



LGBTQIA+ RESIDENT WELLBEING IN GREATER HARTFORD

Results from Stakeholder Interviews and a
Scoping Review of Publicly Available Data

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DataHaven



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About DataHaven

DataHaven is a non-profit organization with a 30-year history of public service to Connecticut. Our mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, D.C. Learn more at our website <https://www.ctdatahaven.org/>

Glossary

Terminology used to describe the members and experiences of the LGBTQIA+ community vary based on region, culture and context. Below we have included the terms and definitions of the words used in this report, though this does not necessarily reflect the best terminology to be used in all situations.^{1,2} When in doubt ask organizers or organizations for the preferred language in their spaces.

- **LGBTQIA+** is an abbreviation for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and more.
 - **Queer** is an umbrella term used to refer to anyone who is not cisgender or is not heterosexual. This term tends to be used by younger LGBTQIA+ people and can be controversial due to its common usage as a slur until recent generations.³ For the purposes of this report, it primarily appears in quotes from interviewees.
- **Transgender** is an umbrella term for people whose gender identity differs from their sex assigned at birth.
- **Cisgender** refers to someone whose gender identity aligns with their sex assigned at birth.
- **Non-binary** is a term used by people whose gender identity is not exclusively man or woman. While transgender is used as an umbrella term that is inclusive of nonbinary people, not all nonbinary people identify as transgender.
- **Intersex** people are born with physical sex characteristics that fall outside the strict male/female sex binary.
- **Two-spirit** is a pan-Native American term that bridges white Western and Indigenous understandings of gender and sexuality.

¹ "Glossary of Terms," HRC Foundation, May 31, 2023,

https://www.hrc.org/resources/glossary-of-terms?utm_source=ads_ms_HRC_20240306-HRC-AW-GS-Natl-GlossaryRP_GlossaryKeywords_a002-responsive-rst_b:lgbtqia%20definition&gad_source=1&gclid=Cj0KCQjw9vqyBhCKARIsAIlcLMHC37jzb_daLvJNjXDRz4khGskGdcct_upUFV4rVm_qcP9MS81TZG4aAge_EALw_wcB.

² "LGBTQIA Resource Center Glossary," UC Davis, July 21, 2023,

<https://lgbtqia.ucdavis.edu/educated/glossary#:~:text=LGBTQIA%2B%3A%20Abbreviation%20for%20Lesbian,the%20community%20as%20a%20whole>.

³ Juliette Rocheleau, "A Former Slur Is Reclaimed, And Listeners Have Mixed Feelings," *National Public Radio*, August 21, 2019, <https://www.npr.org/sections/publiceditor/2019/08/21/752330316/a-former-slur-is-reclaimed-and-listeners-have-mixed-feelings>.

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Introduction

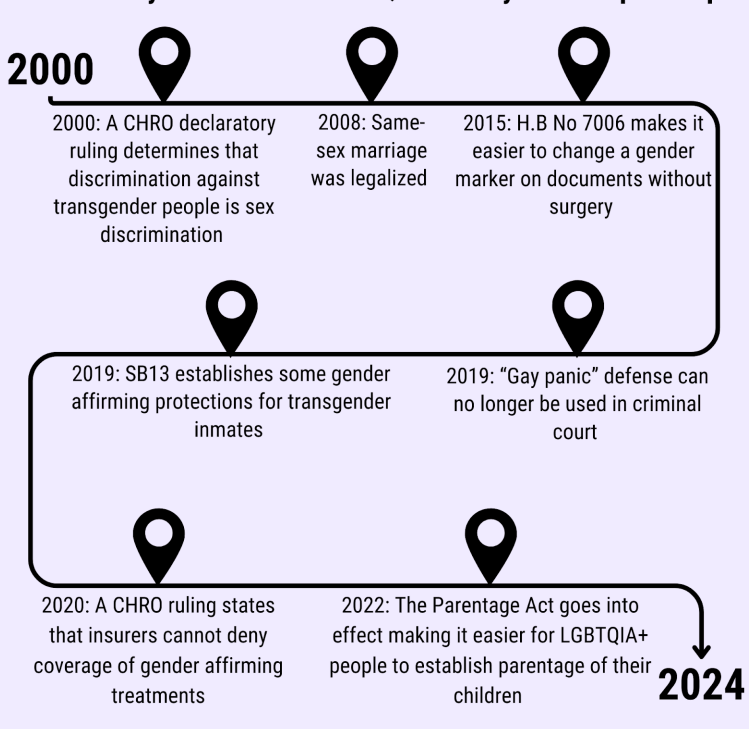
This project was conducted in partnership with the Hartford Foundation for Public Giving (The Foundation) with the shared goal to illuminate the current state of the LGBTQIA+ community in the Greater Hartford area. It is our hope that this information will aid organizations and funders in better directing resources to meet the needs of this community. The project was undertaken in the context of an increasing number of people identifying as LGBTQIA+ in Connecticut,⁴ alongside increased introduction of anti-transgender bills in state legislatures nationwide. The economic impacts of the COVID-19 pandemic magnified existing disparities including those affecting the LGBTQIA+ community. While the focus was on the Greater Hartford area, due to issues with data availability, much of the quantitative data concerns Connecticut residents as a whole. As discussed in the qualitative section, this may offer a more holistic view of the population being served by Hartford-area organizations due to the need to travel across regions within the state to access the most appropriate resources and care.

The goals of this research project were to understand the landscape of programs and policies as well as the health and wellbeing of LGBTQIA+ people in the Greater Hartford region. The two main research questions guiding our efforts were:

- What is the availability of sexual orientation and gender identity (SOGI) data in the Greater Hartford region?
- What is the health and wellbeing status of the LGBTQIA+ community in the Greater Hartford region?

Connecticut, and Greater Hartford within it, is considered to be a relatively protective state in terms of policies affecting LGBTQIA+ residents. It legalized same-sex marriage seven years before federal legalization and in addition to a robust history of judicial wins regarding parental rights of same-sex couples,⁵ it recently passed the Parentage Act

21st Century Connecticut LGBTQIA+ Policy Landscape Sample



⁴ Amy Griffin et al., "CONNECTICUT LGBTQ+ COMMUNITY SURVEY: NEEDS ASSESSMENT REPORT," 2021, <https://www.ctclearinghouse.org/Customer-Content/www/files/PDFs/LGBTQ-Needs-Assesment-Survey-Report-Final-compressed.pdf>.

⁵ Legal Advocates and Defenders. "Cases and Advocacy: Connecticut," n.d. https://www.glad.org/our-impact/cases/?_cases_locations=connecticut.

which further advanced these rights.⁶ The history of LGBTQIA+ activism in Connecticut dates back to the state's inception in 1639 with the modern era of activism considered to begin in the mid-20th century.⁷ Connecticut also boasts comparatively strong employment, financial and medical protections in the context of its national peers.⁸ These factors create a stronger foundation for the LGBTQIA+ community in Connecticut, but don't translate to equal outcomes, as will be explored in this report.^{9,10,11,12,13,14,15}

In order to ground the project, an understanding of what data already existed was needed. In 2021, a statewide needs assessment of the LGBTQIA+ community was conducted by the Yale Consultation Center and LGBTQ+ Justice and Opportunity Network (formerly known as The Connecticut LGBTQ+ Health and Human Services Network). This survey collected data from over 3,000 LGBTQIA+ adults in Connecticut through an online form. Over 2,700 adults answered all 112 quantitative questions.¹⁶ Their publicly released report was invaluable in guiding our subsequent research.

At the state and federal level, SOGI data is rarely collected and when it is, it is often not available in a disaggregated form. The US Census Bureau's annual American Community Survey has asked questions about married and cohabiting same-sex couples since 2019, and their Household Pulse Survey began asking SOGI questions in 2021. Same-sex marriage was federally legalized in 2015 and in Connecticut in 2008,^{17,18} serving as one indicator of how recently LGBTQIA+ people have been legally marginalized and one reason why data collection may not have been feasible in the past. DataHaven has collected SOGI data as part of our Community Wellbeing Survey since 2018 though it has not been comprehensively published to date. More detail about specific datasets used are available in the body of this report. Additionally, in a recent publication, DataHaven explores in more detail the public availability of disaggregated SOGI data across nearly 100 datasets and the implications of the amount and quality of data available. That report, titled *Invisible in Data, Excluded from Research: A Literature Review of Sexual Orientation and Gender Identity Data*, can be accessed [here](#).¹⁹

⁶ "CONNECTICUT PARENTAGE ACT," Chapter 818 § (n.d.), https://www.cga.ct.gov/2022/sup/chap_818.htm.

⁷ "Historic Timeline of Connecticut's LGBTQ Community," Connecticut Museum of Culture and History, accessed January 4, 2024, <https://www.connecticutmuseum.org/lgbqtimeline/>.

⁸ "Connecticut State Scorecards," Human Rights Campaign, accessed January 4, 2024, <https://www.hrc.org/resources/state-scorecards/connecticut-4>.

⁹ "CHRO Declaratory Ruling on behalf of John/Jane Doe", Commission on Human Rights and Opportunities, <https://portal.ct.gov/chro/education-and-outreach/public/chro-declaratory-ruling-on-behalf-of-johnjane-doe>

¹⁰ "Frequently Asked Questions About Same-Sex Marriages", CT Department of Public Health, <https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/communications/pdf/faqsforsex.pdf>

¹¹ "Public Act No. 15-132: An Act Concerning Birth Certificate Amendments", CT General Assembly, <https://www.cga.ct.gov/2015/ACT/PA/2015PA-00132-R00HB-07006-PA.htm>

¹² "OLR Bill Analysis: An Act Concerning Fair Treatment of Incarcerated Women", Office of Legislative Research, <https://www.cga.ct.gov/2018/BA/2018SB-00013-R01-BA.htm>

¹³ "Public Act No. 19-27: An Act Concerning Gay and Transgender Panic Defense", CT General Assembly, <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00027-R00SB-00058-PA.pdf>

¹⁴ "Declaratory Ruling on Petition Regarding Health Insurers' Categorization of Certain Gender-Confirming Procedures as Cosmetic", CT Commission on Human Rights and Opportunities, <https://ctchro.wordpress.com/wp-content/uploads/2020/04/declaratory-ruling.pdf>

¹⁵ "Chapter 818: Connecticut Parentage Act", CT General Assembly, https://www.cga.ct.gov/2022/sup/chap_818.htm

¹⁶ Amy Griffin et al., "CONNECTICUT LGBTQ+ COMMUNITY SURVEY: NEEDS ASSESSMENT REPORT," 2021

¹⁷ *Obergefell v. Hodges*, 576 U.S. ___ 2015, No. 14-556 (U.S. Supreme Court June 26, 2015).

¹⁸ *Kerrigan & Mock v. Connecticut Dept. of Public Health*, GLAD, accessed January 4, 2024, <https://www.glad.org/cases/kerrigan-mock-v-connecticut-dept-of-public-health/>.

¹⁹ Anyuyue Feichu Ai, "Invisible in Data, Excluded from Research: A Literature Review of Sexual Orientation and Gender Identity Data" (DataHaven, 2024), <https://www.ctdatahaven.org/sites/ctdatahaven/files/Invisible%20in%20Data%200524.pdf>.

Findings

Our methods for data collection and analysis are available in the appendix of this report.

Key informant interviews

Interviewees were asked about their organization, their relationship with data, the strengths and needs of LGBTQIA+ community and priorities for their work as it pertains to this community. Additionally, a handful of themes emerged across interviews which are also explored below.

ID	Data - collected	Data - needed	Data - challenges	Data - use	Data - general	Data - length of time
1	1	0	1	1	0	0
2	1	1	1	1	1	1
3	1	1	0	1	1	0
4	1	0	1	1	1	1
5	1	1	1	1	0	0
6	1	0	1	0	1	1
7	1	1	1	1	0	0
8	0	1	0	1	0	0
9	1	0	1	1	1	1
10	1	1	1	0	0	0
11	0	1	0	1	0	0
12	1	1	0	0	1	1
13	1	1	1	0	1	1
14	1	1	1	1	0	0
15	1	1	0	1	0	0
16	1	1	0	0	0	0
17	0	0	1	0	0	0
18	1	1	1	0	1	1
Total	15	13	12	11	8	7

Relationship to data

Organizations that worked with LGBTQIA+ people had a complex relationship with data collection and transparency. Many organizations felt that what they collected was not considered data because they did not undertake systematic research or survey processes. However, these same organizations were having conversations with LGBTQIA+ families and community members both within and outside of the state of Connecticut that yielded rich information about the needs of this community. This indicates a potential disconnect between the community's understanding of what data is and what is actually available. Comprehensive quantitative data is important to understand scope and spread of needs and qualitative data can be illuminating in regards to specific experiences and perceptions of the community.

A few organizations also spoke of the need for more clear resources on best practices for working with LGBTQIA+ people, particularly youth. They found it difficult to determine which resources were accurate and timely given the breadth of experiences and the continually evolving nature of the needs and preferences of LGBTQIA+ people.

There was concern among interviewees about balancing the need for data transparency and collection with the safety and privacy of participants. In some cases, an increased push for data collection was spurred on by grant requirements, but was sometimes also initiated by the organizations with the aim of obtaining a more holistic picture of the community. Related to this was the importance of trust between community members and organizations, but also between both of those parties and the institutions that fund programs and make policy. Lack of trust of institutions on the part of some community members or organizations led to decreased data collection.

The organizations intended to use data that they possessed or desired in a few main ways:

- Raise awareness of need
- Advocate for policy changes
- Direct program/organizational resources
- Understand best practices

One participant spoke of the importance of not centering quantitative data alone, expressing that organizations are making the “... *same mistake over and over...walking into any place where there are human beings...and believing that statistics and numbers are going to sway hearts.*”²⁰ This indicates the importance of balancing quantitative data with individual stories and qualitative data when undergoing work in this sphere.

