



Mississippi LGBTQ Study

Findings from Needs
Assessment Phase Three:
A Survey of LGBTQ Mississippians

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Table of Contents

4	Executive Summary
5	Acknowledgements
6	Methods
8	Neighborhoods and Communities
12	Physical Health
16	Mental Health
26	Employment
30	Schools
36	Religion
40	Families
42	Safety and the Legal System
50	Recommendations

Executive Summary

Key Findings: Full Sample

- **Mental Health:** Among the most concerning findings from the survey is the finding that this project's sample of respondents reported disproportionately high potential for suffering from severe mental illness relative to both the United States population and Mississippi's general population. Calculating respondents' scores on a six-item index indicated that approximately one-third of respondents were potentially suffering from a severe mental illness. These findings are in contrast to the 5% of Mississippi's population and the 4.2% of the U.S. population suffering from a severe mental illness. Relatedly, respondents reported high rates of substance abuse with 18% of respondents reporting that they felt like they needed drugs and/or alcohol to block out bad feelings.
- **Safety and Fear:** A sizable portion of the sample reported having been the victim of physical violence, harassment, and sexual abuse. In addition, nearly the entire sample reported experiencing fear in various social contexts and concealing their sexual orientations or gender identities as a result.
- **Life Satisfaction:** When asked about their general life satisfaction, approximately half of all respondents reported feeling generally satisfied with their lives, feeling safe and secure, and feeling generally happy most of the time or often.
- **Family:** The majority of respondents reported relatively good familial relationships, with about two-thirds reporting that their relationships with their families were good, very good, or excellent and 60% reporting that their immediate family members were either somewhat or very supportive of issues relevant to LGBTQ people.

Key Findings: Differences across Demographics

- **Rurality:** On average, survey responses among respondents who reported living in more rural counties suggest that this portion of the sample experiences disadvantages across a number of domains. Respondents who lived in the most rural counties reported higher rates of social isolation, increased risk of experiencing various emotional difficulties and mental illnesses, and increased risk of experiencing suicidal thoughts.
- **Race:** Examining the survey findings separately by race of respondents indicates that, across most domains, respondents of color report more negative experiences than do white respondents. Domains wherein respondents of color report more negative experiences: social networking opportunities, emotional difficulties such as anxiety and depression, opportunities for religious participation, interactions with law enforcement, and domestic and familial issues such as homelessness and food insecurity. White respondents, on the other hand, reported higher rates of negative experiences within the Mississippi school system, both at the high school level and at the college level.
- **Age:** Across most domains, respondents in the oldest age categories reported higher rates of positive experiences compared to respondents in the youngest age categories. Older respondents reported higher levels of satisfaction with the healthcare they had received, lower risk for experiencing severe mental illness and emotional issues such as anxiety and depression, lower risk for experiencing suicidal thoughts, higher levels of general life satisfaction, and more positive experiences within the context of Mississippi's high schools and colleges when they were students.
- **Gender identity:** Across all domains, a higher percentage of transgender respondents reported negative experiences and negative perceptions, relative to cisgender respondents. Relative to cisgender respondents, a greater percentage of transgender respondents reported negative interactions with their primary healthcare providers; risk of experiencing severe mental illness and suicidal thoughts; suffering from anxiety and depression; having low levels of life satisfaction in general; negative experiences with law enforcement; being the victim of domestic and familial violence; experiencing homelessness and housing instability; and being the victim of verbal harassment.

Acknowledgements

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Finally, the research team would like to thank the hundreds of Mississippians who shared their experiences with us, both painful and positive. We aim to represent these experiences as faithfully as possible. For your willingness to share with us and for your hope for this state, we are grateful.

Methods

Survey Instrument

The data for this portion of the LGBTQ Needs Assessment were collected using a survey instrument that presented both open-ended and close-ended items. Items measured respondents' attitudes and experiences across several domains including physical and mental health, employment, education and school, religion, family, the legal system, and safety and security. The median survey administration time was 13.6 minutes per respondent.

Participant Recruitment

Data were collected using a web-based survey that was distributed to a convenience sample of LGBTQ Mississippians. The initial pool of participants was recruited through targeted social networking advertisement, membership lists of participating LGBTQ groups in Mississippi, and through in-person recruitment at LGBTQ-targeted events occurring during the study period. These events were held in Jackson, Starkville, Hattiesburg, and Biloxi. The research team also promoted the survey link using the study's dedicated website and Facebook page. Sponsored advertisements were posted to targeted audiences in Mississippi via Facebook in an effort to reach as wide a cross-section of Mississippi's LGBTQ population as possible. These initial convenience sampling methods were also augmented using snowball sampling procedures whereby initial respondents were asked to share the link to the survey with anyone they knew who would qualify to take the survey.

Sample Size and Demographic Characteristics

The final sample size was not predetermined. Instead, the research team left the survey link open for approximately three months in an effort to reach as many potential participants and collect as many completed surveys as possible. Ultimately, 999 respondents initiated the survey. Individuals were screened out of the survey if they failed to meet the inclusion criteria: eligible respondents must live in Mississippi, be at least 18 years of age, and identify as lesbian, gay, bisexual, transgender, queer, or any other sexual or gender minority status. Surveys with greater than 15% missing data were eliminated from the final data. In total, the findings in this report are based on a dataset made up of 500 complete, unique surveys. To the knowledge of the research team, this constitutes the largest dataset of LGBTQ Mississippians collected to date.

The demographic characteristics of the sample are reported below. Note that, due to the lack of population-level data about LGBTQ Mississippians, it is impossible to determine the extent to which these data are statistically representative. The sample is strengthened by its diversity of participants and its size, but these data are not suitable for estimating the number of LGBTQ Mississippians or the demographic makeup of Mississippi's LGBTQ population.

Participants in the study lived in 51 different Mississippi counties. The largest share of participants were from Hinds County (14%), followed by Oktibbeha (14%), Rankin (11%) and Harrison (10%). According to US Census Bureau Rurality Classifications, participants' home counties ranged from a minimum of 15.28% rural population to a maximum of 100% rural population.

Participants' ages ranged from 18 years to 75 years. The mean age was 35 years and the median age was 32 years. The age distribution was roughly normal. Participants' number of years lived in Mississippi ranged from less than one year to 63 years. The mean and median number of years lived in Mississippi was 25 and the distribution of number of years lived in Mississippi was roughly normal.

Participants were allowed to select as many categories of sexuality or gender identity labels as were applicable. Of the total sample, 36% identified as lesbian, 56% identified as gay, 31% identified as bisexual, 10% identified as transgender, 33% identified as queer, and 17% identified as some other sexual or gender minority identity category.

Participants were given an open-ended item to describe their gender category and these responses were then coded by the research team. Of the total sample, 55% identified as women or women-aligned, 40% identified as men or men-aligned, 3% identified as non-binary or agender, and 2% identified as another gender category. Among transgender participants who reported their sex category assigned at birth, 46% were assigned male at birth (AMAB) and 54% were assigned female at birth (AFAB).

Black respondents and multiracial respondents each constituted 8% of the sample. One percent of the total sample was comprised of Asian respondents, American Indian or Native American respondents, and respondents from unspecified racial groups. White respondents constituted 83% of the sample. In addition to racial category, respondents were asked to report whether or not they identified as Latinx. Of the total sample, 4% identified as Latinx

The distribution of household income across the sample was approaching a normal distribution, with the modal category (17%) of 2017 household income being \$35,000 to under \$50,000. The majority of respondents (61%) reported being presently employed. The overall sample reported a relatively high level of education, with the modal education category being completion of a 4-year degree (26%).

Report Notes

Because the statistical representativeness of the sample cannot be determined, measures of statistical significance are not reported in the findings. Instead, findings are reported on the basis of substantive significance and adequate cell sizes for determining subgroup differences. Unless otherwise specified, percentages reported in the findings sections reflect the percent of valid responses – missing responses are excluded from the denominator of these percentages by default.

Neighborhoods and Communities

Community Inclusivity

Respondents were asked to characterize their neighborhoods with regard to LGBTQ inclusivity such as how often they see LGBTQ-serving organizations, businesses, same sex and transgender people, and LGBTQ events in their own community. Approximately one-third of all respondents reported seeing LGBTQ-supportive organizations and events in their own community; 33% of all respondents reported seeing LGBTQ advocacy and non-profit organizations “very often” or “somewhat often,” 36% of all respondents reported seeing LGBTQ-supportive businesses “very often” or “somewhat often,” and 29% of all respondents reported seeing pride events or other LGBTQ community events “very often” or “somewhat often” in their own community. Of those who reported seeing pride events in their communities, about 22% reported attending all of (6%, n = 28) or most of (16%, n = 82) these events. Table 1 shows the breakdown of response frequencies by community inclusivity indicator.

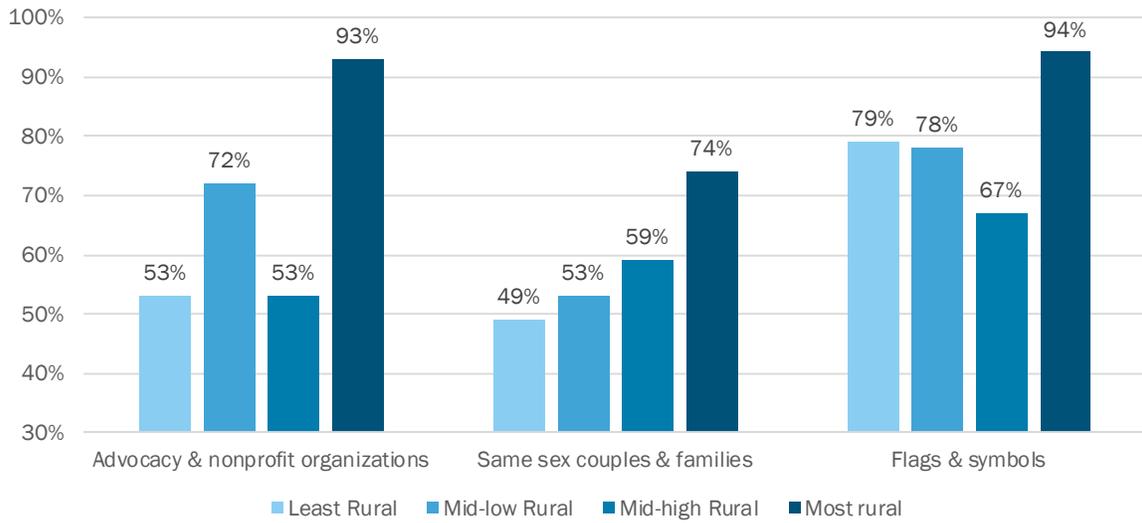
Table 1: Response Frequencies for Community Inclusivity Indicators

	Very often		Somewhat Often		Rarely		Never	
	%	N	%	N	%	N	%	N
Advocacy & nonprofit organizations	7%	33	26%	129	39%	193	27%	134
Same sex couples & families	12%	58	30%	149	42%	212	15%	74
Transgender individuals	3%	16	16%	79	47%	233	31%	153
Supportive businesses	7%	36	29%	145	41%	206	20%	101
Flags & symbols	3%	14	18%	91	49%	245	30%	149
Pride & other events	5%	25	23%	117	42%	214	28%	141

Many item responses varied meaningfully across categories of rurality and age in our sample. The most striking variations in responses among subgroups are discussed below.

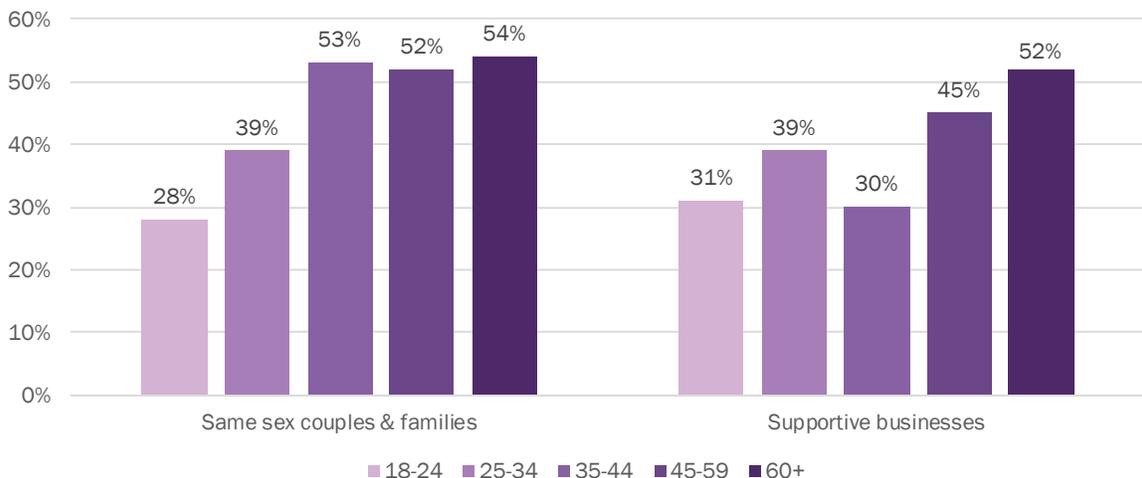
Rurality was associated with respondents’ perception of their own communities where respondents living in more rural areas consistently reported seeing LGBTQ-supportive organizations and events less frequently than respondents living in less rural areas of the state. For example, respondents living in the most rural counties reported seeing LGBTQ advocacy and nonprofit organizations far less often; 93% (n = 101) of respondents from the most rural areas reported “never” or “rarely” seeing LGBTQ organizations, compared to 51% (n = 67) among respondents living in the least rural areas. This trend was also noted with regard to frequency of a) seeing same sex couples and families, b) seeing LGBTQ-friendly businesses, c) seeing LGBTQ symbols and pride events, and d) attending these events. Figure 1 below illustrates the percent of respondents endorsing “never” or “rarely” by rurality for some community inclusivity measures. Note that the percentage of respondents reporting “rarely” or “never” seeing LGBTQ Flags and symbols is high across all rurality groups.

Figure 1: Percent endorsing “never” or “rarely” on community measures, by rurality



Age was also interestingly associated with perceptions of one’s own community where respondents from older age cohorts largely reported seeing more LGBTQ-supportive organizations and events than respondents from younger age cohorts in this sample. For example, as age of respondent increases, the percentage of respondents who reported seeing other same sex couples and families also increases; 54% (n = 14) of respondents age 60 and older report “very often” or “somewhat often” seeing same sex couples and families, compared to 52% (n = 49) among respondents age 45-59, 53% (n = 51) among respondents age 35-44, 39% (n = 60) among respondents age 25-34, and 28% (n = 33) among respondents age 18-24. This trend was also noted with regard to how often respondents see LGBTQ-supportive businesses and organizations in their communities. Figure 2 below illustrates the percent of respondents endorsing “very-” or “somewhat often” by age for measures of community visibility.

