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Discrimination and Barriers to Well-Being: The State of the LGBTQI+ Community in 2022

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Restoring Social Trust in Democracy, LGBTQI+ Communities of Color, LGBTQI+ Health, +1 More

A comprehensive new CAP study finds that many LGBTQI+ people continue to face discrimination in their personal lives, employment, housing, and health care, as well as in the public sphere.

Intersex Progress Pride flags are seen in London, January 22, 2022. (Getty/Mike Kemp/In Pictures)

This report contains a correction.

Introduction and summary

LGBTQI+ people and other "sexual and gender diverse"[1] people experience structural and interpersonal discrimination that adversely affects their well-being and drives disparate outcomes across crucial areas of life.[2] The current patchwork of nondiscrimination laws in states across the country and existing gaps in federal civil rights laws leave millions of LGBTQI+ people without protection from discrimination.[3] The Biden-Harris administration, since the beginning of its tenure, has taken numerous actions across executive agencies to bolster nondiscrimination protections in federal regulations.[4] Simultaneously, state attacks explicitly targeting the rights of LGBTQI+ people have surged in recent years. In 2022 alone, state lawmakers introduced more than 300 bills targeting the rights of LGBTQI+ people—especially LGBTQI+ youth and transgender people.[5] These discriminatory policies are inextricably linked to and contribute to a rise in extremist anti-LGBTQI+ and, specifically, anti-transgender rhetoric, disinformation, and violence.[6]

As part of an ongoing effort to understand the lives and experiences of LGBTQI+ communities during this period, the Center for American Progress, in conjunction with the independent and nonpartisan research group NORC at the University of Chicago, conducted the 2022 installment of its survey of LGBTQI+ adults in the United States. The nationally representative survey includes interviews with 1,828 self-identified LGBTQI+ adults and 1,542 self-identified non-LGBTQI+ adults ages 18 and older, recruited and administered through NORC's AmeriSpeak online panel and conducted May 27, 2022, to June 23, 2022. Compared with CAP's 2020 survey,[7] the 2022 survey sample size was expanded to include a sizable control group of non-LGBTQI+ individuals; this facilitates better assessment of the statistical significance of the survey findings, as well as the disaggregation of data to examine disparities by race, gender, intersex status, disability status, age, and income.[8] The full results of the study, along with a detailed overview of the methodology, are on file with the authors.

The most critical takeaway from CAP's 2022 survey is that LGBTQI+ individuals continue to experience significantly higher rates of discrimination than non-LGBTQI+ individuals, a trend that holds true in virtually every setting surveyed —including health care, employment, housing, and public spaces. Such discrimination has substantial adverse effects on economic, physical, and mental well-being, and many LGBTQI+ individuals alter their behavior to avoid experiencing discrimination.[9] Due to the oppressive influences of racism, transphobia, and ableism, transgender individuals, LGBTQI+ people of color, and LGBTQI+ individuals with disabilities generally report experiencing discrimination at rates higher than those of other LGBTQI+ individuals and of non-LGBTQI+ individuals. The 2022 survey also includes what is, to date, one of the largest survey samples of intersex individuals yet collected and finds that intersex individuals experience elevated rates of discrimination, particularly in health care settings. Major findings from the survey include:

- **More than 1 in 3 LGBTQI+ adults reported facing some kind of discrimination in the year prior to when they took the survey,** while fewer than 1 in 5 non-LGBTQI+ individuals did so. Nearly half of LGBTQI+ people of color and LGBTQI+ people with disabilities, more than half of transgender or nonbinary individuals, and 2 in 3 intersex individuals also reported experiencing some form of discrimination in the past year.
- **Half of LGBTQI+ adults reported experiencing some form of workplace discrimination or harassment in the past year because of their sexual orientation, gender identity, or intersex status,** including

being fired; being denied a promotion; having their work hours cut; or experiencing verbal, physical, or sexual harassment.

- **Nearly 3 in 10 LGBTQI+ adults reported experiencing some kind of housing discrimination or harassment in the past year because of their sexual orientation, gender identity, or intersex status,** including being prevented or discouraged from buying a home, being denied access to a shelter, or experiencing harassment from housemates or neighbors.
- **Nearly 4 in 5 LGBTQI+ adults reported they took at least one action to avoid experiencing discrimination based on their sexual orientation, gender identity, or intersex status,** including hiding a personal relationship, avoiding law enforcement, avoiding medical offices, or changing the way they dressed.
- **More than 1 in 3 LGBTQI+ adults reported postponing or avoiding medical care in the past year due to cost issues,** including more than half of transgender or nonbinary respondents.
- **More than 1 in 5 LGBTQI+ adults reported postponing or avoiding medical care in the past year due to disrespect or discrimination by providers,** including more than 1 in 3 transgender or nonbinary individuals.
- **More than half of LGBTQI+ adults reported that "recent debates about state laws restricting the rights of LGBTQI+ people" moderately or significantly affected their mental health or made them feel less safe,** including more than 8 in 10 transgender or nonbinary individuals.
- **Approximately 1 in 3 LGBTQI+ adults reported encountering at least one kind of negative experience or form of mistreatment when interacting with a mental health professional in the past year,** including 4 in 10 LGBTQI+ people of color and more than 1 in 2 transgender or nonbinary individuals.

This report provides an overview of survey responses, including a comparative analysis of outcomes of LGBTQI+ respondents and outcomes of non-LGBTQI+ respondents, as well as an examination of major demographic differences among LGBTQI+ communities. These findings provide insight into the experiences of LGBTQI+ people in the United States, which is crucial to shaping evidence-based and data-driven policymaking to address disparities, inform avenues for future research, and advance legal and lived equality for LGBTQI+ people.

NORC AmeriSpeak overview

Funded and operated by NORC at the University of Chicago, AmeriSpeak is a panel-based research platform designed to be representative of the U.S.-household population. Randomly selected U.S. households are sampled using area probability and address-based sampling, with a known, nonzero probability of selection from the NORC National Sample Frame. These sampled households are then contacted by U.S. mail, telephone, and field interviewers (face to face). The panel provides sample coverage of approximately 97 percent of the U.S.-household population. Those excluded from the sample include people with P.O. box-only addresses, some people whose addresses are not listed in the U.S. Postal Service's Delivery Sequence File, and some people who live in newly constructed

dwellings. While most AmeriSpeak households participate in surveys by web, noninternet households can participate in surveys by telephone. Households without conventional internet access but with web access via smartphones are allowed to participate in AmeriSpeak surveys. While panelists are counted as individuals in the survey, the number of members in each respondent's household is noted. AmeriSpeak panelists participate in NORC studies or studies conducted by NORC on behalf of government agencies, academic researchers, and media and commercial organizations.

A sample of U.S. adults ages 18 and older were selected from NORC's AmeriSpeak panel for this study. This panel was supplemented with respondents from the Dynata nonprobability online opt-in panel, which NORC used TrueNorth calibration services to incorporate. The TrueNorth calibration was used to adjust the weights for the nonprobability sample, to bring weighted distributions of the nonprobability sample in line with the population distribution for characteristics correlated with the survey variables. CAP provided NORC with a survey questionnaire that NORC submitted for approval by an institutional review board before programming the survey. NORC conducted a pretest and then fielded the survey over three weeks in May and June 2022.

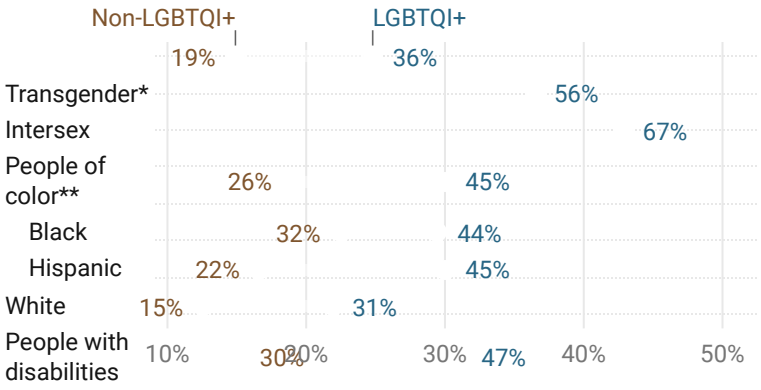
Overall experiences of discrimination are pervasive for LGBTQI+ people

Structural stigma, inequality, and discrimination may take numerous forms that intersect to create complex systems of disadvantage which lead to adverse outcomes, especially for those living at the intersection of multiple marginalized identities.[10] Recognizing the intersectional and additive ways in which discrimination may manifest across populations, the 2022 CAP survey asked all respondents—both LGBTQI+ and non-LGBTQI+ people—about their experiences of discrimination based on a variety of protected characteristics. When asked, "In the past year, have you experienced discrimination of any kind based on your race or ethnicity, national origin, sex or sex characteristics, gender identity, sexual orientation, religion, disability, economic status, immigration status, or age?", LGBTQI+ individuals were more likely than non-LGBTQI+ individuals to respond yes—36 percent compared with 19 percent. (see Figure 1) Compared with CAP's 2020 survey, the overall number of LGBTQI+ people who reported experiencing some form of discrimination in the year prior remained level at 36 percent.[11] According to the 2022 survey, reports of experiencing some form of discrimination in the past year were elevated among LGBTQI+ respondents of color (45 percent), LGBTQI+ individuals with disabilities (47 percent), and transgender or nonbinary individuals (56 percent), as well as people with intersex traits (67 percent). There were also large differences across generational lines, with 45 percent of Generation Z LGBTQI+ individuals but 16 percent of Baby Boomer LGBTQI+ individuals reporting discrimination.

