

# LGBTQ+ Voices in RI



Report by  
Siri Colom PhD & Virginia Thomas PhD

Photography by Selene Means

"I started photographing because I wanted to understand how change happens and contribute as another human. This introduced me to the strategic, thoughtful, and joyful work behind the scenes and the people writing history through their actions. While this report focuses on LGBTQ issues and lives, what I know from organizing work is that we cannot separate housing issues from queer issues and that any truly intersectional social justice movement aims to protect and love everyone in our communities. Because of that, I include photographs from movements that are connected to and part of the queer struggle for dignity, but may not be labeled as LGBTQ+ organizations to challenge the idea that we can ever have single-issue movements. To be queer is to recognize the connections between us all."—Selene Means

June 2024

The Rhode Island Foundation has been a proud ally and supporter of the LGBTQ+ communities for more than 20 years—offering uninterrupted grant support to organizations on the front lines of advocacy, youth services, health and more.

As Rhode Island's only community foundation, and one of the oldest and largest in the country, we are dedicated to mobilizing generosity, convening people to tackle community challenges, and funding the work of nonprofit organizations that seek to ensure Rhode Island—and Rhode Islanders—are thriving. We have both the responsibility and privilege of raising up the voices of marginalized people, as we do in this report on *LGBTQ+ Voices in Rhode Island*.

This report represents an update and a reexamining of the Rhode Island Foundation's groundbreaking 2004 report *Meet the Neighbors* that gave us a broad demographic picture of Rhode Island's LGBTQ+ community and its importance to the state. *Meet the Neighbors* provided important background information for our grantmaking and policy work. In recent years, with input from valued community partners, we recognized the need to revisit the report with an eye toward assessing progress, and identifying new challenges and opportunities to address needs voiced by Rhode Island's LGBTQ+ community—from the most urgent to the aspirational.

Research for *LGBTQ+ Voices in Rhode Island* was conducted in two phases beginning with an extensive review of existing quantitative and qualitative research on LGBTQ+ people in Rhode Island and nationally, interviews, and oral histories. This work laid the foundation for the second phase that allowed participation of more than 60 individuals through focus groups and additional interviews.

This publication provides an opportunity to hear from some of the many voices of the incredibly diverse LGBTQ+ community in Rhode Island. Their passion and resilience are evident in the themes and insights that are highlighted in the following pages. The qualitative nature of this report is complemented by policy research conducted by GLBTQ Legal Advocates and Defenders (GLAD), and a set of potential action items informed by a community convening hosted at the Foundation in late 2023.

As you read you will notice that the issues identified impacting the LGBTQ+ community in Rhode Island—such as access to affordable housing and healthcare—strongly correlate with each other, and with challenges faced by the broader community. They are all community-wide priorities, which the Foundation aims to address on behalf of all Rhode Islanders through our discretionary grantmaking, by mobilizing generosity among donors and potential donors, and by using our convening and advocacy efforts.

Leading the Foundation provides me with a unique opportunity to celebrate the progress our communities have made. In reviewing the timeline that is part of the report, we are reminded of significant advancements towards LGBTQ+ equality and protections. In the past decade-plus alone, Rhode Island's passage of Marriage Equality preceded the Supreme Court decision by two years, we banned conversion therapy in 2017, provided protections for LGBTQ+ families and their children in 2020 with passage of the Uniform Parentage Act, expanded nondiscrimination protections in housing by removing exemptions for LGBTQ+ discrimination in small housing units in 2021, and last year's confirmatory adoption law which is critical for LGBTQ+ families and others who need to confirm their parentage through an adoption decree.

My leadership role at the Foundation also requires that I help to shine a light on the challenges we still face. Over the past several years we have observed the advancement of a record number of pieces of legislation, working their way through legislative bodies across the country, that are reactionary and hateful, and that attack basic human rights and LGBTQ+ rights, especially the rights of transgender youth. In 2023, the American Civil Liberties Union tracked more than 500 such anti-LGBTQ+ bills in statehouses across the country. Here in Rhode Island, there were five such bills introduced, and fortunately all were defeated.

We also know from other reports and data that LGBTQ+ individuals are suffering. The most recent Youth Risk Behavior Survey data for Rhode Island (2021) confirms many of the experiences of youth voices in this report. LGBTQ+ youth were more than three times as likely to consider or attempt suicide than their straight/CIS peers, and twice as likely to experience bullying (in school or online) and to miss school because they don't feel safe.

The challenge of intersectionality of identities is also evident in the voices included in this report. People who are low income, women, people of color, transgender and gender non-binary routinely face the greatest challenges of discrimination and are left to grapple with outdated systems that are not responsive to their unique experiences and needs.

Equality is a profoundly American idea, and a founding principle of our great country—and of this state. We know that most Americans support equality. It is our responsibility to share that sentiment—and more importantly, the actions that align with it—in all our efforts.

My hope is that this report will help us move closer to that ideal.

David N. Cicilline

*President and CEO, Rhode Island Foundation*

# Supporting a Thriving Rhode Island LGBTQ+ Community: Priorities and Opportunities

Following the completion of a multi-year research project on the experiences of the LGBTQ+ community in Rhode Island, the Rhode Island Foundation convened a community forum to present a preview of the report and request input about ongoing and current opportunities, challenges and actions that should be taken to address them. The discussion and suggestions made at this community forum form the basis of the following set of priorities. For additional context on the issues described here, read the full research report that follows.

Rhode Island has a strong and diverse LGBTQ+ population. The state is home to 54,800 LGBTQ+ adults, constituting 6.5 percent of the state's population. Rhode Island has one of the largest populations of LGBTQ+ adults in the country, ranking 10th nationwide.<sup>1</sup> In addition, 16.2 percent of youth in Rhode Island identify as lesbian, gay, or bisexual, and 3.5 percent identify as transgender.<sup>2</sup>

This community has achieved substantial LGBTQ+ law and policy advances over the decades thanks to the collaborative work of many in the state. Rhode Island was the second state to comprehensively protect transgender people in its nondiscrimination laws, in 2001, and there is much to be proud of in the more recent history of the LGBTQ+ movement in the Ocean State:

- In 2015, the Insurance Commissioner issued guidance that denying transgender health care was unlawful discrimination, and Medicaid ended exclusions for transgender care.
- In 2017, the General Assembly banned the dangerous practice of conversion therapy on LGBTQ+ youth.
- In 2019, advocates worked with the Department of Health to include gender inclusive “X” markers on vital records along with self-attestation of gender, making it easier to obtain accurate vital records.
- In 2020, at the height of the COVID pandemic, the State passed the Rhode Island Uniform Parentage Act, ensuring equal protections for children no matter how their families form.
- In 2021, the General Assembly removed LGBTQ+ nondiscrimination exemptions for small housing units and ensured that single use restrooms in public accommodations were gender inclusive.
- In 2023, Rhode Island passed a confirmatory adoption law to allow parents a more straightforward way to confirm their parentage and to protect their children from discrimination in other states, as well as a law to expand access to Pre-exposure prophylaxis (PrEP) to prevent HIV transmission and to expand access to abortion for people on Medicaid and state employees.<sup>3</sup>
- In 2024, Rhode Island passed The Health Care Provider Shield Act to protects access to reproductive and transgender health care in Rhode Island and shields the dedicated medical professionals who provide it from the overreach of hostile laws in states that have banned essential care.

Even with these important advances, unmet needs persist in the community, including in the areas of housing, mental health and substance use services, and supports for LGBTQ+ youth and elders. Investments also need to reflect the needs and interests of BIPOC LGBTQ+ individuals and ensure that advances benefit the entire community equitably.

Rhode Island also feels the impacts of a national climate that is increasingly hostile to LGBTQ+

<sup>1</sup> Andrew R. Flores and Kerith J. Conron, Adult LGBT Population in the United States, The Williams Institute (December 2023), <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/>.

<sup>2</sup> Rhode Island Department of Health, Rhode Island Data Brief: Health and Safety of Transgender High School Students in Rhode Island (April 2024), <https://health.ri.gov/publications/databriefs/GenderIdentityYRBS-DataBrief4.9.24.pdf>.

<sup>3</sup> In the 2024 session, the Legislature passed a law to improve the name change process for all Rhode Islanders, including transgender and nonbinary people and survivors of domestic violence. The law removes the publication requirement, allows for the records to be confidential, and waives for people who cannot afford them. It is anticipated that the Governor will sign this law, making name change more accessible to the LGBTQ community.

people. In the past two years, bills targeting LGBTQ+ people, particularly transgender young people, have passed rapidly in certain states. In a short span, 25 states have banned best practice medical care for transgender adolescents,<sup>4</sup> 25 states have banned transgender students from playing sports alongside their peers,<sup>5</sup> and 17 states have censored or required advanced parental notification to even discuss LGBTQ+ people and issues in schools.<sup>6</sup> In a recent poll, 71 percent of LGBTQ+ youth, including 86 percent of trans and nonbinary youth, say that this rise in anti-LGBTQ+ laws has negatively impacted their mental health.<sup>7</sup>

Rhode Island's history demonstrates a deep and strong commitment to LGBTQ+ inclusion and equality. Especially given the national context and the impact it is having on LGBTQ+ youth, it is more important than ever for there to be investments in the LGBTQ+ community in Rhode Island to continue to support our state's values and to support a secure and thriving diverse LGBTQ+ community at all life stages now and in the future.

From the report commissioned by the Rhode Island Foundation, input from the community convening, and the state, regional, and national legal context, action steps emerge to support the LGBTQ+ community in this moment:

## Law & Policy

Continue to establish legal equality in Rhode Island on the basis of sexual orientation, gender identity and expression, and HIV status so that LGBTQ+ Rhode Islanders and their families can thrive alongside their neighbors by:

- Ensuring that transgender and non-binary young people can easily secure legal name changes in the courts through updates to the name change statutes
- Working to eradicate HIV by promoting access to PrEP
- Ensuring state government data collection and reporting that is intersectional with race and ethnicity and includes sexual orientation and gender identity or transgender status so that community needs are better understood and tracked over time
- Providing support for a state LGBTQ+ equality group to lead locally on law and policy work, with support from regional and national partners, as well as support community building
- Funding the training and provision of legal services for the LGBTQ+ community so that legal services (with a focus on employment, housing, family issues, and access to healthcare) for community members are

performed in a culturally effective way by practitioners who are experts in current law as it pertains to LGBTQ+ Rhode Islanders.

- Building infrastructure to defeat efforts to undermine existing protections for LGBTQ+ community in law and policy, including in the legislature and among school committees
- Supplying adequate resources for training state agencies and state courts to promote respect and unbiased interactions with the LGBTQ+ community

## Community

To further lived equality across the full LGBTQ+ community in Rhode Island, deep investments should be made in services and supports to address the needs of those who are most marginalized, vulnerable, and economically insecure. This includes investing in community-based services that take an intersectional approach attentive to both LGBTQ+ and BIPOC identity.

### Basic needs

- Provide basic needs funding such as assistance with rent, utilities, and food to prevent homelessness across all populations

### Housing

- Support sober living and recovery housing
- Aid in the building of housing dedicated to LGBTQ+ elders to promote their well-being and avoid discrimination, isolation, and re-entry into the closet
- Invest in housing for LGBTQ+ youth, including resources for youth aging out of the foster care system

## Education & Training

- Provide support and education for families to keep LGBTQ+ youth in their homes and communities
- Build up support and training for educators to ensure schools remain safe and inclusive spaces for LGBTQ+ youth and all youth
- Invest in training for and new ways to prepare health care providers to provide care to LGBTQ+ people free of bias, discrimination, and unnecessary barriers
- Ensure health and behavioral health frameworks include LGBTQ+ experiences and wellness needs

## Supportive Spaces

- Aggregate existing resources into an information hub that spans multiple sectors
- Establish a community center with sustainable funding and staff support, providing a safe space for the LGBTQ community of all ages and a diverse calendar of community events
- Create an ambassador program to provide peer-level support

Rhode Island's state motto of "Hope" is a fitting word for these times. Hope signifies an enduring commitment to working together toward a brighter future. The LGBTQ+ community in Rhode Island embraces these shared values. Addressing the priorities outlined here will pave the way for a brighter collective future for LGBTQ+ Rhode Islanders and all Rhode Islanders.

<sup>4</sup> Movement Advancement Project, Bans on Best Practice Medical Care for Transgender Youth, [https://www.lgbtmap.org/equality-maps/healthcare/youth\\_medical\\_care\\_bans](https://www.lgbtmap.org/equality-maps/healthcare/youth_medical_care_bans) (last visited April 23, 2024).

<sup>5</sup> Movement Advancement Project, Bans on Transgender Youth Participation in Sports, [https://www.lgbtmap.org/equality-maps/youth/sports\\_participation\\_bans](https://www.lgbtmap.org/equality-maps/youth/sports_participation_bans) (last visited April 23, 2024).

<sup>6</sup> Movement Advancement Project, LGBTQ Curricular Laws, [https://www.lgbtmap.org/equality-maps/curricular\\_laws](https://www.lgbtmap.org/equality-maps/curricular_laws) (last visited April 26, 2024).

<sup>7</sup> Press Release, The Trevor Project, New Poll Emphasizes Negative Impacts of Anti-LGBTQ Policies on LGBTQ Youth (Jan. 19, 2023), <https://www.thetrevorproject.org/blog/new-poll-emphasizes-negative-impacts-of-anti-lgbtq-policies-on-lgbtq-youth/>.

<b>Introduction &amp; Background</b>	12
Contextualizing the data	14
Methods	18
Who participated?	20
<hr/>	
<b>Housing, housing, housing</b>	22
Transgender housing struggles	24
Youth housing needs	27
Dignity of the life cycle: LGBTQ+ housing for our elders	30
<hr/>	
<b>Health &amp; Wellness</b>	34
Supportive & inclusive learning environments:	
School cultures & curriculums	36
HIV/AIDS	44
Trans focused health care	51
Healthcare competency	52
Gender-affirming healthcare	54
Mental health support	56
<hr/>	
<b>Building community, kinship networks, &amp; mentoring</b>	62
LGBTQ Organizations: Fostering new leaders	63
Youth age out with nowhere to go	64
BIPOC & Queer	68
Community & Family	70
Social isolation	74
The arts & music as premier community space	77
A community space	79
Political organizing: Getting dirty & building community	82
<hr/>	
<b>Conclusion</b>	86
<hr/>	
<b>LGBTQ+ Historical Timeline</b>	88

# Introduction & Background

This report is the result of a two-year long project to update and re-envision the “Meet the Neighbors Report” that was published in 2004. Meet the Neighbors was one of the first (if not the first) statewide LGBTQ+ report in the country. It gave funders and organizations a broad demographic picture of the community and its importance to Rhode Island. The current project launched just before the COVID-19 Pandemic which added both complexity and context to the project. Every element of the project took twice as long as imagined and required the ability to build rapport with project participants virtually. We depended greatly on the relationships that had been built and maintained prior to COVID, but also were able to build and strengthen new ones.

During the last several years the country and the globe have faced an incredible set of events as to warrant a quick description: global pandemic shuts down countries, a deeply troubling political landscape with increasing violence, the broad recognition of systemic racism as evidenced in policing, a deteriorating global political climate raised the fears of a third world war, the resurgence of relentless political attacks and maneuvering focused on delegitimizing and disenfranchising the LGBTQ+ community, and continuing violence that targets minoritized communities (Latinx, Black, and LGBTQ+ in particular).<sup>1</sup> The shifting political, economic, and cultural terrain that has defined the past several years made this project both challenging and necessary.

---

<sup>1</sup> While there are different beliefs and opinions about the use of “Latinx” we decided to use this term knowing that while terminology will continue to evolve, at the present moment it is the most widely accepted term acknowledging trans and non-binary folk with cultural and ethnic heritage from the Spanish-speaking Caribbean and Central and South America.