Figure 2: Percent endorsing “very-” or “somewhat often” on community visibility, by age group



Neighborhoods and Communities

All respondents who reported seeing any pride or other LGBTQ events (67%) were asked about their participation in such events. Of those who reported seeing any pride or other LGBTQ events in their community, 33% (n = 110) of respondents reported attending “all of” or “most of” these events, 54% (n = 179) reported attending some of these events, and 14% (n = 45) do not attend these events.

Responses to this item varied meaningfully by gender identity whereby transgender respondents reported more frequent participation in these events than cisgender respondents; 52% of transgender respondents reported attending LGBTQ community events “all of the time” or “most of the time,” while 31% of cisgender respondents reported attending LGBTQ community events “all of the time” or “most of the time.” This may suggest that transgender identified community members who have access to LGBTQ-inclusive resources and networks use and rely on supportive resources more frequently than their cisgender counterparts.

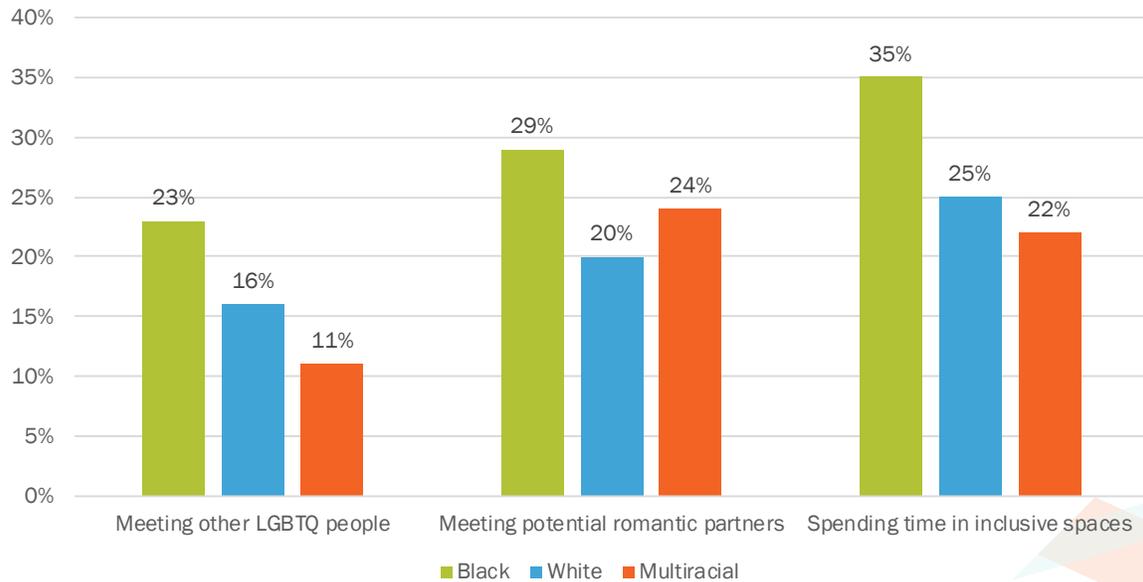
Opportunities for Networking

Each respondent was asked to provide a measure of accessible networking opportunities in their own communities. The majority of all respondents generally reported limited opportunities for networking. Approximately 63% (n = 317) of our sample reported “few” opportunities for meeting other LGBTQ people in their communities, 58% (n = 290) reported “few” opportunities for meeting potential romantic partners, and 59% (n = 295) reported “few” opportunities to spend time in LGBTQ inclusive spaces in their own communities. Table 2 shows the breakdown of response frequencies by type of social networking type.

Table 2: Response Frequencies for Social Network Measures

	Many		Few		None		Unsure	
	%	N	%	N	%	N	%	N
Meeting other LGBTQ people	13%	66	63%	317	15%	73	9%	43
Meeting potential romantic partners	9%	46	58%	290	18%	88	14%	69
Spend time in inclusive spaces	11%	53	59%	295	24%	118	7%	33

Figure 3: Percent reporting “no opportunities,” by race



Networking opportunities at the community level varied meaningfully by rurality indicator and racial category. Respondents from more rural areas reported fewer networking opportunities of each type than respondents from less rural areas. While we would expect to see fewer networking opportunities in more rural areas of the state, disparity by race is also a potentially meaningful finding.

Race was associated with opportunities to spend time in LGBTQ inclusive spaces such that Black individuals reported fewer opportunities than other race categories. For example, 35% (n = 13) of black respondents reported no opportunities to spend time in LGBTQ inclusive spaces in their own community, compared with only 25% (n = 94) of white respondents, and 21% (n = 8) of multiracial respondents. This could suggest racial disparity in ability to access LGBTQ resources and networking opportunities in Mississippi communities. Figure 3 above illustrates the difference in respondents who endorsed “no opportunity” for social networking by race.

Physical Health

Respondents were asked to provide feedback on several questions related to their physical health and experiences in healthcare settings. The vast majority (80%, n = 402) of respondents reported “excellent,” “very good,” or “good” emotional health while about 19% (n = 96) reported “fair” or “poor” physical health, generally. Almost half of our respondents (45%, n = 227) indicated that their physicians are aware of their sexual orientation, while roughly 35% (n = 173) said their physicians are not aware and 16% (n = 80) reported they are unsure if their doctors are aware of this information. Furthermore, among respondents who identify as transgender, about 30% (n = 152) of our sample reported that their physicians are aware of their gender identity, while 9% (n = 43) reported their physicians are not aware of their gender identity.

Importantly, reports of being out in healthcare settings varied meaningfully by categories of rurality where respondents from more rural areas report being out less often than respondents from less rural areas of the state. For example, the majority of respondents from the least (63%) and mid-low (69%) rural categories report being out to their physicians regarding sexuality, compared to less than half of respondents from the most (49%) and mid-high (46%) rural categories.

Experiences in Healthcare Settings

Respondents were presented with items about their experiences in healthcare settings and with healthcare professionals. Respondents’ appraisals of experiences within the healthcare system were varied with some being more positive than others. Response frequencies for these items are reported in Table 3 below. Only 7% (n = 36) of respondents ‘strongly agree’ that physicians are knowledgeable about LGBTQ health issues, while 28% ‘disagree’ or “strongly disagree” with this statement. Almost one-tenth (9%, n = 45) of our respondents reported being refused a desired treatment by their healthcare provider. Over half (57%, n = 285) reported that their physicians have made appropriate referrals for them and the majority (78%, n = 389) reported being called by their preferred name and pronouns by healthcare providers. The majority of respondents also reported that healthcare professionals have been friendly and supportive (77%, n = 387) and that they have been treated with respect in healthcare settings (82%, n = 411).

Overall, almost half (45%, n = 227) of respondents reported being out to their healthcare professionals about their sexuality, while about one-third (30%, n = 152) reported being out regarding gender identity. Transgender respondents in our sample reported being out to their healthcare providers about 20% less often than cisgender respondents. While 59% (n = 212) of cisgender respondents are open with their physicians about their sexual orientation, only 40% (n = 15) of trans respondents reported being open with their physicians about their sexual orientation. Interestingly, gender identity was also associated with being open with physicians about one’s gender identity. While 83% (n = 123) of cisgender respondents report being out about their gender identity, only 63% (n = 29) of trans respondents reported being open with their physicians about their gender identity.

Table 3a: Response Frequencies for Positive Healthcare Experiences Measures

	Strongly Agree		Agree		Disagree		Strongly Disagree	
	%	N	%	N	%	N	%	N
Doctors and nurses were knowledgeable about issues related to LGBTQ health	7%	36	20%	98	19%	94	11%	54
Doctors and nurses called me by my correct name and pronouns	42%	212	35%	177	3%	15	3%	15
I was treated with respect	32%	161	50%	250	5%	24	2%	11
My partner was allowed in the room with me, if I wanted	22%	112	25%	125	3%	13	1%	7
Office staff were friendly and supportive	26%	132	51%	255	6%	29	1%	7

Table 3b: Response Frequencies for Negative Healthcare Experiences Measures

	Strongly Agree		Agree		Disagree		Strongly Disagree	
	%	N	%	N	%	N	%	N
Doctors and nurses refused to give me the treatment I wanted	3%	15	6%	30	34%	169	39%	193
Doctors and nurses did not know where to send me for help	3%	17	10%	48	33%	167	24%	118
I could not speak honestly and openly to my healthcare providers	8%	41	19%	97	35%	176	20%	101
Doctors and nurses did not treat my partner like a family member	3%	17	5%	26	21%	104	15%	73

Physical Health

Older participants consistently rated their healthcare providers more positively than did younger participants across all measures

Age was meaningfully associated with healthcare experiences among respondents. Several items related to healthcare experiences yielded a trend where increasing age of respondents corresponded to more frequent positive appraisal of healthcare experiences. For example, 68% (n = 17) of respondents age 60 and older “strongly agree” that their healthcare providers treated them with respect, compared to 43% (n = 39) among respondents age 35-44, 36% (n = 34) among respondents age 35-44, 35% (n = 48) among respondents age 25-34, and 24% (n = 23) among respondents age 18-24. This trend was also noted among many other items related to health experiences where increase in age corresponds to more positive ratings

of a) physicians’ LGBTQ health knowledge, b) physicians’ use of preferred name and pronouns, c) ability to bring partners into the exam room, and d) increased respect and friendliness shown by healthcare professionals. Figure 4 below shows the variation in response to healthcare experiences by age. Note that the percentage of respondents who “strongly agree” that their healthcare providers have been knowledgeable about LGBTQ health issues is relatively low across all age groups.

Figure 4: Percent who “strongly agree” with healthcare experiences measures, by age

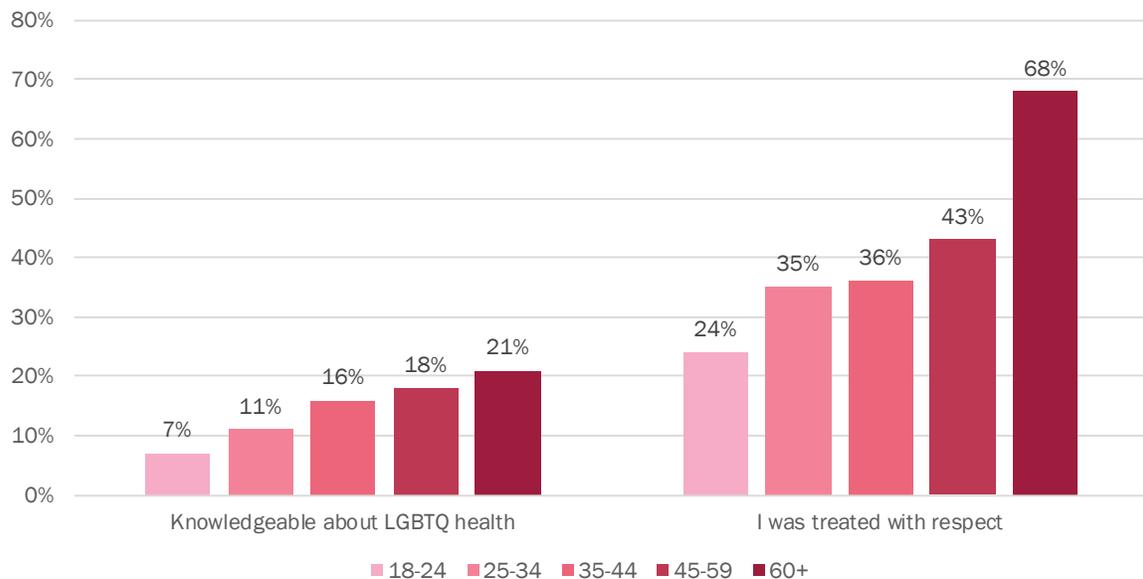
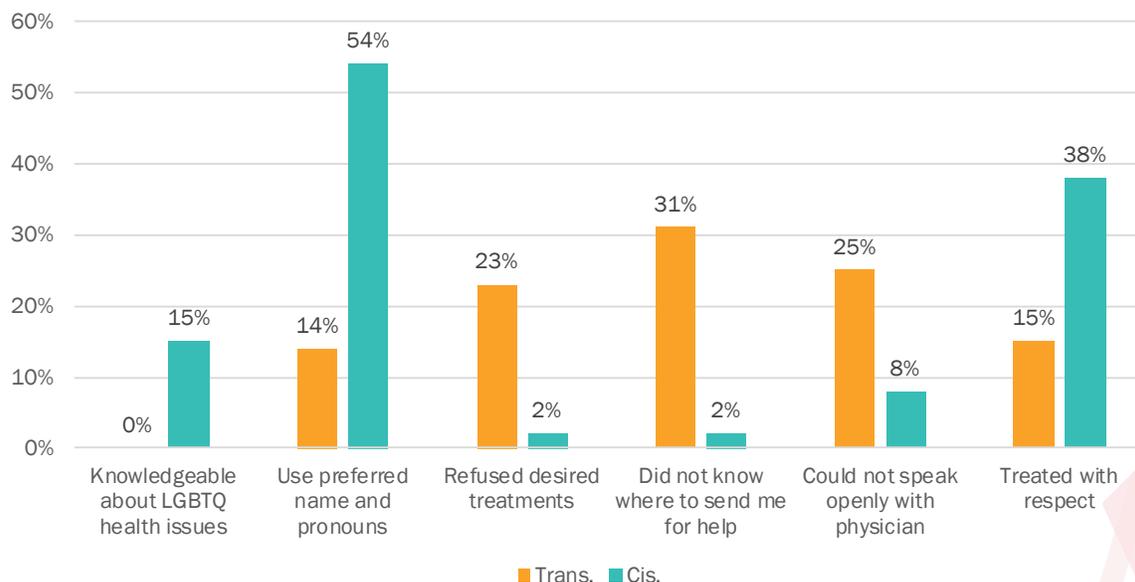


Figure 5: Percent who “strongly agree” with healthcare experiences measures, by gender identity



Transgender respondents also consistently endorsed negative responses more frequently when asked about their healthcare experiences. Transgender respondents largely endorsed feeling that their physicians were less knowledgeable about LGBTQ health issues; only 22% (n = 15) of trans respondents “agree” or “strongly agree” that their physicians have been knowledgeable about LGBTQ health, compared to 51% (n = 374) of cisgender respondents. Transgender respondents also more frequently reported that a) physicians fail to use preferred names and pronouns, b) physicians refuse to provide desired treatments, c) physicians more often do not have appropriate referrals and resources, d) respondents are less able to be open with their physicians, and e) respondents are treated with respect less frequently than cisgender respondents. (see Figure below) Finally, transgender respondents report delaying treatment for health problems because of concerns surrounding their treatment by healthcare professionals and staff; 72% (n = 34) of trans respondents report putting off treatment, compared to 25% (n = 111) of cisgender respondents. Figure 5 above illustrates the difference in responses to various healthcare experiences by gender identity. Note that only items that were found to be meaningful by gender identity are included.