Figure 1

More than one-third of LGBTQI+ adults experienced discrimination in the past year

Shares of LGBTQI+ and non-LGBTQI+ adults who reported discrimination of some form in the past year, by demographic group



Note: Proportions for each individual question exclude respondents who answered "Not applicable" as well as respondents who chose to skip the question. Because respondents reported their experiences from within the past year, these data include experiences spanning 2021 and 2022.

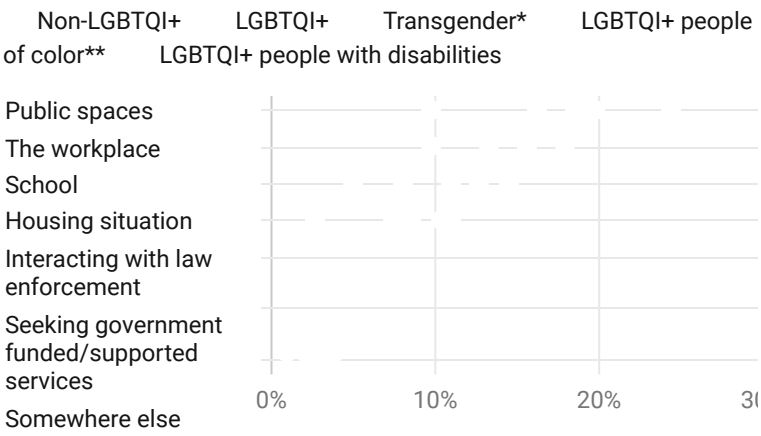
** The statistics for transgender individuals include nonbinary, gender-noncomforming, genderqueer, and agender respondents.*
*** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."*

All survey respondents were also asked whether they had experienced discrimination in various settings and were allowed to select multiple options. LGBTQI+ respondents were more likely than non-LGBTQI+ respondents to report ever experiencing discrimination in public spaces (28 percent compared with 17 percent); in the workplace (23 percent compared with 17 percent); in school (19 percent compared with 9 percent); and in housing situations (13 percent compared with 5 percent), which may include discrimination by a tenant, landlord, residents, or neighbors. LGBTQI+ people of color and LGBTQI+ people with disabilities reported having these discriminatory experiences at higher rates. Transgender or nonbinary respondents also reported notably high rates of discriminatory experiences in public spaces (42 percent)—such as stores, restaurants, public transportation, or public restrooms—and in the workplace (31 percent). (see Figure 2)

Figure 2

LGBTQI+ adults experience high levels of discrimination in public spaces, in the workplace, and at school

Shares of LGBTQI+ and non-LGBQTI+ adults who reported experiencing discrimination in various settings, by demographic group and location



Hover or click to see values.

Note: Proportions for each individual question exclude respondents who answered "Not applicable" as well as respondents who chose to skip the question.

All survey respondents who reported experiencing discrimination in the past year or in a specific location were also asked which of their characteristics they believed contributed to their experiences of discrimination. In recognition of the realities of intersectional discrimination, respondents were allowed to select multiple options. Fifty-three percent of all LGBTQI+ individuals reported experiencing discrimination because of their sexual orientation and 18 percent reported experiencing discrimination because of their gender identity; 59 percent of transgender or nonbinary respondents reported experiencing discrimination as a result of their gender identity. The majority of non-LGBTQI+ individuals who experienced discrimination—58 percent—reported that it was because of their race. Fifty-eight percent of LGBTQI+ people of color reported experiencing discrimination based on their race, while 42 percent reported experiencing discrimination based on their sexual orientation and 16 percent reported experiencing discrimination based on their gender identity. Fifty percent of LGBTQI+ people with disabilities reported experiencing discrimination based on their sexual orientation, 18 percent reported experiencing discrimination based on their gender identity, and 23 percent reported experiencing discrimination based on their disability status.

Evidence demonstrates that discrimination has far-reaching impacts on the overall well-being of LGBTQI+ people.[12] Respondents who reported experiencing discrimination were asked to assess how much those experiences affected various aspects of their lives in the past year. LGBTQI+ respondents were more likely than non-LGBTQI+ respondents to report that the discrimination they experienced “moderately” or “to a significant degree” affected their mental well-being (58 percent compared with 38 percent), their

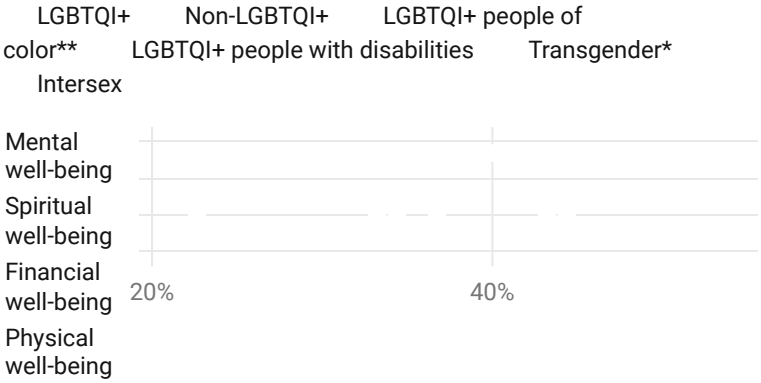
spiritual well-being (43 percent compared with 25 percent), their financial well-being (35 percent compared with 28 percent), or their physical well-being (35 percent compared with 22 percent). Across all demographic groups, respondents reported that discrimination most strongly affected their mental well-being. (see Figure 3)

These outcomes were notably higher for transgender respondents who reported experiencing discrimination. Seventy-eight percent of transgender respondents said that in the past year, discrimination affected their mental well-being "moderately" or "to a significant degree," while 62 percent said the same about their spiritual well-being, 51 percent said the same about their physical well-being, and 41 percent said the same about their financial well-being. These numbers were also elevated for intersex respondents, LGBTQI+ people of color, and LGBTQI+ people with disabilities.

Figure 3

Nearly 3 in 5 LGBTQI+ adults reported that discrimination had a moderate or significant impact on their mental well-being in the past year

Share of respondents reporting that discrimination affected their mental, physical, spiritual, and financial well-being to a moderate or significant degree in the past year, by demographic group



Hover or click to see values.

Note: Proportions for each individual question exclude respondents who answered "Not applicable" as well as respondents who chose to skip the question. Because respondents reported their experiences from within

In the wake of a surge of efforts in states across the country to advance anti-LGBTQI+ laws and executive actions, LGBTQI+ respondents were also asked how "recent debates about discriminatory policies restricting the rights of LGBTQI+ people, including transgender youth," were affecting their mental health and sense of safety. Notably, more than half of LGBTQI+ adults (51 percent) reported that recent debates about anti-LGBTQI+ state laws had

affected their mental health or made them feel less safe to a moderate or significant degree, including more than 8 in 10 transgender or nonbinary individuals (86 percent).

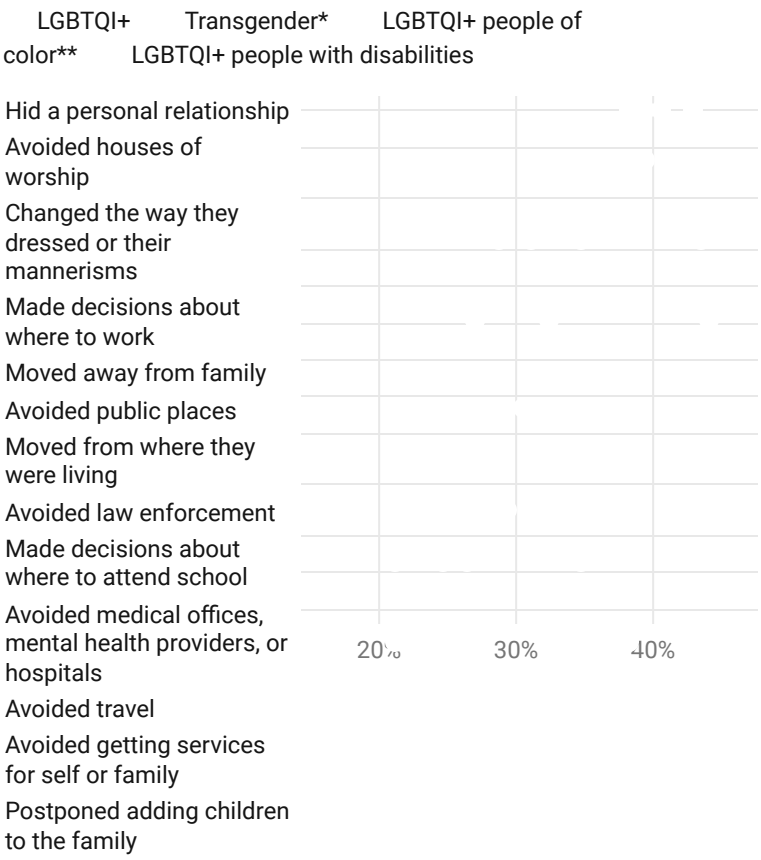
Research finds that discriminatory experiences or fear of discrimination may engender avoidance behavior.[13] The 2022 CAP survey, therefore, also asked LGBTQI+ respondents to report whether they had changed aspects of their lives to avoid experiences of discrimination based on their sexual orientation, gender identity, or sex characteristics. LGBTQI+ respondents reported engaging in behaviors such as hiding a personal relationship (55 percent), changing the way they dressed or their mannerisms (39 percent), making decisions about where to work (36 percent) or go to school (26 percent), and moving away from their family (34 percent) or from where they were living (31 percent). LGBTQI+ respondents also reported avoiding houses of worship (43 percent); public places such as stores, restaurants, or banks (31 percent); law enforcement (30 percent); medical offices, mental health providers, or hospitals (26 percent); and travel (20 percent).

