

STATE SPOTLIGHT

SOUTH CAROLINA

FEBRUARY 2020

The 2019 Southern LGBTQ
Health Survey is a project
of the Southern LGBTQ
Health Initiative, led by the
Campaign for Southern
Equality and Western NC
Community Health Services.





This report features the voices of 404 LGBTQ people from South Carolina

who took part in the 2019 Southern LGBTQ Health Survey, which included responses from 5,617 LGBTQ people across the South and is the largest sample ever of LGBTQ Southerners talking specifically about their health and health care.

South Carolina is home to an estimated 137,000 LGBTQ adults, and the survey findings are a call to action to immediately improve their access to quality, LGBTQ-friendly health care and mental health services. For example, alarmingly high rates of LGBTQ South Carolinians report experiences with depression and suicidal ideation.

LGBTQ South Carolinians face disproportionate barriers to positive health outcomes. Some of these barriers relate to the different types of stigma that LGBTQ people experience, while others are related primarily to a lack of adequate training among healthcare providers. Still others are due to state policies that leave LGBTQ people vulnerable, including a lack of nondiscrimination protections.

The Southern LGBTQ Health Survey is about understanding these specific challenges and then informing tailored strategies to address them and thus ensure that LGBTQ people in South Carolina – and across the South – can access the care they need and deserve.

Quality health care is a basic human right, one that every LGBTQ Southerner deserves and should be able to access within their hometowns. Health care matters because our health matters – it's a foundational part of all of our lives. It's about how we care for our physical, mental, emotional, and spiritual well-being. It's about who we are and who we love.

And it's central to the ultimate vision that drives our work with the Southern LGBTQ Health Initiative: A South where all people have an equal opportunity to thrive.

Don't Miss the Full Survey Report

A complete analysis is available in the full 150+ page report, available here:

www.southernequality.org/Survey



While many of the specific data points from South Carolina were consistent with responses from the overall survey data, several state-level findings were notable.



Respondents reported significantly high rates of poor **MENTAL HEALTH**, with rates especially high for transgender South Carolinians.

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Respondents reported alarmingly high rates of **SUICIDAL IDEATION**, **DEPRESSION**, and **ANXIETY** diagnoses and symptom experiences.

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Being LGBTQ in the South uniquely informs respondents'

COMFORT SEEKING HEALTH CARE in their local communities.

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Respondents reported higher rates of **LIVING WITH HIV** when compared to the general population. A high percentage of South Carolinians reported not knowing their HIV status.

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Many respondents **DELAY SEEKING CARE** because of out-of-pocket expenses or because of their LGBTQ identity.

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FEAR OF EXPERIENCING VIOLENCE was pervasive in the sample, with higher-than-average rates of respondents in South Carolina saying that they were always afraid of physical or emotional violence because of their LGBTQ identity.

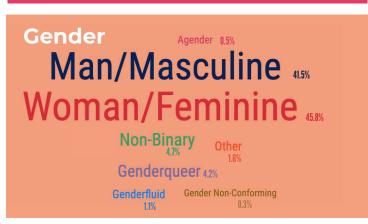
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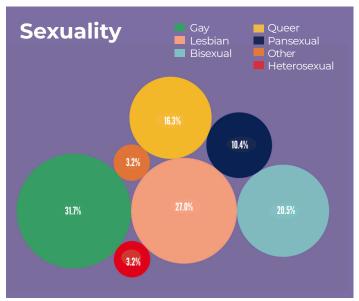
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OGRAPHICS OF SCIESPOND

Respondents from South Carolina

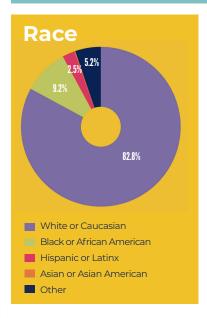














According to 2019 data from The Williams Institute: South Carolina is home to 137,000 LGBTQ adults, 30% of whom are raising children. South Carolina's LGBTQ population reflects the state's racial diversity: African-American, 25%: Hispanic/Latino: 10%: White: 52%: All Other Races: 13%.

LGBTQ adults in South Carolina experience disparities in core areas relative to non-LGBTQ adults:



No Access to **Health Insurance:**

23% – LGBTQ adults 13% – Non-LGBTQ adults



Insufficient Money to Buy Food:

36% – LGBTQ adults 18% - Non-LGBTQ adults



adults

Respondents reported significantly high rates of poor MENTAL HEALTH, with rates especially high for transgender South Carolinians.

