people age 35 and younger, people age 55 and older, and Berkeley County residents.

Five recommendations emerge from the survey, analysis, focus groups:

1. Create resources and programming to address LGBTQ healthcare needs
2. Engage in outreach to connect with young members of the LGBTQ community
3. Develop resources to help community members navigate support programs
4. Elevate the standing of groups within the tri-county area LGBTQ community for whom marginalization is compounded by intersecting identities
5. Plan and launch cultural awareness campaigns with strategic community partners to counteract biases and misperceptions about LGBTQ persons
“My father and his entire side of the family disowned me for being gay when I was 16.”
The survey showed that many in the LGBTQ community do not feel loved or accepted by their families. Some have to hide their true identity, some were kicked out of their homes, and at the most basic level, there are many who do not have someone in their family who helps them feel good about themselves. **Conclusion:** When families don’t offer support, it fosters a feeling that LGBTQ individuals aren’t loved by the people who mean the most to them.

---

40% of trans people have few or no family members who know their gender identity

MORE THAN HALF of all respondents experienced being criticized by their family for their LGBTQ identity

---

57% of respondents said they did not experience having someone in their family who helped them feel good about themselves

---

25% of queer people have few or no family members who know their sexual orientation

---

75 individuals reported having been kicked out of their homes because of their LGBTQ identity
“[I was] forced to go back into the closet for 15 more years in order to secure stable employment.”
The survey showed that many in the LGBTQ community are afraid to be themselves where they work. They know of people who were fired for being gay or transgender and they don’t want to lose their jobs. To compound the issue, those who are working, are often making less than their straight and cisgender counterparts.

**Conclusion:** LGBTQ workers need to feel safe in their places of employment and respected for who they are where they work.

- **250+ respondents** worry they will be fired because of their LGBTQ identity
- **41%** heard people at work criticizing LGBTQ people
- **165 respondents** were told not to let others know their identity in the workplace

**PERSONAL INCOME**

Those who participated in the study overall have **lower incomes than the general public**—even though our respondents had more education than the general public.

On average, **non-cisgender individuals** make even less than cisgender people.
“I don’t think I’ve ever had a doctor proactively ask me about my sexual orientation or gender identity. If they don’t ask for this basic information, how can they know how to treat me?”
The survey showed that many in the community aren’t sure where to find an LGBTQ-competent doctor. Whether it’s finding a doctor willing to prescribe hormones for a transgender patient or one who knows answers to questions about HIV prevention, our community often struggles to find quality and informed care. 

**Conclusion:** Healthcare providers need to take steps to educate themselves to better serve the LGBTQ community.

51% reported their partner **not being treated like family** by their healthcare providers.

50% of non-cisgender respondents reported their doctors **didn’t know their gender identity**.

41% of respondents said their doctors **didn’t know their sexual orientation**.

“My doctor hadn’t even heard of PrEP.”

MORE THAN ONE-THIRD of all respondents felt like doctors didn’t know the answers to their questions.
“There are places where my wife and I go and we immediately get a bad vibe. It’s like, ‘Nope. We’re not holding hands here. This is not a safe space.’”
The survey showed that many in the LGBTQ community are struggling with depression, anxiety, and thoughts of suicide. Members of our community are often fearful in public and these feelings of insecurity and hopelessness have led many to consider moving out of the area. **Conclusion:** Mental health professionals need to be aware of the specific challenges LGBTQ people face and policy makers need to take steps to create communities that are safer and more welcoming to the LGBTQ community.

207 people said they have been attacked on the street before

52% said they have felt sad or depressed for a long time

**1 out of 4** said they have thought about killing themself—**5X THE S.C. AVERAGE**

“Mental health resources are lacking overall in the South... [and] for marginalized communities it’s lacking even more.”

*According to the National Survey on Drug Use and Health, 4.2% of all South Carolinians have thought about killing themself

35% said they have felt they could not show affection in public in the last year

33% people said they have self-medicated

94% of Black/African American respondents said coming out in their community is less accepted

30% said they have considered moving from the Tri-County area
RECOMMENDATIONS

**BUSINESS LEADERS**

- Review and implement comprehensive non-discrimination policies that include sexual orientation, gender identity, and gender expression
- Implement Diversity, Equity & Inclusion Training that is inclusive of LGBTQ issues
- Institute equal benefits coverage that includes LGBTQ-inclusive family leave policies, transgender-inclusive health insurance plans, and coverage for fertility treatments
- Financially contribute and cultivate partnerships with LGBTQ community organizations

**LGBTQ COMMUNITY LEADERS**

- Intentionally engage in outreach to connect with both young and aging members of the LGBTQ community
- Intentionally engage communities of color in programming and elevate the standing of groups already doing this work within these communities
- Create resources and programming to address LGBTQ healthcare needs
- Create partnerships with other organizations working with the LGBTQ community to share resources and maximize efficacy