Transgender or nonbinary respondents reported particularly high levels of avoidance behavior. Sixty-five percent of transgender or nonbinary respondents reported making specific decisions about where to work; 64 percent reported changing their dress or mannerisms; 63 percent reported hiding a personal relationship; 55 percent reported avoiding medical offices, mental health providers, or hospitals; 53 percent reported avoiding public spaces; and 51 percent reported avoiding law enforcement. LGBTQI+ respondents with disabilities and respondents with intersex traits also reported engaging in avoidance behaviors at especially high rates. In all, 78 percent of LGBTQI+ respondents, including 90 percent of transgender or nonbinary respondents, reported taking at least one action to avoid experiencing discrimination based on their sexual orientation, gender identity, or intersex status.[14]

Figure 4

More than half of LGBTQI+ adults have hidden a personal relationship to avoid discrimination because of their LGBTQI+ identity

Measures taken by LGBTQI+ adults to avoid discrimination, by demographic group



In all, 78 percent of LGBTQI+ respondents, including 90 percent of transgender or nonbinary respondents, reported taking at least one action to avoid experiencing discrimination based on their sexual orientation, gender identity, or intersex status.

Health care

Data reveal disparities in self-reported health status between LGBTQI+ and non-LGBTQI+ adults

Existing research finds that, compared with non-LGBTQI+ people, LGBTQI+ people experience physical, mental, and behavioral health disparities that are driven by discrimination, stigma, and violence.[15] The data underscore the importance of improving access to and affordability of health care and insurance, as well as the need to tailor services and outreach to meet the specific needs of LGBTQI+ communities.[16] Survey respondents were asked to self-report on their physical and mental health over the course of the past year. LGBTQI+ adults were slightly more likely than non-LGBTQI+ adults to rate their physical health as "fair" (32 percent compared with 28 percent) or "poor" or "bad" (8 percent compared with 5 percent). LGBTQI+ adults were also more likely to report that their poor physical health prevented them from engaging in everyday activities, such as self-care, work, or recreation, "a lot" or "some" of the time (41 percent compared with 32 percent).

Compared with LGBTQI+ and non-LGBTQI+ respondents overall, transgender and nonbinary respondents, as well as LGBTQI+ people of color, were more likely to report poorer health status over the past year, as well as that their poor health prevented them from engaging in their usual activities. Transgender or nonbinary adults were more than 2.5 times as likely to rate their physical health over the past year as "poor" or "bad" than were cisgender adults (15 percent compared with 6 percent); they were also more likely than cisgender adults to report that their poor physical health prevented them from engaging in everyday activities "a lot" or "some" of the time (53 percent compared with 36 percent). LGBTQI+ adults of color (45 percent) were more likely than non-LGBTQI+ adults of color (36 percent), LGBTQI+ white adults (39 percent), and non-LGBTQI+ white adults (29 percent) to report that their poor physical health prevented them from engaging in everyday activities "a lot" or "some" of the time. Notably, 7 in 10 intersex adults reported their poor physical health prevented them from engaging in everyday activities "a lot" or "some" of the time, while 55 percent of LGBTQI+ adults with disabilities reported the same.

Survey respondents were also asked to rate their mental health over the past year—including stress, depression, and problems with their emotions—and the degree to which their poor mental health prevented them from engaging in their usual activities. LGBTQI+ people were more than twice as likely as non-LGBTQI+ people to rate their mental health as "poor" or "bad" (31 percent compared with 12 percent), as well as more likely to report that their poor mental health prevented them from performing their usual activities "a lot" or "some" of the time (55 percent compared with 33 percent). Transgender or nonbinary adults were more than twice as likely as cisgender adults to rate their mental health as "poor" or "bad" in the past year (46 percent compared with 21 percent) and reported that their poor mental health prevented them from engaging in everyday activities "a lot" or "some" of the time at a rate 27 percentage points higher than cisgender respondents (71 percent compared with 44 percent). LGBTQI+ adults of color were more than three times as likely as non-LGBTQI+ people of color to rate their mental health as "poor" or "bad" (26 percent compared with 8 percent) and were also more likely than non-LGBTQI+ people of color to report that their poor mental health prevented them from engaging in everyday activities "a lot" or "some" of the time (57 percent compared with 39 percent).

Cost poses a significant barrier for LGBTQI+ individuals accessing health care

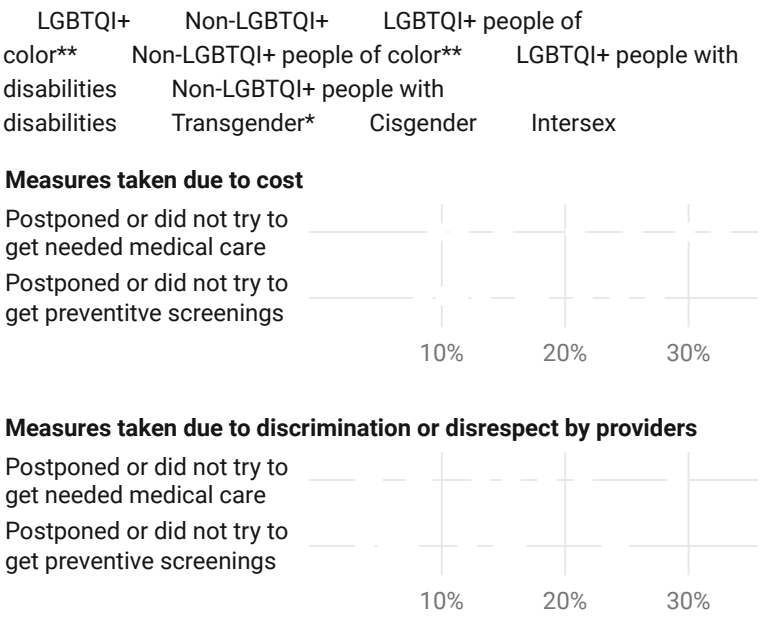
All people should be able to access affordable, quality health care. However, prohibitive health care costs—whether due to uninsurance, discriminatory health insurance policies that lead to large out-of-pocket costs, or more general economic insecurity—may result in care delays or avoidance for LGBTQI+ people, which could lead to unmet health needs and contribute to poorer health outcomes.[17] The 2022 CAP survey assessed whether LGBTQI+ and non-LGBTQI+ respondents encountered cost barriers when seeking to access medical care or preventive screenings over the course of the past year. LGBTQI+ adults were more than twice as likely as non-LGBTQI+ adults to report that they had "postponed or not tried to get needed medical care" when sick or injured because they could not afford it (36 percent compared with 17 percent). Similar trends emerge with respect to preventive screenings, including those for sexually transmitted infections, HIV, high blood pressure, and cholesterol. LGBTQI+ adults were more than twice as likely as non-LGBTQI+ adults to report that they had "postponed or not tried to get preventive screenings" because they could not afford it (31 percent compared with 15 percent). (see Figure 5)

Transgender or nonbinary people, LGBTQI+ people of color, and LGBTQI+ people with disabilities were more likely than cisgender people, non-LGBTQI+ people of color, and non-LGBTQI+ people with disabilities, respectively, to report having delayed needed medical care or postponed preventive screenings in the past year due to cost concerns. Transgender or nonbinary people were approximately twice as likely as cisgender people to report that in the past year, they had "postponed or not tried to get needed medical care" when sick or injured due to cost (51 percent compared with 26 percent). They also reported postponing preventive screenings due to cost at a rate 19 percentage points higher than that of cisgender people (42 percent compared with 23 percent). Overall, LGBTQI+ people with disabilities and LGBTQI+ people of color were more likely than their non-LGBTQI+ counterparts to report postponing such care in the past year because they could not afford it, while people with intersex traits reported postponing such care because of cost at the highest rates.

Figure 5

Costs and discrimination pose significant barriers to accessing health care for LGBTQI+ adults

Percentage of respondents who postponed or did not try to get necessary medical care or preventive screenings in the past year, by demographic group



Hover or click to see values.

Note: Proportions for each individual question exclude respondents who answered "Not applicable" as well as respondents who chose to skip the question. Because respondents reported their experiences from within the past year, these data include experiences spanning 2021 and 2022.

** The statistics for transgender individuals include nonbinary, gender-*

Provider discrimination and mistreatment prevent LGBTQI+ individuals from seeking health care

The 2022 CAP survey assessed how discrimination and disrespect by health care providers affected respondents seeking health care and services. Both LGBTQI+ and non-LGBTQI+ respondents were asked whether, in the past year, they had "postponed or not tried to get needed medical care" when sick or injured due to "disrespect or discrimination from doctors or other health care providers" as well as whether, in the same time period, they had "postponed or not tried to get preventive screenings because of disrespect or discrimination from doctors or other health care providers."