Mental Health

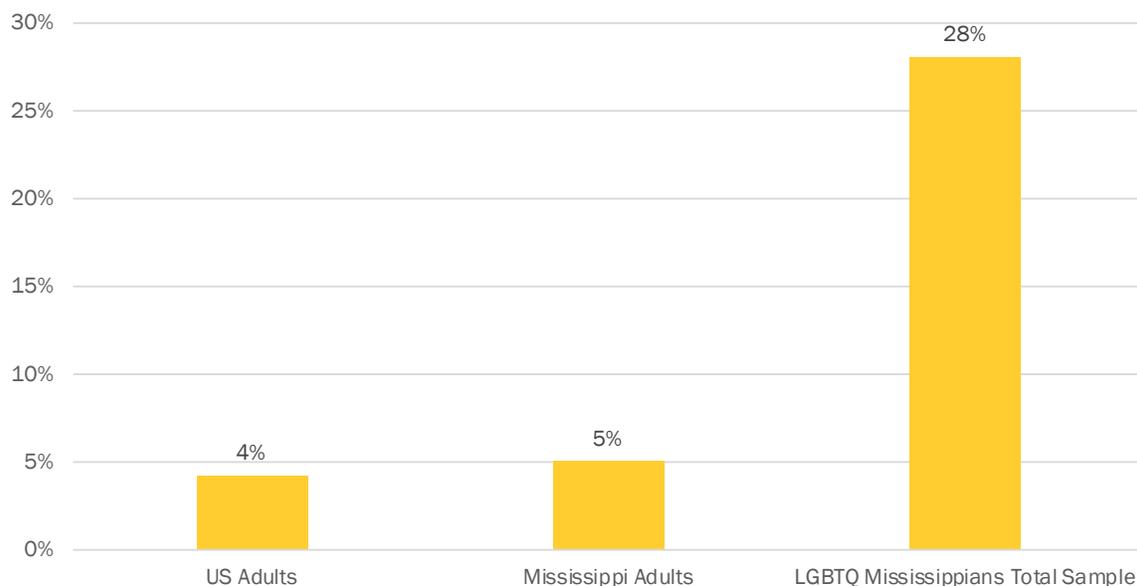
General Emotional Wellbeing

Respondents were asked to indicate their general level of emotional health. The majority of respondents, 56% (n = 226) reported “excellent,” “very good,” or “good” emotional health while 43% (n = 215) reported “fair” or “poor” emotional health, generally. Almost one-third (29%, n = 143) of respondents report currently having a mental health provider whom they see for services. Among those respondents who reported not having a mental healthcare provider, 47% (n = 235) feel they would benefit from services offered by a mental health professional.

Each respondent was also asked to respond to 6 items that form a scale for detecting potential serious mental illness (SMI). The Kessler Psychological Distress Scale (K6) has been used extensively to detect SMI in the general population in many empirical research studies (Kessler, et al., 2003; Kessler, et al., 2010; Green, Gruber, Sampson, Zaslavsky & Kessler, 2010). Scale responses range from 0-24, with a score of ≥ 13 indicating likelihood of serious mental illness.

Among our sample, almost one-third (28%, n = 143) of respondents yielded scores at or above the threshold indicating possible SMI, while 72% (n = 357) of respondents yielded scores below the threshold. Of note, the average K6 score among all respondents in our sample was $M = 9.0$. This finding is in stark contrast with the rate of SMI among the general population, with the average prevalence of SMI at 4.2% among adults in the U.S. (National Institute of Mental Health, 2017) and 5% among adults in Mississippi (Substance Abuse and Mental Health Administration, 2015). This finding alone indicates that this sample of LGBTQ Mississippians report serious mental health problems at a proportion six times greater than the general population. Figure 6 below illustrates the prevalence of SMI among our sample compared to adults in the general populations of Mississippi and United States.

Figure 6: Estimated Prevalence of Serious Mental Illness



Many outcome scores from the K6 scale varied meaningfully by subgroup categories including gender, rurality, age, and gender identity. Table 4 below illustrates average K6 scores for subgroup categories.

- Notable variation in K6 scores was reported across categories of rurality where respondents living in more rural areas of the state reported higher potential for SMI. For example, the average score for respondents living in the most rural areas was 10.3 compared to an average score of 8.5 among respondents living in the least rural counties.
- Meaningful variation of K6 scores was also reported across gender categories. For example, the average score for respondents identifying as gender nonbinary was 3.5 compared to an average score of 8.2 among respondents who identify as men and 9.4 among respondents who identify as women.
- Analyzing K6 scores by gender identity also yielded meaningful variation. The average score for transgender respondents was 12.9 compared to an average score of 8.6 among cisgender respondents.
- Age of respondents produced notable variation in K6 scores where scores decreased as age of respondent increased. The average score among respondents age 18-24 was 12, compared to an average score of 9.8 among respondents age 25-34, 8.1 among respondents age 35-44, 6.1 among respondents age 45-59, and 4.5 among respondents 60 years of age and older.

Table 4: Average K6 score by subgroup categories		
	\bar{X}	SD
Rurality		
Least Rural	8.5	5.7
Mid-Low Rural	8.0	5.4
Mid-High Rural	9.5	5.7
Most Rural	10.3	6.2
Gender Category		
Nonbinary	13.5	6.6
Women	9.4	5.7
Men	8.2	5.8
Gender Identity		
Transgender	12.9	6.0
Cisgender	8.6	5.6
Age		
18-24	12.0	5.4
25-34	9.8	5.9
35-44	8.1	5.4
45-59	6.1	4.3
60+	4.5	4.3

Mental Health

Reported Frequency of Emotionality

Each respondent was asked to qualify their mental health state by indicating how often they experienced a range of emotions in the past 12 months. Tables 5a and 5b below display breakdowns of frequency of respondent responses by type of emotion.

Table 5a: Response Frequencies for Negative Emotion Experiences

	Never		Sometimes		Often		Most of the Time	
	%	N	%	N	%	N	%	N
Feeling really sad or depressed	12%	60	49%	244	23%	117	15%	73
Feeling worried or anxious	4%	22	35%	177	30%	151	30%	151
Feeling like you wanted to die	47%	234	33%	165	10%	50	8%	39
Feeling like you needed drugs or alcohol to block out bad feelings	47%	235	33%	167	12%	60	6%	31
Feeling like your gender was not right for you	70%	352	14%	71	5%	23	7%	33
Feeling confused about your sexual orientation	65%	323	25%	127	6%	29	3%	14

Table 5b: Response Frequencies for Positive Emotion Experiences

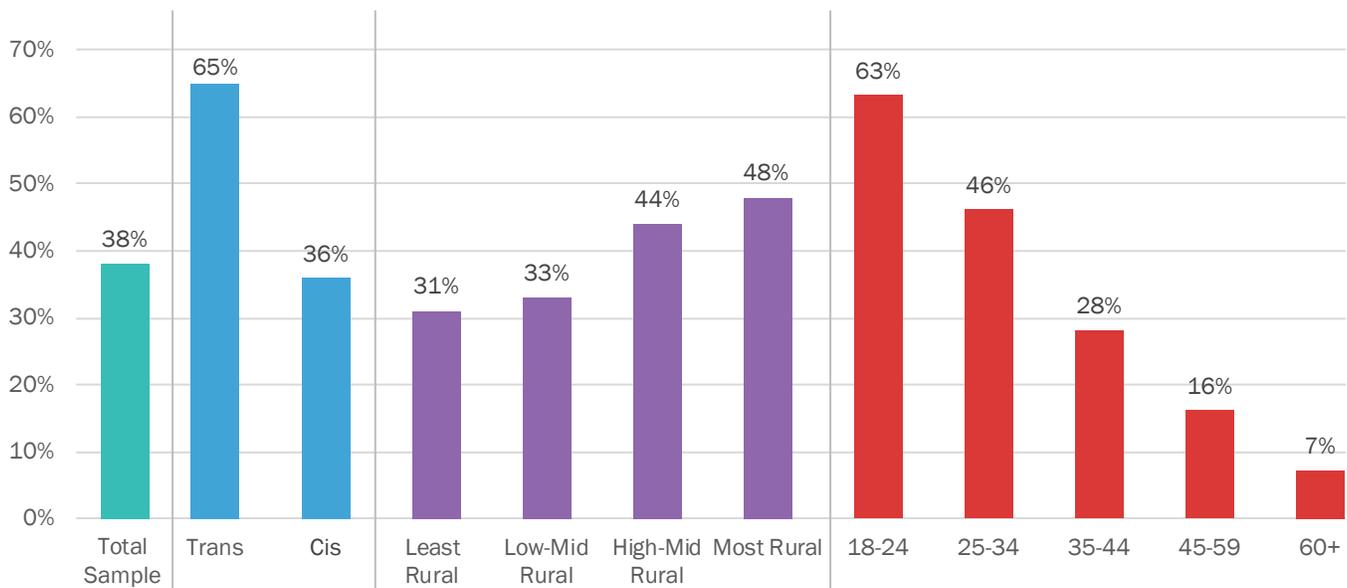
	Never		Sometimes		Often		Most of the Time	
	%	N	%	N	%	N	%	N
Feeling satisfied with your life	9%	45	41%	203	20%	99	30%	148
Feeling safe and secure	4%	21	39%	193	22%	111	34%	171
Feeling generally happy	3%	14	42%	208	24%	121	31%	156

Sadness & Depression

Over one-third, (38%, n = 190) of respondents indicated feeling really sad or depressed “most of the time” or “often” during the past 12 months. Feelings of sadness as reported by respondents did vary meaningfully across subgroups of gender identity, categories of rurality, and age cohorts. Figure 7 below illustrates the distribution of respondents endorsing feeling depressed “most of the time” or “often” in the past 12 months by subgroups.

- Transgender respondents endorsed feelings of sadness and depression more often than cisgender respondents; 65% (n = 31) of transgender respondents reported feeling depressed “most of the time” or “often” in the past 12 months, compared to 36% (n = 159) of cisgender respondents who reported the same.
- Respondents from more rural areas reported feeling sadness and depression more often, on average, than respondents from less rural areas; for example, 48% (n = 52) of respondents living in the most rural areas reported feelings of depression “most of the time” or “often” during the past 12 months, compared to 31% (n = 40) of respondents living in the least rural areas.
- Respondents from younger age cohorts reported feeling sadness and depression more often, on average, than respondents from older age cohorts; for example, 48% (n = 52) of respondents age 18-24 areas reported feelings of depression “most of the time” or “often” during the past 12 months, compared to 7% (n = 40) of respondents age 60 years or older.

Figure 7: Respondents feeling depressed “most of the time” or “often” in the past 12 months, by subgroups



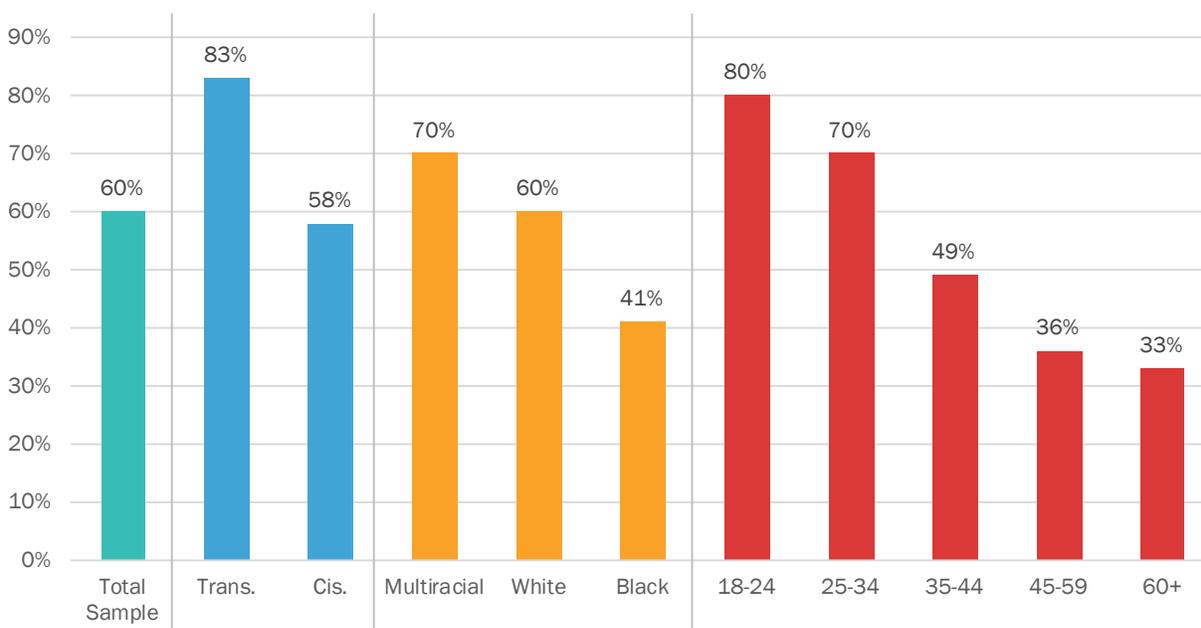
Mental Health

Anxiety

The majority of respondents, (60%, n = 299) reported feeling worried or anxious “most of the time” or “often” during the past 12 months. Feelings of anxiety as reported by respondents did vary meaningfully across subgroups of gender identity, racial categories, and age cohorts. Figure 8 below illustrates a comparison of respondents endorsing feeling anxious “most of the time” or “often” in the past 12 months by subgroups.

- Transgender respondents endorsed feelings of worry and anxiety more often than cisgender respondents; 83% (n = 40) of transgender respondents reported feelings of anxiety “most of the time” or “often” in the past 12 months, compared to 58% (n = 259) of cisgender respondents who reported the same.
- Notable variation in responses was reported across racial category; for example, 70% (n = 27) of multiracial respondents reported feelings of anxiety “most of the time” or “often” during the past 12 months, compared to 60% (n = 244) of white and 41% (n = 16) of Black respondents.
- Respondents from younger age cohorts reported feelings of anxiety more often, on average, than respondents from older age cohorts; for example, 80% (n = 98) of respondents age 18-24 reported feelings of anxiety “most of the time” or “often” during the past 12 months, compared to 33% (n = 9) of respondents who are 60 years or older.