**POLICY MAKERS & CIVIC LEADERS**

- Advocate for and pass uniform non-discrimination laws and ordinances that include sexual orientation, gender identity, and gender expression
- Advocate for and pass ban on LGBTQ conversion therapy (also known as “reparative therapy”)
- Enact policies that contractors may not discriminate against any employee or applicant for employment on the basis of sexual orientation, gender identity or gender expression
- Establish a Commission on LGBTQ Issues to study the issues that exist for LGBTQ residents, make policy and legislative recommendations, and work to effectuate their implementation

**COMMUNITY MEMBERS & ALLIES**

- Advocate for LGBTQ-inclusive protections and policies within your workplace, school, religious group, or social club
- Be visible— Attend rallies, festivals, days of remembrance services, and fundraisers to visibly support the LGBTQ community
- Support businesses that have LGBTQ-inclusive anti-discrimination policies
- Schedule a time to talk to someone at AFFA about how you can get involved
GLOSSARY

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

BISEXUAL
A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.

CISGENDER
A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

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

GENDER
A set of social, psychological, and/or emotional traits, often influenced by societal expectations, that classify an individual as man, woman, a mixture of both, or neither.

GENDER IDENTITY
One’s innermost concept of self as male, female, a blend of both or neither—how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.

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

NON-CISGENDER
For the purposes of this survey, the term “non-cisgender” aggregated the following identity categories: Transgender Man, Transgender Woman, Genderqueer, and Nonbinary/Nonconforming.

QUEER
A term people often use to express fluid identities and orientations. Often used interchangeably with “LGBTQ.”

SEXUAL ORIENTATION
An inherent or immutable enduring emotional, romantic or sexual attraction to other people.

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.
ACKNOWLEDGEMENTS
ACKNOWLEDGEMENTS

This study and report were produced by the Tri-county Area LGBTQ Community Needs Assessment Team:

CHASE GLENN, MA
Executive Director
Alliance For Full Acceptance

Ali Titus, MPA
Director, Community Assistance Program
College of Charleston

Kendra Stewart, PhD
Director, Joseph P. Riley Center for Livable Communities
College of Charleston

Jessica Giffin
PhD Candidate in Nursing Science
MUSC College of Nursing

Nicholas Mercer, MPA
Graduate Assistant, Community Assistance Program
College of Charleston

Lauren Gellar, PhD, MS, MCHES
Director, Division of Healthcare Studies & Associate Professor
MUSC College of Health Professions

Jordan Ragusa, PhD
Associate Professor of Political Science
College of Charleston

Topher Larkin
Vice President, Board of Directors
Alliance For Full Acceptance

Stephen Fletcher, MPA
Graduate Assistant, Community Assistance Program
College of Charleston

This report was made possible by these generous contributors:

Linda Ketner • MUSC College of Health Professions • Weston Milliken
Chris Desino • Brandon Osborne • Palmetto Community Care

Thank you to these partners for their invaluable support:

The Board of Directors of
The Alliance For Full Acceptance

Kelley Doherty
2016-18 President, Alliance For Full Acceptance Board of Directors

Tim Sweeney, Freeman Foundation

Janet Bronstein, PhD, University of Alabama
Birmingham, “Living LGBTQ in Central Alabama” Planning Committee

Dorian Juarez, Grindr4Equality

Bob Kahle, PhD
Joseph P. Riley Center for Livable Communities

Colleen Condon
President, Alliance For Full Acceptance Board of Directors
Weston Milliken, Freeman Foundation

Keisha Farmer-Smith, LSW, PhD
and Mary Morten, Morten Group

Amy Kofoid, PhD
University of South Carolina Upstate Spartanburg County
LGBTQ Needs Assessment Team

Genie & George Taylor
“Living LGBTQ in Central Alabama” Planning Committee

Thank you to our focus group facilitators:

Macy Adams, MPA
College of Charleston Community Assistance Program

Kendall Deas, PhD
College of Charleston Department of Political Science

Vanita Reid Deterville
College of Charleston Political Science Program

Nicholas Mercer, MPA
College of Charleston Community Assistance Program

Devon Turner
College of Charleston Master of Public Administration Program

Thank you to our community partners for their assistance with recruitment:

Charleston Activist Network
Charleston Area Transgender Support
Rev. David Smith, Charleston Metropolitan Community Church
Charleston Pride
Charleston Prime Timers
DaNine Fleming, PhD, MUSC Department of Diversity, Equity, and Inclusion
Palmetto Community Care
Roper St. Francis Ryan White Wellness Center
Rev. Robert Arrington, Unity Fellowship Church
We Are Family

Design by Griffin & Co