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LGBTQ people are at an increased risk of negative mental health outcomes due to factors including their exposure to stigma and discrimination. In the South, these minority stressors may be more pronounced.^{1,2}

More than one half of South Carolina respondents reported *fair* or *poor* mental health (51.3%).

Among transgender respondents in South Carolina, 65.9% of trans respondents in South Carolina described their mental health as *fair* or *poor*, compared to 45.6% of cisgender respondents in South Carolina.

This speaks to significant pain and struggle in the lives of many South Carolinians. These findings merit significant attention and focused efforts to increase access to quality, affirming mental health services, mental health screenings in primary care settings, and additional research about this topic.

Fig. SC1: "My experience with mental health providers has been positive." (SC Respondents)

23.3%

21.1%

8.2%

26.3%

17.6%

Always

Often

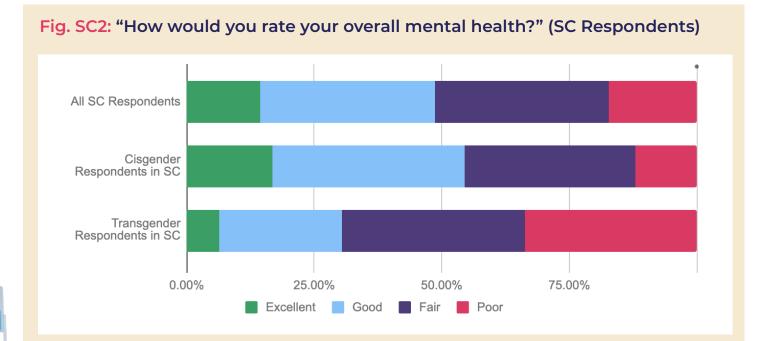
Sometimes

Rarely

Never

Does Not Apply

¹ Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychological Bulletin, 129(5), 674-697. 2 Hendricks M. L., and R. J. Testa. (2012). A Conceptual Framework for Clinical Work with Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model. Professional Psychology: Research and Practice, 43(5), 460-467.



Respondents reported alarmingly high rates of SUICIDAL IDEATION, **DEPRESSION, and ANXIETY diagnoses** and symptom experiences.

Across the South, Survey respondents overall reported alarmingly higher rates of suicidal ideation, depression, and anxiety diagnoses and symptom experiences than the general population, with the rates particularly high for respondents who are bisexual+, transgender, or non-binary, and those with lower incomes.

Among South Carolina respondents, the numbers were even higher: 33% said they have had suicidal thoughts (compared to 26% of all respondents), 71% said they have faced depression (compared to 55% of all respondents), and 63% said they face anxiety (compared to 46% of all respondents).

These rates are much higher than national rates, which show that 13.5% of Americans reported suicidal thoughts and 5% of American adults reported engaging in self-harming behaviors.^{3, 4} And according to the 2018 National Survey on Drug Use and Health (NSDUH), 6.9% of the general population have experienced a depressive episode, while 18.1% have experienced anxiety.5

Fig. SC3: Suicidal ideation among SC respondents compared to U.S. population

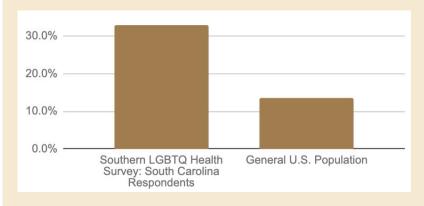
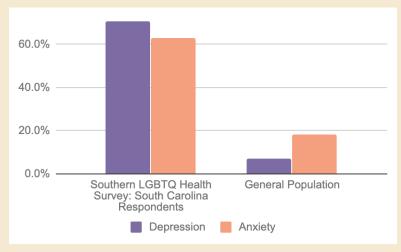


Fig. SC4: Depression and anxiety among SC respondents compared to U.S. population



If you are in need of immediate help, please use these resources from anywhere in the country.

- If you are thinking about hurting yourself, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
- If you are a LGBTQ youth who is thinking about hurting yourself or is in crisis, call The Trevor Project's 24-Hour Suicide Prevention Hotline at 866-488-7386.
- If you are a transgender person in crisis or needing support, call Trans Lifeline at 877-565-8860.