Figure 8: Respondents feeling anxious “most of the time” or “often” in the past 12 months, by subgroups

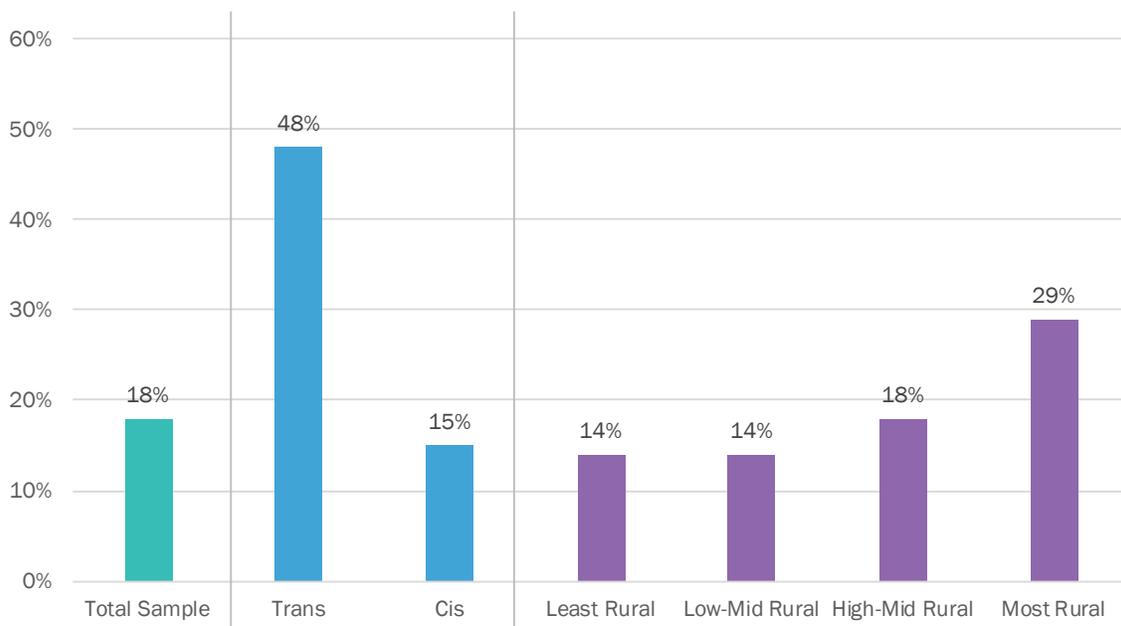


Suicidality

The findings surrounding suicidal thoughts are among the most alarming and crucial and call for extra attention. Rates of suicidality among this sample are extremely high. Almost one in five, (18%, n = 56) of respondents reported feeling “like they wanted to die” “most of the time” or “often” during the past 12 months. Feelings of suicidality as reported by respondents did vary meaningfully across subgroups of gender identity, categories of rurality, gender categories, and age cohorts. Figure 9 below illustrates the distribution of respondents endorsing presence of suicidal thoughts “most of the time” or “often” in the past 12 months by gender identity and rurality category.

- Transgender respondents endorsed feelings of suicidality far more often than cisgender respondents; nearly half (48%, n = 23) of transgender respondents reported feeling like they wanted to die “most of the time” or “often” in the past 12 months, compared to 15% (n = 66) of cisgender respondents who reported the same.
- Respondents from more rural areas reported feeling suicidal more often, on average, than respondents from less rural areas; nearly one in three (29%, n = 31) respondents living in the most rural areas reported suicidal feelings “most of the time” or “often” during the past 12 months, compared to 14% (n = 18) of respondents living in the least rural areas.
- Respondents from younger age cohorts reported suicidal feelings more often, on average, than respondents from older age cohorts; for example, 38% (n = 45) of respondents age 18-24 reported feelings of suicidality “most of the time” or “often” during the past 12 months, compared to 7% (n = 2) of respondents who are 60 years or older.
- Notable variation in responses was reported across categories of gender; for example, 53% (n = 8) of nonbinary respondents reported suicidal thoughts “most of the time” or “often” during the past 12 months, compared to 20% (n = 51) of women and 14% (n = 27) of men in our sample.

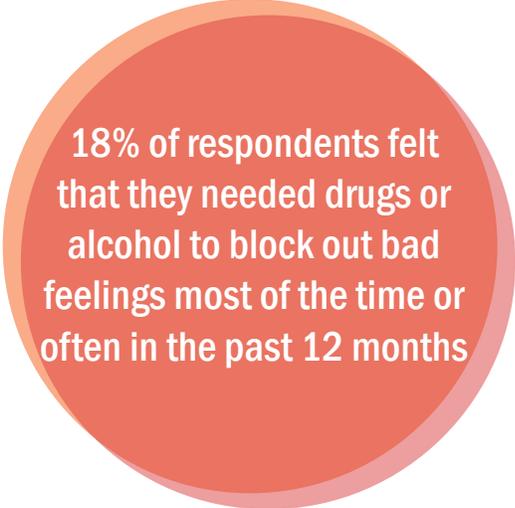
Figure 9: Respondents with suicidal thoughts “most of the time” or “often” in the past 12 months, by subgroups



Mental Health

Substance Use

18% (n = 56) of respondents reported feeling like they needed drugs or alcohol to block out bad feelings “most of the time” or “often” in the past 12 months. Respondent endorsement of substance use did not vary meaningfully across any subgroup. Additional details about substance use are available in the ‘Safety and Legal Issues’ section.



18% of respondents felt that they needed drugs or alcohol to block out bad feelings most of the time or often in the past 12 months

Issues with Sexuality and Gender Identity

About 9% (n = 43) of respondents reported feeling confused about their sexual orientation “most of the time” or “often,” while 11% (n = 56) of respondents reported feeling confused about their gender identity over the past 12 months. Confusion with gender identity as reported by respondents did vary meaningfully across subgroups of gender identity, as was expected. Interestingly, confusion over one’s sexuality varied meaningfully across categories of rurality.

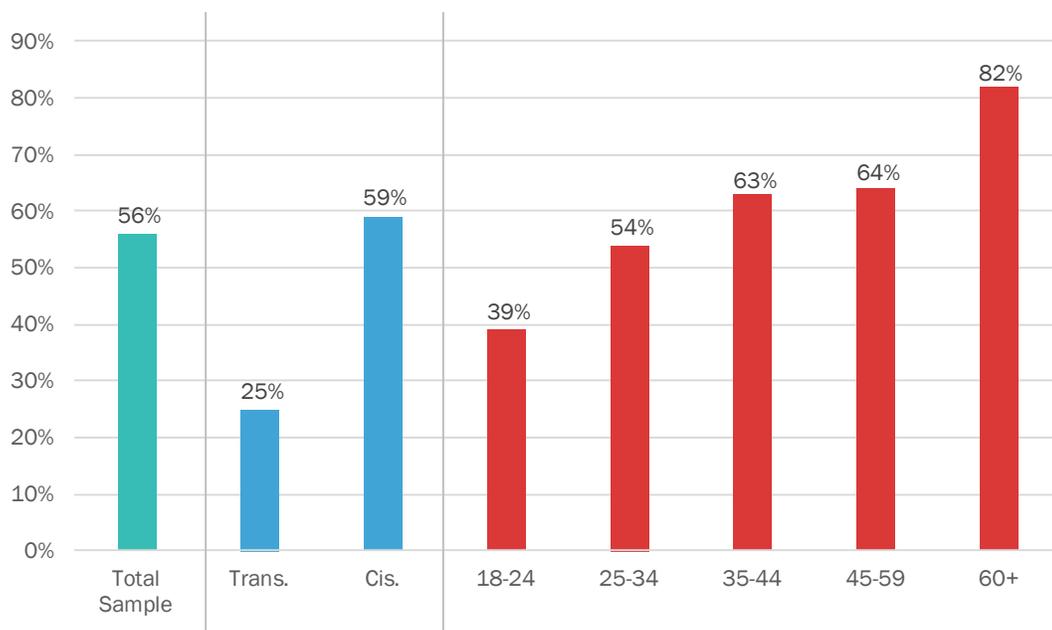
- Transgender respondents reported feelings of gender dysphoria far more often than did cisgender respondents. This finding is not surprising given that most transgender-identified people inherently have some level of dysphoria surrounding their gender identities. Four out of five (80%, n = 35) transgender respondents in our sample reported feelings of gender dysphoria “most of the time” or “often” in the past 12 months, compared to only 5% (n = 21) of respondents who do not identify as transgender.
- Respondents from more rural areas reported feeling confusion surrounding their sexuality more often, on average, than respondents from less rural areas; nearly one in five (17%, n = 18) respondents living in the most rural areas reported feeling confusion about their sexuality “most of the time” or “often” during the past 12 months, compared to only 5% (n = 6) of respondents living in the least rural areas.

Positive Emotions

About half of respondents reported feeling satisfied with their life (49%, n = 247), while just over half reported feeling safe and secure (56%, n = 282) and feeling generally happy (55%, n = 277) “most of the time” or “often” during the past 12 months. Measures of positive emotions did vary meaningfully by subgroup categories of gender identity and age. Figure 10 to the right illustrates the distribution of positive feelings by subgroup.

- Across all three measures of positive emotions, trans respondents reported meaningfully lower levels of positive emotion than cisgender respondents. For example, about 11% (n = 5) of transgender respondent’s report feeling satisfied with their lives, 27% (n = 13) report feeling safe and secure, and 25% (n = 12) report feeling happy “most of the time” or “often,” compared to 54% (n = 242), 60% (n = 269), and 59% (n = 265) of cisgender respondents, respectively.
- A trend emerged with age cohorts and reported level of positive emotion where respondents from older age cohorts consistently reported more positive emotions than did respondents from younger age cohorts. In fact, as age increased, level of positive emotion increased across all three measures. For example, 39% (n = 47) of respondents age 18-24 reported feeling safe and secure, compared to 58% (n = 90) of respondents age 25-34, 60% (n = 59) of respondents age 35-44, 67% (n = 62) of respondents age 45-59, and 89% (n = 24) of respondents 60 years of age and older.

Figure 10: Respondents feeling generally happy “most of the time” or “often” in the past 12 months, by subgroups



Mental Health

Mental Healthcare Experiences

Respondents were presented with items about their experiences in mental healthcare settings and with mental health professionals. Only respondents who endorsed having a mental healthcare provider, thus between 14% and 29% of respondents from the total sample answered questions about experiences in mental healthcare settings.

Respondents' appraisals of experiences within the mental healthcare system were largely positive. Response frequencies for these items are reported in Tables 6a and 6b on the following page. Of those who responded to items about experiences with mental healthcare, the majority reported that their mental health professionals were knowledgeable about issues related to LGBTQ health (75%, n = 82) and that their mental health professionals called them by preferred name and pronouns (97%, n = 122). Respondents also overwhelmingly endorsed positive statements about experiences with mental healthcare when asked about supportive and friendly office staff (96%, n = 122) and being treated with respect (99%, n = 135). Of note, approximately one in five respondents reported that their mental healthcare providers did not have appropriate referral resources for them (18%, n = 19) and that they could not speak openly with their mental healthcare provider (22%, n = 30).

It is important to note that transgender respondents more often reported that mental health professionals did not have appropriate referrals for them (50%, n = 10), compared to just 10% of cisgender respondents reporting the same. Likewise, responses about the perceived ability to speak openly with mental healthcare providers did vary meaningfully by gender; 30% (n = 24) of women reported feeling unable to speak openly with their mental healthcare provider, compared to only 13% (n = 6) of men endorsing the same.



The majority of participants reported their mental healthcare providers were knowledgeable about LGBTQ Health issues

Table 6a: Response Frequencies for Positive Experiences with Mental Health Care

	Respondents endorsing "strongly agree" or "agree"	
	%	N
I was treated with respect	99%	135
Mental health professionals called me by my preferred name and pronouns	97%	122
Office staff were friendly and supportive	96%	122
As a result of my mental health care, I deal more effectively with my daily problems	94%	120
My partner was allowed in the room with me, if I wanted	93%	65
Overall, I am satisfied with the mental health services I have received	91%	126
As a result of my mental health care, my symptoms are not bothering me as much	82%	109
Mental health professionals were knowledgeable about issues related to LGBTQ health	75%	82

Table 6b: Response Frequencies for Negative Experiences with Mental Health Care

	Respondents endorsing "strongly agree" or "agree"	
	%	N
I could not speak honestly and openly to my mental health care providers	22%	30
Mental health professionals did not know where to send me for help	18%	19
Mental health professionals did not treat my partner like a family member	7%	5
Mental health professionals refused to give me the treatment that I wanted	3%	4

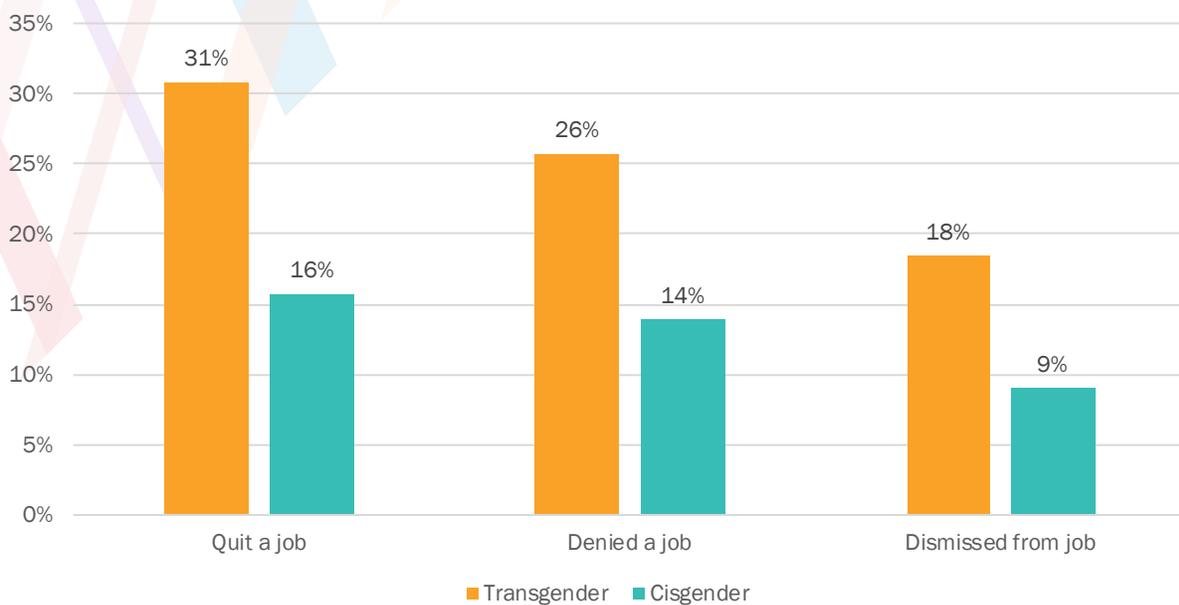
Employment

Employment Discrimination

Survey respondents were asked to report on employment discrimination experiences, specifically as these experiences related to their sexual orientations and gender identities. Adverse employment experiences were moderately uncommon for the overall sample; 17% report having quit a job, 15% report having been denied a job, and 10% report having been dismissed from a job due to their sexual orientation or gender identity.

The frequency of reporting adverse employment experiences did not vary meaningfully by racial category, gender category, age category, or the rurality of the county in which the respondent lived. Rates of adverse experiences were marginally higher for transgender respondents as compared to cisgender respondents. These differential rates are illustrated in Figure 11 below.

Figure 11: Adverse Employment Experiences due to LGBTQ Status, by Transgender/Cisgender Identity



Workplace Climate and Experiences

Respondents were asked about their experiences with specific forms of discrimination and harassment in the workplace, as well as their experiences with positive, LGBTQ inclusive workplace behaviors. Table 7 on the following page reports the frequency of these experiences from the overall sample. Findings from these items suggest that harassment or discrimination targeted toward a specific individual occurs much less frequently than discriminatory comments geared toward LGBTQ people collectively or in the abstract.