## Contextualizing the data

Placing the findings of this research project in a longer historical, political context of systemic oppression of LGBTQ+ people and struggles for justice is vital in order to fully understand them. The long history of LGBTQ+ experiences in the U.S. is deeply entwined with the treatment of our community by medical institutions, religious institutions, mainstream media, and particularly federal and state governments. Only recently have some states and administrations begun to address decades-long forms of discrimination and oppression wrought by the state through measures such as outlawing conversion therapy, enabling gender non-binary options for driver's licenses, and allocating resources to LGBTQ+-serving organizations. While the matter of the right to marry has gained substantial attention in popular understandings of LGBTQ+ issues, concerns such as police brutality, discrimination

in housing and employment, and the need for establishing cultures of affirmation and support in publicly funded educational institutions are all long-standing concerns and remain pressing. The LGBTQ+ movement that gained steam from the 1970s onward was inspired by and in response to exclusion from the mainstream program of the Civil Rights Movement and Women's Movement which fought against state-based and state-sanctioned forms of oppression against people of color and women.<sup>2</sup> Despite people of color's roles in driving much of the strategy and being much of the labor behind what became the LGBTQ+ movement, their voices and bodies were repeatedly excluded and re-marginalized by LGB people with more privilege.<sup>3</sup> This resulted in the enshrining of policies and cultural shifts that excluded trans people and people of color from the very legal

2 In addition to moral arguments about basic human dignity, a key pragmatic logic of these movements was that as taxpayers, people of color and women should not face discrimination by the state.

3 LGB activists with more cultural capital—who tended to be white, middle to upper class cisgender—often made political deals with heterosexual, socially conservative politicians with the hope for faster progress.



Pride flag pictured at the vigil held at the Rhode Island State House for the deadly attacks in Charlottesville, Virginia against peaceful protests of white supremacist monuments in August of 2017.

and political protections that trans and of color members of the community fought diligently to achieve. This is exemplified in a quote from Sylvia Rivera, renowned activist and transgender woman of color, who fought to pass the Gay Rights Bill in New York City.

*And a point of history, you know that it took the Gay Rights Bill here in New York seventeen years to pass. [It was approved in 1986.] But I'll go through the beginning. When we were petitioning*

*for the Gay Rights Bill, there was only one person that was arrested. That was me. Because I had the guts to go into the Times Square area on 42nd Street and petition the people to sign that petition. And the only reason I did it was because that bill did include the transgender community. Two or three years into the movement and the bill is being presented and we're going back and forth to City Hall. They have a little backroom deal without inviting Miss Sylvia and some of the other trans activists to this backroom deal with these*

*politicians. The deal was, “You take them out, we’ll pass the bill.” So, what did nice conservative gay white men do? They sell a community that liberated them down the river, and it still took them seventeen years to get the damn bill passed!<sup>4</sup>*

This was a pattern that went beyond the historic gay neighborhoods. In 1995 in Rhode Island LGB activists in Providence bent to the pressure to exclude trans people to “speed up” the years-long fight to pass the antidiscrimination bill.<sup>5</sup> The result has not, however, been speeding up, but rather a slowing down for the majority of LGBTQ+ people. Many of the efforts to transform cultural, legal, and economic frameworks that privileged heterosexual and cisgender people became watered down to a limited “inclusion” as long as it didn’t change the existing systems or undermine the traditional structures of power

and privilege. But this was at the expense of historically marginalized people. This history continues to inform the present in which LGBTQ+ folks of color, with disabilities, working class and poor folks, women, and non-binary and trans folks have not had nearly as much access, as a group, to the material security and resource that these policies made possible for those LGBTQ+ people who have more identity-based similarities to those that hold the most power.

The impacts of this reality are painfully clear in this report; while many white, middle to upper class LGB people in the state live safe and healthy lives at higher rates,

**the data demonstrates that people of color, low-income people, women, transgender**

4 Excerpt from a speech by Sylvia Rivera, “Bitch on Wheels” published in Street Transvestite Action Revolutionaries: Survival, Revolt, and Queer Antagonist Struggle ed. Ehn Nothing, (Untorelli Press).

5 One example of this was in the exclusion of gender identity and expression from the antidiscrimination bill first passed in 1995—last minute deal-making lead LGB activists to accept removing gender identity and expression from the bill. The bill was revised in 2001 to include gender identity and expression. This kind of deal-making has had deleterious effects on Black, Brown, and trans members of the LGBTQ+ community and ruptured trust and solidarity within the movement. Kate Monteiro, “Queer History of RI Panel,” Channing Memorial Church in Newport, January 22, 2020; As Dr. Rev. Gwendolyn Howard described it in her oral history, “[the Civil Rights Bill] was [originally] labeled as people regardless of gender identity or expression shall not be denied rights to etc., etc. And we got taken out of it at the last minute. That was just before I got here so...I won’t speak to the politics of that. Only that there were for decades hard feelings about that. I think it was the end of ‘99 or beginning of 2000 in the Alliance we started talking about adding it.” Oral history interview with Dr. Rev. Gwendolyn Howard March 30, 2020.



Gem and Julio, founders of Haus of Codec, at one of the Art Markets that Haus of Codec organizes. Haus of Codec is an inclusive shelter for youth. In addition to providing these direct services, Haus of Codec also runs LGBTQQIA+ Resource Fair & ART Marketplace at Dexter Park in Providence, RI for Queer and Black Indigenous and People of Color artists and local community organizations at free or low cost for vendors.

**and gender non-binary people routinely suffer the most in systems that ignore the intersection of their identities and needs. This is not a result of lack within the community, it is a result of systemic exclusion from movements that played central roles in shaping our contemporary support systems.**

While many individual organizations and institutions in Providence do exceptional work to support the needs of all of their clients, the data in this report reflect how existing legal frameworks, care systems, and funding mechanisms and structures generally favor white, middle and upper class LGBTQ+ people. The manifestations of inequity in care and support in the lives of people of color, low-income, transgender and gender non-binary folks is consistent in every area of this report.

## Methods

There were two major phases of this project.

The first phase consisted of an extensive review of existing quantitative and qualitative research on LGBTQ+ folks in Rhode Island and nationally, as well as key informant interviews and oral histories with various stakeholders of the LGBTQ+ community in Rhode Island. Led by Virginia Thomas, PhD and research assistants Madeline Montgomery and Selene Means, it laid the foundation for the second phase, led by Siri Colom, PhD and research assistant, Volta Tran. The second phase gathered additional qualitative data through seven focus groups with 48 individuals and thirteen additional interviews with individuals who could provide a unique perspective from people who worked supporting LGBTQ+. These interviews helped to fill in gaps in data from phase one and two as well as honored the expertise of those on the ground meeting the needs of LGBTQ+ community members.

The research from the first phase led by Dr. Thomas resulted in the development of five key areas that informed the conversations in the second phase led by Dr. Colom. This report is the synthesis of these two phases of data from each phase and topic area. You will see the following themes woven throughout the report through a combination of quantitative data, oral history excerpts, focus group data, and stories from interviews so as to give a rich tapestry of our findings. The original five areas were:

1. Homelessness and housing insecurity among LGBTQ+ youth and their experiences of where and how the system that exists fall short, fail them, and what they need in order to live in a safe, healthy environment.
2. Behavioral healthcare for LGBTQ+ people, particularly transgender and gender non-binary people of color.
3. State violence and LGBTQ+ folks, particularly policing and incarceration.
4. Older LGBTQ+ people and access to services, especially complications with HIV/AIDS.
5. Social isolation and connection among LGBTQ+ people, especially women, transgender, and gender non-conforming people, and people of color.

## Who participated?

Participants whose experiences and analysis informed this report came from all over Rhode Island, with the largest number from within and around Providence.

**This included people actively engaged in movement building within organizations, older people navigating care and life after 65, youth and college students, sex educators, artists, musicians, lawyers, business owners, sex workers, teachers, healthcare workers, folks in government, veterans, folks in tourism, public health researchers, people who have been working for LGBTQ+ rights since the 1970s and others who were just beginning their journey.**

In short we had an extraordinary group of people who contributed to these conversations. We thank all of them for their honesty and thoughtfulness.

These conversations yielded an immense amount of data, much of which we are unable to fit into this report. However, we hope that the framework of the report attends to the range and depth of the most pressing and salient issues among LGBTQ+ in Rhode Island today.

To compile this report, we drew upon a large and expanding literature review, key informant interviews, oral histories, focus group interviews, and any data that local organizations that serve LGBTQ+ people were able to provide. In order to capture both national trends and local textures of Rhode Island, this report combines qualitative and quantitative data to create the fullest picture of the challenges and joys of LGBTQ+ life in the state. The report is organized by 1) exploring the structural barriers that differentially impact the people that make up the rich diversity of our LGBTQ+ community in the state and 2) the art of building community and kinship as a powerful tool of survival and resource-sharing among LGBTQ+ folks in the face of challenging economic and political forces.



Dyke and Trans People of Color March on Juneteenth in 2020. That year, organizers honored the lives of 28 Black trans women who were murdered in the 18 months prior to the event.

# Housing, housing, housing

In 2018 the Rhode Island Youth Count survey, a point-in-time study incubated in the Rhode Island Coalition for the Homeless, aimed to capture a picture of housing instability in the youth of Rhode Island. What they found mirrors nationwide trends in the over representation of youth of color and LGBTQ+ youth. Of those youth counted in the census, two numbers stand out:

of those counted, 55% were youth of color, whereas only 21% of all youth in Rhode Island are from communities of color; and while only 4-5% of youth in Rhode Island identify as LGBTQ+ over 1/4 of the housing insecure population was LGBTQ+.

***“Housing is a big, big deal. And people getting access to safe and affordable housing continues to***

***be a big problem. And I would love for us as community members to figure that out and help support people. And that includes people of all ages because there is a homelessness crisis with our LGBTQ young people. And also, community care for elders.”<sup>6</sup>***

We begin with the challenge that almost everyone of the people we spoke to grappled with: the challenges of housing. In 2020, UCLA's Williams Institute published a comprehensive report on national housing numbers for LGBTQ+ individuals. They showed increasing housing precarity due to lack of affordability, lower rates of homeownership, and high numbers of homeless LGBTQ+ youth. Continuing discrimination and stigma has made locating housing a community-wide challenge.<sup>7</sup> Recent elimination of an exemption that



The Tenant & Homeowner Association (THA) has worked with community lawyers, researching best practices and policies from across the country to draft a Rent stabilization policy and currently leading a campaign to pass this at the Providence City level.

allowed discrimination based on gender identity or expression in owner-occupied buildings is promising, but implementation is a big concern.

In our conversations, participants worried about the lack of affordable housing and how that would shape their prospects in the future. Others had experiences of homelessness and shared the difficulties of finding safe shelters that afforded them a path towards more secure housing. Other respondents shared fears around safe and open end of life options should they need them.

---

<sup>6</sup> Interview Nov 18, 2021 (13:1; 19)

<sup>7</sup> Romero, A.P., Goldberg, S.K., & Vasquez, L.A. (2020). LGBT People and Housing Affordability, Discrimination, and Homelessness. The Williams Institute.

## Transgender housing struggles

Data specific to the struggles of transgender community members<sup>8</sup> reveal that

**32% of respondents experienced some form of housing discrimination including eviction or denial of housing, and 24% had experienced homelessness at one point in their lives—this last number is slightly lower than the national number.**

**National data from the same study notes that only 16% own their own homes, a key marker for stability, while 63% of the general population own homes.**

**Housing is just one part of an individual's security that also includes economic security, food, and health security. In all, transgender individuals have a more challenging time achieving a basic level of security, even when controlling for age, race, sexual identity, and socioeconomic indicators.<sup>9</sup>**

Across our focus groups, transgender people faced some of the largest hurdles in finding housing. Persistent housing discrimination coupled with work discrimination, left transgender individuals with fewer avenues towards stability.

One transgender person talked about the challenges that awaited them at the large shelter when they needed emergency housing.

*“I've been in a shelter system... I had to go into an all-male gym. Thank God that...there was an opening and I was able to get out of there within two days, but I had a mat like this [holds up forefinger and thumb to indicate thinness], and I was in a big room. I got into a few fights. I even got a record now because I had to defend myself...It was pretty unsafe at that moment. They did have an LGBT shelter at that time, I was able to thrive from there and now I'm doing much better, but unfortunately, they shut that funding down.”<sup>10</sup>*

Housing concerns connect to all other issues. It was the first concern for most of our respondents. Even if it wasn't about them specifically, most people understood that security through housing is a fundamental need. In some of the earlier conversations, key leaders in social service organizations pointed out how it is hard for someone to meet their needs without stable housing as a foundation. A direct service provider noted,

*“I think it has to start from a housing first model. Because that is one of the fundamental standard determinants of health. And safe and secure housing, and even in Rhode Island, that is still difficult to obtain for trans people, and is especially difficult to obtain for young people.*

**[We]... need to... talk about gender care, it's not just about our bodies, or our hormone levels. Gender wellness has to be about the whole scope of our wellness experience. It is influenced by our gender presentation, and how that is broadcast out in society. And so that's definitely our housing—**

*when trans people have trouble finding housing because the names on their ID doesn't match their presentation. Or some people don't know this, but after you change your name for many years afterwards, your dead name still comes up on your credit score as 'aka'.”<sup>11</sup>*

Though housing discrimination is outlawed

<sup>8</sup> These data were most recent at time of research.

<sup>9</sup> “Housing and food stress among transgender adults in the United States” by E.R. Henderson, et al., 2019. This study used national BRFSS data.

<sup>10</sup> Focus Group July 14, 2021 (18:22; 428–432)

<sup>11</sup> Interview Nov 10, 2021 (10:12; 77)

at both the federal and state levels, this does not mean it stops existing. Rhode Island passed anti-discrimination law that included protections for housing (among many other public accommodations) on the basis of sexual orientation in 1995. Rhode Island updated its anti-discrimination law in 2001 to include gender identity and gender expression, becoming the second state in the US to prohibit discrimination against trans people (it was updated again in 2021<sup>12</sup>).

Many of the organizations that work for the LGBTQ+ community around housing are primarily focused on shelter and other emergency needs, but for the trans community continuing discrimination happens within all forms of housing: shelters, rentals, and ownership. Some felt that an important step would be to have greater advocacy at the state level:

*"Here in Rhode Island, we have a problem with*

*affordable housing and...There needs to be a voice in that state house for people like us so that they don't sweep us under the rug. Same thing with the homeless shelters, there's no protection for us there. I've watched trans people get the crap beat out of them. Do you know what I mean? I've seen a lot of stuff. We need more advocates to help us that we're not thrown under the rug and that's it."*<sup>13</sup>

A steady number of local organizations<sup>14</sup> offer legal advocacy support for LGBTQ+ populations seeking housing, but access to these services eluded many individuals who were precarious in other social determinants. That is, class<sup>15</sup> and racial disparities affect one's ability to tap into Rhode Island's existing resources.

## Youth housing needs

Housing issues were particularly salient for our younger respondents (and those who work with them). The need for youth shelters are critically lacking for LGBTQ+ youth, who represent a significant percentage of all homeless youth. Just a few organizations (and all located in Providence) provide the bulk of the options in the state. Sojourner House, the first gay and lesbian domestic violence (DV) program, was also the first and only to offer LGBT beds for many years until Haus of Codec recently opened. Youth Pride, Inc (YPI) has a relatively new drop-in/support service and diversion program which indicates how housing is an increased priority for them. And Haus of Codec, which opened up during the pandemic, filled its shelter in a week, and was awarded funding for a second soon afterwards. They announced that they will be opening a new facility with 20 beds in 2023. In 2022 HUD awarded all three of these organizations funding to continue their work on youth housing. Even with these new developments, the need is much greater than what is available. One high school

youth expressed the painful housing dilemma for younger people.