Although cost appears to be a more prevalent concern among respondents, respondents also reported that incidents of discrimination deterred them from accessing health care. LGBTQI+ respondents were more than three times as likely as non-LGBTQI+ respondents to report that they delayed or avoided receiving needed medical care in the past year because of disrespect or discrimination from a doctor or other health care provider (23 percent compared with 7 percent). LGBTQI+ respondents were also more likely than non-LGBTQI+ respondents to report that they delayed or avoided getting

preventive screenings for the same reason (21 percent compared with 7 percent). Notably, transgender respondents, transgender respondents of color, and LGBTQI+ people of color all reported delaying or avoiding needed medical care or preventive screenings in the past year at higher rates. Overall, LGBTQI+ people with disabilities and LGBTQI+ people of color were more likely than their non-LGBTQI+ counterparts to report postponing such care in the past year due to discrimination or disrespect, while transgender people and people with intersex traits reported delaying or not trying to receive needed medical care or preventive screenings for that reason at the highest rates. (see Figure 5)

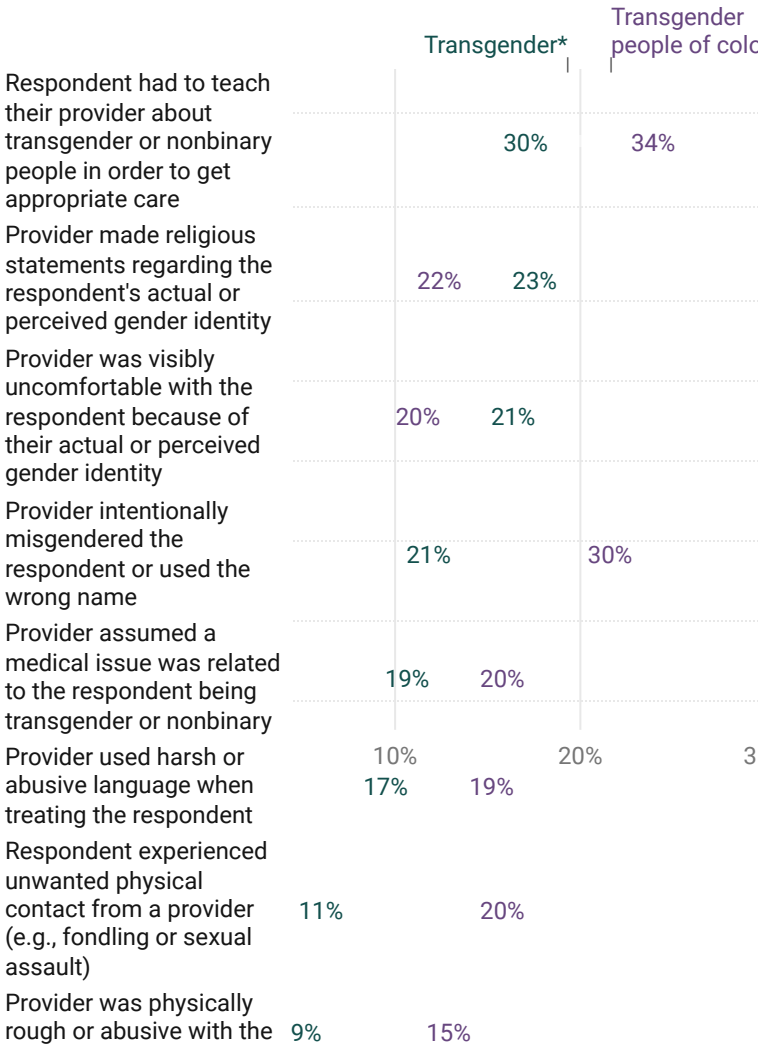
Transgender and nonbinary respondents face unique challenges to accessing health care and services due to experiences of mistreatment, harassment, and discrimination

Transgender and nonbinary respondents were asked a specific series of questions about negative experiences they encountered when interacting with doctors and other health care providers in the past year. Three in 10 transgender or nonbinary respondents (30 percent), including more than 1 in 3 transgender or nonbinary respondents of color (34 percent), reported that they had to "teach [their] doctor or other health care provider about transgender or nonbinary people in order to get appropriate care." Transgender and nonbinary adults also reported a range of other negative experiences that were, most often, even more common among transgender and nonbinary adults of color. (see Figure 6) Such experiences included a doctor or other health care provider "ma[king] religious statements" about their actual or perceived gender identity (23 percent); intentionally misgendering them or using the wrong name (21 percent); appearing "visibly uncomfortable" due to their actual or perceived gender identity (21 percent); using "harsh or abusive language" when providing treatment (17 percent); or engaging in "unwanted physical contact" (11 percent) or "physically rough or abusive" behavior (9 percent). Nineteen percent of transgender or nonbinary respondents also reported that a doctor or other health care provider assumed their medical issue was related to their gender identity or blamed their health status on the fact that they were transgender or nonbinary, suggesting experiences of what is commonly referred to as "trans broken arm syndrome."[18] Overall, approximately half (51 percent) of transgender or nonbinary respondents reported having at least one of these kinds of negative experiences with doctors or other health care providers in the past year.[19]

Figure 6

Approximately 1 in 3 transgender individuals had to teach their doctors about transgender people to get appropriate care in the past year

Share of transgender respondents who reported negative experiences and mistreatment in health care settings in the past year



Overall, approximately half (51 percent) of transgender or nonbinary respondents reported having at least one of these kinds of negative experiences with doctors or other health care providers in the past year.

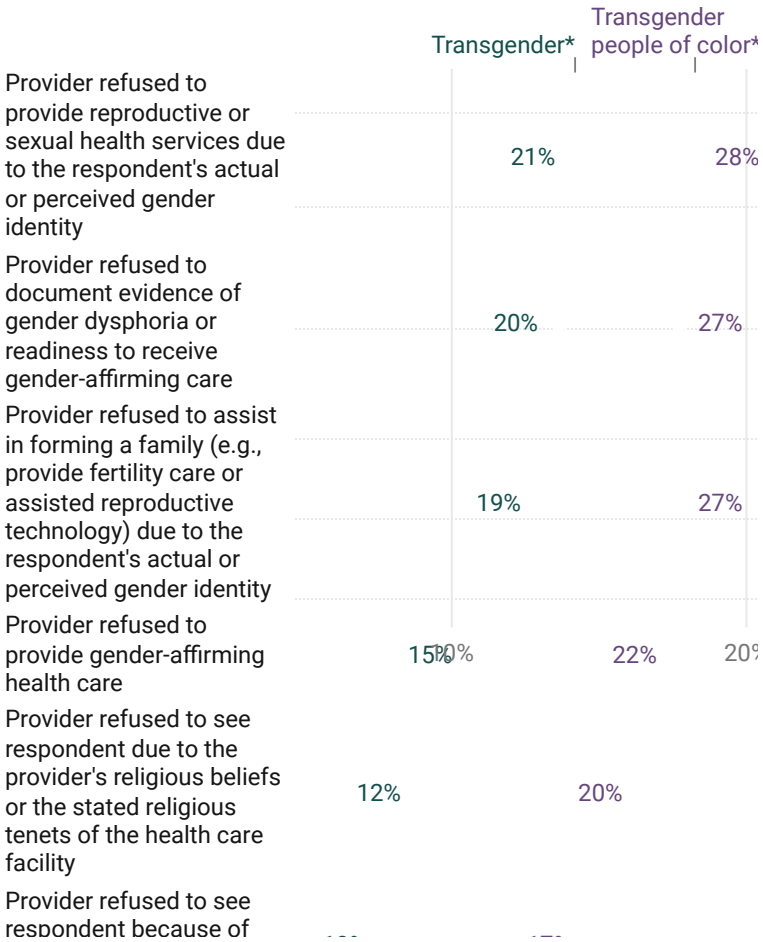
When medical professionals refuse to provide care to patients, it can lead to delays that contribute to poorer health outcomes and exacerbate health disparities.[20] The 2022 CAP survey found that 49 percent of transgender or nonbinary adults, including 37 percent of transgender or nonbinary adults of color, reported that in the past year, they were concerned that if they expressed their gender identity to a doctor or health care provider, they may be denied good health care.

The survey also investigated instances of doctors or other health care providers refusing to provide care to transgender and nonbinary respondents. (see Figure 7) These refusals may occur when transgender and nonbinary people attempt to access general health care services or those specifically tied to gender-affirming care, such as hormone therapy, surgery, puberty blockers, and mental health services.[21] Overall, nearly 1 in 3 transgender or nonbinary respondents, including more than 4 in 10 transgender or nonbinary respondents of color, reported encountering some kind of health care refusal by a doctor or other health care provider in the past year,[22] including but not limited to providers refusing them reproductive or sexual health services because of their actual or perceived gender identity (21 percent), refusing gender-affirming health care (15 percent), and outright refusing to see the respondent because of their actual or perceived gender identity (10 percent). Across the board, transgender people of color reported encountering these refusals at higher rates.