Pressing issues

Interviewees were asked about the most pressing issues they saw to be affecting the LGBTQIA+ community in Greater Hartford, though their responses often applied to all of Connecticut. Many of these are explored in the sections below but will be summarized in a more condensed way here:

- Ability of youth to be themselves
- High vulnerability due to intersecting identities of marginalization
- Unique and under understood needs of the aging LGBTQIA+ population
- Affordable, safe and accessible housing access
 - High levels of homelessness and lack of sufficient access to appropriate shelter
- Social isolation, especially in the aftermath of COVID school shutdowns
- Access to gender affirming care
- Bullying in schools
- Third spaces, especially for youth
- Discriminatory treatment of trans and gender nonconforming people in medical and mental health settings
- Anti-trans and anti-gay legislation

When speaking about the need for LGBTQIA+ youth to be themselves in school, one participant shared:

“The most pressing issues are...official acceptance, and like making it real casual, to just be yourself, especially in a school setting. The idea [is] that, like, it’s a big deal when a teacher uses the correct name. And it makes it really hard to get other peers on board,

²⁰ Interview 9

when like, the official stance is like, 'I'm doing you a favor by treating [you] like this' is like a big one that we hear pretty repeatedly.”²¹

Another outreach worker spoke of the lack of services for transgender women dealing with domestic violence and substance abuse. They shared:

“What I have a problem with, and, and I feel really bad about it, is getting [transgender people] into housing, into shelters, getting them into domestic violence shelters– [the programs] don't know how to house them...At the end of the day they're still a human being.”²²

This outreach worker eventually got their client into a substance abuse recovery program in California because the programs in Connecticut did not have available appropriate beds. As a result this woman, who was experiencing intersecting crises, was removed from her community in order to receive care. Many of these services can be difficult to access, particularly for those who are economically or otherwise marginalized and this lack of access is compounded by fear of discrimination based on gender identity or sexual orientation.

Priorities

Looking to the future, organizations had a myriad of goals and priorities for the LGBTQIA+ community over the next few years. A sample is included below:

- Expanding youth-focused LGBTQIA+ spaces
- Including voices that have otherwise been left out of the discussion around LGBTQIA+ needs
- Improving and standardizing school climate surveys to collect SOGI data
- Increasing available funding
- Increasing access to LGBTQIA+ data and research
- Improving inclusivity in clinical settings including mental health
 - Establishing alternative and more affirming options for crisis mental health treatment
- Improving access to housing and shelter
- Keeping LGBTQIA+ children alive

In the context of that last goal, one participant shared

“The goal for the [organization] is to keep the kids alive, period...almost all either attempt, or they're survivors of multiple attempts to suicide...In fact, when I sit with those parents they just want to get them through the teenage years, through adolescence, they want to keep them alive. And it's very helpful to me that there are parents like that, but number one, is to help them to continue to love their children. And we support the children and what they need, so they'll stay alive, and to see far enough ahead, that there's a hope that there's joy, and there's a full life waiting for them.”²³

A very simple goal is guiding much of the work being done by LGBTQIA+-serving organizations in the Greater Hartford area and that is to simply keep the community members alive.

²¹ Interview 1

²² Interview 6

²³ Interview 17

Strengths

In the face of increasing animus it is important to highlight the strengths of the LGBTQIA+ community. Participants were asked about the perceived strengths of the community in Greater Hartford as part of the semi-structured interview questions. Here is what they listed:

- Willingness to care for each other
- Politically educated
- Focused on intersectionality
- Resilient
- Humorous
- Creating space for themselves
- Joyful

Emergent themes

Participants introduced a handful of consistent themes across the interviews that have indicated important considerations for the LGBTQIA+ community and those that work with them. A table of which interviews discussed these themes is available in the appendix.

Connecticut's national role

Participants spoke of Connecticut in relation to the political climate of the rest of the country. These discussions covered a few main topics:

- The idea of Connecticut as a safe haven for LGBTQIA+ people, in particular transgender people
- The idea that Connecticut has room for improvement in terms of the safety of LGBTQIA+ people
- The effect of hostile climates nationally on the experiences of LGBTQIA+ people in Connecticut

Participants spoke of a few dimensions in which Connecticut's relatively strong LGBTQIA+ protections created a safe haven for residents of other states. One is that people, particularly children, could travel here for gender affirming care. One participant shared that this issue was among their legislative priorities for this year:

*"We work to build a set of priorities for the legislative session, both broad issues that we're hoping to promote and build awareness around and specific policies that we're hoping to advance in the legislature. Right now, those really are centered on school climate, and the treatment of LGBTQ students and families, the needs of families with trans and non-binary children moving to Connecticut from other states, or coming to Connecticut to receive services, and go home."*²⁴

This was one of several participants to mention this phenomenon of LGBTQIA+ people moving to Connecticut from states that more harshly marginalize them. Stakeholders discussed this trend anecdotally, as something they were aware of through first- or second-hand interactions with families undertaking this process. While none of the participants had a specific number for how many times this has happened, according to the interviews, at least a handful of families

²⁴ Interview 3

have either moved here or traveled over state lines for care. This phenomenon has implications for resources and policies needed in these areas, and warrants further research.

The status of Connecticut as a relatively affirming state within a country where some other states are becoming increasingly hostile to LGBTQIA+ lives was discussed among participants. This broader climate had an effect both on how LGBTQIA+ people felt about living in Connecticut and about living in the United States. One participant shared,

“We just had the [organization name] come and do a large presentation about the laws that are being passed nationally, and how they’re seeing that impact our youth, even though Connecticut is right now a safe place in terms of our laws, kind of the emotional, social emotional impact that they’re seeing among this community, as the rest of the country decides that they want to change their laws.”²⁵

Despite Connecticut’s relatively affirming status, the stress of the broader climate has negative implications for the health and wellbeing of the LGBTQIA+ population.

Finally, interviewees also saw Connecticut as a “beacon of hope” and a political role model for other areas. This is distinct from the above discussion of people moving to Connecticut as it likely affects both individuals and policymaking outside of Connecticut borders. This position as a role model was highlighted by one interviewee when they shared,

“The results speak for themselves. Connecticut as a community has been a consistent early adopter of some of the most important moments of progress... in the country...Connecticut is seen as an example of like, where a community that is organized, where change can happen and I know it has to do with our culture.”²⁶

Connecticut’s status as a role model is related to the state’s relatively affirming policies but was also expressed with a sense of frustration by some interviewees who felt that this status was leveraged to avoid further progress.

Information seeking

LGBTQIA+ people and the organizations that serve them sought information largely by word of mouth in the absence of reliable, centrally-located information or to contend with insufficient cataloging of resources and events through traditional means such as internet search engines. Nine interviewees brought up this topic organically.

The information-seeking role also existed within organizations in formal navigator roles. One organization employed a navigator who connected men who have sex with men (MSM) to bloodborne pathogen testing and safer sex resources like Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and condoms. Another large organization had a navigator on staff that served as a resource for anything LGBTQIA+ clients might need including understanding what medical services are available, connecting clients to those services, and serving as a point of contact for any questions or concerns about their experiences in relation to their LGBTQIA+ identity. These roles serve a key part of ensuring cultural competence and connecting with LGBTQIA+ clients who may have historically been marginalized in these spaces. An outreach worker shared:

²⁵ Interview 12

²⁶ Interview 3

“Well I go out to like the [service organization] every Monday to do testing. So if you don't know your community, it's gonna get hard, it's going to be hard for you to get somebody tested...So I make everybody comfortable before I get started testing them, I sit down with them. I sit in the lounge in the area with them, talk to them have a-- you know, get them to trust me, then you can get people tested because a lot of people don't want to get tested because of [lack of] trust.”²⁷

Another participant spoke of a friend who had recently moved to the state who did not know where to access gender-related services and served as the point of contact to locate them.

“And my trans friend just moved back to Connecticut. And was like, ‘I need a name change and what are the good orgs’...I had like five on hand ...I was like, ‘Okay, so we're doing something here’ because they said Google wouldn't really tell them.”²⁸

An additional interviewee spoke of the experience of realizing they were trans over a decade ago. They shared,

“When I came up—and I transitioned [over a decade] ago— there was none of this. Nobody talked about it. There were no people, there were no characters on TV, there was no medical studies, there was none of that. And nobody knew anybody. I got to meet someone else because they were a friend of a friend and I met them at a Starbucks. And that's the way I started my journey.”²⁹

These experiences show how important that personal network of information sharing among LGBTQIA+ people has been and continues to be. Participants openly shared experiences with accessing gender affirming care and LGBTQIA+ friendly businesses during their interviews based on personal experience and second-hand information from people in their own networks.

Funding

Funding came up organically in multiple contexts. Most interviewees were speaking on behalf of nonprofit organizations, leading to a focus on funding sources especially in the context of expanding programs. One participant spoke of the program they were employed by ending due to lack of funding at the end of the fiscal year. Despite the lack of funding, they indicated a desire to continue the work in some capacity, even on a volunteer basis. Another organization that engaged in direct services spoke of a similar program that has been ongoing despite insufficient funding. They shared,

“And there are people willing to do the work, but we need people to fund that. Because this [organization] is struggling financially, as most [organizations] are. But the good of what we do is not for the [number of] people that are members, the good that we're doing is out in the community”.³⁰

These examples illustrate two things:

1. The dedication of some of the employees and organizers involved in the LGBTQIA+ space, and
2. The importance of ongoing funding for initiatives aimed at supporting this community.

²⁷ Interview 6

²⁸ Interview 15

²⁹ Interview 17

³⁰ Interview 17

Another concern of one organization was what funding was appropriate for them to seek out. Due to the nature of their work they served disproportionately LGBTQIA+ people but were not an organization that sought specifically to serve LGBTQIA+ people. Though they took steps to ensure cultural competency, they did not feel it was their place to accept funding that was meant for LGBTQIA+ people, leaving them in a gray area when seeking grants. They shared,

“We’ve seen some of these, like grants that have come out that are LGBTQ specific. And we really hemmed and hawed about even going after them because of a couple of reasons. One, we really feel strongly internally that we don’t-- that while we serve a disproportionate population that happens to also be LGBTQ, that our services are not differentiated based on that, right, and that our programs are not like, we’re not like a, you know, a Pride Center, we’re not a place where it’s like come to us because of your identity, right, we are a resource for you, we just happen to serve a population, that because of their identity, they are disproportionately victimized. So, so far, just totally, fully transparent. We’ve not gone after any funding that has been LGBTQ specific, and we have not developed any programming that is LGBTQ specific. And I think there are pros and cons to that.”³¹

This sentiment was echoed by other organizations particularly in the context of intersectional work. This could be addressed with more intersectional funding or outreach by funders to the types of organizations that undertake this work.

Relatedly, participants spoke frequently about the loss of the former LGBTQIA+ youth-serving organization True Colors. While determining the reasons contributing to the closure of True Colors is outside the scope of this project, the number of times participants brought up this recently-closed organization indicates the echoing impact of loss of services in the relatively small space that is LGBTQIA+ serving organizations and therefore the importance of consistent and adequate funding.

ID	Policies - all
1	1
2	1
3	1
4	1
5	1
6	0
7	0
8	0
9	1
10	0
11	0
12	1
13	0
14	1
15	0
16	0
17	1
18	0
Total	9

³¹ Interview 4

ID	Subpopulations - trans & GNC	Subpopulations - youth	Subpopulations - BIPOC	Subpopulations - economically marginalized	Subpopulations - faith community	Subpopulations - families	Subpopulations - disability	Subpopulation - PWUD	Subpopulations - elderly	Subpopulations - immigrants	Subpopulations - sex workers	Subpopulations - polyamorous people
1	0	1		0	0	0	0	0	0	0	0	0
2	1	1	1	1	0	0	0	0	1	0	0	1
3	0	1	1	1	1	1	0	1	0	1	1	1
4	0	1		0	0	0	0	0	0	0	0	0
5	1	1	1	0	1	0	0	0	0	0	0	0
6	1	0		1	0	0	0	1	0	0	0	0
7	1	0	0	0	0	1	0	0	0	0	0	0
8	0	0		1	0	0	1	0	0	0	0	0
9	1	1	1	0	0	0	1	1	0	0	1	0
10	0	0		0	0	0	0	0	0	0	0	0
11	0	0		0	0	0	0	0	0	0	0	0
12	1	1		0	0	0	1	0	0	1	0	0
13	1	0	1	0	1	0	1	0	0	0	0	0
14	1	0	1	1	0	0	0	0	0	0	0	0
15	1	0	1	1	0	1	0	0	0	0	0	0
16	0	1		0	0	1	0	0	0	0	0	0
17	0	0		0	0	1	0	0	1	0	0	0
18	1	0	0	1	0	1	0	0	0	0	0	0
Total	10	8	7	6	5	5	4	3	2	2	2	1

Discrimination and oppression

Discrimination and systemic oppression of LGBTQIA+ people featured prominently in the discussions around the needs of the community in Greater Hartford. Many of the participants focused their concerns on the broader climate of anti-transgender and anti-LGBTQIA+ bills and policies being proposed both nationally and in-state. Policies targeting transgender youth specifically were brought up with concerns about bills regarding bathroom access, books in school libraries and protections from bullying for school-aged youth.

Other organizations spoke to the impact that these ongoing planes of marginalization have on who they serve as clients. For example, a few organizations who work within a medical context spoke of a need to serve LGBTQIA+ people specifically because of disproportionate rates of chronic illness or trauma that affect the community, leading to a higher medical or mental health need in addition to the need to access gender-affirming care (GAC).