³ Kessler, R.C., P. Berglund, G. Borges, M. Nock, & P.S. Wang. (2005). Trends in Suicide Ideation, Plans, Gestures, and Attempts in the United States, 1990–1992 to 2001–2003. JAMA: Journal of the American Medical Association. 293 (20), 2487–2495.
4 DeAngelis, T. (2015). Who self-injures? Monitor on Psychology, 46(7). Retrieved on October 16, 2019 from http://www.npa.org/npairs/2015/70.09/who.coff.in.

http://www.apa.org/monitor/2015/07-08/who-self-in-

⁵ NAMI: National Alliance on Mental Illness. (2019). Mental Health By the Numbers Retrieved October 16, 2019 from https://www.nami.org/learn-more/mental-



Respondents reported higher rates of LIVING WITH HIV compared to the general population. A high percentage of South Carolinians reported not knowing their HIV status.

The South is the modern-day epicenter of the HIV crisis in the United States, and our respondents reported disproportionately high rates of living with HIV. Of our full Survey sample. 5.0% of respondents reported that they are living with HIV, four points higher than the general U.S. population, less than 1% of which is living with HIV. HIV rates were significantly higher among Black or African American respondents (22% of whom are living with HIV); respondents ages 45 and older (9.6%); gay respondents (13.9%; 90.0% of which are gay men), and transgender women of color (90.9% of women who report living with HIV are trans women of color).

Findings around HIV differed significantly in South Carolina, with 2.3% of respondents saying they are living with HIV. South Carolinians were also most likely of respondents in any other Southern state to say that they do not know their status, with 13.8% reporting this, compared to 10% of all survey respondents.

Fig. SC5: HIV status (SC Respondents)

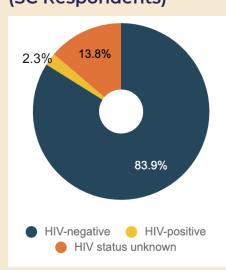


Fig. SC6: Frequency of HIV **Testing (SC Respondents)**

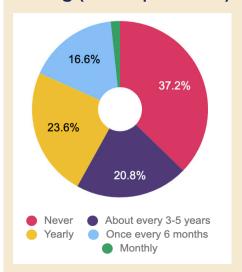


Fig. SC7: "I know where to access HIV testing in my community." (SC Respondents)

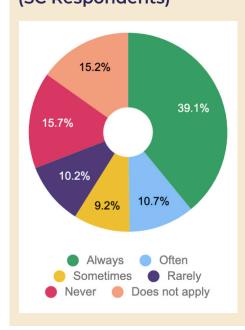
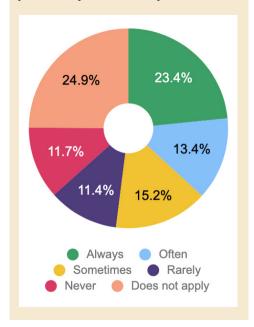


Fig. SC8: "I feel comfortable discussing HIV prevention with my medical provider." (SC Respondents)



Being LGBTQ in the South uniquely informs respondents' COMFORT SEEKING HEALTH



CARE in their local communities.

More than half - 51.5% - of respondents in South Carolina said they feel that being in the South always or often makes it harder to access quality medical care for LGBTQ individuals. Among transgender respondents in South Carolina, 72.7% said that being in the South always or often makes it harder for LGBTO people to access medical care.

Comfort also comes down to being able to trust providers to understand LGBTQ identities and the community's unique healthcare needs. However, 23.3% of all South Carolina respondents (including 17.2% of cisgender people and 43.8% of transgender people) said they always or often need to educate providers about their health care needs, while 29.8% of all SC respondents (including 23.6% of cisgender people and 51.0% of transgender people) said they always or often need to educate providers about their LGBTQ identity.