Figure 7

Nearly 1 in 3 transgender respondents encountered some form of health care refusal by a provider in the past year

Share of transgender respondents who reported refusals by health care providers in the past year



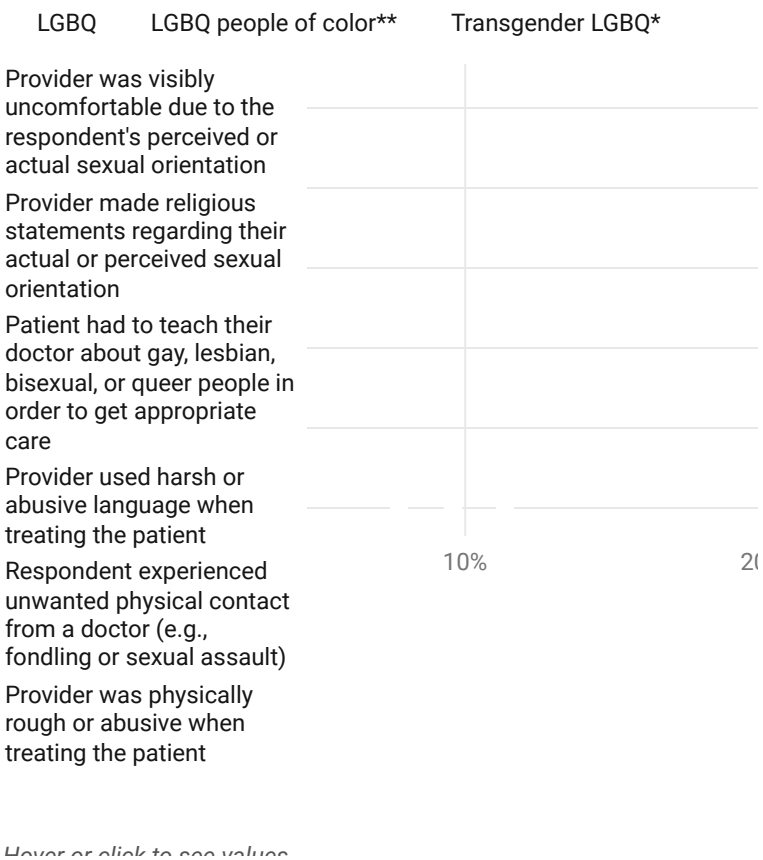
LGBQ adults report a range of negative experiences when interacting with health care providers

Overall, 30 percent of LGBQ respondents reported encountering at least one negative experience or form of mistreatment by doctors or other health care providers in the past year.[23] This includes but is not limited to LGBQ respondents reporting that, in the past year, health care providers who were "visibly uncomfortable" with them due to the patient's actual or perceived sexual orientation (13 percent), "made religious statements" about their actual or perceived sexual orientation (12 percent), or used "harsh or abusive language" during treatment (10 percent). LGBQ respondents of color and transgender or nonbinary LGBQ respondents reported encountering these kinds of negative experiences and mistreatment in health care settings at elevated rates. (see Figure 8)

Figure 8

1 in 10 LGBQ respondents reported that a health care provider used harsh or abusive language when treating them

Share of LGBQ respondents who reported negative experiences and mistreatment from health care providers in the past year



Overall, 30 percent of LGBQ respondents reported encountering at least one negative experience or form of mistreatment by doctors or other health care providers in the past year.

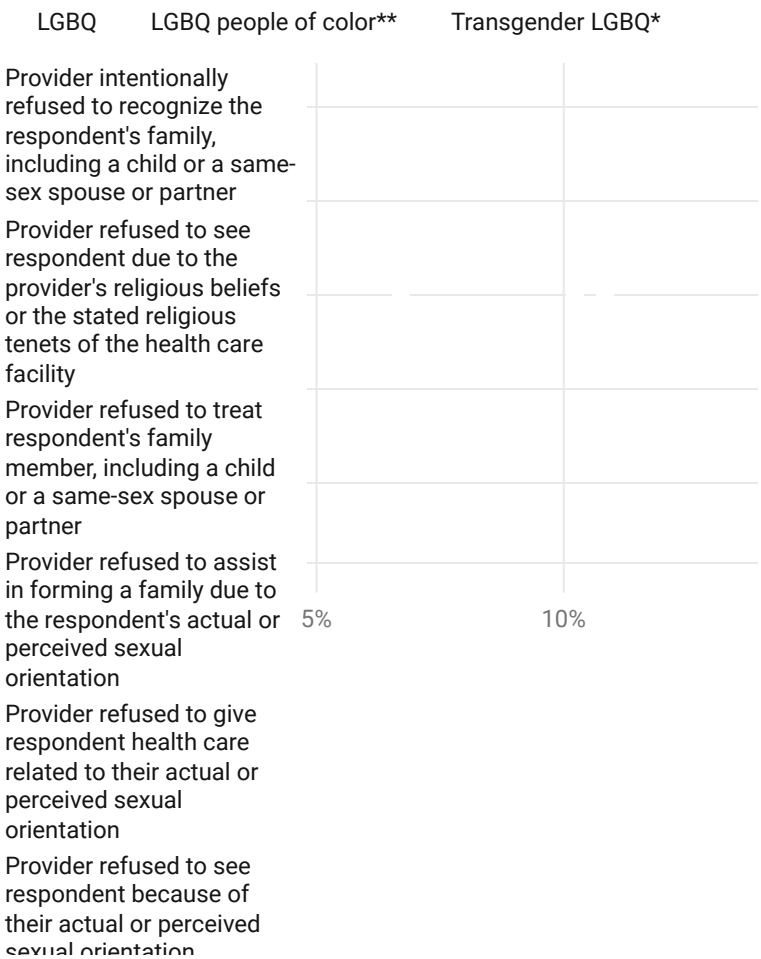
LGBQ respondents were also asked specific questions about refusals by doctors or other health care providers in the past year. Overall, 17 percent of LGBQ respondents, including 22 percent of LGBQ respondents of color and 34 percent of transgender LGBQ respondents, reported that in the past year, they had concerns that if they expressed their sexual orientation to a doctor or health care provider, they could be denied good medical care. And 15 percent of LGBQ respondents, including 23 percent of LGBQ respondents of color, reported experiencing some form of care refusal by a doctor or other health care provider

in the year prior.[24] (see Figure 9) Notably, transgender or nonbinary LGBQ respondents, as well as LGBQ respondents of color, were more likely to report experiencing these kinds of refusals.

Figure 9

LGBQ respondents experienced refusals of care by doctors and other health care providers in the past year

Share of LGBQ respondents who reported various kinds of refusals by health care providers in the past year



Negative experiences and refusals of care by doctors or other health care providers were prevalent among intersex respondents

People with intersex traits have historically experienced, and currently experience, discrimination and mistreatment by medical professionals.[25] They also are often subjected to nonconsensual, medically unnecessary interventions to change natural variations in their reproductive anatomy or genital appearance in order to conform their bodies to binary sex stereotypes.[26] Such interventions have high rates of complication and lifelong consequences that contribute to the high physical and mental health disparities that intersex people face.[27]

The 2022 CAP survey found that people with intersex traits experienced elevated rates of discrimination, negative experiences, and mistreatment in health care settings in the past year. For example, more than half of intersex respondents reported that in that time frame, doctors or other health care providers used "harsh or abusive language" when providing care (59 percent), appeared "visibly uncomfortable" due to their actual or perceived sex characteristics or intersex variation (58 percent), "made religious statements" regarding their actual or perceived sex characteristics or intersex variation (55 percent), or engaged in "unwanted physical contact" (54 percent). In addition, nearly half of intersex respondents reported that in the past year, providers were "physically rough or abusive" when treating them (48 percent). Notably, half of intersex respondents also reported that a doctor or other health care provider "forced or pressured" them into undergoing interventions that they did not want or need related to their sex characteristics or intersex variation, including hormone administration, surgery, and more. Additionally, 2 in 3 intersex adults (66 percent) reported that in the year prior to taking the survey, they had to "teach" their doctor or other health care provider "about intersex people or [their] specific intersex variation in order to receive appropriate care."

The possibility of being refused quality health care was prevalent among intersex respondents: more than 6 in 10 intersex adults (61 percent) reported that in the past year, they were concerned that if they expressed their intersex status to a doctor or other health care provider, they could be denied good medical care. More than half of intersex respondents reported that a health care provider refused to see them because of their sex characteristics or intersex variation (55 percent), refused to see them due to the provider's religious beliefs or the stated religious tenets of the hospital or health care facility (53 percent), or refused to assist them in forming a family—by for instance, providing fertility care or assisted reproductive technology—due to their sex characteristics or intersex variation (51 percent). Forty-six percent of intersex adults reported that a doctor or other health care provider withheld medical information from them or refused to give them a copy of their medical records.

LGBTQI+ people report widespread barriers to accessing mental health services

Many LGBTQI+ individuals encounter challenges to accessing needed mental health services. Barriers to quality mental health care for LGBTQI+ communities include affordability and concerns related to cultural competency; mental health stigma; and the ability to trust mental health professionals due to historical pathologizing of LGBTQI+ people by the medical community and practices of conversion therapy.[28]

The CAP survey asked LGBTQI+ respondents about cost barriers to accessing mental health care. Overall, 40 percent of LGBTQI+ respondents—including 42 percent of LGBTQI+ people of color and 57 percent of transgender and nonbinary respondents—reported that they wanted to see a therapist or mental health professional in the past year but could not afford to do so. Additionally, 32 percent of LGBTQI+ respondents—including 32 percent of LGBTQI+ people of color and 47 percent of transgender respondents—reported that they wanted to see a therapist or mental health professional in the past year but lacked insurance coverage to do so.