Organizations also spoke about this moment being a backlash to earlier legislative wins for the LGBTQIA+ community, such as same-sex marriage equality or general increased visibility of LGBTQIA+ people in the public eye and media. One organization spoke about the concern for what this current climate will mean for the youth of today, sharing,

*“There will always be a need for us to be showing up in the halls of power, to help our elected officials manage to enact policies that accommodate that change, like that’s what we need. And the other thing that we said, at the time was that we don’t-- like there may come a time when, like when things get worse, and we need to be ready. And unfortunately, that has come to pass. Like that wasn’t the case, when we were starting these conversations, and it’s very much the case today, around the country, we are seeing something that we haven’t seen in 25 years or more in terms of like a crackdown, and backlash that is projected on our community. And Connecticut is comparatively ahead of the curve with that, but not immune... That’s one thing that has changed-- that people do feel vulnerable, and, and are experiencing increases in hate crimes and harassment”.*³²

Other people spoke about the continuing baseline needs of members of the community, such as being able to get a job without being discriminated against or accessing safe and affordable housing. When asked about the most pressing needs in the community, one interviewee said,

*“I will say housing, definitely. Just point blank period. There’s always a gay person that need a couch. And I think like also education. My-- you know, my young cousin is trans and struggled a lot with like, you know, hormones, not being able to find a job, not being able to get her ID. So she couldn’t find a job, struggling in school with her safety, not being able to get her high school diploma.”*³³

indicating that though there are large public legislative wins, intersecting identities of marginalization mean that not everyone has access to the benefits. This was also spoken about by one participant sharing,

“It was really hard to not sneer at the very nice cisgender heterosexual people [who] would come to me and say, ‘Isn’t it wonderful that we got marriage?’ No. We’ve got a real problem with queer young folks who are not cared for at all. And one of the big problems

³² Interview 3

³³ Interview 15

is that whole coming together and collapsing as one...Okay, so it's not 1999, we're not trying to say 'we're just like you', you know, we've got some variants going on now. But we're still trying to collapse into the oneness of what they'll find accessible, acceptable.”³⁴

It is important to center the fact that the experiences of the LGBTQIA+ community are just as broad as the experiences of the wider community. The needs and resources of local residents will vary widely based on a myriad of factors that cannot be adequately parsed out given current information. Approaching community needs with an intersectional and historically-grounded lens is key.

Quantitative data and facilitated discussion

Quantitative data

The quantitative analysis featured in this section was obtained from the Census Bureau’s Household Pulse Survey, DataHaven’s Community Wellbeing Survey (DCWS) and the Connecticut Commission on Human Rights and Opportunities’ yearly discrimination data. The source of each chart is noted at the bottom right of the figure.

Facilitated discussion



Using the information from the qualitative interviews and quantitative database scan, DataHaven and The Foundation convened a facilitated discussion with stakeholders. This discussion focused on what participants thought of the information presented and what they would like to know more about. The group also considered both upstream causes and personal experiences on these topics. The conversations were organized around 11 data placemats. A sample of these placemats are available to view in the appendix of this document. Discussion occurred about 9 placemats with the group choosing to forgo the placemats focusing on the experiences of intersex people and racism. However, the intersection of experiences of racialized individuals were considered in the context of the other placemat topics. Notes from

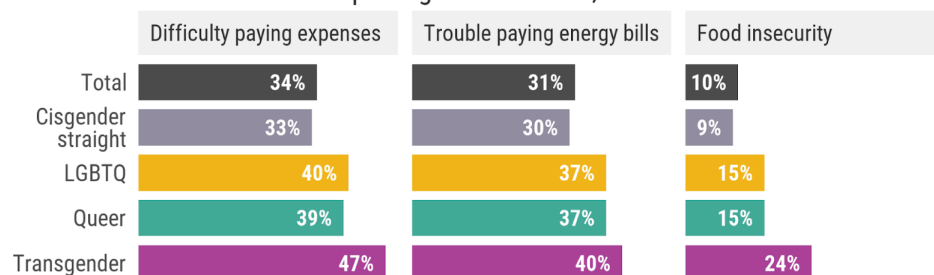
³⁴ Interview 9

the whole-group discussion are available in the appendix but notes from individual groups are withheld for privacy. Conversations spanned across topics and do not neatly fit into the categories below but were included in the section that most applied. The content of these discussions will be examined in the context of the quantitative data shared below.

Financial security

LGBTQ adults report difficulty affording basic needs

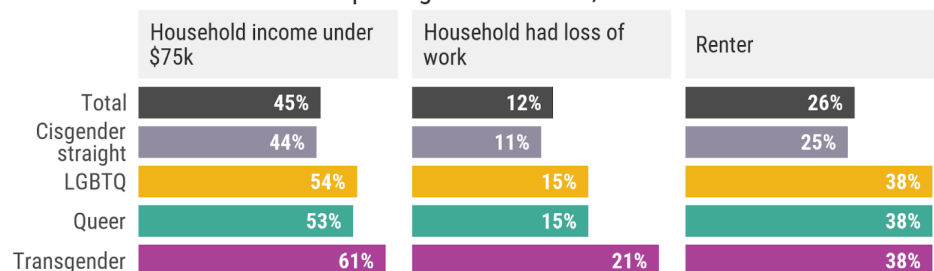
Share of Connecticut adults reporting recent events, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

LGBTQ adults have lower household incomes and are more likely to rent

Share of Connecticut adults reporting recent events, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

A recent Census Bureau report indicated that married same-sex couples had higher median incomes compared to the general population however,³⁵ LGBTQIA+ adults as a whole in Connecticut faced more economic precarity than non-LGBTQIA+ adults. Food insecurity is higher among LGBTQIA+ people and even higher among transgender people specifically with 15 and 24% of the population experiencing it, respectively. This includes people who receive assistance from programs or food pantries.

Renting is used as an indicator of financial insecurity for a handful of reasons. As explored further in the public safety and discrimination section, LGBTQIA+ people experience elevated rates of housing discrimination. While this also occurs when trying to purchase a

³⁵ Brian Glassman, "Same-Sex Married Couples Have Higher Income Than Opposite-Sex Married Couples" (United States Census Bureau, September 17, 2020), <https://www.census.gov/library/stories/2020/09/same-sex-married-couples-have-higher-income-than-opposite-sex-married-couples.html>.

home,^{36,37,38} an LGBTQIA+ person who is renting is more consistently exposed to discriminatory attitudes through more contact with the landlords and property managers who have a direct effect on whether or not their lease is renewed. On average renters also have to move more frequently than homeowners. Renting also indicates fewer financial assets than someone who owns a home. In Connecticut, renters are more likely to spend a higher proportion of household income on housing costs.³⁹ LGBTQIA+ adults are more likely to live in households that make less than the state median income and to be renters.

LGBTQIA+ adults were also more likely to have difficulty paying household expenses than cisgender heterosexual adults. Almost 50% of transgender people specifically struggled to pay expenses. This indicator exists as a broader example of current economic hardship across much of the population as COVID-era assistance waned especially in the context of lower earnings and higher medical expenses among transgender people.⁴⁰

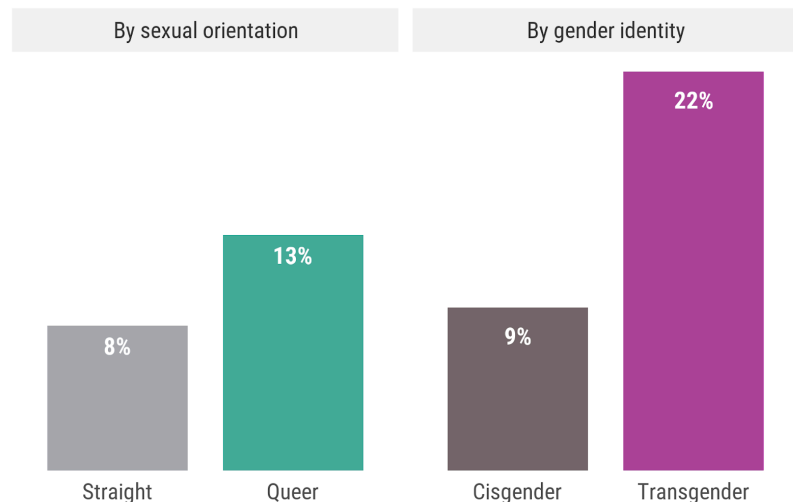
Relatedly, LGBTQIA+ adults were more likely to face recent household job loss than

cisgender heterosexual adults. Currently there are no public datasets that contain disaggregated SOGI data and employment data making it difficult to understand all factors that may have contributed to this gap though the higher rates of employment discrimination highlighted later in this report likely play a role. These indicators combined show a worse economic situation for the LGBTQIA+ population as a whole in Connecticut as compared to the cisgender heterosexual population.

LGBTQIA+ adults were also more likely to experience housing insecurity: transgender adults were 2.4 times more likely to have been housing insecure in the last year compared to

LGBTQ adults are more likely to experience housing insecurity

Share of Connecticut adults housing insecure in past year
By sexual orientation and gender identity, 2018–2022



Source: DataHaven Community Wellbeing Survey

³⁶ Christy Mallory and Brad Sears, "Evidence of Housing Discrimination Based on Sexual Orientation and Gender Identity An Analysis of Complaints Filed with State Enforcement Agencies, 2008-2014" (Williams Institute at UCLA, February 2016), <https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-discrimination-us/>.

³⁷ Diane K. Levy et al., "A Paired-Testing Pilot Study of Housing Discrimination against Same-Sex Couples and Transgender Individuals" (Urban Institute, 2017), https://www.urban.org/sites/default/files/publication/91486/2017.06.27_hds_lgt_final_report_report_finalized_0.pdf.

³⁸ Diane K. Levy et al., "A Paired-Testing Pilot Study of Housing Discrimination against Same-Sex Couples and Transgender Individuals" (Urban Institute, 2017), https://www.urban.org/sites/default/files/publication/91486/2017.06.27_hds_lgt_final_report_report_finalized_0.pdf.

³⁹ "B25140 Housing Costs as a Percentage of Household Income in the Past 12 Months," n.d., <https://data.census.gov/table?q=B25140&g=040XX00US09>.

⁴⁰ Rachel Dowd, "Despite High Rates of Insurance, Transgender People More Likely than Cisgender People to Avoid Health Care Due to Cost," August 18, 2021, <https://williamsinstitute.law.ucla.edu/press/transpop-health-cvd-press-release/>.

cisgender adults, and LGBTQIA+ adults were 1.6 times more likely than non-LGBTQIA+ adults to have been housing insecure.

In the facilitated discussion, financial security was discussed in the context of the greater impact on the mental and social well being of LGBTQIA+ people, beyond buying power. The group discussed the intersectional implications of generational wealth especially for Black and Latine LGBTQIA+ people.⁴¹ The upstream impact of this means that people in power often do not represent these groups and therefore systems that are created do not benefit these groups.

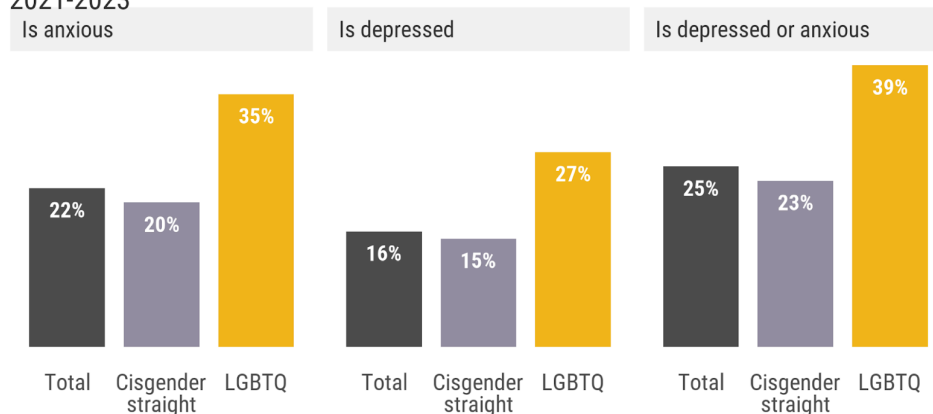
Additionally, because of higher rates of LGBTQIA+ youth being disowned or otherwise financially cut off by their families, these youth enter adulthood at a disadvantage in terms of financial security. This also has implications for self-esteem for youth and young people who may blame themselves rather than a system for their lack of financial security.

The idea of an LGBTQIA+-specific economy was discussed with one example being the fact that there are common mutual aid efforts through peer-to-peer payment apps but that this is still putting a higher burden on a community that already has lower financial means. More information is needed about the specific experiences of LGBTQIA+ renters and employees in Connecticut alongside population level data on LGBTQIA+ employment.

Health and healthcare

Anxiety and depression are much more common among LGBTQ adults

Share of Connecticut adults reporting signs of depression and/or anxiety, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

Indicators related to health and healthcare show more difficulty accessing medical care coupled with a higher burden of need among LGBTQIA+ adults in Connecticut, a difference that is particularly stark for transgender adults. Results from DCWS indicate that LGBTQIA+ adults were 2.1 times more likely to have missed needed medical care in the last year compared to non-LGBTQIA+ adults, and transgender adults were 3.9 times more likely to have missed needed medical care in the last year compared to cisgender adults for the time period of 2018 to 2022. Transgender people who choose to medically transition are in contact with healthcare systems more often in order to access gender affirming care. This makes the rate at which transgender people missed needed medical care in the last year particularly alarming.

⁴¹ Latine is a gender neutral word for Latina/Latino

LGBTQIA+ adults were also more likely to have long COVID and depression and/or anxiety than cisgender heterosexual adults in Connecticut.

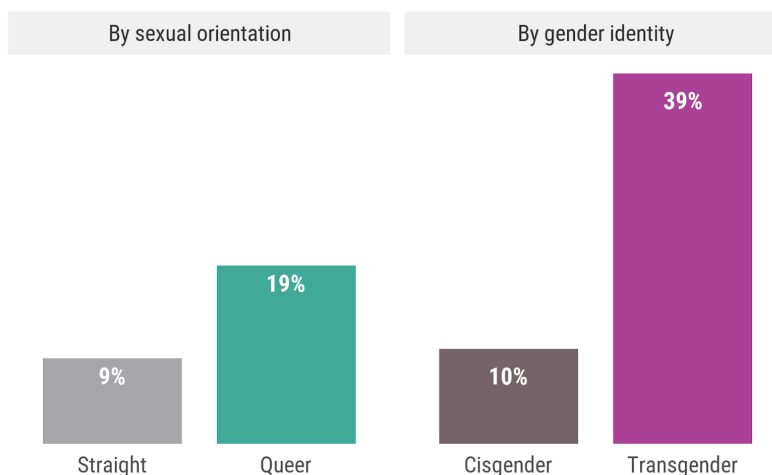
At On Resident

Wellbeing, the group discussed the disparities present in health and healthcare access for the LGBTQIA+ community. The conversation centered on the fact that there is a much higher burden of need in the community, evidenced by higher rates of chronic illness and disability, and yet members of this community face barriers to healthcare access due to

lower financial means and discrimination from providers. Ultimately, the group wanted to understand the causes of these disparities but the analysis required to understand the interlocking upstream causes is beyond the scope of the initial phase of this project. Literature on minority stress theory, weathering and structural marginalization begin to point to broader mechanisms, though may fall short of identifying specific pathways to the disparities seen in the Greater Hartford community.^{42,43,44,45,46,47,48} There was also consideration of who gets access to resources and how to ensure that dehumanization is avoided which warrants further discussion by stakeholders. Many of the organizations present at the event currently conduct the day-to-day work of facilitating conversations, organizing and educating that aims to halt and mitigate the interpersonal and structural barriers to equity.