Fig. SC12: "I am comfortable seeking medical care within my community." (SC Respondents)

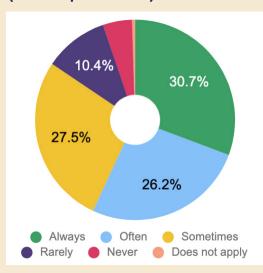


Fig. SC9: "Being in the South makes it harder for LGBTQ individuals to access quality medical care." (SC Respondents)

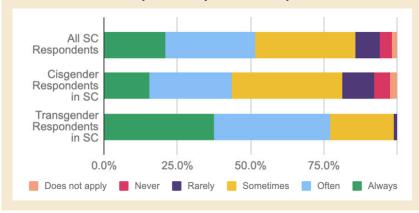


Fig. SC10: "I have to educate medical providers about my LGBTQ identity." (SC Respondents)

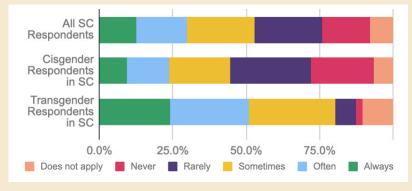
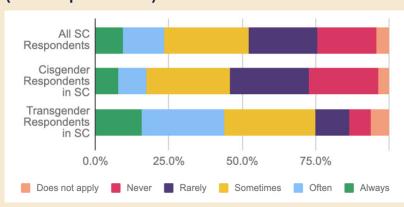


Fig. SC11: "I have to educate medical providers about my health care needs." (SC Respondents)



Many respondents DELAY SEEKING CARE because of out-of-pocket expenses or because of their LGBTQ identity.



When respondents were asked if they ever delay seeking care due to the out-of-pocket cost of services, 69.8% said they do always, often, or sometimes.

These findings are slightly higher than what national data show. A national October 2018 survey showed that 54% of Americans have delayed care for themselves in the past year because of cost.7 Since 2006, Gallup has consistently tracked that around one-third of Americans delay care due to cost.8

in South Carolina, 36.0% said they always, often, or sometimes delay seeking care because of their LGBTQ status. 25.8% of transgender respondents agreed that they delay care because of their LGBTQ identity, while less than 5% of cisgender respondents reported similar rates.

Among all respondents

Fig. SC13: "I delay seeking medical care due to high out-of-pocket costs." (SC Respondents)

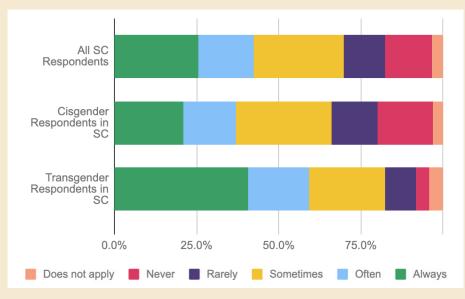
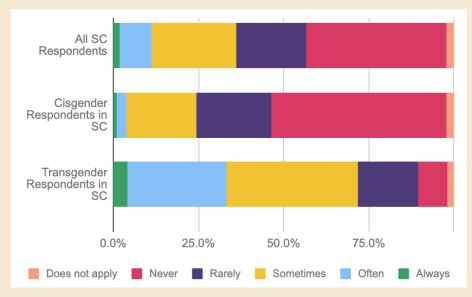


Fig. SC14: "I delay seeking medical care because of my LGBTQ identity." (SC Respondents)



⁷ Griffin, P. (2018). Waiting to Feel Better: Survey Reveals Cost Delays Timely Care. (2018) Earnin. Retrieved on October 16, 2019 from https://www.earnin.com/data/ waiting-feel-better. 8 Saad, L. (2018). Delaying Care a Health-care Strategy for Three in 10 Americans. Gallup. Retrieved on October 16, 2019 from https://news.gallup.com/poll/245486/ delaying-care-healthcare-strategy-three-americans.aspx.

physical violence or emotional abuse due to respondents' LGBTQ identity, was pervasive among South Carolina respondents.

Fincings

Nearly one-quarter of respondents in South Carolina (22.7%) reported that they have experienced physical violence due to their LGBTQ identity, while 72.0% reported that experiencing emotional abuse or harassment due to their LGBTQ identity.

Transgender respondents said they have experienced abuse at significantly higher rates than cisgender respondents: 40.6% of transgender participants said they have experienced physical violence or abuse (compared to 16.9% of cisgender respondents), and 84.4% of transgender respondents said they have experienced emotional harassment or abuse (compared to 68.1% of cisgender respondents).

We also asked if respondents are afraid of experiencing abuse or harassment due to their LGBTO identity. In South Carolina, 13.9% said they are always afraid, 11.4% said they are often afraid, and 30% said they are sometimes afraid of experiencing physical violence. Generally, respondents said they were more fearful of emotional abuse: 21.3% of South Carolina respondents said they are always afraid of emotional abuse, while 22.6% and 29.5% said they are often and sometimes, respectively, afraid of emotional abuse. Again, transgender respondents were more likely to say they are fearful of both physical and emotional abuse.