***"When we talk about housing and funds for housing, we have to remember that whatever effect it's having on people who are adults..., if you're 14, and you can't get a job period, it's worse. I know people who are stuck in toxic relationships or work for a long time or move from one abusive home to another because they have nowhere else to go, simply because their parents didn't want them to house because they found that they're queer."*<sup>16</sup>**

12 <http://webserver.rilin.state.ri.us/BillText/BillText21/SenateText21/S0563.pdf>

13 Focus Group July 14, 2021 (18:12; 283)

14 To name a couple: South Coast Fair Housing and Rhode Island Commission for Human Rights.

15 See recent study by SouthCoast Fair Housing on sources of income discrimination in RI housing: [http://southcoastfairhousing.org/wp-content/uploads/2019/02/Its-About-the-Voucher\\_-Source-of-Income-Discrimination-in-Rhode-Island.pdf](http://southcoastfairhousing.org/wp-content/uploads/2019/02/Its-About-the-Voucher_-Source-of-Income-Discrimination-in-Rhode-Island.pdf)

16 Focus Group Nov 22, 2021 (16:8;100)

Youth considering or pursuing college and secondary education also spoke about issues they faced in terms of how financial aid might see them. College students who have been disowned by family were often not able to access aid to cover housing if they were still listed as dependents. If they are able to find help for housing in the form of dorms,

“...right before COVID, I was told by my parents that I needed to move out, and quite abruptly.... I feel like, especially as a queer individual, there's more tension, and more vulnerabilities, and less social support resources because of that marginalized identity. You know, luckily, my parents backed off, but I remember going to RIC and...them offering shelters and then going to the dorms and them saying, yes, you can live here, it's going to cost this much. It was exorbitantly expensive; I was like there's no way I can afford this.”<sup>17</sup>

Another student bemoaned that housing more than their coursework was what stressed them the most, saying:

***“As an independent student... I don't know if I would still be doing school if I didn't have such a good support system, because, unfortunately...with a couple of relief funds that they have, once you can sign up for them, well, unfortunately, it's still not enough...I would say it's the housing bill literally is something that stresses me out way more than the [classes] that I'm taking.”<sup>18</sup>***

In our conversations youth voiced concern over the general cost of housing which left them with few options both before, during, and after college. It made imaging their future a challenge increasingly difficult for this current generation.

17 Focus Group Nov 22, 2021 (16:2; 67)

18 Focus Group Nov 22, 2021 (16:7; 94)



Protesting at Providence City Hall in September 2022 against public subsidies for a large housing redevelopment project that would have an inadequate number of truly affordable units for low-income city residents.

## Dignity of the life cycle: LGBTQ+ housing for our elders

According to the Human Rights Campaign (HRC), there are over 2.5 million LGBTQ elders living in the U.S. today and it's estimated that by 2030, 4.7 million will be seeking elderly care and services.<sup>19</sup>

Our tendency to look at housing as an individual choice means we sometimes fail to appreciate the role that social forces, such as accumulated wealth and discrimination, plays. Obviously, one needs capital to be able to both own and rent.<sup>20</sup> Given that wealth is a primary driver of inequality, we need to have better policies that consider long term outcomes for people traditionally left out of the private housing market

and we need more imaginative ideas for housing options beyond purchasing. Within the LGBTQ+ people, particularly our older generation, many have been cut off from families as a source of financial support. This in part explains the much lower levels of home ownership in the LGBTQ+ community. The discrimination faced by minoritized and transgender/non-binary individuals combine for even lower rates.

Our families and communities are also an important source of social wealth, in that families serve an important support system as a potential source of both financial wealth and physical/ emotional support. For our elders we found this concern to be a dominant one.

*"I'm estranged from several of my siblings, and my nieces and nephews. Some of them I don't*

19 Human Rights Campaign. "Long-Term Equality For LGBTQ Elders." Equality Magazine. 2020. [https://issuu.com/humanrights-campaign/docs/equality\\_winter2020\\_final/21](https://issuu.com/humanrights-campaign/docs/equality_winter2020_final/21).

20 More insidiously, housing policies over the past century have allowed certain groups of individuals to purchase and build equity and others to not. This divide has primarily been along racial lines and the effect has been devastating leading to greater inequality and higher levels of segregation across the country. More recently, reports indicate that housing segregation is becoming more fixed along class lines as well.

*even really know very well. So I don't feel like they're folks I can necessarily rely on when push comes to shove."*<sup>21</sup>

Without an extended family, LGBTQ+ people must rely more on the state, organizations set up to assist aging, and chosen kin. For LGBTQ+ people these are often less than ideal, because very few organizations that serve the elderly, particularly in Rhode Island, are prepared to address the needs of the LGBTQ+ community. This has meant that LGBTQ+ people often rely on a more horizontal model of support through chosen families and communities. One older member shares some of the fears of growing older with the state as the only safety net.

***"I'm thinking from the perspective of myself as an elder, from an old woman and a lesbian. So, for me housing***

21 Focus Group July 29, 2021 (15:12; 189)

22 Singleton, M. C., & Enguidanos, S. M. (2022). Exploration of Demographic Differences in Past and Anticipated Future Care Experiences of Older Sexual Minority Adults. *Journal of Applied Gerontology*, 41(9), 70–87. This article details the different needs within the aging LGBTQ+ community. See a recent article on the ways in which "chosen family" represents the main support network for LGBTQ+ elders. KNAUER, N. J. (2016). *LGBT OLDER ADULTS, CHOSEN FAMILY, AND CAREGIVING*. *Journal of Law and Religion*, 31(2), 150–168. <http://www.jstor.org/stable/26336669>. Another recent study looked at the social strength that already exists in the older LGBTQ+ community (Wardecker BM, Matsick JL. Families of Choice and Community Connectedness: A Brief Guide to the Social Strengths of LGBTQ Older Adults. *J Gerontol Nurs*. 2020 Feb 1;46(2):5-8.)

23 Focus Group July 29, 2021 (15:3; 89)

***in this context means, how do I age safely at home? How do I tap into a community? Most of the nursing centers, assisted living facilities, all that kind of stuff are economically out of my reach. ...I don't have kids. So it's not like that, and I have no blood relatives living anywhere close to me. So it's me and my wife, and then the community of support I come up with, and that's scary.***<sup>23</sup>

Rhode Island has a number of groups who advocate for our elder LGBTQ+, including Pride in Aging RI (formerly known as SAGE RI) and they have been working across the country to increase housing options for elder LGBTQ+ people. Some

people we spoke to feared having to bury their identities should they need to utilize the existing housing options.

***“...I mean, aging in housing is so isolating, so depressing, and so lonely. Then when you add in the issues of being LGBTQ+, the fear of having to go back in the closet, in living in communal settings that are not LGBTQ+ friendly, is overwhelming and terrifying.”<sup>24</sup>***

**Data from the HRC report on aging shows that 40% of LGBT elders' social networks have dwindled as they have aged and about 34% of older LGBT people live alone compared to 21% of non-LGBT people.<sup>25</sup>**

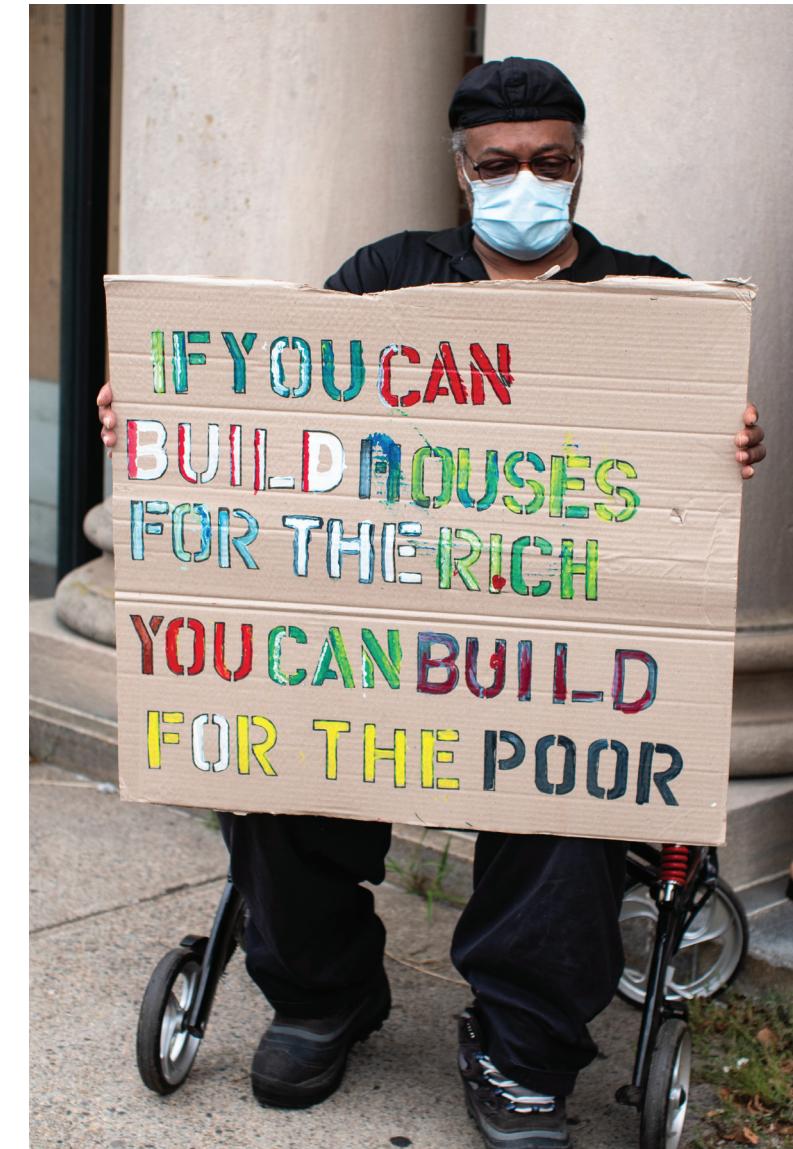
The importance of a location where people can age in safety, know that their partners can visit, know that they can be open about who they are

is seen as a fundamental issue. Many members of the community have actively worked to build something for aging LGBTQ+ people.

*“...I've been working for the last 20 years on trying to set up housing for LGBTQ elders. I've been working with the same person and have been graced enough to be on a board now of a place called Aldersbridge.”<sup>26</sup>*

In July of 2022, a plan was announced to build affordable, independent living-style housing for LGBTQI+ elders and their allies through a partnership with Aldersbridge Communities, Barbara Sokoloff Associates, and ONE Neighborhood Builders in East Providence. This building will have 39 units available.

For a community that has depended greatly on kinfolk as family, there is a distinctive need for spaces that support the variety of ways that a family can look. How traditional family support systems serve to care for their elders must be reconfigured for the LGBTQ+ community, where the idea of family is often fraught but where chosen families are central to the wellbeing of many.



Tenant & Homeowner Association (THA) member leader at a protest against turning the former Citizens Bank building at Westminster and Cranston Streets into market-rate condos in September 2020

24 Focus Group Nov 14, 2021 (5:4; 43) in FG\_LGBTQ+ Action RI

25 Human Rights Campaign. “Long-Term Equality For LGBTQ Elders.” Equality Magazine. 2020. [https://issuu.com/humanrights-campaign/docs/equality\\_winter2020\\_final/21](https://issuu.com/humanrights-campaign/docs/equality_winter2020_final/21).

26 As of summer of 2022 Alderbridge Communities will soon offer an affordable apartment community for LGBTQ+ elders (<https://www.aldersbridge.org/aldersbridge-communities-to-bring-affordable-housing-to-lgbtq-elder-population/>) ; Focus Group Nov 14, 2021 (5:3; 37). The Rhode Island Foundation provided a \$25k grant to Aldersbridge Communities for the LGBTQ+ Affordable Housing project. The grant supported a feasibility study for the development of 50 units of affordable housing.

# Health & Wellness

When we consider health and wellness there are three broad categories we need to address: access/competency, support, and particular health needs and outcomes for and within the LGBTQ+ community.

An LGBTQ+-friendly policy climate (legal protection against sexual orientation discrimination in employment, housing, and public accommodations) is associated with better self-rated overall health, routine healthcare utilization, and health insurance coverage among LGBTQ+ adults nationally.<sup>27</sup>

LGBTQ+ people face a health care system that is overwhelmingly unaware of the particular needs that it has for both physical and mental wellbeing. This is compounded by the challenges of providing health within a national landscape which functions well only if you have resources, but for the majority of others, is poorly functioning. This backdrop requires a two pronged approach whereby LGBTQ+ folks must navigate a complex bureaucratic healthcare system that is built around profit-making insurance companies and austere government plans, while at the same time advocating for their particular health needs from providers who may not be aware of the best ways to treat them.

Healthcare, like housing, must be considered in combination with some of the other issues that the LGBTQ+ community faces. A conversation with stakeholders highlighted the fear of the trifecta of lack of housing options, poor medical care, and a thin familial safety net that many in our community face.<sup>28</sup>

***“Navigating still the medical community is a difficulty for many gay people of my generation and you know what do we do with long term care, many... LGBTQ elders have been separated from their families or have no children and so as we get older what do we do about long***

***term care. What do we do about our right to sexual expressions if you’re in nursing homes or other kinds of communities for the service of the older community.”<sup>29</sup>***

As you read through this section, consider the many ways in which health care intersects with other social positions and social problems. For the LGBTQ+ community there is a unique history of the community’s relationship to the medical field which is fraught. It makes the question of healthcare more than just delivering a service, but also about how the medical field has played a significant historical role in limiting the humanity of the community.

---

<sup>27</sup> “State-level climate, anti-discrimination law, and sexual minority health status: An ecological study” by A. Solazzo et al., 2018.

<sup>28</sup> This is not only reserved for older folks but are issues that exist for younger LGBTQ+ people, see. Jackson Levin N, Kattari SK, Piellusch EK, Watson E. “We Just Take Care of Each Other”: Navigating ‘Chosen Family’ in the Context of Health, Illness, and the Mutual Provision of Care amongst Queer and Transgender Young Adults. *Int J Environ Res Public Health.* 2020 Oct 8;17(19):7346.

<sup>29</sup> Oral history interview with Freemen T. Freemen March 20, 2020.

## Supportive & inclusive learning environments: School cultures & curriculums

Health and wellness starts when we are young and encompasses being able to understand one's body. Our society is particularly prurient about sex and sexuality which makes locating good information particularly fraught. The web remains a place akin to the wild west for people who are starting to explore their sexuality, and schools remain places where conversations of sex and sexuality are few and far between.

It is important that we distinguish between school culture and school curriculum. Often they are utilized interchangeably, particularly in backlash conversations that focus on the fear around sex in sexuality.<sup>30</sup> However, most of the young people we spoke to did not talk about sex education as a curricular content area, what they wished for longingly was a culture of acceptance that would mean being able to grow up and learn in a school where they did not have to endure bullying, where there are policies on the books that are enforced

to protect LGBTQ+ students as they navigate primary through secondary school, and where they have mentors and counselors who can support them. Said one student currently enrolled in Rhode Island College, about her earlier middle and high school experience:

***I tried to put myself in a box. I ended up suffering from internalized homophobia, which I'm learning more and more trying to get out of that box and accepting myself. So, my main concern is just having some sort of education, a counselor to help you through, like being in the closet and not really knowing where to look, and just having a***

***safe space ...in the community where I feel like I belong.”<sup>31</sup>***

A couple of the youth we spoke to were also connected to the Cops Not Counselors movement in the state that advocates moving funding from student resource officers (in school law enforcement) to much needed counselors. LGBTQ+ students very much felt the lack of funding that could go towards creating a culture that cared about community more than a narrow definition of safety-by-protection. It was a theme we heard repeatedly, even in our older respondents:

***if you put money into building a strong and healthy community you need to put fewer resources into traditional public safety and security.***

An example of a particularly effective model of this is the Central Falls School Department. Central Falls pairs young LGBTQ+ people with counselors, social workers, and referral networks to attorneys and mental health professionals.

Rhode Island school curriculums still emphasize abstinence (as the primary way to avoid sexually transmitted infections (STIs) and pregnancy)<sup>32</sup> and though they are required to be inclusive they are not required to be comprehensive.) Sex education in the state is supposed to include information on sexual orientation and gender identity, but in practice youth found the inclusion of LGBTQ+ content to be mostly absent; the primary focus on heteronormative sex. This discriminates against LGBTQ+ who are left without any meaningful conversation on their experience of sex and sexuality.

30 Haupt, Angela. 2022 “The rise in book bans, explained” Washington Post, June 9 Retrieved Oct 27, 2022 <https://www.washingtonpost.com/books/2022/06/09/rise-book-bans-explained/>

31 Focus Group Nov 22, 2021 (16:6; 88)

32 Abstinence-only education (a version of sex education that focuses on not having sex to prevent pregnancy and STIs) has been shown to be ineffectual at best and at worse actually leads to higher rates of the things it imagines it counters such as teen pregnancy and STIs. <https://www.publichealth.columbia.edu/news/abstinence-only-education-failure>; Society for Adolescent Health and Medicine “Abstinence-Only Until Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine” Journal of Adolescent Health, 2017.