LGBTQ adults are more likely to not get medical care when needed

Share of Connecticut adults missing needed medical care in past year
By sexual orientation and gender identity, 2018–2022



Source: DataHaven Community Wellbeing Survey

⁴² LE Pachankis et al., "Structural Stigma and Sexual Minority Men's Depression and Suicidality: A Multilevel Examination of Mechanisms and Mobility across 48 Countries," *J Abnorm Psychol* 130, no. 7 (October 2021): 713–26, doi:10.1037/abn0000693.

⁴³ Richard Bränström, "Country-Level Structural Stigma, Identity Concealment, and Day-to-Day Discrimination as Determinants of Transgender People's Life Satisfaction," *Soc Psychiatry Psychiatr Epidemiol*. 56, no. 9 (February 13, 2021): 1537–45, <https://pubmed.ncbi.nlm.nih.gov/33582826/>.

⁴⁴ "Health Policy Brief: Structural Stigma In Law," Health Affairs Forefront, December 8, 2022, <https://www.healthaffairs.org/content/forefront/health-policy-brief-structural-stigma-law>.

⁴⁵ Richard Bränström and John E Pachankis, "Structural Stigma and 7-Year Improvement in Life Satisfaction among Diverse Groups of Sexual Minority Individuals: A Repeated Cross-Sectional Study across 28 Countries," *Social Problems*, 2023, <https://academic.oup.com/socpro/advance-article/doi/10.1093/socpro/spad029/7199922?login=false>.

⁴⁶ "Understanding the Well-Being of LGBTQI+ Populations: LAW, PUBLIC POLICY, AND STRUCTURAL STIGMA" (The National Academies of Sciences, Engineering and Medicine, 2021), <https://nap.nationalacademies.org/resource/25877/Law-and-Public-Policy-Brief.3.pdf>.

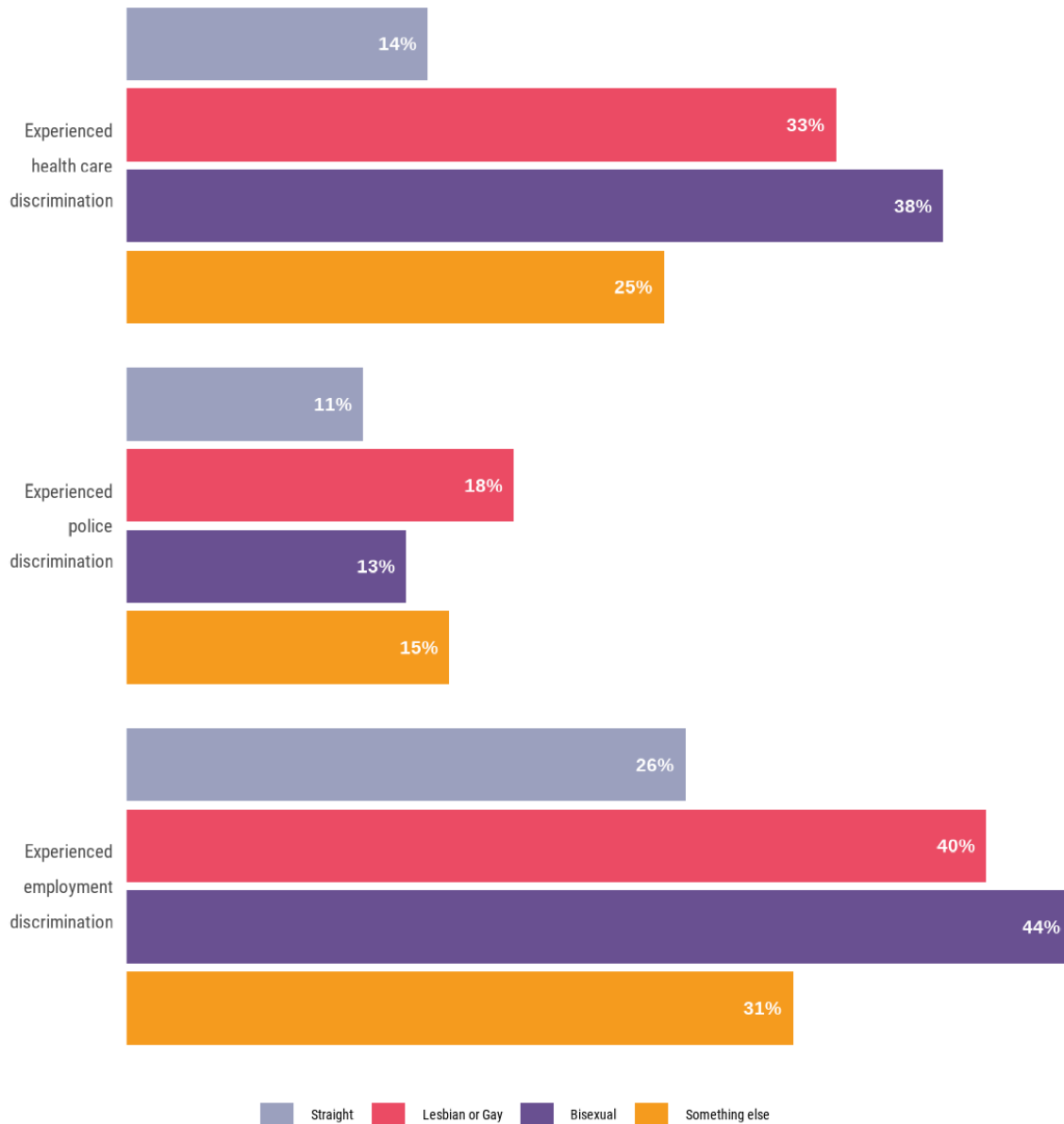
⁴⁷ Athena D.F. Sherman, Kristen D. Clark, and Kelley Robinson, "Trans* Community Connection, Health, and Wellbeing: A Systematic Review," *LGBT Health* 7, no. 1 (January 13, 2020): 1–14, <https://www.liebertpub.com/doi/full/10.1089/lgbt.2019.0014>.

⁴⁸ Peter S. McCauley et al., "Stress of Being Outed to Parents, LGBTQ Family Support, and Depressive Symptoms among Sexual and Gender Diverse Youth," *Journal of Research on Adolescence* 34, no. 1 (March 2024), <https://www.the74million.org/wp-content/uploads/2024/06/McCauley-et-al-2024-1.pdf>.

Public safety and discrimination

Queer adults in CT are more likely to face discrimination

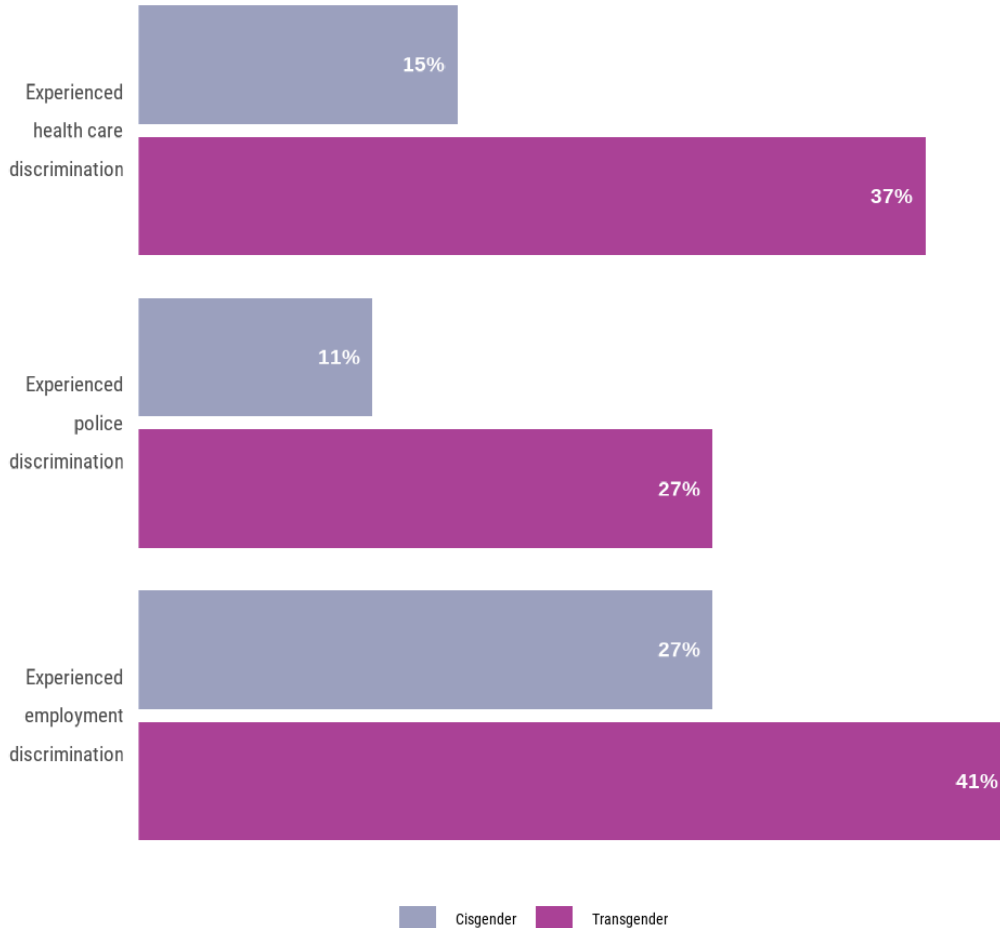
Share of CT adults by sexual orientation, 2018-2022



Analysis of DataHaven Community Wellbeing Survey

Transgender adults in CT are more likely to face discrimination

Share of CT adults by gender identity, 2018-2022



Analysis of DataHaven Community Wellbeing Survey

The Household Pulse Survey does not collect variables for public safety. For this section we pulled from a combination of DCWS survey data and publicly available data from the Connecticut Commission on Human Rights and Opportunity (CHRO).

Compared to heterosexual adults, non-heterosexual adults were:

- 1.3 times more likely to not feel safe while walking in their neighborhood at night
- 1.5 times more likely to have experienced employment discrimination
- 1.3 times more likely to experience police discrimination
- 2.4 times more likely to have experienced health care discrimination

Compared to cisgender adults, transgender adults were:

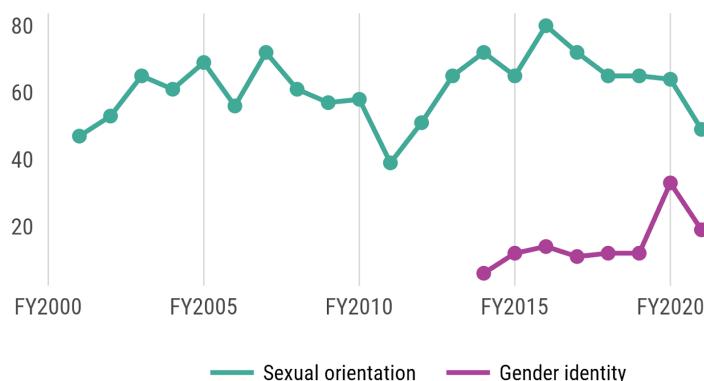
- 1.8 times more likely to not feel safe while walking in their neighborhood at night
- 1.5 times more likely to have experienced employment discrimination
- 2.5 times more likely to experience police discrimination
- 2.5 times more likely to have experienced health care discrimination

LGBTQIA+ people, and in particular transgender people, experienced discrimination in many dimensions of public life in Connecticut during this period despite relatively strong protections on paper. This was emphasized in the key informant interviews as well. While LGBTQIA+ people experienced overall higher levels of discrimination than heterosexual people, it is notable that bisexual people experienced marked higher levels of discrimination in healthcare and employment settings. More data and research is needed on the causes of these disparities. Additionally, further disaggregation to understand the experiences of transmasculine and transfeminine people independently would allow for a more thorough assessment of the way that trans misogyny manifests in these situations.⁴⁹

The CHRO began collecting sexual orientation data in fiscal year 2001 and gender identity discrimination complaints in fiscal year 2014. Reports based on gender identity have been rising since the inception of their collection. Reports based on sexual orientation have not risen as sharply but have had peaks and valleys over time. The most common type of sector for the complaint has continued to be employment. Based on the self report data from the DCWS, this data is unsurprising and likely an undercount. Information about the way the discrimination manifests, the geographic spread and the types of businesses could be helpful to determine future actions to better support LGBTQIA+ people in housing, employment and public accommodations.^{50,51}

Reports of discrimination based on gender identity have spiked in recent years

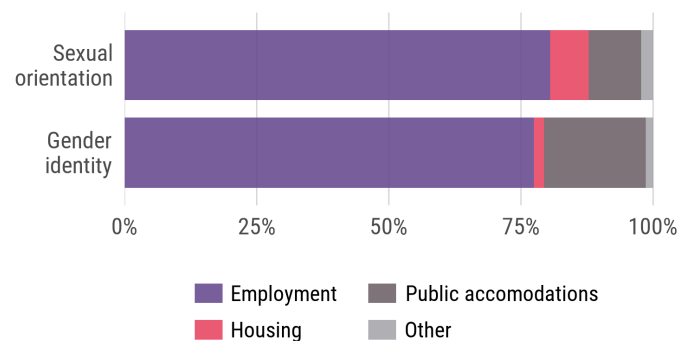
Total number of discrimination complaints by basis of discrimination, FY2001-2023



Source: CT Commission on Human Rights and Opportunities annual reports
Note: complaints based on gender identity are only available starting in FY2014

LGBTQ discrimination complaints occur most often regarding employment

Share of total discrimination complaints by dimension and basis of discrimination, FY2014-2023



Source: CT Commission on Human Rights and Opportunities annual reports

⁴⁹Jules Gill-Peterson, *A Short History of Trans Misogyny*, 2024.