These numbers in South Carolina are slightly higher than findings among all Survey respondents.

Fig. SC15: "Have you ever experienced violence or abuse due to your LGBTQ identity?" (SC Respondents)

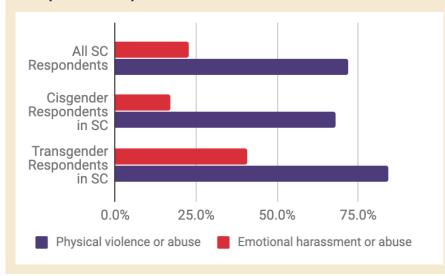
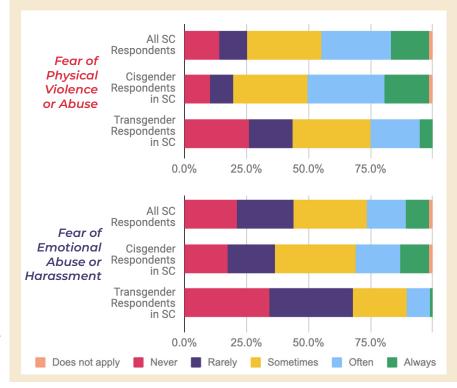


Fig. SC16: "I am afraid of experiencing violence or abuse due to my LGBTQ identity." (SC Respondents)





Qualitative Responses from Survey Respondents in

SOUTH CAROLINA

"As a gay, transgender man, health care in South Carolina is sorely lacking. I had to travel to Charlotte, NC for gender-related surgery, and I have to go to Asheville, NC every few months for HRT, as I had no luck getting it prescribed anywhere closer. I believe that many healthcare professionals are not educated on LGBTQ+ issues or medical needs."

"Finding local doctors who understand trans issues is difficult. It took I year to find a HRT specialist. I don't know if there are local doctors who could provide surgical care when I'm ready for the next step."

"One time when I went to get tested for STDs after being sexually assaulted, the doctor assumed I was having intentional unprotected sex because I am a gay man and that's "typical" for us (according to the doctor)."

"On the day Trump's new anti-trans military ban was announced, my surgeon called me up and said they would not do my surgery."

"Most health care providers forms I have completed in my state of residence, SC, did not offer additional gender options beside male and female, nor did they offer another option. There should be sections on these forms for biological sex and gender, with gender having more options than the standard male and female."

For more qualitative responses from respondents, read the full report at www.southernequality.org/Survey

SOUTH CAROLINA'S LCBTQ LANDSCAPE

Legal Landscape for LGBTQ People in South Carolina

- South Carolina is one of 29 states where LGBTQ people are not fully protected from discrimination.
- Locally, eight communities across the state have passed measures protecting LGBTQ people from discrimination in housing, employment, and/or public accommodations, providing protections to a very small portion of the state's population.
- Despite this, a 2018 PRRI poll shows that 58% of South Carolinians support nondiscrimination laws related to housing, employment and public accommodations.
- South Carolina is one a handful of states that still have laws on the books prohibiting the inclusion of LGBTQ content in health education curricula in public schools.

Alliance for Full Acceptance Survey Data in Charleston, SC

The Alliance for Full Acceptance (AFFA) surveyed 1,436 LGBTQ people in Berkeley, Charleston, and Dorchester Counties and found, within this tri-county region: 9

- 14% of respondents have been attacked on the street.
- 35% said they could not show affection in public in the last year.
- 52% said they have felt depressed or sad for a long time.
- 55% of respondents felt like they could not be themselves at work and more.

9 Alliance for Full Acceptance. (2019). Tri-County Area LGBTQ Community Assessment Report. Retrieved on February 23, 2020 from: https://www.affa-sc.org/wp-content/uploads/AFFA_AssessmentReport_2019_Singles.pdf

Other Campaign for Southern Equality Resources



2018 Southern Trans Health Focus Group Project: A series of focus groups with trans and non-binary Southerners, this project identified widespread barriers to care.

www.southernequality.org/FocusGroup



Trans in the South: A
Guide to Resources and
Services is a directory
of 400+ Southern
health and legal service
providers, coordinated
bhe Campaign for
Southern Equality.

www.transinthesouth.org

RECOMMENDATIONS FOR SOUTH CAROLINA

In closing, we offer recommendations for best practices for combatting the health disparities that LGBTQ Southerners face, with a particular emphasis on key recommendations to address specific challenges in South Carolina. We can all do something to ensure that all LGBTQ people can access quality, affirming health care and experience positive health outcomes.