The current push to ban books across the country that cover LGBTQ+ themes (as well as race) has a chilling effect on providing accurate and supportive representation. This campaign sends a message that if these books can be banned in schools, then it is possible to ban students from even talking about being LGBTQ+. As a state Rhode Island has avoided these harmful challenges, but recent local examples of book banning attempts that focus on LGBTQ+ books highlight the state is not immune.<sup>33</sup>

Many times it isn't until a student arrives to college and happens to take a class that addresses gender and sexuality (and those classes do not reach most students) that they may even hear about some of the biological and social reality of gender, sex, and sexuality. One participant in a focus group shared that it was through their college courses that they began to understand

ideas of gender fluidity, LGBTQ issues and a spectrum. Middle and high school classes had previously provided health education only.

The stifling of conversations around sex, sexuality, and gender actually do the opposite of what advocates of abstinence-based programs believe. Education that focuses on people's actual practices around forming healthy relationships, rather than solely on risk reduction of pregnancies and STIs is a much more powerful way to reduce the latter.<sup>34</sup> The current paradigm of teaching sex education is woefully inadequate for LGBTQ+ youth. Another of our focus group participants spoke about how powerful it would be to begin the process of inclusivity for LGBTQ+ people not only when we're talking about sex and sexuality, but before when teaching about acceptance, difference, healthy relationships, and joy.

33 <https://www.abc6.com/mother-calls-for-action-over-controversial-lgbtq-book/>

34 A study from Great Britain showed that most younger people wanted education that focused on life-skills and that was sex-positive, whereas few places offered that. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5730004/>] Other research has demonstrated that abstinence-only education is inadequate from a public health perspective as well. [<https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305320>]

35 Kosciw JG et al., The 2013 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools, New York: Gay, Lesbian & Straight Education Network (GLSEN), 2014; R.P Jones and Daniel Cox, "How Race and Religion Shape Millennials Attitudes on Sexuality and Reproductive Health: Findings from the 2015 Millennials, Sexuality, and Reproductive Health Survey" Public Religion Institute, <https://www.prri.org/wp-content/uploads/2015/03/PRRI-Millennials-Web-FINAL.pdf>.

**A 2013 national study found that fewer than 5% of lesbian, gay, bisexual and transgender (LGBT) students aged 13–21 reported that their health classes had included positive representations of LGBT-related topics. Another study from 2015 conducted among millennials showed that only 12% were taught about same-sex relationships in sex education class.<sup>35</sup>**

***"The other thing that I feel like education could do is to demystify queerness, because a lot of the abuse I've suffered in schools, from my peers and even from my teachers, doesn't come from not knowing the queerness***

36 Focus Group Nov 22, 2021 (16:9;100)

***exists, it comes from a very simplified definition of what it is that is often manipulated by those who would seek to exploit anti-queer sentiment as a way to gain power... Education that is queer, inclusive, and teaches kids especially at younger ages that like, hey, sometimes people are queer, gay and trans and that's beautiful. ...Where I feel it needs to be done the most is those younger years, so people really have an opportunity to have that be ingrained in their system before they start."*<sup>36</sup>**

The absence of an expansive curriculum in our primary and secondary schools that understands difference and diversity as beauty, is a reflection of all our public services in the state. By focusing on youth and schools we build a resilient and

confident next generation of LGBTQ+ adults. Understanding our bodies means being able to seek out the care needed. Below are some key data points that highlight these issues for LGBTQ+ youth and adults.

- Prior to and including the US Supreme Court decision to protect same-sex marriage rights, states that legalized same-sex marriage saw significant decreases in suicide attempts among adolescents.<sup>37</sup>

- Sexual minority persons overall are significantly less likely to have health insurance than heterosexual persons in the US. Bisexual persons are 1.8 times as likely as heterosexual persons to be enrolled in a public insurance plan (Medicare, Medicaid, etc.).<sup>38</sup> LGBTQ women tend to have lower rates of health insurance coverage. Among sexual minority individuals

in the US, attributes that are associated with reduced access to needed services (age, citizenship, education, and income) are also associated with having no health insurance. Specifically, sexual minority women are 1.7 times as likely to be uninsured than men.<sup>39</sup>

- 40% of LGBT elders in their 60s and 70s have reported that their healthcare providers are unaware of their sexual orientations. Two out of three transgender adults feel that as they age, they will experience increased lack of access to healthcare services.<sup>40</sup>

---

37 “Difference-in-differences analysis of the association between state same-sex marriage policies and adolescent suicide attempts” by J. Raifman, 2017.

38 “Growing Up Today Study and Nurses’ Health Study” by Tabaac et al., 2020

39 “Who are the remaining uninsured sexual minority adults under the Affordable Care Act?” by G. Gonzales et al., 2019.

40 “Out & Visible: Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75” Robert Espinoza, 2014.



Selene Means, photographer for the report, and friends hanging out in community and sharing the joy of capturing friends the way they see themselves.

## HIV/AIDS

The arc of HIV and AIDS care from pandemic and acute care in the 80s-90s, to long term care with broad medical and social services, to now care for the larger aging population with long-term HIV and AIDS, is one that will need a broad array of both social and medical services. Many of our LGBTQ+ organizations developed within and were shaped by the AIDS pandemic. The AIDS pandemic changed the nature of what community organizations provided and it also shaped the way the community was seen by the dominant heterosexual community. Many of the organizations that once focused entirely on HIV and AIDS work have expanded as the needs of the community have.

About 2,500 Rhode Islanders were diagnosed with and living with HIV through the end of 2017.

An estimated 7-8% of individuals who are HIV-infected do not

know their status which suggests the numbers above may be an underestimate of all Rhode Islanders living with HIV. In the past decade, 53.7% of newly diagnosed cases were among gay, bisexual, or other men who have sex with men (GBMSM). From 2014-2018, that percentage has increased to 57.6%.<sup>41</sup> Like other areas in the United States, young gay/bisexual Black/African American and Hispanic/Latino men in Rhode Island have been increasingly affected by HIV.<sup>42</sup> Unlike Massachusetts, there is no

budget line for HIV/AIDS services in Rhode Island, which makes funding more challenging and heavily dependent on grants and fundraising.

HIV/AIDS may not be at its pandemic level, particularly in the United States, but it still affects the LGBTQ+ community, such as the complex needs of an aging population with long-term HIV, and a younger more diverse community that is still exposed. Locally, AIDS Care Ocean State continues to serve the community with HIV and AIDS, and organizations like Project Weber/RENEW have a broad grassroots outreach to people with HIV and AIDS who often do not receive care.

Gains in HIV treatment have resulted in people who are HIV-positive are living longer lives. HIV+ people are a growing segment of Rhode Island's population.<sup>43</sup> There are currently around 1,300 HIV+ people living in Rhode Island over the age of 50. (stats estimated based on the Centers for Disease Control: HIV/AIDS Surveillance

Report, 2007 and the Rhode Island STI 2018 Surveillance Report.) That number is suspected to rise by 70% by 2030, which means there will be between 1,800-2,000 elders living with HIV in Rhode Island. The vast number of those folks will be members of the LGBTQ+ community. This means that out of the total number of LGBTQ+ elders in Rhode Island, a good portion will need complex care related to their HIV+ status and comorbidities, behavioral health needs, access to transportation, and coordination of care.

Because focus groups are not an ideal space to talk about sensitive health care issues, we found our one-to-one interviews yielded more in-depth conversations on HIV and AIDS. One of our conversation partners shared extensively about their experience with HIV as well as working within organizations that serve people with HIV and AIDS.

***If you don't have the strength and ability to advocate for yourself, it's clear that no one else is going to do that for you.***

---

41 Rhode Island HIV, Sexually Transmitted Diseases, Viral Hepatitis, and Tuberculosis Report, 2018

42 Rhode Island HIV, Sexually Transmitted Diseases, Viral Hepatitis, and Tuberculosis Report, 2018

43 Rhode Island HIV, Sexually Transmitted Diseases, Viral Hepatitis, and Tuberculosis Report, 2018

*But that is exhausting... having to always be an advocate for yourself and other people when the systems are supposed to be designed to be your advocates. And there you go in, and they're not. And so, I think it's always been hit or miss.”<sup>44</sup>*

For this community member part of the issue was organizational.

*“So one of the issues that I see a lot of organizations that are, quote, unquote, ‘queer-serving’ organizations is they’re not run by queer people. They’re run by professional cisgender folks that have the institutional knowledge*

*of how to serve people living with certain diseases or certain psychosis or things like that, or in certain lifestyles, but they’re not necessarily part of that community. So there is always going to be that disconnect in terms of the care needed versus care provided. And well, that disconnect won’t end until we have more people from those communities actually leading those initiatives and leading those organizations to be able to provide those resources to their community, in terms of demystifying care.”<sup>45</sup>*

And because of the stigma that still exists around HIV and AIDS, people who sought care had to face the possible knee jerk responses from healthcare providers.

*“So things that are missing. When your doctor and your nurse are outside of your door talking about your HIV status as if it’s like leprosy or something and even— that’s like such an outdated term, but like other communicable diseases that may or may not be worse off. But this is if I’ve already become stigmatized in that space. So, how do you teach someone not to have a reaction to something that they maybe were reactive to? How do you teach someone to not make a whole bunch of facial expressions when they look at your chart and see that you have HIV? Or then how do I not internalize that knowing that I’m going into that space, and a new space, and I have to disclose my HIV status because that’s what you do in medical spaces.”<sup>46</sup>*

In a focus group that spent some time speaking on health care in general, a community member talked about how many doctors neglect to ask him important questions. Those questions included:

*“So basically who do I have sex with? Do you have multiple partners, even though you may be in a committed relationship, do you have more than one partner? You know, those types of things.”<sup>47</sup>*

Stigma, providers who lack training in addressing the particular needs of the community, an avoidance of talking about sex in general along with the assumption of heteronormative and monogamous practices can mean that people are not getting the care and information they need.

Finally, there are cultural concerns that should be addressed when caring for people with HIV and AIDS. Some communities (ethnic and religious) have particularly strong responses towards people with HIV and AIDS. And other communities might have a strong negative response towards the medical establishment itself. In the following conversation, this individual talks about the challenge of joining a vaccine trial for HIV because of the fear of medical tests within the Black community.

*“It was a four year commitment and going in weekly or every two weeks for blood work and all kinds of interviewing of behaviors um so that was*

---

44 Interview Nov 19, 2021 (8:17; 67)

45 Interview Nov 19, 2021 (8:14; 67)

46 Interview Nov 19, 2021 (8:18; 73)

47 Oral history interview with Freemen T. Freemen March 20, 2020.

*that was hard and so. I couldn't tell many of my friends because I had no idea what their reaction would be so it took awhile for me to settle in with feeling confident and okay about it. When I talked to my Black friends they were horrified that I was doing this given the history of how the medical community had treated Black people in the past, you know rather it was a Tuskegee Institute or other kinds of of trials that Black people were subjected to through the medical profession without their consent and how many of them had died from so they could not believe that I would be trusting of the medical establishment and do this. But these were difficult times, so they required difficult decisions to make and so. So I continued with that. And then did other work in between those four years to try to recruit from the Black community volunteers for the AIDS vaccine trials and so as I would go into Black churches, I would certainly be thrown out and called all kinds of names and abusive behaviors because it was just strong, such strong condemnation of my participation in these kinds of activities.”<sup>48</sup>*

A recent study showed that the effect of the abuses at Tuskegee towards Black men from the 30s through the 70s have had a wide reaching and devastating effect on the Black community to this day that reach far beyond its local ramifications.<sup>49</sup>

The study reinforces the importance of building trust, particularly within Black,<sup>50</sup> Indigenous,<sup>51</sup> and communities of color,<sup>52</sup> that have seen abuses by the state and medical community.

There remains a significant gap in outreach to Latinx communities in Rhode Island. The expansion of Latinx/Hispanics in the state alongside continuing stigma within the Latinx community indicates a growing need to make sure information and care can reach Latinx folks.

**Hispanic/Latinx persons constitute 16.3% of the Rhode Island population (US Census Bureau QuickFacts: Rhode Island), but only 7.81% of the 2018 BRFSS Rhode Island sample and 9.73% (n=29) of LGB adults in the Rhode Island sample.**

**This means there is a need for culturally-competent studies to reflect more accurate data.**

**In 2018, LGB adults reporting Hispanic/Latinx race/ethnicity were significantly less likely to have health insurance coverage compared to non-Hispanic/Latinx LGB adults (79.3% versus 94.4%, respectively). Hispanic/Latinx LGB adults were more likely to report a past diagnosis of at least one chronic disease compared to non-Hispanic/Latinx LGB adults (58.6% versus 39.8%).**

One key informant interviewee suggested creating discrete ways for STI, gender and sexuality screening at “Know Your Rights” and other informational meetings at the consulates—this is a place where Latinx people gather besides faith-based institutions that could become a way to connect them with health services. This could be done with the Mexican consulate, specifically.

48 Interview conducted by V. Thomas

49 <https://www.theatlantic.com/politics/archive/2016/06/tuskegee-study-medical-distrust-research/487439/>

50 <https://www.hopkinsmedicine.org/henrietta-lacks/>

51 <https://www.samanthamwilliams.com/blog/medical-experimentation-on-indigenous-boarding-school-students>

52 <https://www.theguardian.com/us-news/2020/dec/22/ice-gynecologist-hysterectomies-georgia>



## Trans focused health care

Finding health care with knowledgeable and accepting practitioners was a huge issue for many of the people we spoke to. In conversations with providers that focus on LGBTQ+ people, gender care was one of the largest reasons for seeking care. Many of these same people felt judged and or often given incorrect and misleading information when seeking care from non-LGBTQ+ focused providers. If there was a health care provider who was both knowledgeable and accepting, it might take months for an appointment. Healthcare providers, such as Thundermist, Lifespan, and Open Doors, who see a large number of

trans clients, are often at capacity. But there is an enormous need for informed and sensitive providers across the entire state.

***There are two key issues within care for transgender individuals: first is general healthcare competency and second is more specifically gender-affirming healthcare.***

August Seabrooke photographed by Selene Means in 2017. Here is a quote from August about that photo shoot, "During that time, I was free to explore my identity outside of being the eldest brother of an immigrant family. My roots and sense of responsibility for my family stretches back generations. When I was away for college, I was allowed to forget that for a bit and to enjoy those who understood me and those who accepted me during my most vulnerable times. These pictures are from a time of my "second" puberty in which I got to experience myself in ways that felt most aligned with who I am and who I was at the time. It was a time of change, growth, hardships, and mental fortitude. It was a time of learning about empathy for me. It was a time where I got to debut my journey towards self actualization."

## Healthcare competency

Most transgender and gender non-conforming persons lack access to competent, welcoming health care providers. Often when seeking routine medical care, their gender becomes the only aspect that providers see (particularly for mental health care). Trans individuals refer to this as the “broken arm syndrome”<sup>53</sup> where any health issue gets filtered first through their gender first, even if just a cold or a flu. A similar critique has been brought up within the fat community and the disabled community. In all three, there is an assumption that a particular visible body must always be the prime medical reason behind all care. It is a limiting and discriminatory lens.

**The 2015 Transgender Survey** results from Rhode Island yielded the following insights:

- 24% of those who saw a health care provider in the

past year reported having at least one negative experience related to being transgender. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

- In the past year, 33% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender

person, and 33% did not see a doctor when needed because they could not afford it.<sup>54</sup>

Said one practitioner,

*“We want to normalize and integrate trans care into everyday care. So that it is not trans care, [instead] it is the basic minimum of how we treat people...that trans people are normal, that we’re just people, that caring for bodies is what medical care is about. Not caring for cis bodies and then caring for trans bodies as a specialty, but caring for human beings.”<sup>55</sup>*

*Someone who had sought care told us that their experience*

*seeking care from practitioners who said they were LGBTQ+ friendly, did not always mean they were up to date on what that care should look like.*

*“I think that a lot of the providers that we do have in Rhode Island, they’re overbooked, understaffed... There’s a lot of providers out there who are either ignorant of trans health or they don’t acknowledge [it] or they provide a very minimum level of care. I like to say...that it’s like the difference between going to a modern doctor and a doctor from the civil war in level of care and expertise. It’s heavily dated.”<sup>56</sup>*

53 <https://www.gendergp.com/gender-affirming-hormones-and-the-danger-of-trans-broken-arm-syndrome>

54 2015 U.S. Transgender Survey.