⁵⁰ Public accommodations are facilities that are accessed by the general public and include private businesses and municipally controlled locations

⁵¹ "Businesses That Are Open to the Public," U.S Department of Justice Civil Rights Division, accessed May 31, 2024, <https://www.ada.gov/topics/title-iii/>.

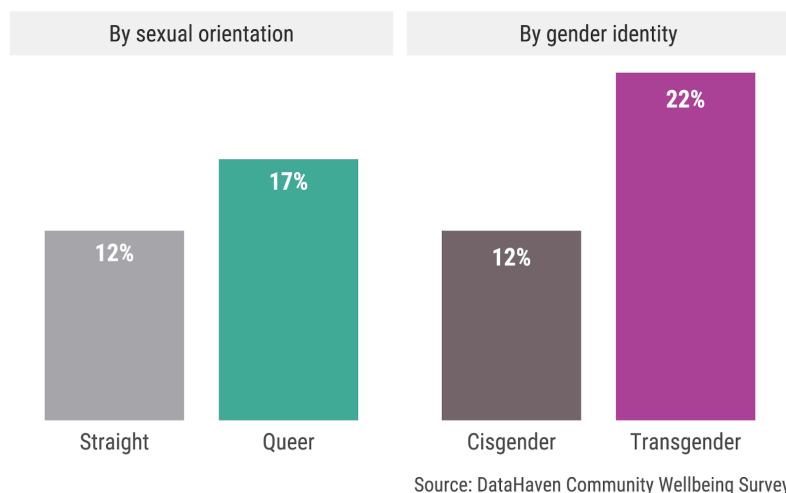
The facilitated conversation around public safety focused on the carceral systems we employ to contend with issues of safety and on broader systems that flow down into unsafe conditions. There was a desire for more information on the relationship between intimate partner violence, economic wellbeing and housing. One member of the group felt that it would be helpful to combine the public safety discussion directly with the housing discussion. More data is needed to understand how these systems interlock and how they are experienced by LGBTQIA+ people.

The group also discussed the fact that focusing conversations of safety purely on the criminal legal system is harmful. One participant noted that a carceral system is retraumatizing for everyone and does not get at root causes. Another noted that in the context of sex trafficking, tertiary actions do not do anything to ameliorate the systemic causes that created a higher proportion of LGBTQIA+ and otherwise vulnerable youth in those positions. Multiple participants also shared that they did not feel safe in their communities due to their LGBTQIA+ identities. The discussion indicates that at least some of the participants desire new community-led techniques to contend with their safety, even given a higher vulnerability to interpersonal victimization. More data is needed to understand the specific models of community-justice desired and how common this sentiment is within the LGBTQIA+ community.

Social wellbeing and support

LGBTQ adults are more likely to feel unsupported in their communities

Share of Connecticut adults who report "rarely or never" getting social or emotional support
By sexual orientation and gender identity, 2018–2022



Source: DataHaven Community Wellbeing Survey

Non-heterosexual adults were 1.4 times more likely to report that they rarely or never get social and emotional support compared to heterosexual adults. Transgender adults were 1.8 times more likely to rarely or never get social and emotional support compared to cisgender adults. This gap, combined with information shared in the key informant interviews, indicates a need for further research and for steps to be taken to create more affirming community resources for LGBTQIA+ people in Connecticut.

Attendees of *On Resident Wellbeing* focused on how policies affect social wellbeing asking many questions about how policy is experienced in practice. A summary of these questions are below:

- How can we ensure the consistency of policies across government administration changes?
- Who has access to positive policy changes?
 - Specifically consider racial disparities and those without social capital
- How do protective policies contribute to how safe LGBTQIA+ people feel?
 - Ex: Is a Pride flag seen as inclusion or a target?
- How can data be leveraged in ways that are harmful to this community
 - Ex: a higher burden of mental illness can be attributed by bad actors to imply an inherent deficit in the community rather than to demonstrate the effects of systemic marginalization

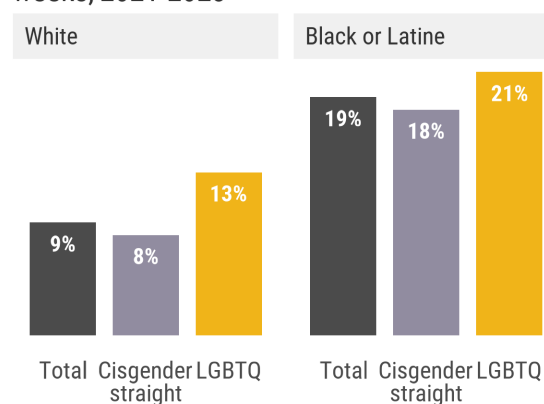
Groups also considered what defines a community and the idea that the LGBTQIA+ community has fought for their rights and needs allyship rather than being the only voices fighting for change (“We fought. It’s your turn”). They considered how labor rights and career burnout affected the experiences of LGBTQIA+ people accessing services. This was brought up both in the context of high turnover stagnating improvement in organizations’ policies and service environment and in the dual burden placed on LGBTQIA+ medical providers who overcome greater barriers to enter the field and who also continue to face higher levels of discrimination or tokenization once working. It is also important to highlight the diversity of experiences of LGBTQIA+ people both due to their specific sexual orientation or gender identity and in the context of other intersecting identities.

Race and racism

Black and Latine LGBTQIA+ adults have worse health and wellbeing outcomes in general when compared to white LGBTQIA+ adults.⁵² These outcomes are due to the intersection of holding both a marginalized racial and/or ethnic identity alongside a marginalized sexual orientation or gender identity through social and policy-based discrimination. For many of these measures, Asian Americans fared the same or better than white adults so this section focuses on Black and/or Latine LGBTQIA+ adults as compared to white LGBTQIA+ adults. These disparities are generally wider when compared to

One in 5 Black or Latine LGBTQ adults have dealt with a loss of household income

Share of Connecticut adults reporting a loss of work in their household in the past 4 weeks, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

⁵² For this report “white” refers to non-Latine white unless otherwise specified

white cisgender heterosexual adults.^{53,54} Additionally, there was not sufficient disaggregated data on outcomes for indigenous populations so they are not reflected in this discussion. Based on broader population data, it is likely that indigenous LGBTQIA+ people also experience many of these disparities.

Black and Latine LGBTQIA+ adults were more likely to face food insufficiency between 2021-2023. These households reported that there was “sometimes” or “often” not enough food to eat in the past week. Black and Latine households had almost three times the rate of food insufficiency when compared to white households.

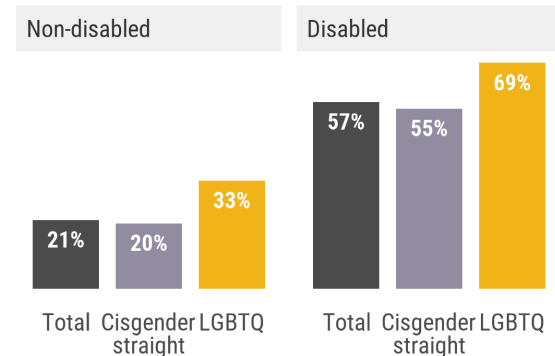
Black and Latine LGBTQIA+ adult-headed households were also more likely to have experienced recent household job loss compared to white LGBTQIA+ adults. Both of these indicators show an increased level of financial insecurity as compared to white LGBTQIA+ adults, who themselves have a higher level of insecurity as compared to cisgender heterosexual adults, highlighting the intersectional nature of this type of marginalization.

Disability status

Similar to the intersecting marginalizations of inhabiting both a marginalized sexual orientation or gender identity and marginalized racial or ethnic identity, LGBTQIA+ adults who are disabled have on average worse health and financial indicators than their non-disabled counterparts. Disabled adults are less likely to be employed due to their disability and are more likely to have disability-related costs.⁵⁵ Current policy also means that those on SSDI are often unable to meet their basic needs on their own.⁵⁶ For the purpose of this section we define disability as a self-reported response of having “a lot” of

Most disabled LGBTQ adults report anxiety and depression

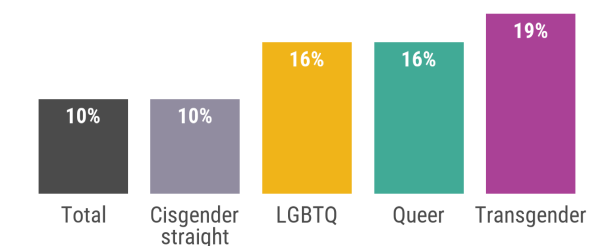
Share of Connecticut adults reporting signs of depression and/or anxiety, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

Disability rates are higher among LGBTQ adults

Share of Connecticut adults reporting any disability, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

⁵³ This report uses white LGBTQIA+ people as a comparison group to examine disparities in order to recognize that this group has historically been the beneficiary of a racist legal system and due to lack of sufficiently disaggregated data to understand the nuances within and between other racialized groups. This data choice should not be understood to position white LGBTQIA+ people as the “standard” or “normal” group, rather reflects the upstream decisions around data collection and knowledge creation. The inclusion of an “other” category also reflects lack of reliable disaggregated data on more specific racial and ethnic categories.

⁵⁴ Jonathan Schwabish and Alice Feng, “Combining Racial Groups in Data Analysis Can Mask Important Differences in Communities” (Urban Institute, March 22, 2021), <https://www.urban.org/urban-wire/combining-racial-groups-data-analysis-can-mask-important-differences-communities>.

⁵⁵ “Common Barriers to Participation Experienced by People with Disabilities,” National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, May 2, 2024, <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>.

⁵⁶ “Chart Book: Social Security Disability Insurance” (Center on Budget and Policy Priorities, December 13, 2023), <https://www.cbpp.org/research/social-security/social-security-disability-insurance-0>.

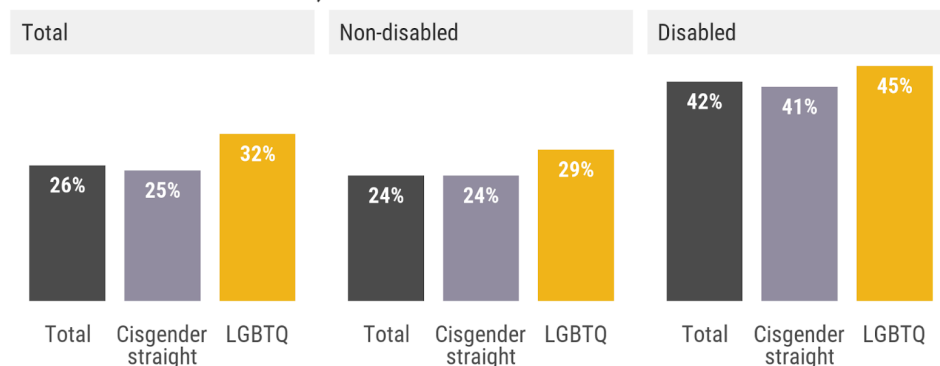
difficulty or inability to see, hear, remember, move, understand or perform self-care based on Household Pulse Surveys. This definition may miss groups of disabled people who have other difficulties not listed or who experience greatly varied function over time. It may also capture people with these difficulties that do not consider themselves to be disabled. This measure was chosen based on available data but should not be considered to override the voices of disability justice advocates or disabled people that prefer different measures or frameworks.

LGBTQIA+ adults overall are more likely to be disabled than non-LGBTQIA+ adults. Disabled LGBTQIA+ adults in Connecticut were more likely to have depression and/or anxiety than non-disabled LGBTQIA+ adults in the period of 2021-2023. They are also more likely to have long COVID though this is partially explained by the fact that long COVID can be a disabling condition and that conditions that predispose someone to long COVID can also be disabling.^{57,58} Still, between a quarter and a third of non-disabled LGBTQIA+ and cisgender straight adults had long-COVID and were not disabled based on the measure used.

The *On Resident Wellbeing* discussion of navigating systems as a LGBTQIA+ disabled person centered on how disability status compounds the difficulty of accessing needed care and can increase the level of care needed. Attendees shared their lived experiences of accessing systems with chronic physical or mental illnesses feeling like a constant battle. One member shared that there are additional barriers in place to access gender-affirming care specifically for people with certain mental health conditions. One participant shared that they would like to see coverage for gender affirming care changed to an affirmative consent model rather than a series of letters from psychiatrists. The group also noted the increased expense of simply living as a person with disability, compounded by less access to resources and less energy to navigate benefits processes, depending on the type of disability. Finally, one group was first surprised and then disheartened to learn that LGBTQIA+ people have a higher burden of disability as compared to the general population.