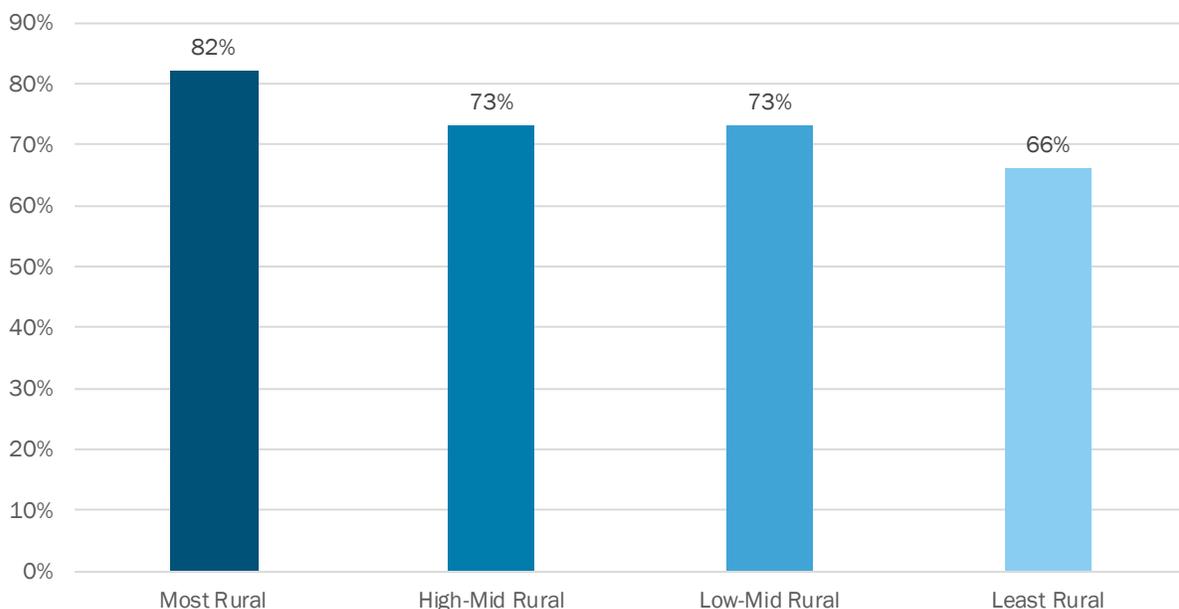
Table 7: Frequency of Negative Workplace Behaviors due to LGBTQ Status

Negative Experiences	Reporting Agreement	
	%	N
I heard people say mean things about LGBTQ people in general	73%	337
I was left out or made fun of by coworkers	33%	139
I was told not to let other people know that I am LGBTQ	27%	119
I was left out of other professional opportunities	22%	84
My supervisor criticized me for being LGBTQ	13%	58
I did not get a raise or promotion because I was LGBTQ	11%	42
Positive Experiences	%	N
I felt I could relax and be myself at work	61%	269
Other workers or supervisors stuck up for me	61%	232
Other Experiences	%	N
I had special opportunities because of my sexual orientation or gender identity	6%	28

Compared to cisgender respondents, transgender respondents reported being told to conceal their LGBTQ identities substantially more often; 26% of cisgender respondents reported having this experience at work, compared to 44% of transgender respondents. Conversely, cisgender respondents reported that colleagues or supervisors stuck up for them in the workplace more than twice as often as did transgender respondents: 64% of cisgender respondents had this positive experience, compared to only 31% of transgender respondents.

The rurality of the county in which the respondent lives is meaningfully related to the proportion of respondents reporting “hearing people say mean things about LGBTQ people in general.” As illustrated below in Figure 12, the highest proportion of respondents reporting this experience lived in the most rural counties while the lowest proportion of respondents reporting this experience lived in the least rural counties.

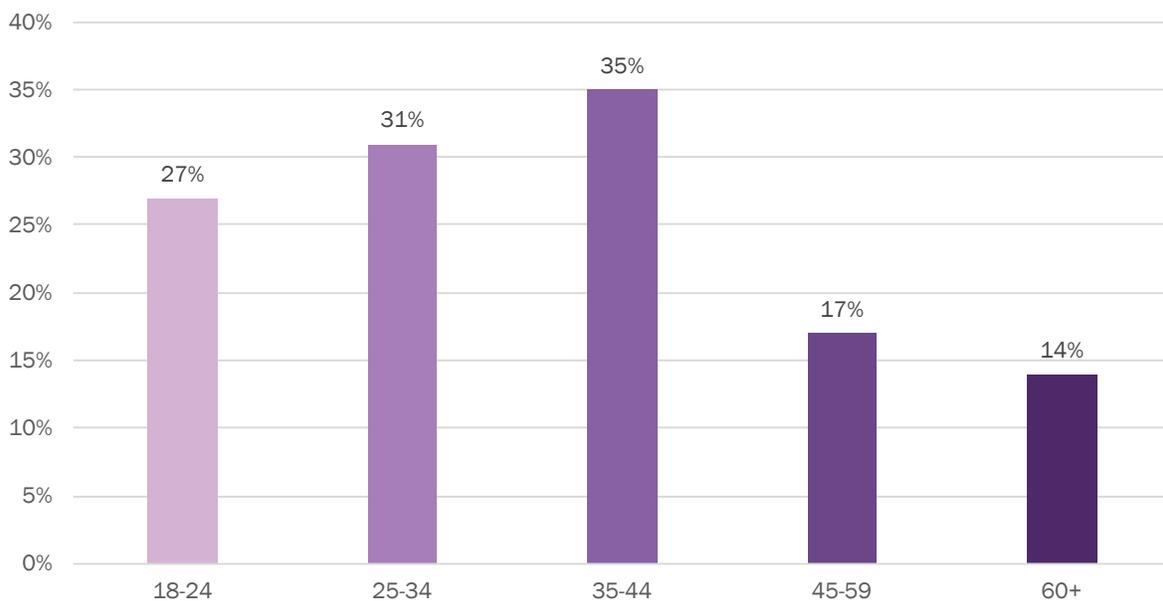
Figure 12: Respondents reporting “hearing people say mean things about LGBTQ people in general” in the workplace, by rurality



Employment

Broadly, racial and gender categories were not meaningfully related to these measures of work climate. Age, however, exhibited an interesting relationship with whether respondents were asked to conceal their LGBTQ identities at work. Respondents over 45 years of age reported this experience least frequently. Respondents in the 35 – 44 year age group – presumably mid-career – reported this experience most frequently. Figure 13 below illustrates this relationship. This peak in LGBTQ identity concealment at work may be due to cohort effects (meaning that these Generation X employees experience work differently than their Boomer and Millennial colleagues) or may be a function of the career stage most common among 35 – 44 year old respondents.

Figure 13: Respondents Reporting being asked to conceal LGBTQ identity at work, by age



In addition to personal experiences in the workplace, respondents were asked to report measures of the overall workplace climate toward LGBTQ people. Table 8 reports the responses to these climate measures from the overall sample. Taken together, the response frequencies for these items overall depict a broadly positive workplace climate for most respondents. Note, however, that these climate measures are reflective only of the workplaces where LGBTQ respondents are currently employed, not the climate for Mississippi workplaces overall.

	Reporting Agreement	
	%	N
Official policy protects people from discrimination and harassment based on sexual orientation	73%	202
Leadership at the top levels is supportive of LGBTQ issues	69%	160
Official policy protects people from discrimination and harassment based on gender identity	68%	181
Benefits, such as health insurance, are available for same sex partners	66%	135
The office or workplace has visible signs of support for LGBTQ people and issues	23%	72

Within these climate measures, subgroup differences by racial category emerged. Respondents of color reported that their workplaces had official protections from gender identity discrimination and harassment more often (83%) than did white respondents (65%). For policies protecting against sexual orientation discrimination, this subgroup difference was smaller with 80% of respondents of color reporting that their workplaces had these protections and 72% of white respondents reporting the same.

School

Mississippi High School/College Attendance

Among the sample of respondents for this project, attendance at Mississippi high schools and colleges was frequent among all groups. There were, however, some variations by key demographic variables. Black respondents reported the highest percentage of Mississippi high school attendance at nearly 90 percent (n = 35), while just over 75 percent (n = 310) of white respondents and just over 66 percent (n = 30) of respondents identifying as any other race reported having attended a Mississippi high school at some point. Mississippi high school attendance also varied by age, such that nearly 82 percent (n = 98) of respondents who were 18 to 24 years old attended a Mississippi high school at some point in their lives, while only just over 40 percent (n = 11) of respondents 60 years old or older did. Examining the rurality of the counties in which the respondents resided, the results indicate that the highest percentage of Mississippi high school attendance was among the most rural respondents. Nearly 91 percent (n = 99) of respondents in the most rural counties attended a Mississippi high school at some point, compared to just under 73 percent (n = 94) of respondents in the least rural counties. While Mississippi high school attendance did not vary widely between men and women in the sample (73.3%, n = 143 vs. 77.1%, n = 205 respectively), those respondents identifying as nonbinary/agender (87.5%, n = 14) or as “other” (100%, n = 8) had a much higher percentage of Mississippi high school attendance than did respondents identifying as men or as women.

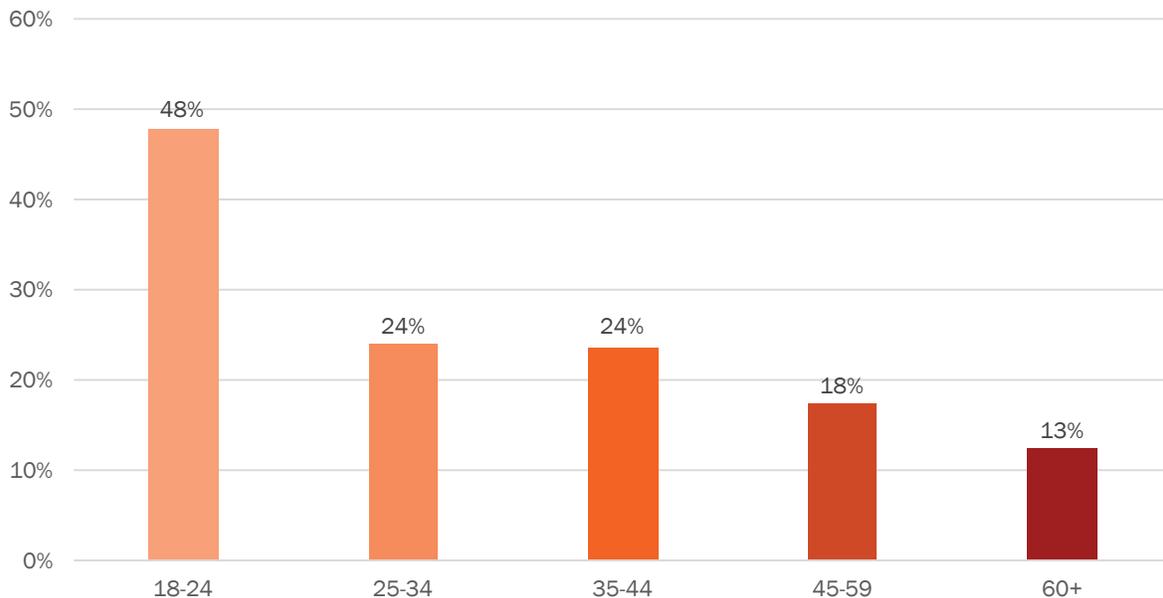
The frequencies of respondents who reported having ever been enrolled in a Mississippi college varied according to race, age, and level of rurality of the counties in which respondents resided. Enrollment in Mississippi colleges did not, however, vary according to respondents' gender category. Enrollment in Mississippi colleges varied by race such that a higher percentage of black respondents reported ever having been enrolled in a Mississippi college (91.4%, n = 32). Just over 86 percent (n = 327) of white respondents reported ever being enrolled in a Mississippi college, and just over 77 percent (n = 31) of those in the category “other” did. Across age categories, the percentage of respondents reporting ever being enrolled in a Mississippi college varied widely. Among respondents aged 18 to 24, 96 percent (n = 97) reported having attended a Mississippi college at some point, compared to just over 46 percent (n = 12) of respondents aged 60 years old or older. Across levels of rurality of the counties in which respondents resided, respondents in the most rural counties had the highest percentage of respondents reporting ever attending a Mississippi college—91 percent (n = 91) of respondents in the most rural counties reported attending a Mississippi college at some point, compared to about 83 percent (n = 98) of respondents in the least rural counties.

“Outness” in Mississippi High Schools/Colleges

Among respondents who reported ever having attended a high school in Mississippi, the percentage of respondents reporting that others in their high schools were aware of their sexual orientations varied by age, gender, and whether respondents identified as transgender. While nearly 48 percent (n = 43) of respondents aged 18 to 24 years old reported that others at their high schools were aware of their sexual orientations, only 17.5 percent (n = 10) of those 45 to 59 years old did. A substantial relationship exists between the odds of having been ‘out’ in high school and a respondent’s age: with each additional year of age, the respondent’s odds of having been ‘out’ in high school in Mississippi decrease by 4.3%. Put differently, younger respondents have a demonstrably higher likelihood of having been out in high school than do older respondents.

With each one year increase in age, respondents’ odds of having been out in high school decrease by 4.3%

Figure 14: Percent of Respondents who were ‘Out’ in High School in MS, by Age Group



School

Experiences in Mississippi High Schools and Colleges

In general, positive climates for LGBTQ students were reported more often at the college level than in high schools

Respondents were asked about their experiences with specific forms of discrimination and harassment in school, as well as their experiences with positive, LGBTQ inclusive school experiences. Tables 9a, 9b, 10a, and 10b report the frequency of these experiences from the overall sample at the high school and college levels. In general, positive climates for LGBTQ students were reported more often at the college level than in high schools. Among high school, former college, and current college experiences, general anti-LGBTQ climate issues (such as hearing negative things about LGBTQ people in general) were more commonly reported than were direct violations of students personally. Comparing the experiences of former college students to current college students, no meaningful differences were observed.