## Gender-affirming healthcare

Gender-affirming healthcare—care that can includes hormone therapy and surgical interventions—is challenging to attain in our complicated healthcare environment. Some of the hurdles that are faced are: finding a primary care physician who is knowledgeable about gender-affirming care, having your insurance in order, get a consultation for surgery if desired/needed—which can take upwards of a year, and finally facing the possibility of having coverage denied.

The 2015 Transgender Survey stated that 26% of Rhode Island respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.

As one of our practitioners related:

***“So the hard part is that the health system in and of itself is a disaster. It’s a mess. We have doctors that are seeing patients for only 15 minutes. We have folks at clinics that are way overworked, serving way more people that they should be serving. And that’s because of the billing system that we have. Therefore training and competency—well sometimes it’s competency but I prefer***

***the framework of cultural humility—is relegated to a secondary importance.”<sup>57</sup>***

***The care that trans persons want is a more holistic form of care that recognizes both the physical and emotional needs that might be required to make them feel whole. That this care is often a part of a significant journey someone has undertaken is an important element to consider in providing care.***

Some healthcare systems recognize this need and have created positions for “navigators” to work with clients and make sure they have the information they need to get the health care they desire.

*“As peer navigators, we help people navigate the red tape around legal and medical gender-affirmation in the community and within our [practice]. So we help people with everything from helping them gather together their documents, to get their name changes taken care of, to helping them prepare appeals when they’ve been denied for gender-affirming care with their insurance companies, to doing trainings at different schools and organizations to help them become more gender-affirming within their organizations as well. So just really helping families—being able to enable them with the tools to be able to carry forward to do their own advocacy over time.”<sup>58</sup>*

<sup>57</sup> Interview Nov 17, 2021 (2:6 J33)

<sup>58</sup> Interview Nov 10, 2021 (10:2;13)

## Mental health support

Our conversations around health often returned to the great need for LGBTQ+ informed and identified mental health professionals. For youth, this might be a counselor or mentor who helps them build a healthy relationship to who they are amidst hostility that may surround them in schools and in homes. As people get older, finding a mental health professional may be a key way to heal from trauma. Some people felt their mental health concerns were pushed aside and so getting the correct care and getting that care covered under insurance was a significant challenge.<sup>59</sup>

***“Well, I think with my mental illnesses, like depression and anxiety and PTSD, they might not take me as seriously being a transgender person. I don’t know why, but I just feel like I get put***

***on the back burner a lot of the time with healthcare. Now that I have specialists, I’m all set, but trying to get those referrals was really hard.”<sup>60</sup>***

The challenges of finding mental health care are beyond competency or “cultural humility”, the two biggest hurdles are the expense of mental health care and finding LGBTQ+ therapists who accept insurance. One person also pointed out that the very structure of schooling for practitioners and its expense often weeded out exactly the people that are needed in the field.

*“I can’t—you know, I can’t help but wonder how many other trans people could possibly be going into social work or psychology or other related professions if it weren’t for the fact that you commit to 600 hours of unpaid labor as an intern.*

59 LGBTQ+ populations in the US have higher rates of many indicators of poor mental health compared to heterosexual populations. Among US men, gay and bisexual men have significantly higher rates of “severe psychological distress” (6.8% and 9.8%, respectively) compared to heterosexual men (2.8%). “Comparison of health and health risk factors between lesbian, gay, and bisexual adults and heterosexual adults in the United States: Results from the National Health Interview Survey” by G. Gonzales et al., 2016.

60 Focus Group Aug 17, 2021 (17:7; 100)

*And unless you are an extraordinarily privileged trans person who has family support, and you’re doing this at 19, or 20, 22 years old, when you still live at home with mom and dad...how do people do that when they also have to work full time jobs? Those create barriers to us getting the diversity of professionals that we need out into the community.”<sup>61</sup>*

There have been some important changes. Practitioners we spoke to reflected on those changes that have been made in the last couple of decades. One trans woman therapist spoke about how the profession had dealt with trans individuals by just not dealing with them. Or in her case, passing them along to her.

*“I would have therapists at other mental health facilities send me their clients just to talk about [their] trans issues. And that just borders on malpractice, it’s not something that can be isolated from the rest of an individual’s life but that’s kind of how we did it back then.”<sup>62</sup>*

The separation between medical and mental health care led to a siloing of care. One person

who had worked for some time at Butler in the 90s noted that:

*“We wouldn’t even take an AIDS patient at Butler because for us it was a medical issue. And even though it obviously had a lot of mental health impact and emotional impact, we saw that clearly outside of our scope, While a lot of people in the community were suffering... We just didn’t do anything to really help that community. And even among the psychiatrists and social workers, LGBT issues weren’t addressed. I mean, they weren’t even discussed among professionals. It’s not even a topic that the psychiatrist at the hospital were even willing to have. I mean, there was no starting point.”<sup>63</sup>*

**The most-recently available data for Rhode Island from the 2015 Transgender Survey show that 49% of respondents experienced serious psychological distress in the month before completing**

61 Interview Nov 10, 2021 (10:18; 107)

62 Gwendolyn Howard Interviewed by V. Thomas

63 Focus Group Aug 17, 2021 (17:14; 117–118)

the survey (based on the Kessler 6 Psychological Distress Scale). 10% of respondents reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender. Further differences exist among trans subpopulations, as trans men have higher rates of frequent mental distress than trans women and gender nonconforming persons.<sup>64</sup> Trans women and men have higher rates of prior problem alcohol use (31% and 30% among trans women and men, respectively) and prior problem use of other drugs (21% and 25%, respectively).<sup>65</sup> Nonbinary persons have higher rates of binge alcohol use (58% in the past year).<sup>66</sup> In a study conducted in 2020, LGBTQ women and men had high rates of

binge alcohol use (48% and 58%, respectively).<sup>67</sup>

Thankfully there have been significant changes within the medical care climate that LGBTQ+ have the possibility of finding practitioners. But this doesn't change the fact that the way mental health is covered by many insurance companies leaves most people unable to find someone they can afford. Many of the best practitioners are unwilling to accept insurance coverage because of the poor rate of reimbursement. This reflects how as a society we do not value mental health care, and see it primarily as an individual issue not a collective one.

With thinning supports LGBTQ+ must develop the queer kinship safety nets that can provide support.

*“Community...is absolutely central to any person healing or recovering....the majority of people I came across had experienced some significant trauma... because of their LGBTQ identity. And while clinical supports are important...if you don’t have someone in your community that you can look to, you have no idea where to go.... because LGBTQ*

*people in general do not have a lot of people that they can look to in their broader community. So when we think about Rhode Island, if you’re a transgender youth in Rhode Island, where are you looking? You might have Youth Pride, then what? Then what happens to you? And if you’re 25, and you now aged out of all the youth programs, then what’s for you? Nothing. Nothing is for you, not even housing.”<sup>68</sup>*

This segues into our final large discussion on building and reimaging community for LGBTQ+ people.

Broad health care data points to consider:

- Nationally, 13% of LGBT elders have been denied healthcare or received inferior care due to their sexual orientation.<sup>69</sup>
- Sexual minority persons overall are significantly less likely to have health insurance than heterosexual persons in the US. Bisexual persons are 1.8 times as likely as heterosexual persons to be enrolled in a public insurance plan (Medicare, Medicaid, etc.).<sup>70</sup>

<sup>64</sup> “Gender and frequent mental distress: Comparing transgender and non-transgender individuals’ self-rated mental health” by H. P. Crissman, et al., 2019. Used BRFSS data.

<sup>65</sup> “Characterization of substance use among underrepresented sexual and gender minority participants in The Population Research in Identity and Disparities for Equality (PRIDE) Study” by B.T. Barger, et al., 2020.

<sup>66</sup> Ibid.

<sup>67</sup> “Characterization of substance use among underrepresented sexual and gender minority participants in The Population Research in Identity and Disparities for Equality (PRIDE) Study” by B.T. Barger, et al., 2020.

<sup>68</sup> “Interview Nov 18, 2021 (4:6; 31)

<sup>69</sup> “The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults” Karen I. Fredriksen-Goldsen et al., 2011.

- Greater social support is associated with lower rates of substance use; however, sexual minority adults in the US report lower rates of social support and higher rates of substance use than heterosexual adults. This suggests that a lack of peer and community support systems may be a factor in disparities in substance use disorders between sexual minority and heterosexual adults.<sup>71</sup>

- An LGBTQ+ friendly policy climate (legal protection against sexual orientation discrimination in employment, housing, and public accommodations) is associated with better self-rated overall health, routine healthcare utilization, and health insurance coverage among LGB adults nationally.<sup>72</sup>
- LGBTQ+ people experience intimate partner violence at rates equal or higher than their heterosexual counterparts. In

2015, about 27% of LGBTQ+ survivors attempted to access emergency shelter. Of those survivors who attempted to access emergency shelter, 44% were denied. The most commonly reported reason that survivors were denied shelter was barriers related to gender identity (71%), highlighting the negative consequences of sex segregated emergency shelter options for LGBTQ survivors.<sup>73</sup>



Sidney Lane, Ocean State Advocacy and Olivia Jenkins, Recovery Housing Activist and LGBTQ Advocate leading a Narcan Training at Small Format, an LGBTQ-centered cafe and art gallery.

70 “Growing Up Today Study and Nurses’ Health Study” by Tabaac et al., 2020.

71 “Functional and structural social support, substance use and sexual orientation from a nationally representative sample of U.S. adults” by E. M. Kahle et al., 2020.

72 “State-level climate, anti-discrimination law, and sexual minority health status: An ecological study” by A. Solazzo et al., 2018.

73 National Coalition of Anti-Violence Programs, “Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Intimate Partner Violence in 2015: A report from the National Coalition of Anti-Violence Programs” New York City Gay and Lesbian Anti-Violence Project, Inc. 2015, [https://avp.org/wp-content/uploads/2017/04/2015\\_ncavp\\_lgbtqipvreport.pdf](https://avp.org/wp-content/uploads/2017/04/2015_ncavp_lgbtqipvreport.pdf)

# Building community, kinship networks, & mentoring

This section of the report is oriented around the following questions: What are the possibilities for a capacious, dynamic LGBTQ+ community? And what models of support and funding can we create that are designed to support an expansive definition of our community and its intersecting needs?

## LGBTQ+ organizations: Fostering new leaders

The best organizations do not just represent a population as a source of clientele, but rather reflect that population throughout the organization. Many organizations that currently serve the LGBTQ+ community emerged in the 80s and 90s as the AIDS crisis created a need to develop care from within the community. These same organizations, however, have not necessarily changed their leadership in the last 20-30 years from when they had primarily been focused on representing an urban and suburban white gay population. But now serve a diverse population that includes Black, indigenous, and people of color (BIPOC) and trans communities. People we spoke with noted that organizations work best when they are led by the people who they serve. But sometimes organizations feel they must decide between delivering a resource and capacity building.

***“In terms of capacity building... they don’t have those resources in order to keep the lights on. Then you have to sacrifice something. And I think that***

***the services to the most marginalized—the folks that have intersecting identities are the ones that are being sacrificed. Those are the compromises. We are the compromised people.”<sup>74</sup>***

The demand on institutions to broaden the definition of their spaces and reframe their orientation has consistently come from trans and BIPOC community members. One can see this in the way Rhode Island Pride had been encouraged to expand and include the priorities of the larger BIPOC and trans community, or as one of our interviewees pointed out, expanding ideas about who can perform drag can challenge traditional gatekeepers and leaders. The growing pains that many groups face are important and can demonstrate the health of an organization. Some groups and organizations are better able to grow with grace than others.

## Youth age out with nowhere to go

Organizations that serve LGBTQ+ youth provide a fundamental service for the state often with very few resources. These are not just gay-straight alliances. These are organizations that often protect youth from abusive situations and create a welcoming and safe space for youth that have effectively been kicked out of their homes or who live precariously in hostile homes. These spaces might be the first time youth hear that they are accepted and welcomed as they are. An example of this, is the role of the food pantry at Youth Pride, Inc. (YPI), the main LGBTQ+ youth-serving organization in Providence.

*"When I was younger, and youth at high school, there was a lot of resources. And now that I'm getting older, they're going away, I'm phasing out of YPI.<sup>75</sup> I won't be able to access their pantry and I desperately need to use pantries. I spent two months working with SNAP to try until my SNAP application and get all the paperwork in and as like someone who has a spouse who's married, but it was like, it was so complicated being someone who has three jobs, is a full-time student, working to fill out this application and meeting these requirements."<sup>76</sup>*

A very common trajectory for youth in Rhode Island is that they move up through these organizations and become mentors, volunteers, and employees as they age out. This has its strengths. Many former youth spoke of the importance of these organizations as supportive second and first families—the broader kinfolk that LGBTQ+ people have had to create for generations.

***"Folks that come in as young people...are either coming and looking for resources because they're dealing with homelessness, or because they don't want to go home right after school. Or they'll just need a warm place to chill. You know, seeing the variety of folks that come in through the space and have access to the space and watching them claim some of***

***that ownership of the space or knowing that it's a safe space where folks can go, bringing their friends, watching those folks then become—get out of school, graduate, find jobs, move on and start to...have autonomy over themselves and be able to own that for themselves."<sup>77</sup>***

Yet, this system also highlights a gap in services for LGBTQ+ younger adults; once youth age out they no longer have the connections and often fundamental support systems to rely on.

***And this dramatically increases the precarity of younger adults in their late teens and early 20s. Many have no families to fall back on, so small troubles become much more difficult***

***to navigate and can lead to a cascade of troubles that include finding stable and safe housing.***

This was clear in our focus group conversation with older youth and students in college.

As mentioned in the Housing section of this report, there are disproportionately higher numbers of LGBTQ+ youth and youth of color experiencing being unhoused in the state than their heterosexual, white counterparts. And even these numbers are likely a gross underestimate of the number of LGBTQ+ youth experiencing housing instability.

There are fewer than 20 subsidized housing beds for youth and most are rapid rehousing. Most youth require permanent housing and very little of this exists. A lot of youth have mental health and learning disabilities and aren't getting the in-depth services they deserve alongside housing needs. When the state has been the primary care-giver, oftentimes young folks don't have the chance to develop techniques to thrive.

<sup>75</sup> Youth Pride, Inc

<sup>76</sup> Focus Group Nov 22, 2021 (16:3; 67)

<sup>77</sup> Interview Nov 9, 2021 (9:14; 103)

Ninety percent of young people who are homeless are couch surfing which disqualifies them for many services, so these youth cannot access the services they need regarding homelessness—

there is a mix of youth for whom paid sex work is part of their survival, some engage in sex work to keep shelter/food, others feel like they can't say no to those who are providing housing and food, and some people feel like they would rather stay with that person than go into the foster system.

A newer organization named Haus of Codec is working to address this vulnerable period. It is the state's first youth shelter and services youth ages 18-24. Led by BIPOC, trans and nonbinary folks, some of whom have experienced being unhoused, Haus of Codec centers LGBTQ+ politics of care and homemaking in addition to providing direct services such as a food pantry and case management. Part of what makes them both successful and limited, however, is their size.

They are able to address many of the needs of the youth they serve due to their small-scale approach, but are only able to serve 6 at a time and have to turn many youth seeking housing away.

*Location is another important concern regarding housing instability for LGBTQ+ youth. Rhode Island faces a density dynamic that many other states do when it comes to funding and access. Much of the funds and organizations are located in urban areas and the rural areas are left with little. Youth who grow up in rural areas face a different set of challenges that mean many do not have any support system to lean on or they are forced to make risky migrations to urban centers.*



Dr. Rev. Donnie Anderson at the State House for Trans Day of Visibility protest in 2022. Dr. Rev. Donnie Anderson is a prominent faith leader and advocate and member of the LGBTQ community. She was the first transgender Executive Minister of a State Council of Churches in the United States.