Of disabled LGBTQ adults who have had COVID, nearly half have had long-term symptoms

Share of Connecticut adults reporting COVID symptoms for 3 months or more, of those who have had COVID, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

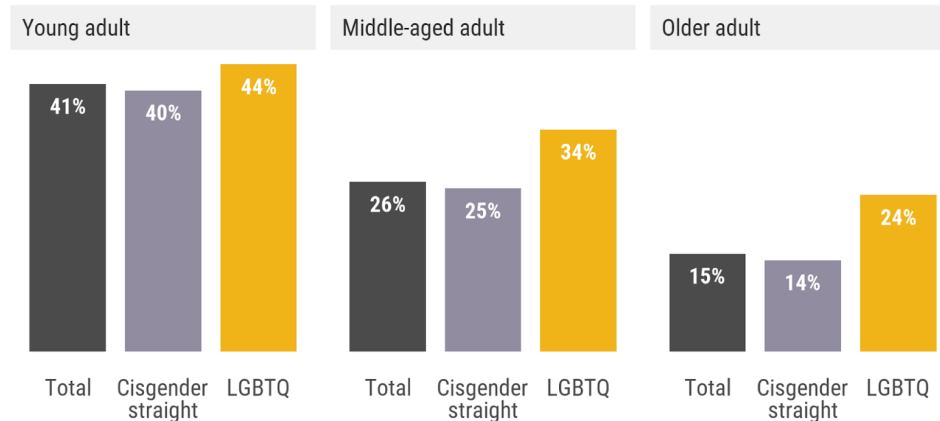
⁵⁷ "Guidance on 'Long COVID' as a Disability Under the ADA, Section 504, and Section 1557," U.S. Department of Health and Human Services, July 26, 2021, https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/guidance-long-covid-disability/index.html#footnote10_0ac8mdc.

⁵⁸ "Long COVID or Post-COVID Conditions," U.S. Centers for Disease Control and Prevention, March 14, 2024, <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>.

Aging

A quarter of LGBTQ seniors rent their housing

Share of Connecticut adults in rented housing, 2021-2023



Source: DataHaven analysis of Census Bureau Household Pulse Survey

Elderly LGBTQIA+ adults in general face higher levels of marginalization based on their gender identity or sexual orientation and as a result face higher levels of poverty, disability and other barriers to health and wellbeing. LGBTQIA+ people as a whole are less likely to have children which can impact end of life care.⁵⁹ In Connecticut, a quarter of LGBTQIA+ seniors rent their housing, exposing them to increased risk of housing insecurity and eviction.

During the facilitated discussion, the group highlighted the context that the experience of aging plays in the LGBTQIA+ community. A few things were highlighted, summarized below:

- There is a toxic environment around aging in the LGBTQIA+ community that is not talked about.
 - Younger generations position themselves as the most progressive part of the community and devalue older members.
- There is a large section of the would-be aging population missing due to the mass death and disablement of the HIV/AIDs epidemic.
- Many of the policy changes that support the community have happened recently meaning that younger members have grown up with more rights than elders.
 - Many of these elders explicitly fought for these rights.

More information is needed about the specific experiences of LGBTQIA+ elders in Greater Hartford, especially in the context of an increased need for care.

Youth and education

There was very little data available for LGBTQIA+ people under the age of 18. Youth in schools have specific challenges and needs but disaggregated quantitative data was not available. School climate surveys are one potential source of information but to date SOGI data has not been consistently collected across districts. SB380, *An Act Concerning School Discipline* was passed during the Connecticut General Assembly 2024 Regular Session. Among

⁵⁹ "The Facts on LGBT Aging" (SAGE: Advocacy & Services for LGBT Elders, 2018), <https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-the-facts-on-lgbt-aging.pdf>.

other actions, this bill implements a requirement for school climate surveys to collect data about the safety of LGBTQIA+ students in Connecticut public schools.⁶⁰ This will increase access to data about LGBTQIA+ youth in the education system in Connecticut and give more clarity to the needs of this population.

The attendees at *On Resident Wellbeing* discussed the needs of LGBTQIA+ youth, with a focus on the public education system. They considered the differences between the policies we have on paper and the actual experiences of youth based on the attitudes and actions of school and program staff as well as potential traumas that can occur from bullying or external circumstances. While Connecticut's policies look good on paper and put our state near the top of the list for the protections of LGBTQIA+ youth, actual experiences may vary widely. They also noted that this issue is interconnected with the others, especially housing. They are interested in learning more about the experiences of queer youth and how the pandemic affected them.

Data availability

As mentioned in the introduction, data availability is slightly outside of the scope of this report but is discussed in more detail in a recently released report from DataHaven titled, *Invisible in Data, Excluded from Research: A Literature Review of Sexual Orientation and Gender Identity Data*.⁶¹ As the team reviewed dozens of surveys and databases, it became clear that data availability plays a large role in public narratives around LGBTQIA+ health and wellbeing, not just in Hartford but across the nation. Of the 96 databases reviewed in this effort, only 47 contained any SOGI data. LGBTQIA+ data is scarcely collected, rarely disaggregated, and inaccessible to organizations that serve the community. While in some cases, privacy around data can be protective, such as sensitive healthcare data, the burden of this lack of information falls especially on otherwise marginalized communities and intersex and two-spirit populations. One area currently being improved is school climate data, which will be more consistently defined and corrected across the state starting this year. While qualitative and anecdotal information play an important role, lack of reliable and available quantitative data on the status of these populations means it is impossible to understand the scope of issues facing the community and how to best address them.

The facilitated discussion addressed the need for improvement and standardization of collection of SOGI data across state agencies including psychiatric care facilities. They also noted the importance of understanding how this data will be used and balancing the need for safety with the need to have clear accessible data to better understand the community. Ultimately they discussed the fact that the issues being discussed are important and that data is key to understand scope. This report includes intersex and two-spirit people within the topic of data availability because their struggles are particularly under understood on a population level due to a severe lack of disaggregated quantitative data. It should not be inferred that the lack of available data represents the totality of struggles faced by these communities, nor that these communities are defined by their struggles.

⁶⁰ "OLR Bill Analysis: SSB 380 An Act Concerning School Discipline." Office of Legislative Research, April 9, 2024. <https://www.cga.ct.gov/2024/ba/pdf/2024SB-00380-R000347-BA.pdf>.

⁶¹ Anyuyue Feichu Ai, "Invisible in Data, Excluded from Research: A Literature Review of Sexual Orientation and Gender Identity Data" (DataHaven, 2024), <https://www.ctdatahaven.org/sites/ctdatahaven/files/Invisible%20in%20Data%200524.pdf>.

Intersex people

While many intersex people are cisgender and heterosexual, the wellbeing of this group is entwined with that of queer and transgender people. Intersex people are born with physical anatomy that do not conform to the binary male/female sex assigned at birth. Often medical professionals will assign an intersex person to the male or female sex, sometimes with intersex genital mutilation which is a “normalizing” surgery on the infant’s genitals to align more closely with a binary sex. These surgeries can cause lasting physical and psychological harm. Data are not currently available about how common these practices are, compounded by the fact that hospitals do not need to disclose these practices and often opt not to. The need for data visibility is heightened by the fact that about 2% of the population is intersex, according to the Human Rights Watch.⁶² This is larger than the trans population. While it is difficult to know the scope of the needs and size of the population of intersex people in Connecticut, their needs should be considered in designing programming and funding opportunities.

The attendees at *On Resident Wellbeing* did not discuss this topic.

Two-spirit people

Two-spirit people are erased from data in a way that mirrors the erasure they face in society at-large. Settler colonialism is an ongoing structure that dispossesses Indigenous Peoples of their lives, land, and ways of life.⁶³ Settler colonialism manifests in research, as representations of two-spirit people and Indigeneity are heavily limited in data. Since 1980, there have only been 18 studies in Canada and the United States explicitly reporting the number of two-spirit respondents.⁶⁴

While erased from data, trans and two-spirit Native people disproportionately bear the brunt of social crises under settler colonialism. Native LGBTQIA+ people report higher levels of psychological distress, homelessness, healthcare discrimination and suicide attempts.⁶⁵ From homelessness to mental health struggles, trans and two-spirit Native people face acute violence and precarity.

Most notably, there remains a lack of data on Murdered and Missing Indigenous Women, Girls and Two-Spirit People (MMIWG2S).⁶⁶ Despite being long documented within Indigenous communities, government agencies often refuse to disclose data on MMIWG2S. LGBTQ2S+ Native people are disproportionately at risk of gendered violence, but government databases routinely exclude them. In 2016, there were 5,712 reported cases of MMIWG2S in the United States per the National Crime Information Center, yet the Department of Justice's missing persons database logged only 116 people. Further, when a tribal epidemiologic organization, Urban Indian Health Institute, made data requests under the Freedom of Information Act to

⁶² “Intersex Children,” Human Rights Watch, October 26, 2017, <https://www.hrw.org/topic/childrens-rights/intersex-children>.

⁶³ Patrick Wolfe, “Settler Colonialism and the Elimination of the Native,” *Journal of Genocide Research* 8, no. 4 (2006): 387–409, <https://doi.org/10.1080/14623520601056240>.

⁶⁴ Morgan Thomas et al., “Native American Two Spirit and LGBTQ Health: A Systematic Review of the Literature,” *Journal of Gay & Lesbian Mental Health* 26, no. 4 (August 2, 2021): 367–402.

⁶⁵ Jonah P DeChants et al., “The Mental Health and Well-Being of Indigenous LGBTQ Young People” (The Trevor Project, 2023), <https://www.thetrevorproject.org/research-briefs/the-mental-health-and-well-being-of-indigenous-lgbtq-young-people/>.

⁶⁶ The cited report used the acronym MMIWG, but included Two-Spirit and other LGBTQIA+ people; to match their broader definition, we choose to use the more inclusive acronym, MMIWG2S.

police departments and one state agency, only 40 of 72 agencies provided any level of data about MMIWG2S.⁶⁷

In the facilitated discussion, few groups reviewed the two-spirit data placemat and the group conversation was shorter than others. Discussion focused on the need for more information, the need to deconstruct colonialism and capitalism's role in these identities, and the importance of being proactive in who is included in the LGBTQIA+ community and in understanding how to have conversations with these diverse groups.

⁶⁷ "MISSING AND MURDERED WOMEN & GIRLS: A Snapshot of Data from 71 Urban Cities in the United States" (Urban Indian Health Institute, November 14, 2018), <https://www.uihi.org/resources/missing-and-murdered-indigenous-women-girls/>.

Conclusions and recommendations

The LGBTQIA+ community in Greater Hartford is diverse, resilient, and socially active. This report explored some of the struggles and strengths unique to LGBTQIA+ residents and organizations, as well as disparities within the community. Connecticut policy creates a more inviting environment than many states, but experiences of community members and advocates indicate room for improvement. Ongoing and improved data collection will allow for a better understanding of the needs of this community, as will outreach to parts of the community that have been historically left out of consideration.

More funding is needed to address the diverse needs of this community, particularly funding that is flexible on geographic location of those served and on specific subpopulation. A continuing conversation with the ecosystem of LGBTQIA+-serving organizations and with community members will ensure that resources are directed in an appropriate manner. Greater Hartford is home to many dedicated and passionate LGBTQIA+-serving organizations that represent a diverse range of perspectives and skillsets. As the LGBTQIA+ community in Connecticut grows, there is an opportunity to create a network of solidarity among stakeholders to ensure the needs of all community members are considered and met.

Further research

This report was limited by the lack of available SOGI data in public sources and the relatively short time that SOGI questions have been included in the DCWS. Understanding the local LGBTQIA+ community in all its complexity requires data that is high-quality, robust, timely, and relevant to community members. As is the case with any small subpopulation, disaggregation will always be difficult without targeted data collection efforts. Some key areas of research that should open up as data improve include disparities and diversity within the community; how and where people move, both within the state and between states; issues in employment; risks of substance use and overdose; and housing insecurity and homelessness.

Moving forward, data will become more available to understand trends over time. Additionally, the relatively small population size of LGBTQIA+ people means that disaggregation will always be difficult. Future research that aims to understand the differences within Greater Hartford, the extent of mobility within the state and for what, employment data, substance use and overdose data and homelessness in this region would be helpful to understand the needs of the community and will become possible with the already-initiated expanded and improved data collection.

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Methods

Qualitative

We conducted 18 semi-structured interviews with 21 participants. These interviews took between 20 minutes and 1 hour, with the median interview taking 41 minutes. Interviews were offered to be done in person or virtually. All but one interview was held over Google Meet with the remaining being held in the community. The in-person interview was recorded with a handheld recorder and the virtual interviews were recorded using Open Broadcaster Studio. A survey about the characteristics of the organization being represented was issued via email at the end of each interview and all participants were offered a \$40 gift card through BHN rewards. This amount was determined based on an estimated median interview time of 45 minutes and a focus on organizational actions rather than difficult personal anecdotes, though some participants did choose to share sensitive personal information.

The interviews were coded preliminarily with OtterAi and supplemented by manual edits completed by the interviewer. Open coding was conducted on the first 4 interviews to generate a codebook of emergent themes. Further themes were created first as annotations and then re-coded into interviews when they showed up repeatedly across interviews. This supplemented the codebook created based on the interview script. NVivo was used to code and annotate each interview after this point.

Recruitment was conducted primarily through email, starting with a list of organizations created from the recommendation of The Foundation and an independent scan of organizations in Connecticut. Organizations within The Foundation's region were prioritized, but organizations with statewide impact or who served an otherwise hard-to-reach population were considered even if they were not within the immediate region. Further potential interviewees were identified through snowball sampling with each participant being asked about additional contacts at the end of the interview. Where applicable, interviewees were asked to facilitate a connection between the researcher and subsequent contacts to increase rapport and the likelihood of a completed interview. Below is a non exhaustive sample of the groups within the LGBTQIA+ community who we sought to represent:

- Black, Indigenous and People of Color (BIPOC)
- Disabled people
- Immigrants
- Incarcerated or otherwise criminal-legal involved people
- Transgender and gender-nonconforming people
- Unhoused and housing insecure people
- People in faith communities
- People who use drugs
- Sex workers

Not all of these groups were represented in the interviews, indicating a need for future research and outreach. Further, there is a history of many of these groups being marginalized by both researchers and nonprofit organizations which contributes to reduced trust and likelihood of engaging in an interview.

Upon completion of the interviews, a data meeting was held with interviewees, statewide funders and other interested stakeholders. This meeting was attended by roughly 45 people including 15 The Foundation or DataHaven staff members and 30 other stakeholders. Prior to this meeting, a pre-interview was distributed to understand the interests and relative knowledge of the attendees. This was completed by 15 people.