Table 9a: High School Climate Measures, Positive Experiences

	Reporting Agreement	
	%	N
I had access to bathrooms and locker rooms I felt comfortable using	74%	243
Other students stuck up for me	42%	122
Teachers or other adults stuck up for me	32%	86
I felt like I could relax and be myself at school	22%	77
My school had a gay-straight alliance or other LGBTQ inclusive group	6%	21

Table 9b: High School Climate Measures, Negative Experiences

	Reporting Agreement	
	%	N
Students said mean things about LGBTQ people in general	89%	316
I felt pressure to act like I was not LGBTQ	83%	284
I felt pressure to fit in with my heterosexual peers	81%	285
Adults said mean things about LGBTQ people in general	77%	264
Sometimes in class, there were discussions about LGBTQ issues that were upsetting to me	63%	205
Other students made fun of me or called me names	62%	210
Other students picked on me or bullied me	59%	204
A class other than sex education taught that same-sex sexual attraction and behavior was wrong	42%	131
A health or sex education class taught that same-sex attraction and same-sex sexual behavior was wrong	42%	117
I felt excluded from prom, homecoming, or other social events because I was LGBTQ	34%	105
I skipped school because I did not feel comfortable there	30%	105
Teachers or other adults criticized me for being LGBTQ	25%	72
Teachers or other adults told me not to tell anyone that I was LGBTQ	24%	72
I was hit, pushed, or beat up by other students	23%	81
At least once during high school, I was suspended or expelled	20%	71

School

Table 10a: College Climate Measures, Positive Experiences

	Former Students Reporting Agreement		Current Students Reporting Agreement	
	%	N	%	N
I had access to bathrooms and locker rooms I felt comfortable using	86%	241	84%	63
I felt like I could relax and be myself on campus and in my classes	61%	178	67%	55
The campus had a gay-straight alliance or other LGBTQ inclusive student group	53%	137	79%	65

Table 10b: College Climate Measures, Negative Experiences

	Former Students Reporting Agreement		Current Students Reporting Agreement	
	%	N	%	N
I felt pressure to fit in with my heterosexual peers	46%	138	45%	38
Students or faculty said negative things about LGBTQ people in general	41%	118	44%	32
I felt pressure to act like I was not LGBTQ	38%	114	37%	31
Upsetting discussions about LGBTQ issues happened in class	31%	90	54%	44
I had difficulty living on campus because of my sexuality or gender identity	15%	38	15%	12
I skipped classes because I did not feel comfortable there	12%	37	15%	13
Other students harassed me because I was LGBTQ	8%	25	12%	10
I was physically assaulted by other students at the college I was attending	4%	11	2%	2

Racial Differences

With only a small subset of Mississippi school-related variables serving as exceptions, white respondents reported more negative experiences with Mississippi high schools and colleges than did respondents of color. White respondents reported higher frequencies of bullying and harassment than did black respondents and other respondents of color, for instance. White respondents also reported a higher percentage of hearing others—both students and others in the schools—saying disparaging things about LGBTQ individuals, both in classes and in other contexts. In addition, a higher percentage of white respondents reported feeling pressure to fit in and to try to act like they were not LGBTQ; this potentially provides at least some explanation as to why, compared to black respondents and other respondents of color, a greater number of white respondents reported skipping classes while in high school because they were uncomfortable within the school’s context. Interestingly, while white respondents reported the highest percentage of skipping high school classes due to discomfort with the way they were treated at school, as well as with the way the school dealt with LGBTQ discussions, the percentage of white respondents who reported having had an adult or other student stick up for them was also higher than it was for respondents of color. Even with white respondents reporting the highest percentage of having someone on their side who would stick up for them—or had stuck up for them—the percentage of black respondents reporting that they felt comfortable at school and like they could relax and be themselves at school was higher than the percentage of white respondents reporting the same.

Age Differences

Overall, younger respondents report more negative experiences in Mississippi high schools and colleges than older respondents do. Compared to older respondents, a higher percentage of respondents in the youngest age categories reported that students and faculty/staff/administrators at their schools said mean things about LGBTQ people, that they had been exposed to upsetting classroom discussions about LGBTQ people or issues, that they had skipped school because they were not comfortable there, and that they did not feel like they were able to relax and be themselves within the context of the educational institution.

While younger respondents reported more negative experiences in Mississippi high schools and colleges, a higher percentage of younger respondents also reported that their schools had implemented Gay-Straight Alliances or other LGBTQ-inclusive groups, indicating that, at least in some ways, support systems for LGBTQ youth may be getting stronger and more common.

Age-based differences in respondents’ reports of their experiences in Mississippi high schools and colleges must be interpreted with some caution. These results may not indicate that attitudes toward LGBTQ people/issues are altogether changing in Mississippi schools and may indicate, instead, that conversations around LGBTQ people/issues are becoming more acceptable and mainstream. Put differently, experiences of outright erasure may have shifted over time toward more active or outright experiences of discrimination.

Religion

Just over 37% (n = 184) of respondents reported being a member of a religion, faith group, or church. Of those respondents, about 66% (n = 105) reported that others in their religion, faith group, or church were aware of their LGBTQ sexual orientation. Importantly, while about 62% (n = 104) of respondents reported that their religion, faith group, or church was generally accepting of LGBTQ people, nearly 96% (n = 173) of respondents said it was either somewhat or very important to them that their religious group or place of worship be LGBTQ-inclusive. Similarly, just over 62% (n = 273) of respondents reported that they had changed their religious affiliation, church, or place of worship because of their LGBTQ identity.

Of those respondents who were previously members of a religion, faith group, or church but were not currently religiously affiliated, 86.5% (n = 193) reported that the religious group to which they had previously belonged were not generally accepting of LGBTQ people. Of those respondents not currently religiously affiliated but who had recently been members of a religious group, about 24% (72 respondents) reported that they would like to join a church or religious group if acceptable options were available. Nearly 53% of those 72 respondents agreed or strongly agreed that they were not aware of any places of worship where they would feel accepted. Overall, only 34.5% (n = 122) of respondents reported that they were at least somewhat satisfied with the opportunities available in Mississippi to meet their religious or spiritual needs.

Figure 15: Satisfaction with Opportunities to Meet Religious or Spiritual Needs

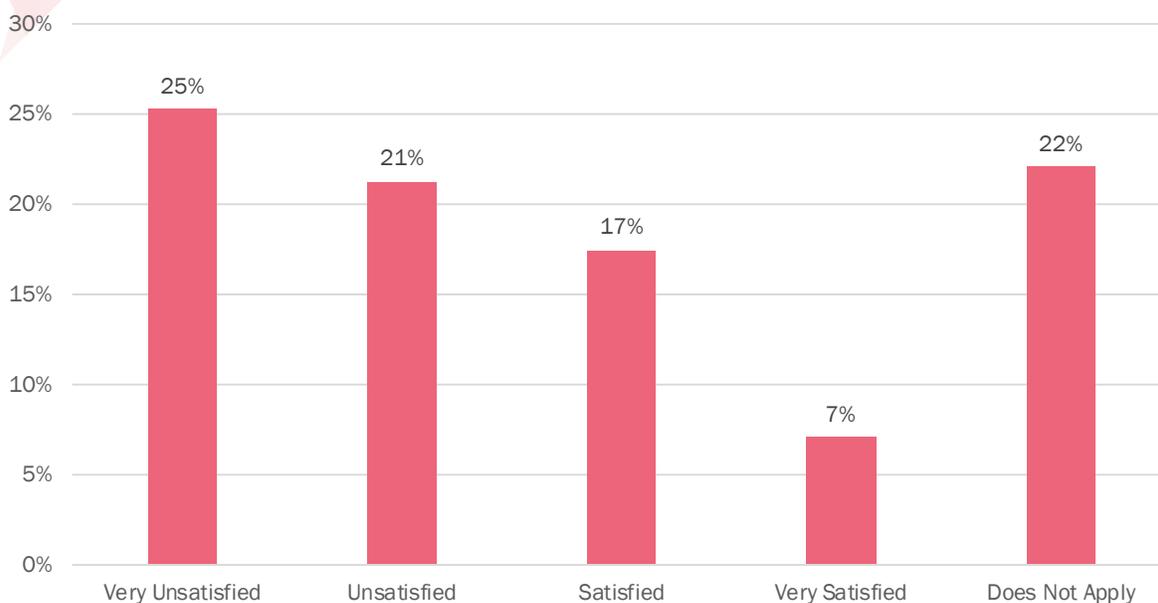
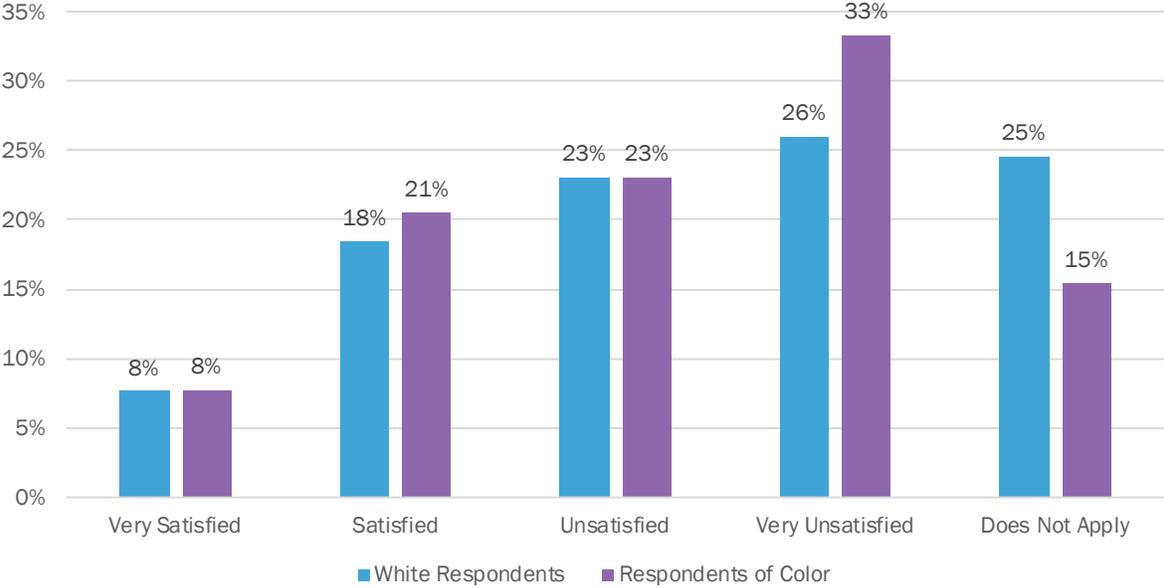


Figure 16: Satisfaction with Opportunities to Meet Religious or Spiritual Needs, by Race

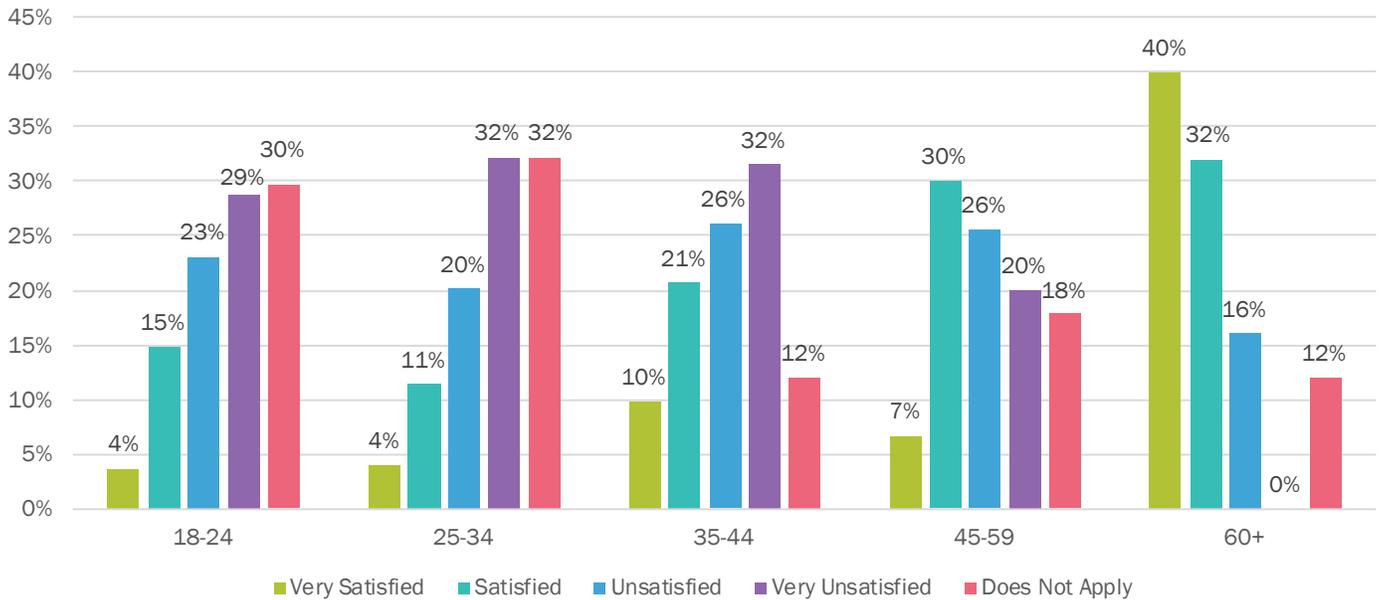


Racial Differences

Examining racial differences in satisfaction with Mississippi’s available opportunities for meeting religious/spiritual needs reveals more nuanced findings. Looking at percentages of respondents reporting that they were very satisfied, satisfied, or unsatisfied, there was little variation between white respondents and respondents of color. However, looking at percentages of respondents reporting that they were very unsatisfied or that the question does not apply to them, a higher percentage of respondents of color reported being very unsatisfied, and a higher percentage of white respondents reported that the item did not apply to them. These findings suggest that, overall, respondents of color are dissatisfied with their options for religious participation while white respondents are less likely to seek out religious participation options altogether.

Religion

Figure 17 Satisfaction with Opportunities to Meet Religious or Spiritual Needs, by Age Group



Age Differences

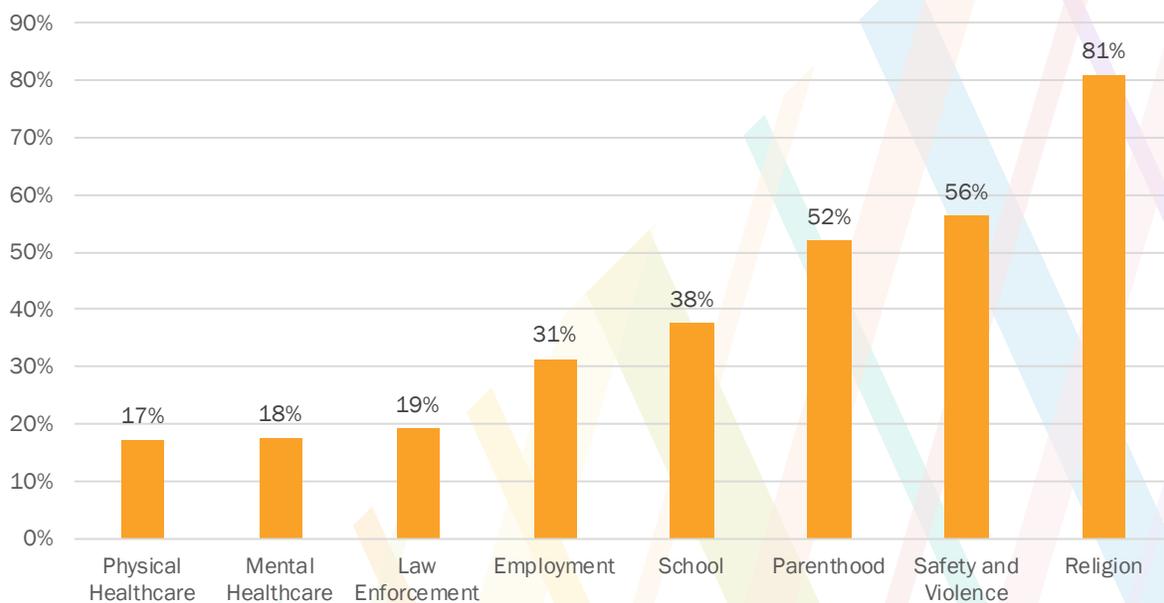
Examining age-based differences in satisfaction with Mississippi's available opportunities for meeting religious/spiritual needs indicates that older respondents are, in general, more satisfied than are younger respondents. In addition, a higher percentage of young respondents reported that the item measuring satisfaction with available opportunities to meet religious/spiritual needs did not apply to them. These findings suggest that older respondents are typically more satisfied with their religious options, while younger respondents are less likely to seek out religious options altogether.