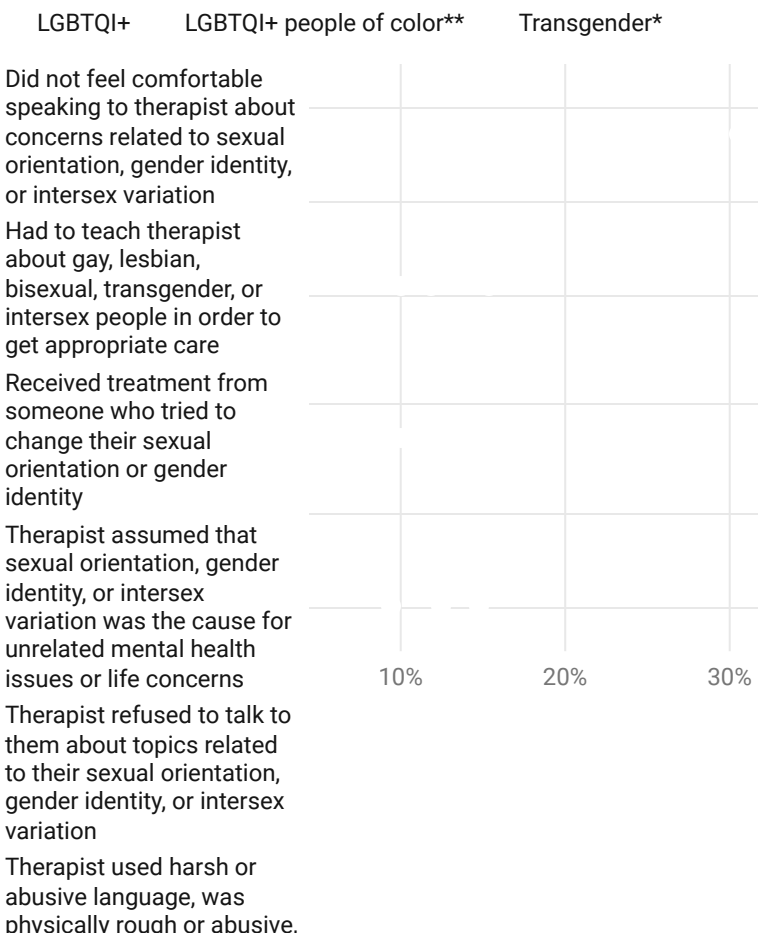
Moreover, many LGBTQI+ people who were able to see a therapist or mental health professional encountered challenges receiving culturally competent care. Twenty-five percent of LGBTQI+ respondents, including nearly half of transgender or nonbinary respondents (49 percent), reported that they "did not feel comfortable" speaking to their therapist about issues related to their sexual

orientation, gender identity, or intersex status, while 14 percent of LGBTQI+ respondents reported having to "teach" their therapist about LGBTQI+ people "in order to receive appropriate care." (see Figure 10) Overall, 32 percent of LGBTQI+ people—including 40 percent of LGBTQI+ people of color and 55 percent of transgender or nonbinary respondents—reported experiencing at least one negative experience or form of mistreatment when interacting with a mental health professional in the past year.[29] This includes but is not limited to instances in which a therapist or mental health professional refused to discuss topics related to the patient's sexual orientation, gender identity, or intersex variation; assumed the patient's LGBTQI+ identity was the cause of unrelated mental health or life concerns; or tried to change the patient's sexual orientation or gender identity, which may reflect mental health providers engaging in the abusive practice of conversion therapy.[30]

Figure 10

In the past year, 1 in 4 LGBTQI+ individuals did not feel comfortable talking to mental health professionals about their sexual orientation, gender identity, or intersex variation

Share of respondents who reported negative experiences and mistreatment when interacting with a therapist or mental health professional in the past year



Overall, 32 percent of LGBTQI+ people—including 40 percent of LGBTQI+ people of color and 55 percent of transgender or nonbinary respondents—reported experiencing at least one negative experience or form of mistreatment when interacting with a mental health professional in the past year.

LGBTQI+ people encounter hurdles when accessing adequate health insurance

Access to affordable health insurance helps facilitate access to health care, is associated with improved health outcomes, and can help address existing health disparities that LGBTQI+ communities face. Although gains have been made in recent years,[31] LGBTQ+ people—especially transgender people—continue to face challenges accessing coverage.[32]

In the 2022 CAP survey, LGBTQI+ adults were twice as likely as non-LGBTQI+ adults to report that they were not currently covered by a health insurance or health coverage plan (14 percent compared with 7 percent). Transgender or nonbinary adults were more than twice as likely as cisgender adults to report that they were not currently covered by a health insurance or health coverage plan (22 percent compared with 10 percent). And LGBTQI+ people of color (18 percent) were more likely than non-LGBTQI+ people of color (11 percent), LGBTQI+ white people (12 percent), and non-LGBTQI+ white people (4 percent) to report that they were not currently covered by a health insurance or health coverage plan. Among insurance provider options, LGBTQI+ adults (33 percent) and non-LGBTQI+ adults (36 percent) were most likely to report that they had insurance through their current or former employer or through a union. LGBTQI+ adults were more likely than non-LGBTQI+ adults to report that they had insurance through Medicaid (23 percent compared with 15 percent).

Transgender and nonbinary adults experience heightened barriers to accessing insurance coverage for gender-affirming and other kinds of health care

Although progress has been made in recent years, transgender people continue to experience disparities in uninsured rates compared with cisgender people, and insurers continue to impose exclusions or restrictions on many procedures that are medically necessary to treat gender dysphoria or affirm a patient's gender.[33] The 2022 CAP survey asked transgender and nonbinary respondents specifically about their experiences with health insurance companies over the past year, revealing significant hurdles to accessing gender-affirming care, including but not limited to hormone therapy, surgery, puberty blockers, and mental health services related to gender affirmation. Transgender and nonbinary respondents reported multiple negative experiences with health insurances companies and instances of being denied care coverage, with transgender and nonbinary respondents of color consistently reporting higher rates of these experiences.

For example, 28 percent of transgender or nonbinary respondents, including 29 percent of transgender or nonbinary respondents of color, reported that in the past year, a health insurance company denied them coverage for gender-affirming hormone therapy. Similarly, 22 percent of transgender or nonbinary respondents, including 30 percent of transgender or nonbinary respondents of color, reported that a health insurance company denied them coverage for gender-affirming surgery. Additionally, 15 percent of transgender or nonbinary respondents, including 33 percent of transgender or nonbinary respondents of color, reported that a health insurance company denied them gender-specific preventive care in the past year. And 10 percent of transgender or nonbinary respondents, including 22 percent of transgender or nonbinary respondents of color, reported that their health insurance company denied them preventive care or screenings in the year prior.

Transgender and nonbinary respondents also reported encountering additional health insurance barriers in the past year, such as limited coverage for different types of gender-affirming care and network inadequacies in health plans. For example, more than one-third of transgender or nonbinary respondents (37 percent), including nearly 1 in 4, or 23 percent of, transgender or nonbinary respondents of color, reported that their health insurance company covers only some kinds of gender-affirming care, excluding coverage for other kinds of care such as chest reconstruction or facial feminization. Additionally, more than 1 in 4 transgender or nonbinary respondents (26 percent), including nearly 1 in 3 transgender or nonbinary respondents of color (28 percent), reported that in the past year, a health insurance company covered gender-affirming surgery but had no surgery providers in their network—highlighting network inadequacies in coverage plans. Finally, 24 percent of transgender or nonbinary respondents, including 31 percent of transgender or nonbinary respondents of color, reported that in the past year, their health insurance company would not change their records to reflect their current name or gender.

LGBQ adults report barriers to accessing insurance coverage for services to assist family formation

LGBQ respondents were asked about their experiences with health insurance companies with respect to accessing assisted reproduction or fertility treatment in the past year. Twelve percent of LGBQ respondents, including 17 percent of LGBQ respondents of color and 32 percent of transgender or nonbinary LGBQ respondents, reported that a health insurance company "placed unreasonable or burdensome requirements" on them or their partners before covering "fertility preservation services, assisted reproduction or fertility treatment." For example, when determining eligibility for fertility treatment coverage, many insurers may base their coverage on a definition of infertility defined as a couple not being able to conceive after a year of unprotected sex. By asking same-sex cisgender couples to demonstrate infertility according to this definition, insurers exclude those couples from accessing coverage.[34] Additionally, 11 percent of LGBQ respondents, including 17 percent of LGBQ respondents of color and 36 percent of transgender or nonbinary LGBQ respondents, reported that their health insurance company denied them or their partner coverage for fertility preservation services, including services such as freezing and storing eggs, sperm, or embryos. Ten percent of LGBQ respondents, including 15 percent of LGBQ people of color and 30 percent of transgender or nonbinary LGBQ respondents, reported that their health insurance company denied them or their partner coverage for assisted reproduction or fertility treatment, including services such as artificial insemination, egg donation, or surrogacy. Denials of coverage to assist in family formation can be prohibitive and make pathways to parenthood financially inaccessible for LGBTQ+ people.[35]

Economic security

LGBTQI+ people report higher rates of employment but lower incomes and concentration in particular occupations

Overall, LGBTQI+ respondents reported currently being employed at a higher rate than non-LGBTQI+ respondents (63 percent compared with 59 percent). Yet among all respondents who were employed, LGBTQI+ people were more likely than non-LGBTQI+ people to report that they were working part time (14 percent compared with 9 percent), were self-employed as a freelancer, contractor, or similar positions (9 percent compared with 6 percent), or were employed in the gig economy as, for example, a ride-share driver or delivery person (5 percent compared to 1 percent). Transgender respondents were two twice as likely as cisgender respondents to report working part time (22 percent compared with 11 percent).