The preliminary qualitative and quantitative data were shared in the form of a PowerPoint presentation and data placemats. Attendees were split into 6 groups of 3 to 6 people and given about an hour to discuss at least two placemats, and had the opportunity to discuss more if they had additional time. They then engaged in a group conversation guided by discussion questions provided on each of the 11 placemats. This discussion occurred for 35 minutes and was facilitated by a DataHaven staff member. Notes on discussion topics were taken by The Foundation staff and hand-written notes were collected from groups that wished to share. A post-interview survey was distributed to leave space for additional information that had not been shared during the group discussion as well as to ascertain desires for funding and intention to use the data. This survey was completed by 3 participants, therefore results are not included in the analysis below. All attendees were invited to bring a guest and both invitees and guests were offered a \$125 honorarium to cover any financial barriers to attendance. One person asked to receive the honorarium.

Organizational characteristics

Nineteen of the interviewees responded to the survey of organizational characteristics. The majority of respondents were part of nonprofits (n = 14), followed by governmental agencies (n = 3), for profit organizations (n = 1) and community volunteers (n = 1). The majority of organizations also offered direct services (n = 14). The range of the number of people served by these organizations was less than 100 to upwards of 70,000. This number indicates the total number of people served, not just LGBTQIA+ people. The plurality of organizations employed 10 or less staff members (n = 8) followed by a tie between 20-49 and 50+ (n = 4, each) with 10-19 staff members being the least common (n = 3).

Quantitative

We assembled a large body of datasets from a variety of sources that collect data nationally or throughout Connecticut. These include data from federal sources, such as the US Census Bureau and law enforcement agencies; several large-scale, long-running opinion surveys and health surveillance programs; surveys that specifically target segments of the LGBTQIA+ community; and many others. We were interested in datasets with a wide variety of subjects, with particular interest in those that included indicators on key topics:

- Demographic indicators such as race, ethnicity, Indigeneity, history of migration, disability status, and age
- Income, employment, and access to housing
- Harm, victimization, and other health indicators, particularly COVID-19
- General opinion polling

Several federal and university catalogs aided in the search for databases and datasets:

- "Data Sources" Webpage of Healthy People 2030

- "Compendium of International Data Sources for Parents with Disabilities | 2023"
Webpage of Brandeis University's National Research Center for Parents with Disabilities
- "Publicly Available Sources of Data for Health & Social Determinants of Health"
Webpage of the University of Pittsburgh's Health Sciences Library System
- "LGBTQ+ Data and Collections" Webpage of Johns Hopkins's Sheridan Libraries

To be included in the review, datasets needed to meet the following criteria:

- Must include microdata and/or raw statistics generated by research studies
- Must be publicly available or available through request
- Must be collected or updated within the past ten years
- Must be collected by a federal or state authority or by a reputable private organization (i.e. receives funding from the government or is sponsored by a university)

In total, the study included 96 datasets. For each dataset, we determined whether the collected demographic information included sexual orientation, gender identity, and/or intersex status and, if so, how these questions were asked and with what granularity. For this report we rely primarily on the Census Bureaus' Household Pulse Survey, DataHaven's Community Wellbeing Survey

Emergent themes figure

The table below indicates the interviews that discussed each of the emerging themes. “1” with green fill indicates any mention of the themes and “0” with white fill indicates that there was no mention of the theme.

ID	Themes - funding	Themes - intersectionality	Themes - discrimination & oppression	Themes - information seeking	Themes - organizing & building power	Themes - CT's national role	Themes - queer mobility
1	1	0	0	1	1	0	1
2	1	1	1	0	1	1	0
3	1	1	1	1	1	1	1
4	1	0	1	0	0	1	1
5	1	1	1	0	0	0	0
6	1	0	0	0	0	0	1
7	1	1	1	1	0	0	0
8	1	1	1	0	0	0	0
9	1	1	1	1	0	1	0
10	1	0	0	0	0	0	0
11	1	0	0	0	0	0	1
12	1	1	1	1	0	1	1
13	1	1	1	1	1	0	0
14	0	1	1	1	1	0	0
15	1	1	1	1	1	1	0
16	0	1	0	0	0	0	0
17	1	0	0	0	1	0	0
18	1	1	0	1	1	0	0
19	1	1	1	0	1	1	0
Total	17	13	12	9	9	7	6

Data placemats

Originally shared at *On LGBTQIA+ Resident Wellbeing*. A sample of the placemats begin on the next page. They were originally presented in 11"x17" format. The original files can be obtained by contacting DataHaven. Please note that this data is preliminary and the information contained in the body of the report should be considered final.

Presentation slides

Originally presented at *On LGBTQIA+ Resident Wellbeing*. Presentation slides begin on the next page. Please note that this data is preliminary and the information contained in the body of the report should be considered final.

On LGBTQIA+ Resident Wellbeing: Emerging Evidence from Greater Hartford

18 April 2024



DataHaven

Introductions

- Mark Abraham (he/him)
- Shannon Carter (they/she)
- Anyue Ai (she/her)

State of LGBTQIA+ Community in CT

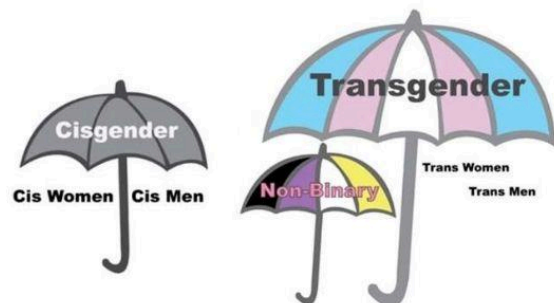
- More CT residents are identifying as LGBTQIA+
 - 8% of adults in CT identify as not being straight
 - 7% of adults in Greater Hartford identify as not being straight (DCWS 2018)
- Pandemic is magnifying existing disparities
- Surge in anti-LGBTQIA+ animus



General Assembly, January 2023

Terminology

- LGBTQIA+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual, and more
- Transgender is an umbrella term for people whose gender identity differs from their sex assigned at birth
 - Non-binary is embraced by people whose gender identity is not exclusively man or woman



Adapted from Greater Boston PFLAG

Terminology

- Intersexpeople are born with physical sex characteristics that fall outside the strict male/female sex binary
- Two-spiritis a pan-Native American term that bridges White Western and Indigenous understandings of gender and sexuality
 - "Another gender role" (Neptune)
 - "Community organizing tool" (Dame)



Annual Two Spirit Powwow at South Mountain Community College, 2023 (Picture by Joel Angel Juarez)

Our Research Questions

- What is the availability of sexual orientation and gender identity (SOGI) data in the Greater Hartford region?
- What is the health and wellbeing status of the LGBTQIA+ community in the Greater Hartford region?

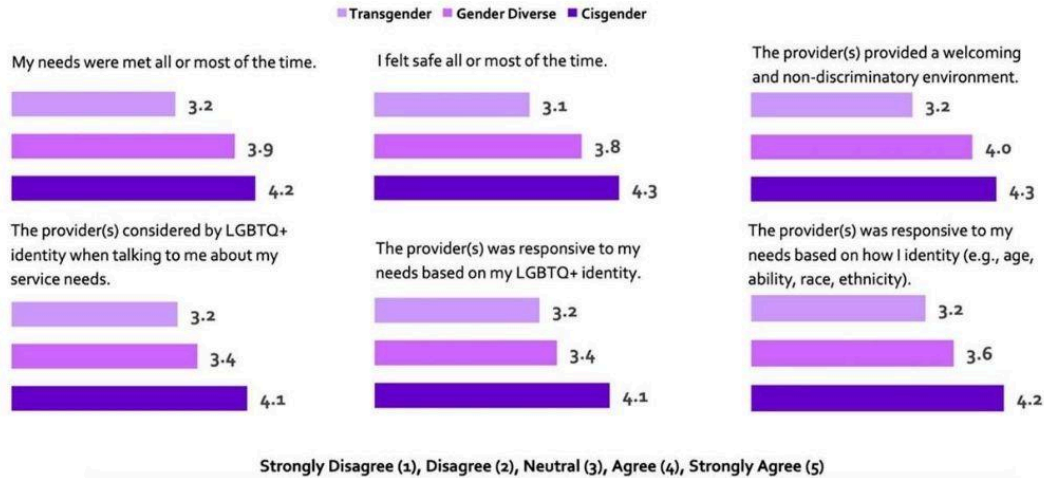
Data

Federal and State Data Collection

- Minimal data on LGBTQIA+ populations on the federal level
 - U.S. Census doesn't currently ask any questions
 - American Community Survey asks about same-sex couples since 2019
 - Household Pulse Survey asks gender and sexuality questions starting in 2021
- In CT, first statewide LGBTQIA+ needs assessment was published in 2021
- Ongoing DataHaven surveys have been collecting SOGI data since 2018

2021 CT LGBTQ+ Needs Assessment

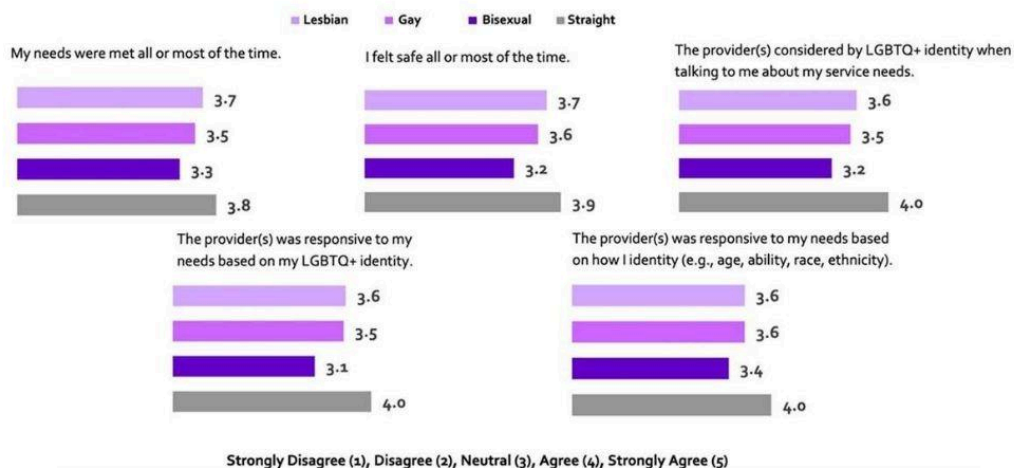
In thinking about the financial and/or legal services that you were engaged in, please indicate the level of agreement with your typical experience receiving this service(s).⁴



Griffin et al., "CONNECTICUT LGBTQ+ COMMUNITY SURVEY: NEEDS ASSESSMENT REPORT."

2021 CT LGBTQ+ Needs Assessment

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).



Griffin et al., "CONNECTICUT LGBTQ+ COMMUNITY SURVEY: NEEDS ASSESSMENT REPORT."

Erased from Data

Preliminary data, please refer to report for final results

Figure 1. SOGI data are often not collected in major government and private datasets (n = 104)

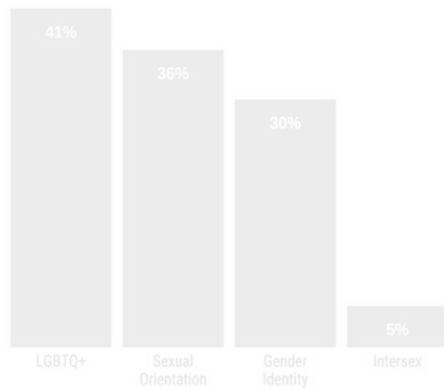
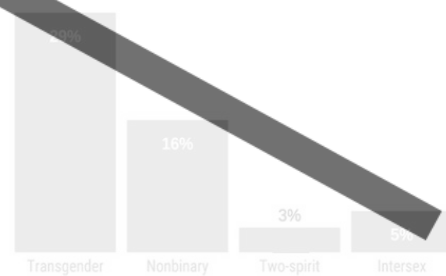


Figure 2. Data on transgender and intersex people are much less available (n = 104)



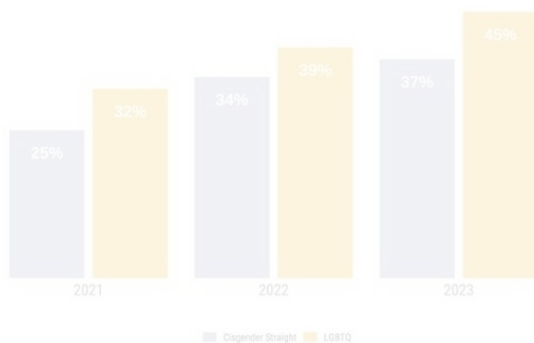
Crises Facing the LGBTQIA+ community in CT

Preliminary data, please refer to report for final results

Figure 3.

LGBTQ adults in CT are more likely to have trouble paying expenses

Share of CT adults by sexual orientation and gender identity who report that it has been "somewhat" or "very" difficult to pay for usual household expenses in the past week

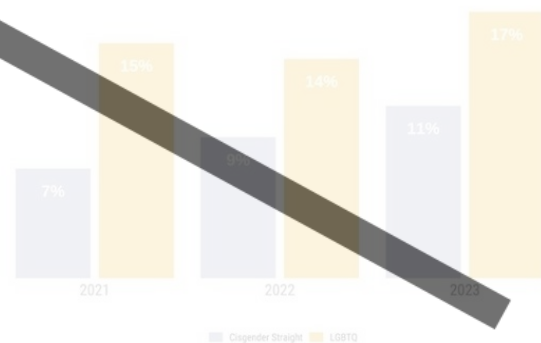


Datahaven Analysis of Census Bureau Household Pulse Survey

Figure 4.

LGBTQ adults in CT are more likely to face household food insufficiency

Share of CT adults by sexual orientation and gender identity who report that there has "sometimes" or "often" not been enough food to eat in the past week



Datahaven Analysis of Census Bureau Household Pulse Survey

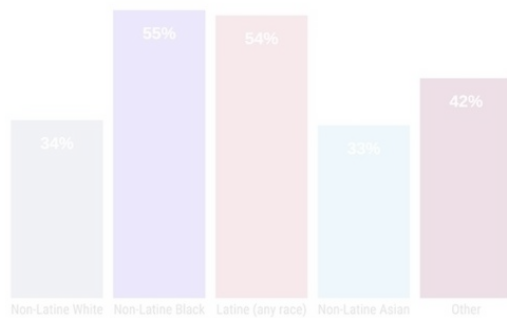
Stark Racial Disparities

Preliminary data, please refer to report for final results

Figure 5.