Older respondents are more satisfied with their religious options. Younger respondents are less likely to seek out religious options altogether.

There were no meaningful differences between men and women on this item, though results indicate that a higher percentage of nonbinary/agender respondents and respondents reporting their gender identity as something in the “other” category reported being unsatisfied or very unsatisfied with Mississippi’s opportunities for meeting one’s religious/spiritual needs or that the item did not apply to them. These findings, like others examining differences according to gender, must be interpreted with caution, as the number of respondents in the sample identifying as nonbinary/agender or as a gender categorized as “other” is very small.

Finally, for each topic within the survey, respondents were asked: “How do you think your experiences with [topic] compare to individuals who are not LGBTQ?” “Religion” saw the greatest frequency of ‘very different’ responses. This suggests that this domain is understood by respondents to have the most extreme disparities for LGBTQ Mississippians as compared to non-LGBTQ individuals in the state.

Figure 18: Percent reporting ‘very different’ experiences between LGBTQ and non-LGBTQ people, by topic



Families

Approximately one quarter of the sample reported that their most important source of social support was their biological family. Notably, well over half of respondents reported that their most important source of social support was their immediate friend group. The most important source of social support varied by racial category; compared to white respondents, a higher percentage of respondents of color reported that their biological family was most important. Examining differences by age, a higher percentage of respondents in the youngest age categories reported that their most important source of social support was their immediate friend group (73% [n = 86] of respondents aged 18-24, compared to 46% [n = 12] of respondents aged 60 and over).

Regarding outness to one's family, 77% (n = 365) of respondents reported that their immediate family was aware of their sexual orientation. Additionally, 67% (n = 331) of respondents rated their relationships with their immediate family as good, very good, or excellent, and about 60% (n = 287) of respondents reported that their immediate family members were either somewhat or very supportive of issues relevant to LGBTQ people.

Approximately 24% (n = 120) of respondents in the sample reported that they were parents. Of those respondents who reported being parents, about 65% (n = 77) reported that their children live with them most or all of the time.

Parents were asked about their specific experiences with parenthood, which are detailed in Table 11 below. Among the parents in the sample, nearly 70% (n = 74) reported feeling the need to keep their LGBTQ identities private in order to protect their children, and about 32% (n = 28) reported that their children had been teased or bullied at some point due to their having an LGBTQ parent. About 43% (n = 43) of the parents in the sample reported that they had, at some point, due to their LGBTQ identities, had negative experiences with other parents. Just under 80% (n = 79) of parents in the sample reported that, if they could, they would move to a different place where there were more LGBTQ families.

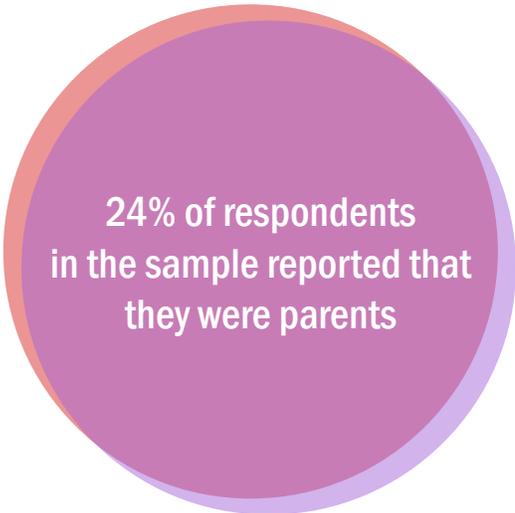


Table 11: Experiences with Parenthood

	Parents Reporting Agreement	
	%	N
If it was possible, I would move to another place where there are more LGBTQ families	77%	79
At some point, I have felt the need to keep my LGBTQ identity private in order to protect my child	70%	74
I have had negative experiences with other parents because I am LGBTQ	43%	43
My child has been teased or bullied for having an LGBTQ parent	32%	28
I have had negative experiences with school administrators because I am LGBTQ	25%	23
I have had negative experiences with my child's teachers because I am LGBTQ	16%	15
I have had negative experiences with my child's doctors because I am LGBTQ	10%	10
My child's school teaches that children have all types of families	44%	31

Safety and the Legal System

Voting Behavior among LGBTQ Mississippians

The overwhelming majority of respondents, 91%, reported being currently registered to vote. Frequency of voting, however, was notably higher in national elections than in state and local races. Among registered voters, 93% reported voting ‘always’ or ‘usually’ in national elections. For state elections, 82% reported voting ‘always’ or ‘usually.’ In local elections, only 72% of registered voters reported voting ‘always’ or ‘usually.’ Table 12 illustrates voting frequency breakdowns by election type.

Table 12: Voting Frequency Among Registered Voters, by Election Type

	Local Elections		State Elections		National Elections	
	%	N	%	N	%	N
Always Votes	42%	184	50%	249	81%	354
Usually Votes	30%	130	21%	107	12%	50
Sometimes Votes	19%	82	11%	53	3%	14
Never Votes	9%	38	5%	26	4%	17

Voter registration status and frequency of voting behavior did not differ meaningfully by gender category, racial category, transgender or cisgender identity, or by the rurality of the counties in which respondents lived. Voter registration status and the frequency of voting behavior did, however, differ meaningfully by respondent age group. As illustrated in Figure 19 below, respondents aged 18-24 reported being registered to vote at a much lower rate than respondents in other age groups.

Figure 19: Percent Registered to Vote, by Age Group

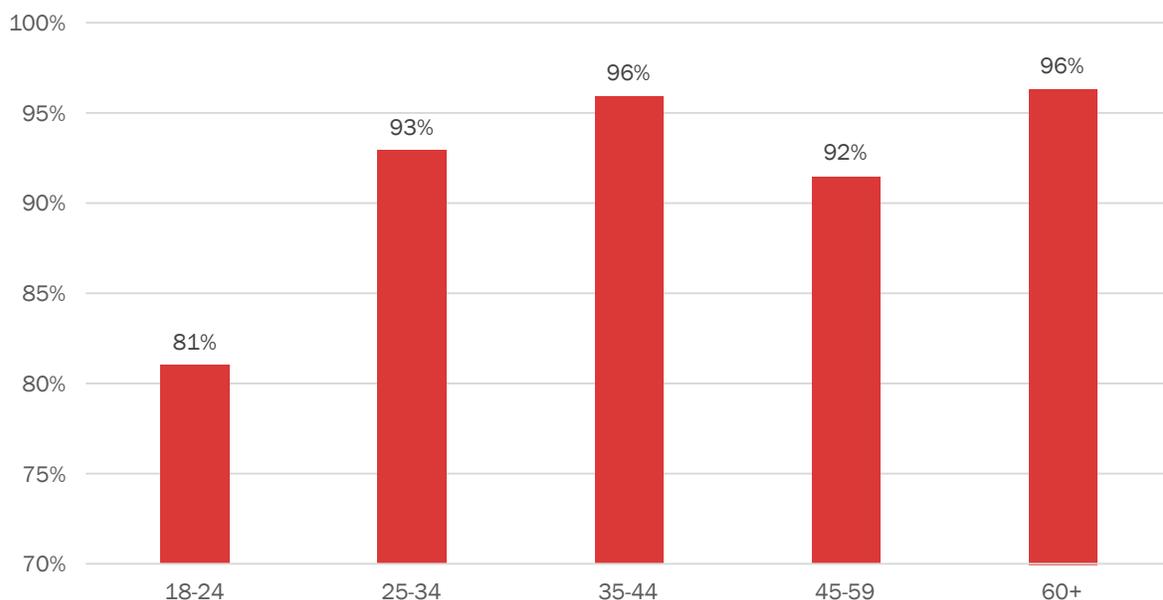
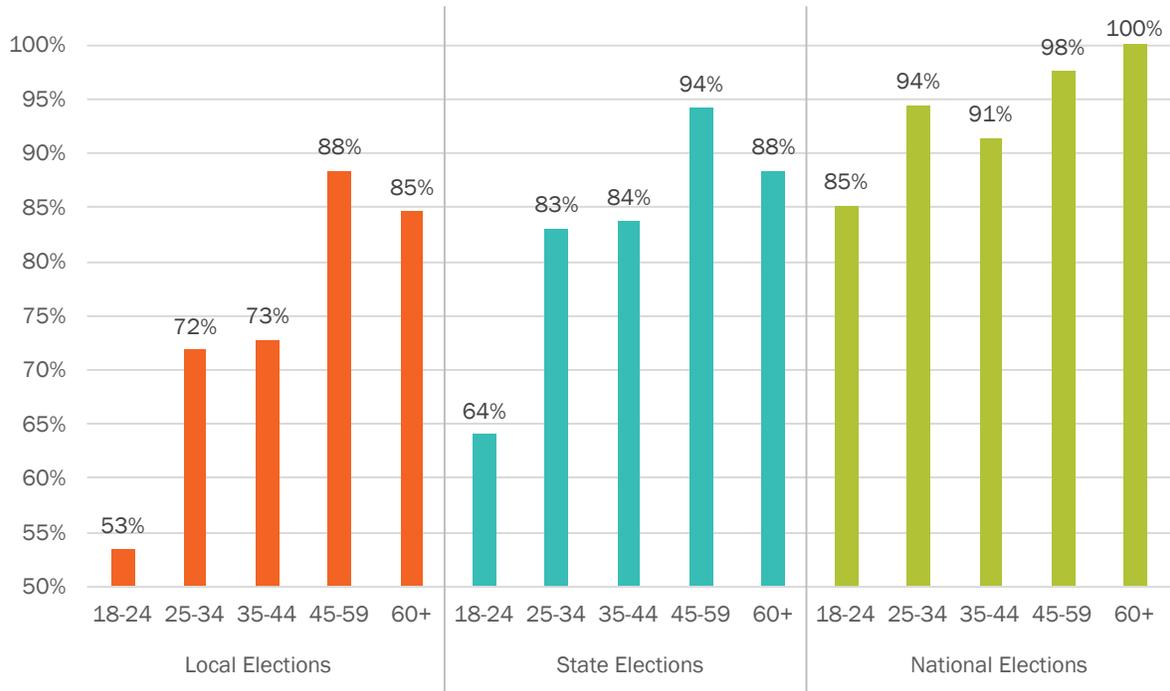


Figure 20: Frequency of Voting by Election Type and Age Group



Among registered voters, younger respondents voted less frequently than did older respondents across all types of elections. The greatest disparity in voting frequency by age group was reported for local elections. In local elections, 53% of respondents 18-24 vote 'always' or 'usually'. Comparatively, 85% of voters age 60 and older vote 'always' or 'usually' in these elections. Figure 20 illustrates the voting rate differences by age group for local, state, and national elections.

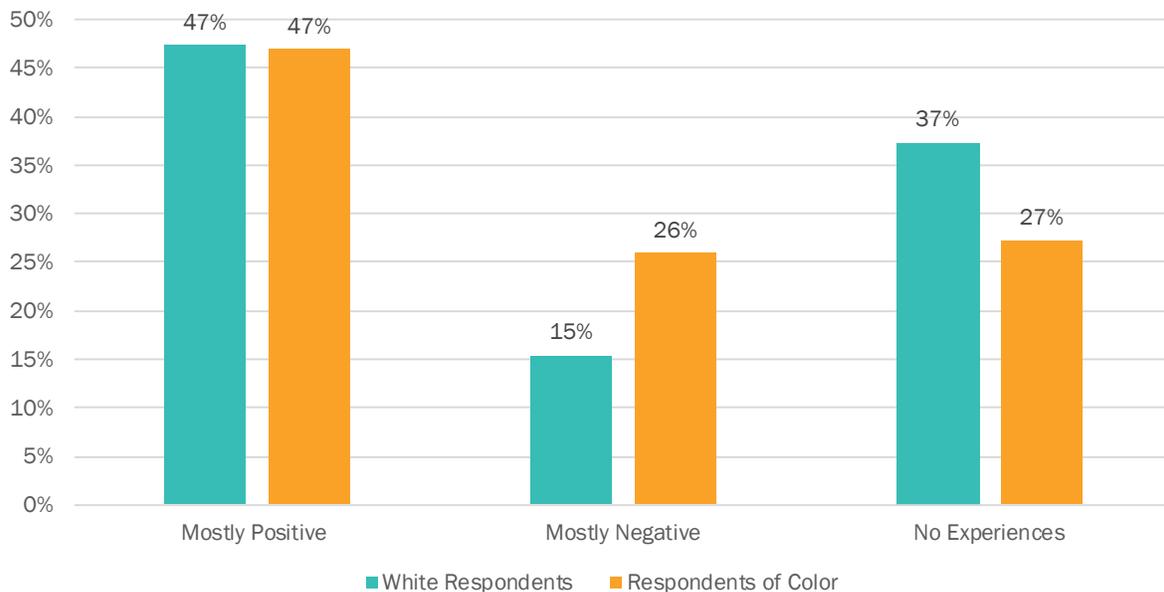
Safety and the Legal System

Experiences with Law Enforcement

Respondents were asked to characterize their experiences with local law enforcement. The largest subgroup of respondents, 47% (N=229), reported having ‘mostly positive’ experiences with local law enforcement, 36% (N=175) reporting having had no experiences with local law enforcement, and a distinct minority (17%, N=84) reported ‘mostly negative’ experiences with local law enforcement. An additional 12 respondents elected to skip questions related to law enforcement. Among the small group of respondents with ‘mostly negative’ experiences, 51% (N=34) report that their sexual orientations or gender identities were a factor in these negative experiences.