Forty-three percent of LGBTQI+ and non-LGBTQI+ people reported that they were currently not employed for a variety of reasons. Among those who reported not being employed, non-LGBTQI+ people were significantly more likely to report that they were retired (22 percent compared with 8 percent), while LGBTQI+ people were significantly more likely to report that they were students (9 percent compared with 4 percent). This likely stems from the fact that LGBTQI+ individuals are younger, on average, than non-LGBTQI+ individuals.[36] LGBTQI+ respondents were more likely than non-LGBTQI+ respondents to report that they were not working but looking for work (10 percent compared with 4 percent).

Although LGBTQI+ respondents reported higher levels of employment than non-LGBTQI+ respondents, they also reported lower annual incomes, suggesting that LGBTQI+ people may work in low-wage occupations and underscoring the importance of job quality, not just job attainment, as a key contributor to economic security.[37] LGBTQI+ respondents were more likely than non-LGBTQI+ respondents to report an annual household income of less than $30,000 (34 percent compared with 25 percent). Meanwhile, non-LGBTQI+ respondents were more likely than LGBTQI+ respondents to report an annual household income of from $60,000 to under $100,000 (26 percent compared with 18 percent), as well as an annual household income of $100,000 or more (23 percent compared with 17 percent).

In addition, 39 percent of LGBTQI+ disabled respondents, 40 percent of LGBTQI+ respondents of color, and 43 percent of transgender or nonbinary respondents reported an annual household income of below $30,000. Fourteen percent of LGBTQI+ respondents of color and just 12 percent of transgender respondents reported earning an annual household income of $100,000 or more. (see Table 1)

Table 1

More than 1 in 3 LGBTQI+ households report earning less than $30,000 per year

Annual household income levels of respondents

	Less than $30,000	$30,000 to less than $60,000	$60,000 to less than $100,000	$ or
LGBTQI+	34%	31%	18%	
Non-LGBTQI+	25%	27%	26%	
Transgender*	43%	29%	16%	
LGBTQI+ people of color**	40%	30%	16%	
Non-LGBTQI+ people of color	31%	24%	24%	
LGBTQI+ people with disabilities	39%	31%	16%	
Non-LGBTQI+ people with disabilities	39%	28%	22%	

Due to the lack of data collection on sexual orientation, gender identity, and variations in sex characteristics, information on the occupations of LGBTQI+ people is extremely limited.[38] In the 2022 CAP survey, respondents who reported that they were working were asked about their current occupation. Some 17 percent of LGBTQI+ respondents, including 25 percent of LGBTQI+ people of color, reported working as a health care professional or health care support service professional. LGBTQI+ respondents were more likely to work in the service industry or in food preparation—for example, as a bartender, cook, waiter, or baker—than non-LGBTQI+ respondents (12 percent compared with 5 percent). Transgender individuals (18 percent), and LGBTQI+ individuals of color (15 percent) worked in these roles at elevated rates. LGBTQI+ respondents were also more likely to work as retail salespeople than non-LGBTQI+ respondents (10 percent compared with 7 percent), and transgender respondents were especially likely to hold these positions (15 percent). Non-LGBTQI+ respondents were more likely to work as construction, manufacturing, or agricultural workers than LGBTQI+ respondents (15 percent compared with 7 percent). Overall, 39 percent of LGBTQI+ people and 48 percent of non-

LGBTQI+ people reported that their current occupation did not fall under any of these categories.

Employment and housing discrimination

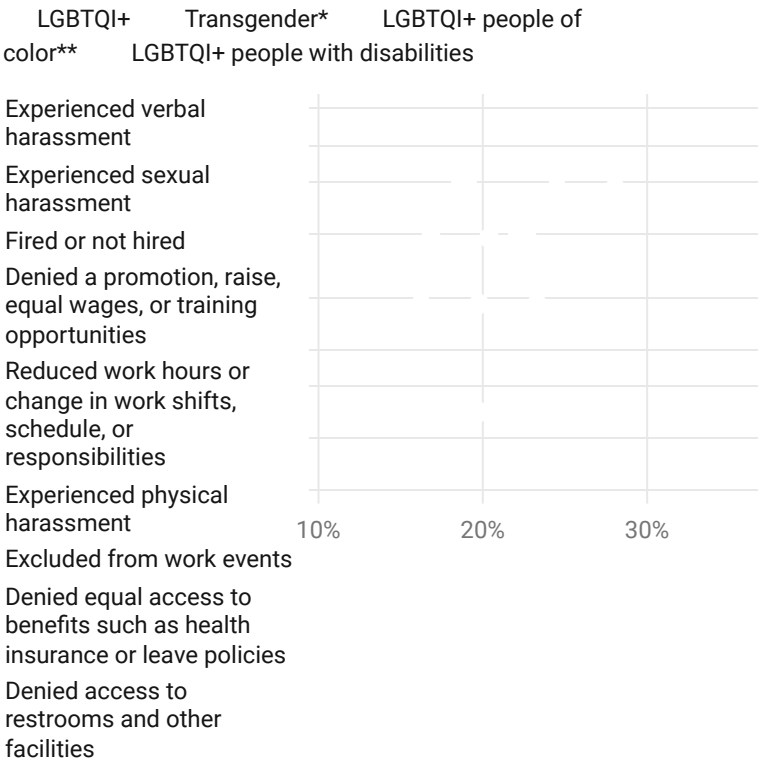
Discrimination in housing and employment remains a prevalent problem for LGBTQI+ people

Employment discrimination and workforce exclusion narrow pathways to economic security for LGBTQI+ communities, contributing to elevated rates of poverty, unemployment, use of public benefits, and housing instability.[39] Experiences of discrimination and harassment in employment were common for LGBTQI+ respondents to the 2022 CAP survey. Overall, 50 percent of LGBTQI+ respondents, including 7 in 10 transgender respondents (70 percent), reported experiencing some form of workplace discrimination or harassment in the past year because of their sexual orientation, gender identity, or intersex status.[40] (see Figure 11) Thirty-seven percent of LGBTQI+ respondents reported being subject to "verbal harassment, such as negative or offensive comments, remarks, or jokes," while 25 percent reported experiencing sexual harassment, such as unwanted sexual attention; sexual coercion; or crude, offensive, or hostile behaviors. Fifteen percent reported experiencing "physical harassment, such as being physically threatened or assaulted." Approximately 1 in 5 respondents reported that they had been fired or not hired (22 percent) or denied a promotion, wage, equal wages, or training opportunities (21 percent) because of their sexual orientation, gender identity, or intersex status. These concerns were elevated among transgender respondents, LGBTQI+ people of color, and LGBTQI+ people with disabilities.

Figure 11

More than 1 in 3 LGBTQI+ individuals have experienced verbal harassment in the workplace in the past year

Share of LGBTQI+ respondents who reported experiencing forms of workplace discrimination and harassment in the past year



Overall, 50 percent of LGBTQI+ respondents, including 7 in 10 transgender respondents (70 percent), reported experiencing some form of workplace discrimination or harassment in the past year because of their sexual orientation, gender identity, or intersex status.

Discrimination in housing can take many forms, such as disparate treatment in renting, selling, pricing, eviction, service provision, homeowner insurance, mortgage lending, and other activities.[41] Evidence has found that LGBTQI+ people—especially same-sex couples and transgender people—face differential treatment in housing.[42] According to the CAP survey, discrimination in housing settings remains a consistent problem for LGBTQI+ individuals. Overall, 29

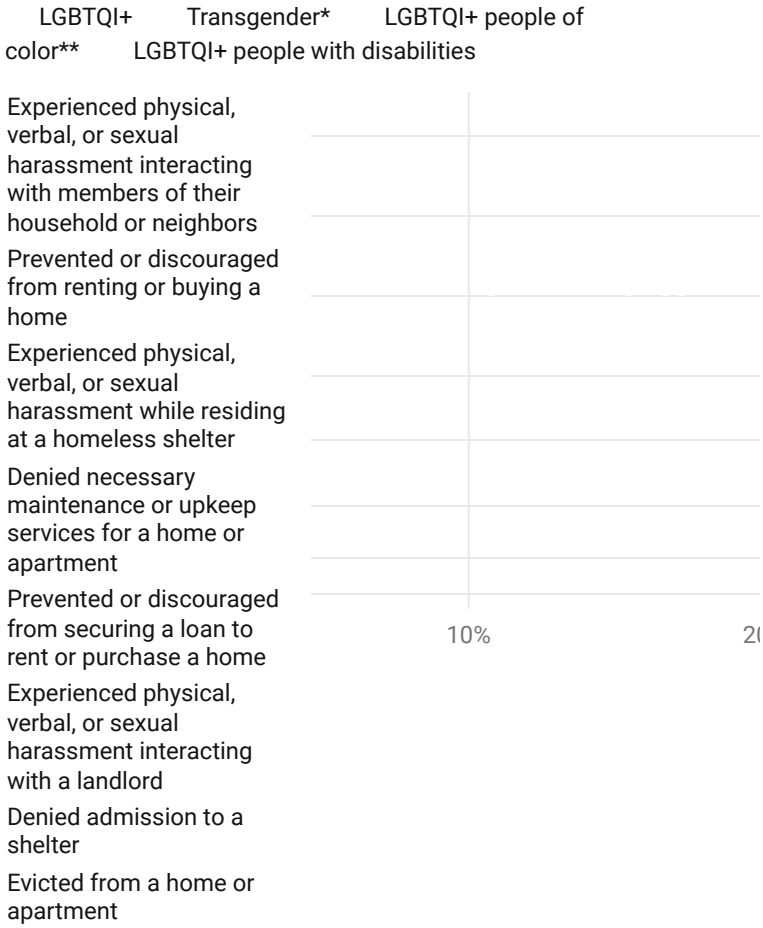
percent of LGBTQI+ respondents, including 41 percent of LGBTQI+ respondents of color and 46 percent of transgender respondents, reported some form of discrimination or harassment in a housing setting in the past year due to their sexual orientation, gender identity, or intersex status.[43] The most common experience was "physical, verbal, or sexual harassment" when interacting with their neighbors or members of their own households—experiences reported by 20 percent of LGBTQI+ individuals, including 27 percent of LGBTQI+ individuals of color, 27 percent of transgender individuals, and 29 percent of LGBTQI+ people with disabilities. (see Figure 12)