Black and Latine LGBTQ adults in CT are more likely to have trouble paying expenses

Share of LGBTQ adults in CT by race and ethnicity who report that it has been "somewhat" or "very" difficult to pay for usual household expenses in the past week, 2021-2023

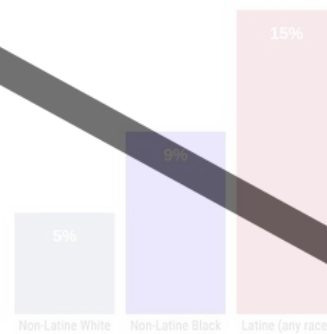


DataSource: Analysis of Census Bureau Household Pulse Survey

Figure 6.

Black and Latine LGBTQ adults in CT are more likely to have no health insurance

Share of LGBTQ adults in CT by race and ethnicity, 2021-2023



DataSource: Analysis of Census Bureau Household Pulse Survey

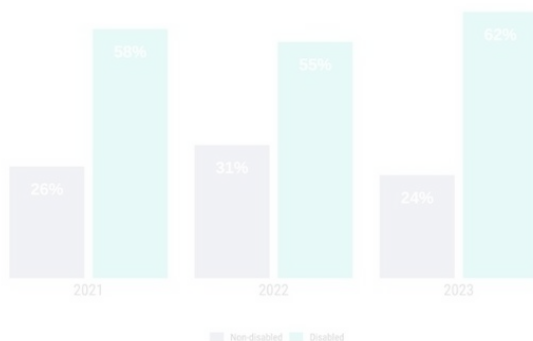
Widening Disparities by Disability

Preliminary data, please refer to report for final results

Figure 7.

Disabled LGBTQ adults in CT are more likely to have depression

Share of LGBTQ adults in CT by disability status who scored 3 or greater on the Patient Health Questionnaire-2 scale

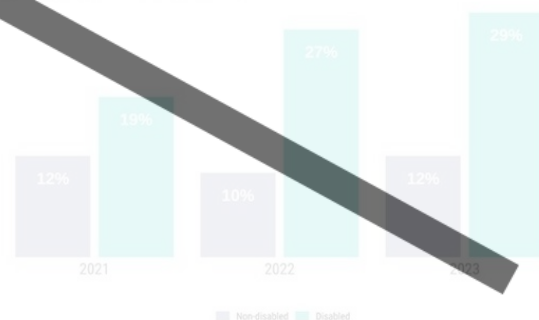


Disability is defined as having "a lot" of difficulty or inability to see, hear, remember, move, perform self-care, or understand.

Figure 8.

Disabled LGBTQ adults in CT are more likely to face household food insufficiency

Share of LGBTQ adults in CT by disability status who report that there has "sometimes" or "often" not been enough food to eat in the past week

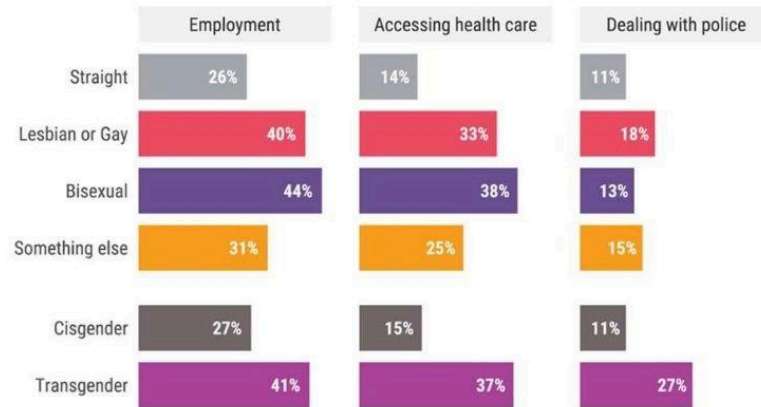


Disability is defined as having "a lot" of difficulty or inability to see, hear, remember, move, perform self-care, or understand.

Discrimination

LGBTQ adults are more likely to face discrimination

Share of Connecticut adults by sexual orientation and gender identity, 2018–2022
Experienced discrimination in...

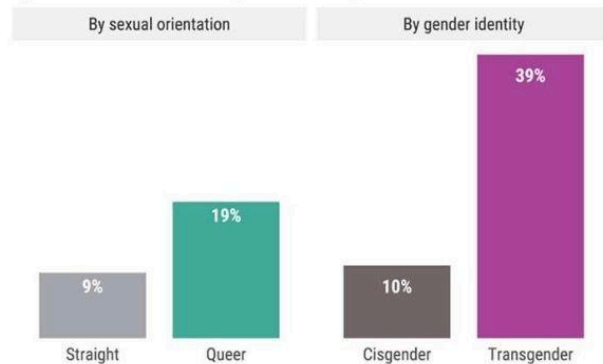


Analysis of DataHaven Community Wellbeing Survey

Missed Medical Care

LGBTQ adults are more likely to not get medical care when needed

Share of Connecticut adults missing needed medical care in past year
By sexual orientation and gender identity, 2018–2022



Source: DataHaven Community Wellbeing Survey

Qualitative Data

- Emergent themes
 - Importance of policy
 - Mobility
 - Connecticut's national role
 - Trust & community
 - Intersectionality
 - Complex relationships with data
- Dimensions of need
 - Housing
 - Healthcare
 - Public safety & discrimination
 - School
 - Employment
 - Public accommodations

Qualitative Data

- Strengths
 - Resilience
 - Community
 - Politically informed, especially youth
 - Queer and trans joy
 - Ability to adapt & code-switch

“Oh, yeah. I think we're holding this whole thing together because like, you know, we're the ones who have to create space and welcome people...the organizer community in Connecticut is like really small and queer...but we're mighty.”

Key Takeaways

- Lack of SOGI data mirrors the ongoing erasure of LGBTQIA+ people in society at-large
 - Acute invisibility of trans, nonbinary, two-spirit, and intersex people
- LGBTQIA+ people and the organizations that serve them have a complex relationship with data
 - Tension between need for visibility and safety in anonymity
- Disparities (by race, disability, age) within the community have widened
 - Organizations exist at many of these intersections but may not be adequately resourced to fill these gaps
 - Systemic barriers persist

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CONNECTICUT LGBTQ+

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Interactive Activity

Example Placemat

On LGBTQIA+ Resident Wellbeing: Emerging Evidence from Greater Hartford, April 2024



Group discussion notes

From the facilitated discussion at *On LGBTQIA+ Resident Wellbeing*.

On LGBTQIA+ Resident Wellbeing: Emerging Evidence from Greater Hartford Data

Thursday, April 18, 2024

9:12 AM

Social wellbeing

- How do we ensure the policies are not changed if a different government comes in?
- State legislators used queer policy in a not very intersectional way. Bills we have this year are more inclusive and not singularly focused on community wellbeing, but specific pieces focused on housing protection for queer folks - outside of saying we are going to make it illegal to discriminatorily evict someone - stop it from happening. How do queer and trans folks experience the health system? And the trauma it creates? Building approaches in our community that are not as carceral. [SC1] A lack of understanding of the legislators about the needs of the queer and trans community.
- If you celebrate all of these movements in a positive way- who has access to it? Can continue to see where there are gaps - the racial disparity chart. There are whole populations of people not connecting to people. Have a whole set of a population that has been minoritized and does not have social capital.
- Implementation of new policies. Lots of staff turnover. We have a lot of good protections in CT but when have a lot of staff turnover, having the same experiences. Creating diverse spaces and the need for making sure people have queer spaces they can be themselves. If put pride flags outside - feel safe or a target?
- Idea of wanting to be equal. A balance of wanting to not have to say I need to go to a queer space because I just want to be a person, but reality is there needs to be a sense of community and safety. A balance to make it both of those things.

Financial security

- Youth transitioning into young adulthood. Some of these experiences have not gotten better as they get older.
- Financial security, and how it connects to disparities.
- People experiencing financial insecurity. When young, if experiencing it, feel it is your fault. If this is the environment you are living in, taking on the struggle yourself instead of seeing it as a systems failure.
- Financial security being up to our own communities - Venmo dollars back and forth to each other. Up to us to make opportunities for ourselves.
- Idea of the LGBTQIA economy
- Generational wealth. And especially people of color in general lack the ability to build generational wealth. And there are intersectional identities here. And wealth gives you access to spaces. So when you have segment of the population that have generational

wealth and can impact policies but lack lived experiences that are more diverse, all the systems in place are not built by us for us. We don't do enough talking about this.

Aging

- Toxic environment around aging. And how younger people see older people in the community. Idea of when you turn a certain age, your voice doesn't matter as much. Not treated as an equal member of the community. And when you reach a certain age you are done. You hear Gen Z positioning themselves as the most progressive. A toxic message around age- if close to 30 you are dead. Need a conversation around it.
- A whole generation is missing due to the AIDS crisis.
- Policy timeline here started in 2000 - so a lot of older folks did not benefit from this. Important to remember. A lot of folks that did not fold [feel?] this experience.
- And 2000 is not a long time ago.

Public safety

- Having more information on intimate partner violence and relationship with economic wellbeing and housing.
- Personal experience -- one of the quotes was pulled -- since transitioning, I experienced trans misogyny, scary encounters, threats, in public spaces, catcalling, figure out that I'm trans somehow. If I tell them to stop, it becomes aggressive. See it in work and personal life. The response in public safety and policy settings tends to go to reinforcing more xyz - really carceral systems, involuntary psychiatric detentions. That's not my perception of safety. I've experienced sexual harassment, in carceral settings, calling people in to make victim impact statements. As someone who has gotten a taste of that - it is a retraumatizing system. I wish the conversation would move toward what are the actual wants and needs by people who are affected by these things. There will always be people who make them feel safe [unsafe?]. The system response can't be to get rid of these people.
- Finding out what queer and trans folks want in terms of safety, in trafficking spaces, being a survivor and getting a little support and then going back to that because our world doesn't support basic needs, can't break cycles of sex trafficking. Why are people having to rely on this, trapped in relationships when we do have services, to fully break that cycle?
- It brings forward - we rose the trans flag on the transgender day of remembrance. We acknowledge it as a state - good. But my wife and I don't feel safe in our community. We are sailing these but we are full people. It would be great to have a full understanding of this. Set towards an ideal - what is the ideal and how do we get there? It is about serving the full person. I am a housing provider - but what does the full person need? In my lens of my work, so much to do and we need to do it together.
- Would like to see housing combined with public safety. If police involved - accosted by police if don't have a place to live. When I am thinking of safety for my people, thinking about housing.

Intersex placemat

- None

Two spirit

- Needs to be more info and learning on this. The placement got at this - especially around gender. Our understanding created by colonialism and capitalism. A lot of different cultures had an expansive idea on where gender is. There is a lot of knowledge in indigenous cultures about this. A lot of examples we can be drawn from. On a personal and movement level.
- A lot of national conversation about indigenous communities - less so here in CT. community smaller.
- For qualitative work on this - difficult to find people.
- As our community grows and becomes more diverse, how do we have these conversation with federal and statewide folks to include these things? The acronym grows. To be more inclusive. How do we get ahead of it? Intersex - not new, but added late.

Healthcare

- We walked about anger, frustration, access to medical care. Who is worthy to live unencumbered, and how do we make sure everyone is included in resources? And no one is dehumanized to lack access. Has a disability. And disabled queer folks are more likely to have long covid. People without health insurance. Shocked that queer folks more likely to be disabled - how was this defined - so many pieces to disability - how was that measured? Not surprising but disappointing at the same time. In Hartford, used to be True Colors. If don't have access to internet and resources, how is going to be provided healthcare. We know folks have experienced providers who will not treat them.
- Health insurance an important metric but not the be all.
- Lack of training for those serving the queer community.
- A lot of providers are burnt out. A lot of folks pushing for this, also on the receiving end of discrimination. And burdened with pushing this. Don't need to experience discrimination firsthand to push for this.
- Double burden in this context.
- Additional info - we need to get to the whys to all of this. If don't know, can't address it.

Data availability

- Important that we need to collect - race, ethnicity, and language data for those forcibly in psychiatric facilities. And also data on queer folks.
- For every state agency implementing data system - guidance on what data is being collected.
- Point of balancing people being invisible, safety. When working with people - how is data being used? Who is behind it, how do they want to use it, how it is used in the media, in policy. And it has been used in negative ways. Be mindful of who will use this and how. Because can look at mental health and wellbeing and say look - it is their problem. Liked

your slide about strengths and what is going well and solutions around housing. We need to know how serious this is, cannot minimize it. How is it working and how it works. Need hope - show it is possible. Or if move money, show what is caused.

Education

- Concerns with new laws being passed and info available. What are the traumatic experiences living in school system, and safety. Educational journey, and how parents are supporting or not as well. What are the impacts post high school? And if thrown out, worried about housing. Information is limited. Capture more of it to better support youth in school system. A huge gap, and when ask for info not given.
- A lot of surveys 18 plus. And not consistent across state if collecting this data on youth.
- As a state, we can say look at our laws - good. But need to look at superintendents, teachers, social workers who use the rules against people. How to make it clear to staff to use the laws. On paper we are better than 48 other states.
- Data on queer youth disproportionately impacted in the pandemic.
- Housing space- plenty of protection around housing, but there is not enough education on it
- Need training in schools

Disability

- Experience navigating systems with a disability - makes it harder. Fighting to receive healthcare. A lot of queer folks fall into disability category. Should this be offered by default so don't need to offer all these systems.
- Nightmare to access system as chronically ill person.
- Navigating gender affirming care if disabled - nearly impossible. Would love to see informed consent care and not base it off someone else's assessment. Need a letter from a psychiatrist.
- Everything more expensive with folks with disabilities- more expensive to find housing.