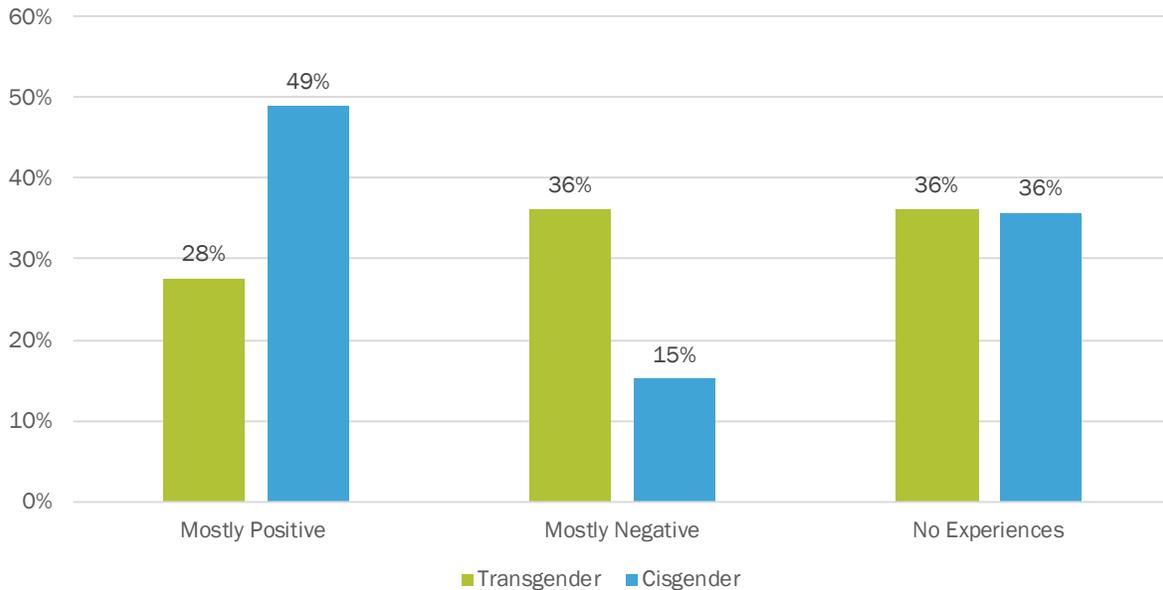
Characterization of respondents’ experiences with law enforcement did not differ meaningfully by gender category or by the rurality of the counties in which respondents lived. Meaningful differences did emerge, however, among subgroups by racial category, transgender or cisgender identity, and by age group. As illustrated in Figure 21, respondents of color and white respondents reported similar frequencies of ‘mostly positive’ experiences, but varied notably on frequencies of having ‘mostly negative’ experiences and of having no experience with local law enforcement. Among the small share of respondents of color reporting negative experiences 41% reported that their gender identity or sexual orientation was a factor in these negative experiences. Due to the small raw number of respondents of color reporting ‘mostly negative’ experiences (n=17) these findings should be interpreted with caution and are best understood in conjunction with findings from the qualitative data section of this study. The data therefore suggest that interaction with law enforcement is informed specifically by the intersection between LGBTQ identity and racial minority identity.

Figure 21: with Local Law Enforcement, by Racial Category



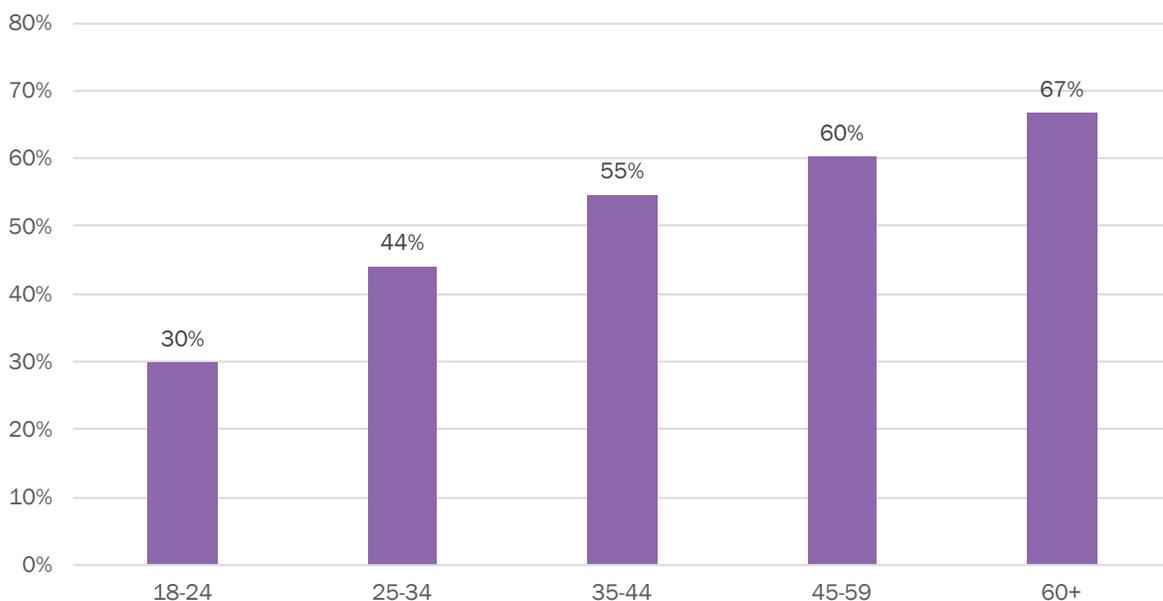
As illustrated in Figure 22, transgender and cisgender respondents' experiences with law enforcement varied greatly. While similar frequencies of transgender and cisgender respondents reported having no experience with law enforcement, the proportion of transgender respondents with negative experiences was substantially greater than the proportion of cisgender respondents. Conversely, the proportion of cisgender respondents reporting positive experiences was substantially greater than the proportion of transgender respondents.

Figure 22: Experiences with Local Law Enforcement, by Transgender/Cisgender Identity



Finally, experiences with local law enforcement differed by respondent age group. The proportion of respondents reporting no experience with law enforcement was relatively stable across age groups. The share of respondents reporting positive experiences, however, increased as respondent age group increased, as illustrated in Figure 23 below.

Figure 23: Percent Reporting 'Mostly Positive' Experiences with Local Law Enforcement, by Age Group



Safety and the Legal System

Violence, Harassment, and Survival Hardships

Respondents were asked to report whether they had ever experienced specific acts of violence, harassment, or survival hardships. Response frequencies for these items are reported in Table 13 below. Critically, a majority of respondents reported using alcohol or other substances to cope with stress, and reported experiencing verbal harassment in public places. The third most frequently reported experience, sexual abuse or assault, was reported by a near majority – 47% of respondents.

Table 13: Experiences with Violence, Harassment, or Survival Hardships

Experience	Respondents Reporting 'Yes'	
	%	N
Used alcohol or other substances to cope	62%	308
Verbally harassed in public spaces	54%	269
Sexually abused or assaulted	47%	227
Experienced food insecurity	43%	217
Experienced familial or domestic violence	40%	194
Experienced housing instability	20%	98
Relied on survival sex to meet basic needs	17%	86
Experienced homelessness	16%	81
Been Arrested	16%	78
Been incarcerated	9%	43
Attacked violently in public spaces	9%	42

The frequency of reporting alcohol or substance use as a coping mechanism did not vary meaningfully by racial category, gender category, transgender or cisgender identity, or the rurality of the county in which the respondent lived. This high proportion of alcohol and substance use rate among respondents coupled with the lack of meaningful subgroup variation makes alcohol and substance use among the most critical issues identified in this section.

Most items within this section varied across age groups, with older age groups consistently reporting lower rates of each negative experience than younger age groups. This difference is expected and is likely more attributable to selection and survival effects than to specific effects of age and LGBTQ identity intersections; put differently, the most likely explanation for why older age groups are reporting lower rates of negative experiences is that individuals that do have these negative experiences are more likely to also experience higher mortality rates, migration out of the state, or other mediating factors and are, therefore, absent from the sample. The research team posits that increased age does not necessarily protect against these experiences for LGBTQ people, but rather that the share of LGBTQ people who have experienced these hardships and persisted to older ages in Mississippi is tragically diminished.

Multiple items varied meaningfully across gender categories, transgender or cisgender identity, or racial category. The most notable disparities among these subgroups are discussed below.

- In multiple experiences related to survival hardship, notable variation was reported across racial categories. Among respondents of color: 23% (N=19) reported experiencing homelessness compared to only 15% (N=59) of white respondents; 33% reported experiencing housing instability (N=27) compared to only 17% (N=68) of white respondents. The majority of respondents of color (59%, N=48) reported experiencing food insecurity, as compared to only 41% (N=164) of white respondents.
- Transgender respondents reported higher rates of negative domestic experiences compared to cisgender respondents in multiple measures. Among transgender respondents: 60% (N=28) report experiencing familial or domestic violence as compared to 38% (N=166) of cisgender respondents; 31% (N=15) report experiencing housing instability as compared to 19% (N=83) of cisgender respondents; and 28% (N=13) report experiencing homelessness as compared to 15% (N=68) of cisgender respondents.
- While experiences of verbal harassment were prevalent across the sample, they were markedly pronounced among transgender respondents. Among transgender respondents, 72% (N=34) report experiencing verbal harassment as compared to 53% (N=235) of cisgender respondents.
- Sexual abuse and assault experiences varied substantially by gender category. The majority of women in the sample (53%, N=141) and the majority of nonbinary respondents (58%, N=24) reported having experienced sexual abuse or assault, compared to only 36% (N=67) of men.

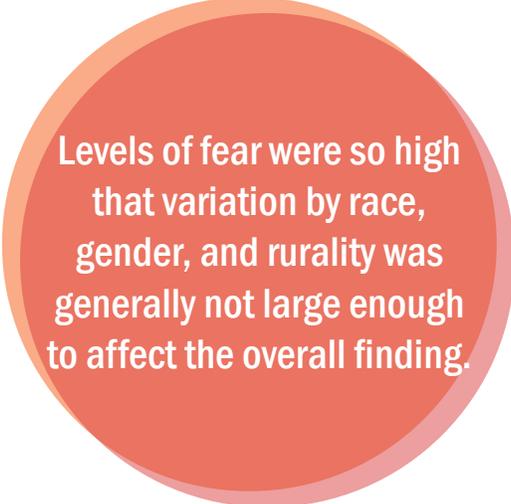
Safety and the Legal System

Fear of Violence and Harassment

Respondents were asked to report whether they had ever felt the need to hide their LGBTQ identities due to fear of violence or harassment. Response frequencies for these items are reported in Table 14 below. Rates of fear of violence and harassment were exceptionally high; with the exception of one measure (property theft/vandalism) a majority of respondents reported having concealed their LGBTQ identities due to fear on each item.

Table 14: Fear of Violence and Harassment

	Respondents reporting a need to keep their LGBTQ identities private due to fear of...	
	%	N
Being Treated Rudely	86%	422
Discrimination in a Public Setting	80%	387
Verbal Harassment	78%	387
Being Socially Excluded	78%	380
Being Denied Service by a Private Business	64%	311
Physical Violence	56%	269
Having Property Stolen or Vandalized	47%	225



Levels of fear were so high that variation by race, gender, and rurality was generally not large enough to affect the overall finding.

While some subgroup variation existed across measures of fear, these variations were generally not large enough to be meaningful, given how substantial rates of fear were among the overall sample. Put differently, levels of fear were so high on most measures that variation by race, gender, rurality, or other characteristics was generally not large enough to affect the overall finding.

Respondents were given the opportunity to provide open-ended feedback to the research team following completion of the survey. This theme of widespread fear was prevalent throughout these open-ended responses, and emerged organically. Relevant responses are included below, reproduced verbatim:

“Be safe, they are watching.”

“For me, there is a lot of fear when it comes to thinking about participating in public LGBTQ events/living openly/going to doctors/interacting with various other businesses (buying a mattress at a local store with my partner, for example). This feeling has only increased since the passing of HB1523.”

“Getting scarier in Mississippi for open gays.”

“Here, it’s better to keep it hidden than let it be known”

“We need saving.”

“I am not ‘out’ but 2 of my children are (they are more courageous than I am)”

“I’ve had to stay quiet about who I am to protect my family, my husband’s job, and my children. One day I hope to live somewhere where I would feel included and safe enough to tell other people who I really am”

“Living here keeps you in a constant state of paranoia about who might know what”

“Please help us. We are dying.”

“The state is frightening and violent.”

“We are scared.”

Recommendations

Based on the results of the survey, the research team offers the following, non-exhaustive list of recommendations regarding the needs, strengths, and challenges of LGBTQ Mississippians:

Programmatic Recommendations

Recommendations for Communities

- Target outreach and recruitment strategies to the most underserved sub-groups of the LGBTQ population, including transgender populations and racial minorities to strengthen networks and social integration. Target LGBTQ resources and outreach into the most rural areas of the state.
- Support efforts to provide stable, safe housing for transgender Mississippians.
- Create material resource support mechanisms for LGBTQ people of color.

Recommendations for Health Care

- Develop or support evidence-based transgender-specific healthcare education, advocacy, and training programs.
- Support improved care coordination to connect physical and mental health services and providers in support of LGBTQ patients. Build a resource guide for physical healthcare providers to increase the effectiveness of referral processes.
- Strengthen coalitions between LGBTQ organizations and mental healthcare agencies and providers so that LGBTQ-identified clients will be aware of supportive providers and access to mental health services.
- Build or support evidence-based programs to reduce alcohol and substance dependence that are tailored specifically to LGBTQ populations.

Recommendations for Families and Children

- Create networking and support opportunities to connect LGBTQ parents to one another and other members of their communities.
- Reduce bullying and harassment of LGBTQ students in Mississippi public schools via evidence-based, data driven approaches. Revise institutional policies and curricula that ingrain LGBTQ discrimination into schools at the structural level.

Recommendations for Legal and Safety Issues

- Increase voter registration among young LGBTQ Mississippians.
- Increase LGBTQ voter mobilization in local and state elections.
- Support coalitional and intersectional efforts to decrease sexual violence against women by including specific support for LGBTQ women. Support efforts to decrease sexual violence against nonbinary and gender nonconforming people.
- Support coalitional and intersectional efforts to improve the relationship between law enforcement and people of color by including specific support for LGBTQ people of color.
- Support efforts to improve the relationship between law enforcement and transgender and gender non-conforming populations.

Research Recommendations

- Support population-level data collection efforts regarding LGBTQ Mississippians. Specifically, support the inclusion of sexual orientation and gender identity measures in state and federal level data collection efforts including the US Census, the Behavioral Risk Factor Surveillance System in Mississippi, and the Youth Risk Behavior Surveillance System in Mississippi.
- Conduct a survey of Mississippi workplaces to measure climate toward sexual and gender minorities and to measure businesses' support for or opposition to HB 1523 and its effects on the state's economic and work climate.
- Collect representative data in Mississippi public schools at the high school and college level regarding the enrollment, experiences, and well-being of LGBTQ students.
- Explore the impact of intersecting sexual/gender minority and racial minority identities on experiences with law enforcement through oversampling QPOC in quantitative data collection and through focused analyses of existing qualitative data.
- Repeat this survey in three to five years and use the data from the current Needs Assessment as baseline measures for a broader evaluation strategy.

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