LGBTQI+ people also reported being "prevented or discouraged from renting or buying a home" (15 percent); being "denied necessary maintenance or upkeep services for a home or apartment" (12 percent); being "prevented or discouraged from securing a loan to rent or purchase a home" (12 percent); and "physical, verbal, or sexual harassment" when interacting with a landlord (12 percent). Often, transgender people, LGBTQI+ people of color, and LGBTQI+ people with disabilities reported encountering these forms of discrimination and harassment at elevated rates.

Figure 12

1 in 5 LGBTQI+ individuals have experienced verbal harassment while interacting with household members or neighbors in the past year

Share of LGBTQI+ respondents who reported experiencing forms of discrimination and harassment in housing situations in the past year



Overall, 29 percent of LGBTQI+ respondents, including 41 percent of LGBTQI+ respondents of color and 46 percent of transgender respondents, reported some form of discrimination or harassment in a housing setting in the past year due to their sexual orientation, gender identity, or intersex status.

Access to alternative service providers

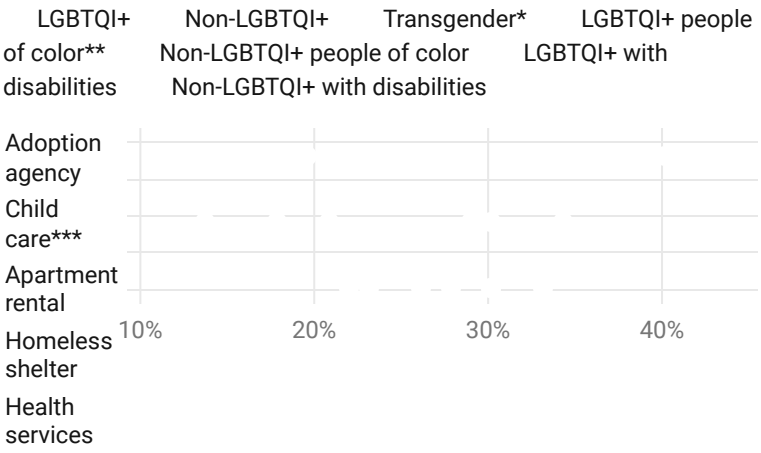
LGBTQI+ people report that it would be challenging to access services if they were initially denied by a provider

LGBTQI+ and non-LGBTQI+ respondents to the CAP 2022 survey were asked to rate how difficult it would be to access the same type of service at a different location if a service provider at an original location denied them service. Fifty-three percent of LGBTQI+ respondents reported that it would be "very difficult" or "not possible" to find an alternative adoption agency, compared with 31 percent of non-LGBTQI+ respondents, while 43 percent of LGTBQI+ respondents reported that it would be "very difficult" or "not possible" to find alternative child care,[44] compared with 24 percent of non-LGBTQI+ respondents. Forty-one percent of LGBTQI+ respondents reported that it would be "very difficult" or "not possible" to find an alternative apartment rental if they were denied service, while 31 percent of non-LGBTQI+ respondents reported the same. Limited access to alternative service options was a particularly pronounced concern for transgender respondents. (see Figure 13) Thirty-nine percent of transgender or nonbinary respondents reported it would be "very difficult" or "not possible" to access alternative health services, while 61 percent reported it would be difficult or impossible to access an alternative homeless shelter. Such findings underscore the importance of ensuring that LGBTQI+ communities are able to equally access necessary services from providers and are not turned away due to discrimination.

Figure 13

Half of LGBTQI+ individuals said it would be difficult or impossible to find an alternative adoption agency if they were denied service

Share of respondents who reported that it would be "very difficult" or "not possible" to find an alternative location if they were turned away from the below services



Hover or click to see values.

Note: Proportions for each individual question exclude respondents who answered "Not applicable" as well as respondents who chose to skip the

Conclusion

The 2022 CAP survey illuminates important disparities between LGBTQI+ and non-LGBTQI+ people, as well as differences between groups within the larger LGBTQI+ community. With more than 1 in 3 LGBTQI+ adults reporting that they faced some form of discrimination in the past year, the need to address ongoing discrimination and ensure equal protection under the law and in practice is evident. This is particularly true for LGBTQI+ individuals living with multiple marginalized identities, who generally reported elevated rates of discrimination as well as heightened barriers to achieving economic security and accessing quality health care.

Policymakers can take multiple actions to combat discrimination against LGBTQI+ communities. Congress should pass legislation ensuring clear, consistent, and comprehensive nondiscrimination protections for LGBTQI+ people, such as those included in the Equality Act. Doing so would help ensure greater protection for LGBTQI+ people in every state across the country, which is especially crucial in light of the recent wave of state-level anti-LGBTQI+ attacks and given the fact that LGBTQI+ people are not fully protected from discrimination in 29 states.[45]

At the executive level, federal agencies should act to meaningfully and effectively enforce existing nondiscrimination protections—paired with technical assistance and training—such as those in Section 1557 of the

Affordable Care Act, the Fair Housing Act of 1968, Title VII of the Civil Rights Act of 1964, and Title IX of the Education Amendments Act of 1972. Doing so would align with President Joe Biden's Executive Order 13988[46] by directing all federal agencies that enforce federal laws prohibiting sex discrimination to also prohibit discrimination based on sexual orientation and gender identity in light of the *Bostock v. Clayton County* Supreme Court decision.[47] Improved data collection on sexual orientation, gender identity, and variations in sex characteristics in civil rights monitoring and reporting systems would also help policymakers better track, investigate, and address anti-LGBTQI+ discrimination and support the government's progress toward ensuring equal treatment under the law and combating discriminatory practices. The findings from the CAP survey, as well as other research, illustrate that LGBTQI+ people living at the intersection of multiple marginalized identities often report elevated rates of discrimination, underscoring the need for civil rights enforcement agencies to apply an intersectional lens in their approach to investigating and enforcing nondiscrimination policies.

Although crucial, nondiscrimination protections alone will not be sufficient to address longstanding disparities and achieve lived equality for LGBTQI+ communities. In addition to the nondiscrimination civil rights protections recommended in this report, state and federal policymakers must invest greater resources and implement targeted, inclusive programming to bolster the economic security, health, and well-being of LGBTQI+ communities, especially for transgender people and LGBTQI+ people living at the intersection of multiple marginalized identities.

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Endnotes

Expand

1 The National Academies of Sciences, Engineering, and Medicine employs the term "sexual and gender diverse" to "describe individuals who identify as lesbian, gay, bisexual, transgender, queer, intersex, non-binary, or who exhibit attractions and behaviors that do not align with heterosexual or traditional gender norms." This report uses this term interchangeably with the acronym "LGBTQI+" and the term "sexual and gender minorities." The latter is commonly used by the National Institutes of Health. See National Academies of Sciences, Engineering, and Medicine, *Understanding the Well-Being of LGBTQI+ Populations* (Washington: 2020), p. 2, available at https://nap.nationalacademies.org/catalog/25877/understanding-the-well-being-of-lgbtqi-populations.

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8 All in-text comparisons between LGBTQI+ respondents and non-LGBTQI+ respondents are significant at the 0.05 level. Throughout the report, proportions for individual questions exclude "Not Applicable," "Don't Know," and "Skipped" responses. Additionally, statistics for transgender individuals based on the CAP survey are inclusive of people who identify as nonbinary, gender-nonconforming, genderqueer, and agender respondents. Margins of error may be higher for smaller subgroups of the overall sample—for example, the samples of transgender and intersex respondents. Some survey questions refer to experiences "in the past year"/ "year prior," asking respondents about their experiences in the 12 months prior to when they took the survey, which was conducted May 27, 2022, to June 23, 2022.

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11 Gruberg, Mahowald, and Halpin, "The State of the LGBTQ Community in 2020."

12 See National Academies of Sciences, Engineering, and Medicine, *Understanding the Well-Being of LGBTQI+ Populations*.

13 Ibid.

14 This includes respondents who responded in the affirmative to at least one of the experiences displayed in Figure 4.

15 National Academies of Sciences, Engineering, and Medicine, *Understanding the Well-Being of LGBTQI+ Populations*.

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23 This includes respondents who responded in the affirmative to at least one of the experiences displayed in Figure 9.

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41 U.S. Department of Housing and Urban Development, "Housing Discrimination Under the Fair Housing Act," available at https://www.hud.gov/program_offices/fair_housing_equal_opp/fair_housing_act_overview (last accessed December 2022).

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