## BIPOC & Queer

The experience of being both/and for BIPOC individuals living in a predominantly white state that sees itself as progressive can be frustrating. And oftentimes, when people pushed traditionally white organizations to think about intersectionality,<sup>78</sup> and address some of the structures that might be limiting to the BIPOC community, there was backlash.

**“There was a vigil that I went to after that Florida shooting in Providence, were you at that vigil?<sup>79</sup> What I’m saying it’s just like, really intense and really exclusive and awkward and feeling that divide. And sometimes—and I’m sure you have so many thoughts on this—it’s like trying to make sure that we’re not expelling so much energy that we’re constantly**

**exhausted. But also like realizing that it’s important to engage in a discourse...How is it that we’re even having an argument right now about someone who wants to speak at this event [for a shooting] that affected [mostly Latinx LGBTQ+ people]?<sup>80</sup>**

Pride came up in a number of conversations as an example of the ways in which certain parts of the community remain exclusive.<sup>81</sup> As one of the most visible cultural events, it also served as a point of division for the community.

*“But then if you go to queer, POC, trans or queer people,... they feel like the queer community is very divided between the whites and the non whites. There’s so many times people don’t want to go to Pride because it feels like a celebration of something that they’re not really a part of. Also, the racism that people have faced in queer spaces,*

*especially from cis gay men... I’ve done tabling and been like, Hey, y’all want to get political? You want to talk about legislation? And they’re like, I don’t do political stuff.*

***No bye... I think that also coincides with the history of the LGBTQ movement in that it was very radical at first, but then in order to actually make progress on things, they had to assimilate, they had to be friendly with their messaging.<sup>82</sup>***

Here, there is a direct connection between how the ability to engage people politically is often curtailed by the inability for some queer spaces to represent the breadth of the community, and be welcoming to BIPOC members. Often, rather than spaces becoming inclusive, alternative spaces open up as is the case with the Dyke and Trans People of Color March (DTPOC). Some of these alternative spaces are long lasting and others emerge as a short term antidote.

---

78 <https://time.com/5786710/kimberle-crenshaw-intersectionality>

79 They are referencing the incident at the June 13, 2016 Providence vigil honoring Orlando shooting victims when a member from PrYSM was booed and had the microphone turned off for discussing race and police brutality.

80 Interview Nov 9, 2021 (11:3; 49)

81 RI Pride has recently regrouped and there is hope is that it will emerge a stronger and more inclusive community

82 Focus Group Nov 14, 2021 (5:11; 100)

## Community & Family

LGBTQ+ people have been building and forming beautifully diverse families for a long time. The need for community when traditional families or the state are unable to meet your needs is part of the reason for this, though these families are often founded on mutual interests and a desire to be a part of building a community. Unfortunately still, there are many LGBTQ+ youth who experience homelessness as a result of violence within their families of origin and the state's insufficient response.

A national study of youth ages under 18 to 24 showed that over half, (54%) of respondents named abuse in their family as a significant factor contributing to LGBTQ homelessness. Other factors included verbal abuse, parental substance use, aging out of child welfare systems, and limited to no affordable housing options. Transgender youth are more likely (75%) than their LGBQ counterparts (70%) to name being kicked out of their homes as the primary reason for homelessness.<sup>83</sup> The corollary impacts of this include:

- LGBTQ youth are more likely to experience sexual victimization within the last three months preceding becoming homeless--this is especially true for male queer youth.<sup>84</sup>
- Many youths experience abuse at homeless shelters, particularly within those that are geared toward serving adults.<sup>85</sup>
- Foster care systems contribute to youth homelessness; 12-36% of emancipated foster care youth experience homelessness within their first year of being discharged from foster care.<sup>86</sup>
- LGBTQ youth who are homeless, especially transgender youth, are significantly more likely to engage in survival sex to access basic needs such as food and shelter.<sup>87</sup>

---

83 "Serving Our Youth: Findings from a National Survey of Services Providers Working with Lesbian, Gay, Bisexual and Transgender Youth Who Are Homeless or At Risk of Becoming Homeless." L. E. Durso & G. J. Gates, 2012; "Homelessness and Housing Experiences among LGBTQ Young Adults in Seven U.S. Cities" Jama Shelton, 2018; "Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness" Soon Kyu Choi et al.; "Comparison of HIV Risks among Gay, Lesbian, Bisexual and Heterosexual Homeless Youth" Rashmi Gangamma, 2008.

84 "Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with Their Heterosexual Counterparts" Brian Cochran, 2002.

85 "LGBTQ Homelessness" National Coalition for the Homeless, 2017.

86 Ibid.

87 Ibid.

- While there is no data with exact percentages, it is clear that youth of color who are LGBTQ are more likely to experience homelessness than their white counterparts.<sup>88</sup>

These alarming statistics demonstrate the urgent need for rebuilding the networks of care that have systemically been privatized within the nuclear family.

*“Because I feel like when I was coming out, specifically in my chosen family community, I feel like it was, it was funny. It just was sort of all of a sudden, I realized I was just surrounded by queer people. So when I came*

*out, everyone was like, “Yeah, you know, we know, you know?” I feel really lucky to have been held by so many people. It just was sort of— that was just the way that I don’t know, my friendships were developing over the years.”<sup>89</sup>*

*Another person spoke about community building emanating from “fractured origins” and that some of the benefits that have been fought for have been unevenly distributed.*

*“We come from fractured origins, and we have to find each other...it’s become more apparent to me... that there’s a very uneven way that marriage equality affected the community. Folks who came from more privileged backgrounds, were able to sort of move*

---

88 “On the Streets: The Federal Response to Gay and Transgender Homeless Youth” Nico Quintana, 2010.

89 Interview Nov 9, 2021 (11:2; 49)

*into a more affluent, mainstream place and use the securities of that relationship status, and you know, the tax benefits that everyone talks about, but sort of like that is, we were able to sort of slide in, where that was more socially acceptable than for the folks that did not fit into the benefits of that structure. It’s become very apparent that it’s just what it means to be queer, or gay, or lesbian or trans...are very different things for very different people.”<sup>90</sup>*

This was precisely the reason that kinship networks and a focus on building community needed to be central to the work that people did. Providing these networks of support of mutual aid in challenging times needs to occur. The work is considering how these sources of mutual aid can be inclusive.<sup>91</sup>

---

90 Focus Group Aug 12, 2021 (7:5; 95)

91 There are a few examples of informal mutual aid popping up in RI to support queer folks.

## Social isolation

The pandemic exacerbated an already existing challenge of social isolation for the LGBTQ+ community. For some it was isolation of the elder community, which one person noted could be “dramatic”:

*“When I was involved with SAGE, the social isolation was really dramatic. In the LGBT elder community, you know, people are much less likely to have a spouse, less likely to have children or really any supportive family, even friendships.”<sup>92</sup>*

- Forty percent of LGBT elders’ social networks have dwindled as they have aged and about 34% of older LGBTQ people live alone compared to 21% of non-LGBTQ people.<sup>93</sup>
- For older transgender people, experiences of social isolation may be heightened due to a history of medical professionals requiring that they divorce their spouse and move to a new area to build a new identity<sup>94</sup>

Another person noted that oftentimes the trajectory of coming out has left LGBTQ+ of any age unable to explore their full selves and leaving them socially anxious.

*“Queer people have the hardest... we’ve got a lot through a lot of trauma...I have talked to people and even just from older people to young people, who have said that they’ve spent so much time in the closet, or that they’ve been so isolated, or in mental health issues, even myself... I feel like people say that, they have to learn how to socialize later in life, because they never got to, because they felt so isolated....And then you*

*know, it becomes a feedback loop of just becoming more isolated, and it’s even a harder time to get out there. That’s something that also needs to be sort of thought about when trying to build community is just how much people have gone through how much healing people that need to go through.”<sup>95</sup>*

- Trans women, trans men, and gender nonconforming persons all have higher rates of “frequent mental distress,”

<sup>92</sup> Focus Group July 29, 2021 (15:4; 101)

<sup>93</sup> Human Rights Campaign. “Long-Term Equality For LGBTQ Elders.” Equality Magazine. 2020. [https://issuu.com/humanrights-campaign/docs/equality\\_winter2020\\_final/21](https://issuu.com/humanrights-campaign/docs/equality_winter2020_final/21).

<sup>94</sup> “Trans Aging” Loree Cooke-Daniels, 2006.

<sup>95</sup> Focus Group Nov 14, 2021 (5:21; 167)

<sup>96</sup> “Gender and frequent mental distress: Comparing transgender and non-transgender individuals’ self-rated mental health” by H. P. Crissman, et al., 2019. Used BRFSS data.

<sup>97</sup> “Characterization of substance use among underrepresented sexual and gender minority participants in The Population Research in Identity and Disparities for Equality (PRIDE) Study” by B.T. Barger, et al., 2020.

a common metric of self-rated poor mental health, compared to cisgender men (but not cisgender women). These three groups also have higher rates of depression diagnosis compared to cisgender men (but not cisgender women). Further differences exist among trans subpopulations, as trans men have higher rates of frequent mental distress than trans women and gender nonconforming persons.<sup>96</sup>

- Trans women and men have higher rates of prior problem alcohol use (31% and 30% among trans women and men, respectively) and prior problem use of other drugs (21% and 25%, respectively).<sup>97</sup>
- Nonbinary persons have higher rates of binge alcohol use (58% in the past year).<sup>98</sup>



Protestors at the State House gathering to support the banning of conversion therapy in 2017.

- In a study conducted in 2020, LGBQ women and men had high rates of binge alcohol use (48% and 58%, respectively).<sup>99</sup>

The pandemic increased social isolation and made building community almost impossible. There was a way in which community across the world developed as technology allowed for people to communicate across great distances. Technology presented its own issues, leaving some technological novices, particularly older folks, at a disadvantage. Many people who might have been able to volunteer or join an organization to meet others, found themselves unable to do so leaving people “supremely isolated.”<sup>100</sup>

## The arts & music as premier community space

Rhode Island has a unique and rich arts and music-driven environment that has been the backbone of many of the oldest LGBTQ+-accepting and LGBTQ+ led organizations: AS220, Youth Pride, Inc., New Urban Arts, RIOT<sup>101</sup> and more. As one person who has directed grants and funding pointed out:

“Supporting arts and culture in every community is an upstream strategy, right? So if you have opportunities to grow in cultural spaces, as a young person, with intergenerational kind of context, so you’re meeting elders, you’re meeting middle aged people, they’re mentoring you, you’re mentoring them in some cases...what would it mean to see arts and culture as something that’s not just extra, but is actually core to our community while being like, geographic, Rhode Island?”<sup>102</sup>

These organizations have helped to sustain the LGBTQ+ community, they are anchor institutions. The possibility of “making your own world”, as this individual notes, aligns queer community spaces and community arts spaces.

***“You get to make your own worlds and sort of like in a sort of proto-queer space, it’s sort of like having the power to make something also means that you have the power to create your own narrative, and build a world that you don’t see in front of you. And I think that that’s incredibly important for any person no matter what, because I think***

98 Ibid.

99 “Characterization of substance use among underrepresented sexual and gender minority participants in The Population Research in Identity and Disparities for Equality (PRIDE) Study” by B.T. Barger, et al., 2020.

100 Interview Nov 9, 2021 (11:4; 55)

101 RIOT, formerly known as Girls Rock! RI, changed its name to be more inclusive of gender diversity.

102 Focus Group Aug 12, 2021 (7:6; 119)

*that another surprise is like, the LGBTQ+community is ever expanding, you know, it is not something that has, hopefully tight, you know, borders, that it is something that people see themselves in.”<sup>103</sup>*

According to many people we spoke to, some of the most vibrant organizations are those that serve youth, whether LGBTQ+ focused or not. These organizations have accepted the change that is demanded by working with youth. One person spoke of their work with RIOT RI:

*“So for example, when you come to RIOT, you know that people are going to use your pronouns correctly and properly and are going to put effort into making sure that that happens on a daily basis. And that is just the norm. Like that is the type of precedent recently we’re setting or trying to set for people. And so I think sometimes, things as simple as that are actually huge for people. And I think for folks that are not used to some of those evolutions in language, they might not fully*

*understand how things like that can really make or break down the development of a young person, the confidence and self-esteem of a young person and an adult. And so a lot of engagement with queer communities is, for example, hiring queer people, paying queer people fair wages, bringing in queer instructors.”<sup>104</sup>*

Part of building community is respecting the way people want to be named. For youth it is also a part of the “becoming” process. Being a location and a space that is open to youth who are learning who they are, requires that an organization and its leadership practice humility and openness.

## A community space

Everyone of our discussions eventually talked about the desire for a community space. Some people felt agnostic about whether it needed to be a unique physical structure, while many wanted a specific LGBTQ+ center. There were a variety of needs expressed in these conversations: space for music and art, a safe space, a sober space, a Black Indigenous and People of Color space.<sup>105</sup> A physical space emerges more as a need the more structural barriers you face.

***“A lot of the youth that we work with—they’re not just LGBTQ+, they’re from BIPOC populations. A lot of them are first generation, or are immigrants themselves, or are...lower socioeconomic status. They have a million barriers in their way, in addition to the barriers around their***

***sexuality and gender...we lost contact with a lot of those kids, especially in the beginning of the pandemic, because having a physical space for them to come to really was the way for them to get connected into things.”<sup>106</sup>***

Traditionally, bars were some of the only relatively safe spaces that LGBTQ+ people could gather. Today, as the community itself becomes more diverse there is a need for a variety of spaces that invite all members.

***“I just want us to break away from this idea that queerness is just gay white men who go to clubs. It’s like, no, it’s like that /and/ we—many of us are BIPOC, queer, trans, we’re fem,***

---

103 Focus Group Aug 12, 2021 (7:7; 134)

104 Interview Nov 9, 2021 (11:1; 37)

105 Some recent examples of ephemeral community spaces have emerged, such as Que Dulce’s sober dance parties

106 Interview Nov 19, 2021 (1:8; 34)

***some folks are fem. Also, many of us have families or want to have families or build our families on our own terms, and need space for that, too. So, I just think about that. And also, I just want us to have spaces, too, that are not necessarily tied to alcohol and club culture, because we also deserve wellness.***<sup>107</sup>

Binch Press, which recently joined forces with Queer Archive Work, is an example of just this. They were initially a queer print-making shop but now identify as a space for queer and trans folks that sometimes make prints. One of the barriers they face, however, is being able to get operational grants rather than program-specific grants, which are so important for brick-and-mortar spaces. A space that could be an umbrella organization

appealed to many. The loss of many of the more traditional community spaces (including bars) has created a hole in Rhode Island. Many people had fully formed visions of what this might look like.

*"I think something like an LGBTQ community center would be beneficial. That it, would be a social service agency in some ways, but it would also provide a space for people to go and you can create it in a unique way. You can create it in a way that does allow a little coffee shop, that does allow a drop-in place for people to shop. And then there's also places for people to connect with social service agencies, if they want to. I was talking with some people in the community last year, and we were talking about that. We were talking about how, again, so going back to the building community— you're building your family. You don't have family, so you have a place to go.... I think a community— we talked about that and the community center where other agencies can comment can provide services of people that are in need, but the biggest thing is that it's providing a space, it's providing a place to create awareness,*

*and hopefully, a community center with shelter would be even better. But [a] community center, an office where people can gather up space for people to gather, I think would be the first step."*<sup>108</sup>

It is clear that a kind of hybrid space—one that is both for the community, but offers a variety of ways to connect that move beyond shared identity and substance use, would be beneficial.



Community members celebrating the first Trans Day of Joy in Wakefield, Rhode Island in 2022.

## Political organizing: Getting dirty & building community

We live in volatile political times and LGBTQ+ people are often in the crosshairs both literally and figuratively. The recent shooting at Club Q in Colorado Springs is just one extreme example of this; there are many slower kinds of political violence aimed at the LGBTQ+ community. In our conversations people reflected on the instability and fear from a tumultuous political environment at the federal level and the growing unease with right-wing grassroots politics.