- Everyone can advocate for local, state, and federal policies that guarantee access to LGBTQ-affirming health care and that protect LGBTQ people from discrimination in public accommodations, employment, housing, and healthcare/health care settings.
- South Carolina should expand Medicaid, which can save lives, increase access to care (including behavioral health care), and save public funding.¹⁰
- Everyone can get tested for HIV and encourage friends, family members, patients, and community members to get tested regularly.
- HIV screening, testing, and treatment (including offering PrEP and PEP) should be integrated into primary care settings.
- Medical institutions should offer telemedicine or teletherapy to patients who are unable to access mental health services in their local communities.

10 Baker, K., A. McGovern, S. Gruber, & A. Cray. (2016). The Medicaid Program and LGBT Communities: Overview and Policy Recommendations. Center for American Progress, Retrieved on October 16, 2019 from https://www.american-progress.org/issues/lgbt/reports/2016/08/09/142424/the-medicaid-program-and-lgbt-communities-overview-and-policy-recommendations/.

- Everyone can talk about mental health issues and help reduce the stigma around seeking support and help around mental health needs.
- Government officials should repeal South Carolina's anti-LGBTQ health curriculum law, which creates a barrier to LGBTQ-inclusive health education.
- Providers should seek out trainings and resources to provide LGBTQ-friendly and culturally competent care.

GET MORE RECOMMENDATIONS IN THE FULL REPORT

The full report includes recommendations that can be led by different community groups, including:

- ♦ Health Care Facilities and Institutions
- Health Care Providers, Medical Support Staff, and Administrative Staff
- Medical Training Institutions
- ◆ Mental Health Providers
- LGBTQ Advocacy Organizations and Funders
- ♦ Researchers
- ◆ Government Officials
- Businesses



As we work each day to build a South Carolina where LGBTQ people survive and thrive, we also honor those we have lost. In the past two years, our community has mourned the deaths of four transgender women of color who were murdered in South Carolina:

Sasha Wall

Regina Denise Brown

Denali Berries Stuckey

Pebbles LaDime Doe

Approximately one half of the trans women of color who are murdered each year live in the South.

The community also mourns the passing of LGBTQ South Carolinians, including youth, who have completed suicide.



Recommended Citation

Harless, C., M. Nanney, A.H. Johnson, A. Polaski, and J. Beach-Ferrara. 2020. "The Report of the 2019 Southern LGBTQ Health Survey: South Carolina State Spotlight" Campaign for Southern Equality: Asheville, NC.

Campaign for Southern Equality

The Campaign for Southern Equality (CSE) is based in Asheville, North Carolina, and works across the South to promote full LGBTQ equality – both legal and lived. Our work is rooted in commitments to empathy and to equity in race, class, and gender.

Western North Carolina Community Health Services

Western North Carolina Community Health Services, Inc. (WNCCHS) is a federally-qualified health center that provides primary healthcare, HIV/AIDS care, and transgender healthcare to residents of Western North Carolina.

Southern LGBTQ Health Initative

The Southern LGBTQ Health Initiative is a collaboration between CSE and WNCCHS that works to achieve health equity for LGBTQ Southerners by increasing access to LGBTQ-friendly primary care, HIV prevention and treatment, transgender health care and support services. Learn about the initiative at: www.southernlgbtghealthinitiative.org.

Press Inquiries

For media and other inquiries, contact Adam Polaski, Communications Director at the Campaign for Southern Equality, by phone (610-306-7956) or email (adam@southernequality.org).

Don't Miss the Full Report of the 2019 Southern LGBTQ Health Survey

A complete analysis is available in the full 150+ page Report of the 2019 Southern LGBTQ Health Survey, which includes:

- ◆ In-depth discussion of respondents' physical health, mental health, health insurance, healthcare behaviors and experiences, experiences with HIV, experiences with gender-affirming hormone therapy, and regionality.
- Detailed description on participant demographics, methodology, and limitations.
- More qualitative responses from participants on their individual experiences with health and healthcare.
- Glossary of terms.
- ◆ Full text of the Survey instrument.
- Appendix with tables of all responses, including demographic cross-tabs.

www.southernequality.org/Survey