*“Specifically, before I was trans... I joined the military, it was a little after Don’t Ask, Don’t Tell was overturned. So I kind of felt like, Okay, I could, maybe be successful...They started to allow transgender people in the military and for existing service members to transition through military healthcare process. I was kind of blown away that this was suddenly available... But when Donald Trump got elected I immediately said no, no, I don’t think I want to do this right now. Then not even a couple months later, he*

*announced that no more transgender people in the military and that kind of frightened me a little bit because I was still in the military. So I didn’t know what was going to happen to me... So it’s that fear that it really just depends on who’s in office. And that’s kind of terrifying.”<sup>109</sup>*

Another area of common concern, particularly among trans, nonbinary, and BIPOC LBGQ folks was police harassment and surveillance of LGBTQ+ youth of color which contributes to disproportionate incarceration rates of LGBTQ+ people of color.

- In Rhode Island, 51% of respondents to the 2015 Transgender Survey said they would feel uncomfortable asking the police for help if they needed it.

- One in six transgender people have experienced incarceration; that number rises to about 50% incarceration rate for Black transgender people.<sup>110</sup>

And though fear and frustration were often the motivating emotions, many spoke of developing political engagement and the joy of bringing people together and forming community through political action. Here one younger filmmaker talks about political organizing against conversion therapy.

*“It’s about us trying to ban conversion therapy, but it’s not about that, because it’s not really about conversion therapy. It’s more about... how there was a big upheaval of people who were very interested [in politics] suddenly, and wanting to get involved, but not knowing how to. And our*

group was of like, we want to do something queer focused...A lot of people found their political starts there”<sup>111</sup>

Another person who has organized for the community for decades pointed to the volatility of politics for LGBTQ+ people.

***“The thing about gay marriage, I think it’s a great example because it was it was absolutely wonderful. But it took up a tremendous amount of time and energy. And then everybody said, Okay, we’re done... And we were so far from done. And so I mean, gay marriages is fabulous, but...this might be taken away from us. So there’s so much***

<sup>109</sup> Focus Group Nov 14, 2021 (5:6; 55)

<sup>110</sup> “Injustice at every turn: A report of the national transgender discrimination survey” by Jaime Grant, et al., 2011.

<sup>111</sup> Focus Group Nov 14, 2021 (5:9; 89)

*that could have been done to secure it... And I do think that the community spends too much time playing, and not enough time getting dirty.”<sup>112</sup>*

There is a growing sense in the community that the focus on “rights” meant that a broader focus on liberation (to borrow Jim Downs’s distinction<sup>113</sup>) was left behind, and now we face a challenging future where much of those hard-won rights are seen as expendable by a large section of the broader population as well as seeing them challenged by the Supreme Court. This suggests that the need to “get dirty” and push for liberation is required for the fullness of the LGBTQ+ community to emerge and flourish.

Members of the Beyond the Understanding of Gender Group at the TGI Network of Rhode Island Empowerment Breakfast, March 2023. The Beyond program is a weekly support group run at Project Weber/RENEW offering holistic, client-led community and support.

---

112 Focus Group Nov 14, 2021 (5:14; 112)

113 Downs, J. (2016). *Stand by Me: The Forgotten History of Gay Liberation* (1st edition). Basic Books.



# Conclusion

The conclusion to this report is actually one of invitation and opening. There is much to celebrate in terms of the strength and effectiveness of organizations and institutions serving our LGBTQ+ community members. There is also a robust network of community organizers and activists as well as everyday people who hold tender spaces for each other and fight for our right to resplendent existence. The history of LGBTQ+ struggle in our state and nationally against homophobia, exclusionary policies, racism and classism, withholding of affirming healthcare, and other structural harms is both a worthy cause of celebration and a call to continued action. As many of the voices from community practitioners and statistics from national studies have illustrated, there is much more to be done. Housing for trans folks,

LGBTQ+ youth, the elderly and LGBTQ+ folks of color is a crucial issue. This ties into providing affordable, affirming, and educated healthcare to all members of the LGBTQ+ community, especially trans and aging folks, and people who are living with HIV. Funding mechanisms need to support ongoing efforts to address these gaps in service-provision, including the daily operations it takes to keep these spaces alive. Supporting spaces for connection that do not center around alcohol is also a top priority. While protections via legislation are vitally important, there are also a number of other ways to change the culture—including in the area of education—that we must embrace as the next frontier of LGBTQ+ action to ensure the safety, wellness, and thriving of our diverse communities.



# LGBTQ+ Historical Timeline:

The following timeline is not comprehensive, but represents a series of defining events in Rhode Island concerning the history of LGBTQ+ movements, activism, and rights acquisition. Each of the moments highlighted here signal deeper and longer efforts by people who fought, oftentimes tooth and nail, for a more socially just existence for LGBTQ+ people. Activists' organizing, protesting, and strategizing across the state that must be honored and recognized within each achievement and win listed below. This cursory review of LGBTQ+ history in the state is part of a long history of political organizing to implement tangible changes to further social justice and equity, rather than any "natural" or "inevitable" progress made by the state.

Activists living in Rhode Island have been at the national forefront of social justice and equity movements for LGBTQ+communities. Following what many view as the initiation of the equality movement after the Stonewall Rebellion against police brutality in 1969 and lesser-known Compton Cafeteria Riots in San Francisco in 1966, activists in Rhode Island began organizing

more explicitly around issues of sexual orientation. Upon being denied access to the Old State House for a symposium called "Congress of Gay Concerns" and denied entry to march in the 1976 Rhode Island bicentennial parade, in 1976, the activists led the first Pride Parade. After much resistance from the chief of police, the ACLU forced the hand of the city to give the organizers a parade permit. Billy Mencer Ackerly, a "76er", recalled that as those in the parade entered the sunlight, they began to sing,

*You thought that you were the only one, but there's millions like you when all is said and done. So walk with Pride, hold up your head, living in the closet is at long last dead. Come out wherever you are. Freedom is here, there's no reason to fear. Come out, come out wherever you are and walk in the sunshine again, my friend. The closet is no place to live and die. Smiling is in, there's no reason to cry. Meet your brothers and sisters and all join hands, and claim your rightful place in this great land. Come out, come out wherever you are. Freedom is here, there's no reason to fear. Come out, come out wherever you are and walk in the*

*sunshine again, my friend. Life is too short to live a lie, so look the world right in the eye. Love is too beautiful to lock inside. Love whomever you want and love with Pride. Come out, come out wherever you are. Freedom is here, there's no reason to fear. Come out, come out wherever you are and walk in the sunshine again, my friend.*

From the first Pride Parade on, activism around gender and sexual identity began to flourish. Over the years, a rich array of LGBTQ+ activism has shaped the political and social landscape of the state. While some groups have focused on reform, others have focused on transforming society at its roots. An early example of organized activism includes the Rhode Island Chapter of ACT UP which began in 1978 and was a strong force in the fight against the AIDS Crisis. Activists in Rhode Island led the country in the passing of several bills, but at times these bills were pushed through at the expense of transgender and people of color in the state. The Rhode Island Alliance of Lesbian for Lesbian and Gay Civil Rights, established in 1983, played a major role in early civil rights wins on the level of the legislature and policy. From

1984 to 1995, the Alliance fought to pass an LGB Civil Rights Bill. While they succeeded in passing the bill in 1995, they agreed to cut out gender identity and expression from that bill behind closed doors to get it through. Gender expression and identity was added through a quiet campaign in 2001.

This type of organizing and its pitfalls has built the foundation of the mainstream LGBTQ+ movement nationally and locally. In 2008, many Rhode Island activists gathered under the banner Marriage Equality Rhode Island (MERI). Along with a broad coalition of lawyers, clergy, and representatives, they won the right to marry in the state.

*So there really was an overwhelming feeling like yes, we needed to support this. It turns out, we were the one and only Council of Churches in America that took a position on marriage equality. And I think Rhode Island should be proud of that...The only board that had the courage to take make that decision was that was that board. And, and it changed us. I mean, we became a different*

*organization that day, we really did. And I will tell you, there are still people who have not forgiven me for being the executive during that.*

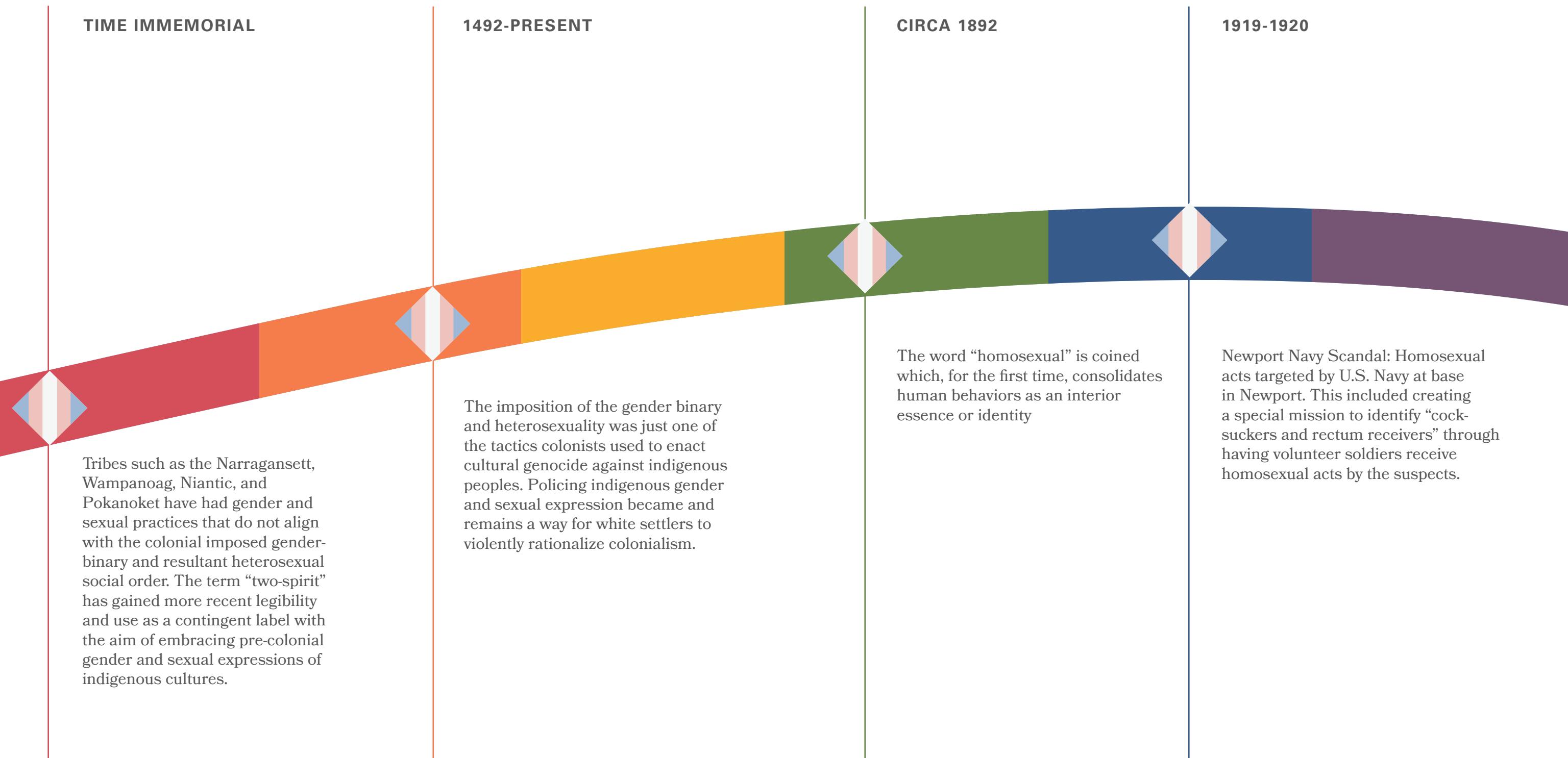
—Dr. Rev. Donnie Anderson

The right to marry was a major boon to LGBTQ+ people's ability to access equal rights under the law to heterosexual counterparts. Rhode Island passed this legislation two years before the U.S. Supreme Court's decision in *Obergefell v. Hodges*

requiring states to allow and recognize same-sex marriages. This movement, while vital to many protections for couples and families, also took up a lot of energy and diverted attention from issues particularly around organizing concerning transgender safety and wellbeing as well as the safety and wellbeing of communities of color from state-sanctioned violence. The landscape of LGBTQ+ politics since marriage equality has both built upon MERI's foundation and regained

traction in intersectional justice movements. Areas at the forefront of LGBTQ+ activism in Rhode Island today include the effort to defund police to respond to higher rates of policing among LGBTQ+ communities and communities of color, particularly trans women of color and to reinvest in public services and infrastructure

to support the safety and wellbeing of these communities, and cultural and political shifts to uplift and support the health and lives of gender non-binary and transgender people.



1920-1970

There is much history about LGBTQ+ life in Rhode Island that this timeline is missing. Among them are the opening of bars and clubs, riots against police crackdowns, and people finding ways to be together despite a hostile, homophobic and transphobic environment.

1947

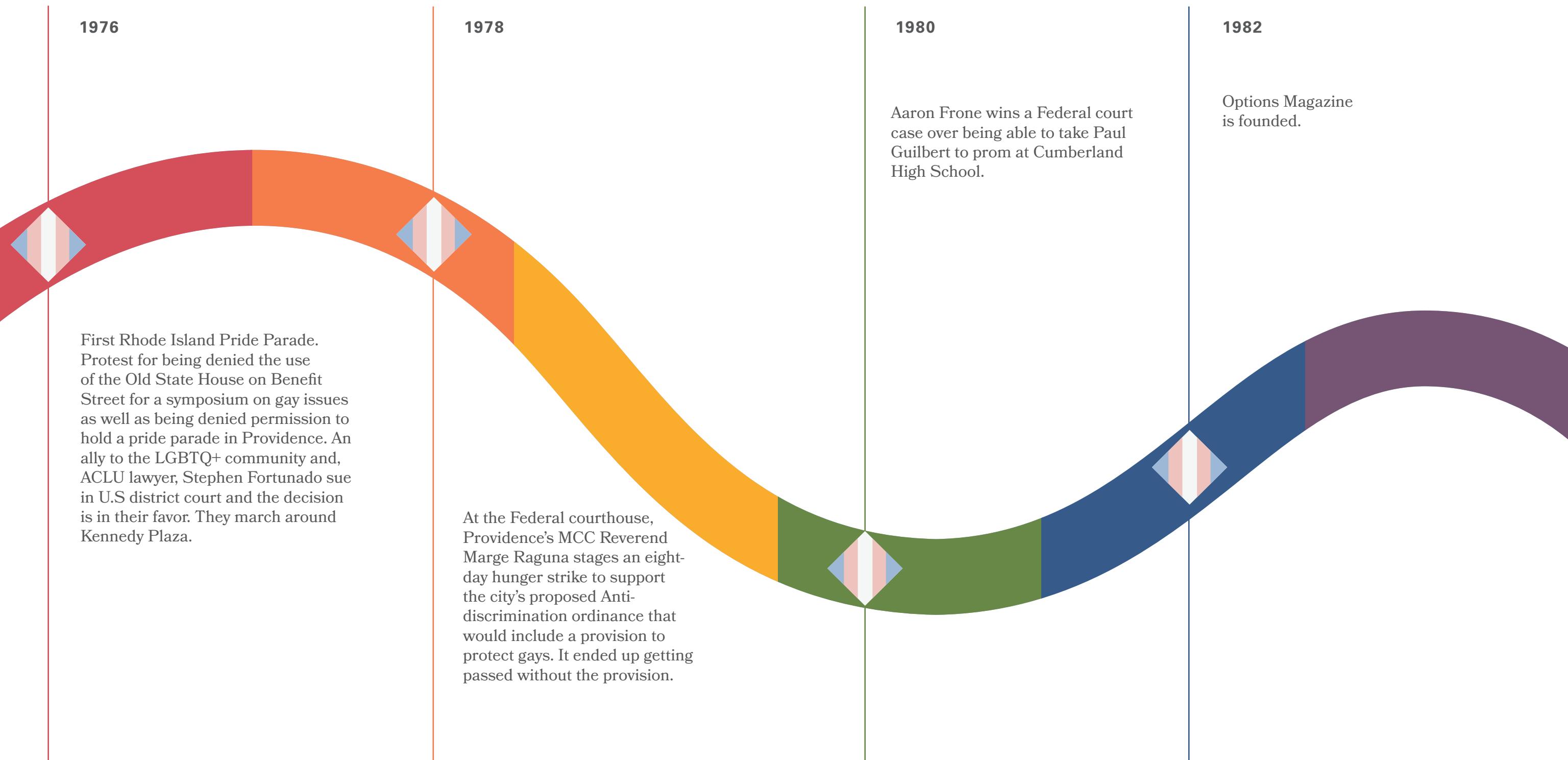
Mirabar, Rhode Island's oldest gay bar, opens in Woonsocket.

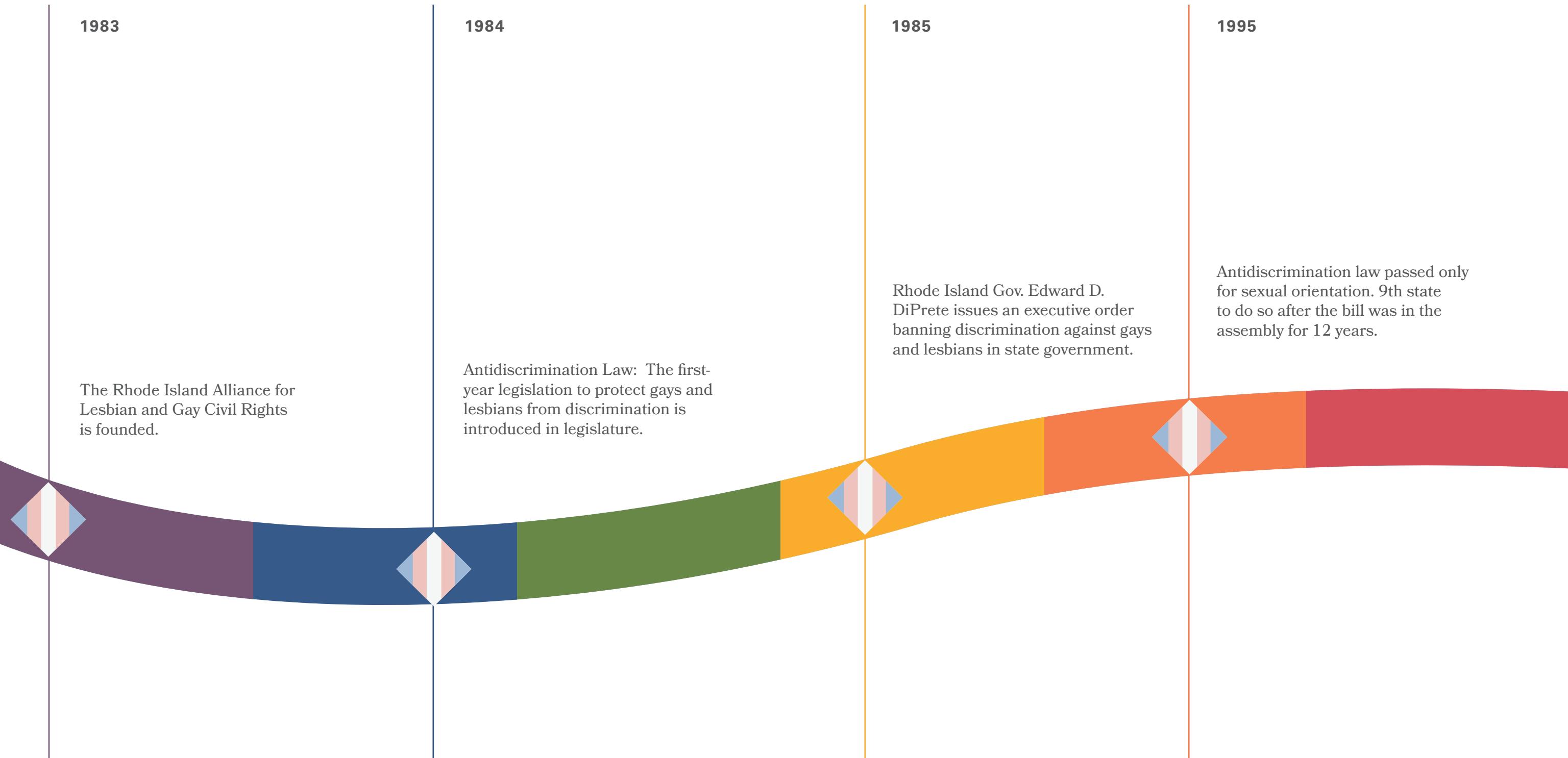
1950S-1970S

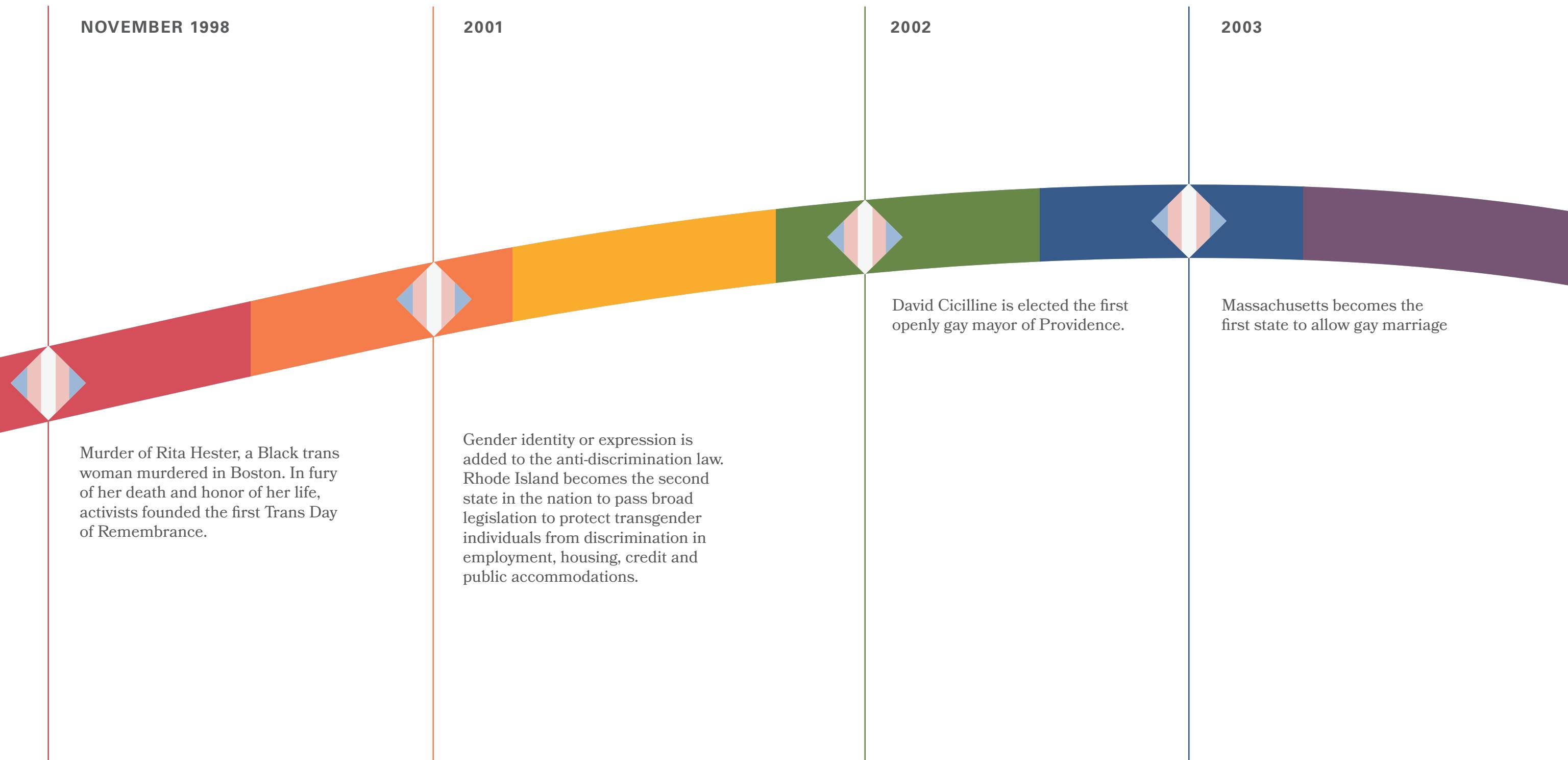
LGBTQ+ who were seeking to make their lives possible during this time often call themselves the "Silent Generation." This term refers to being silenced by legal policies, cultural norms, and medical institutions, but also silence as a survival strategy that folks felt they had to resort to in order to escape social, economic, and political persecution.

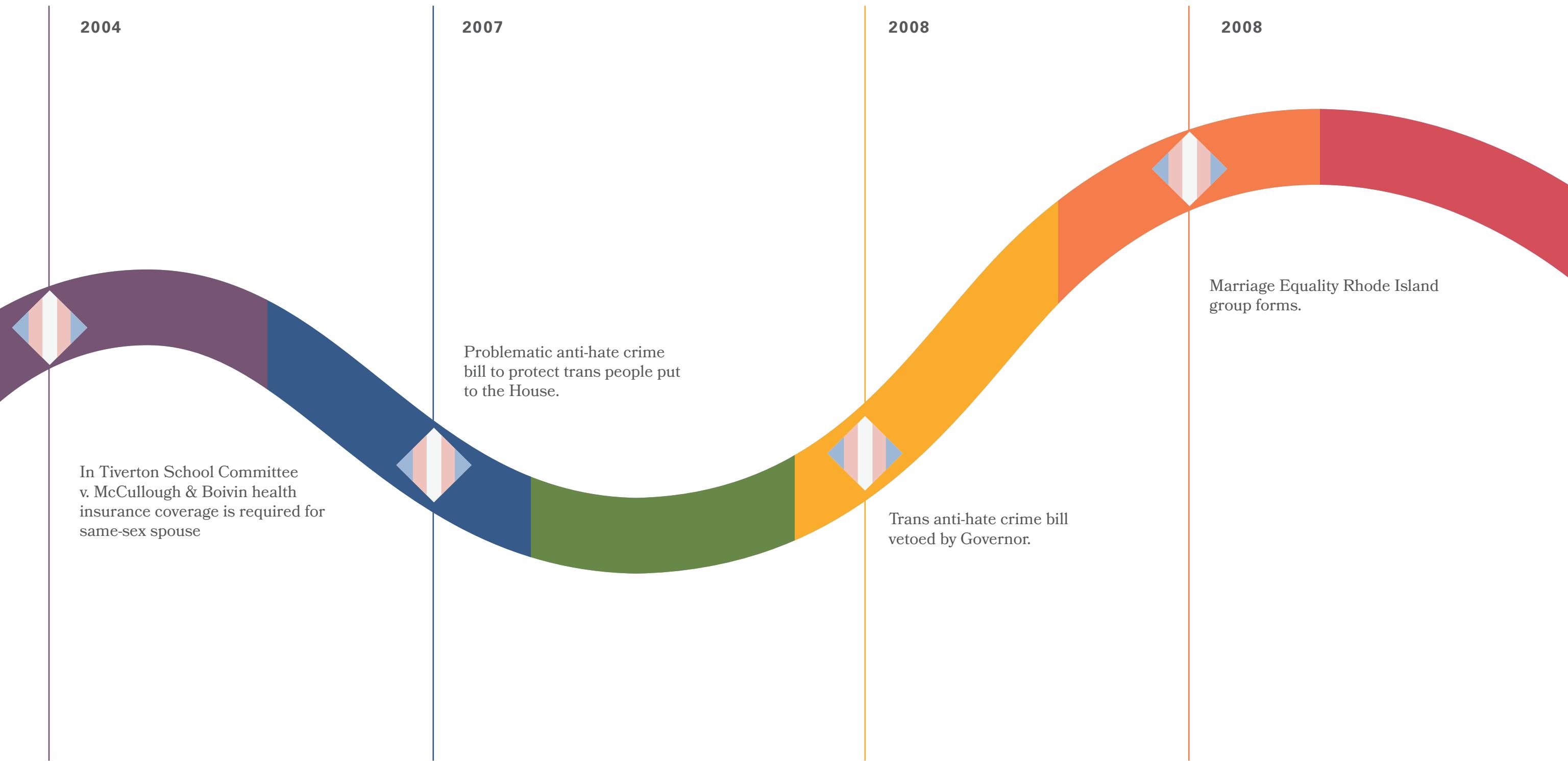
1972

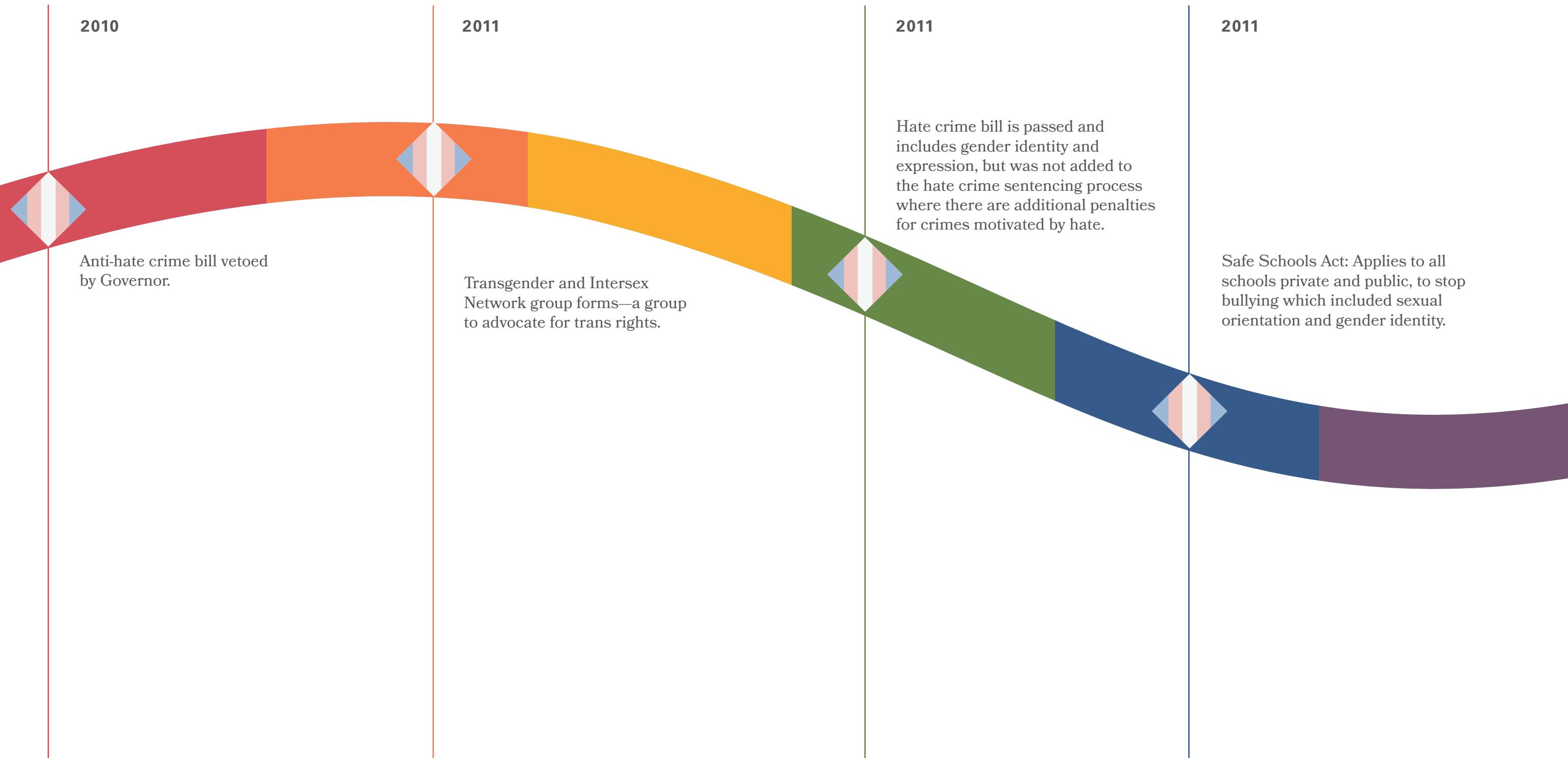
Bob Thibeault opens up Club Gallery in Providence

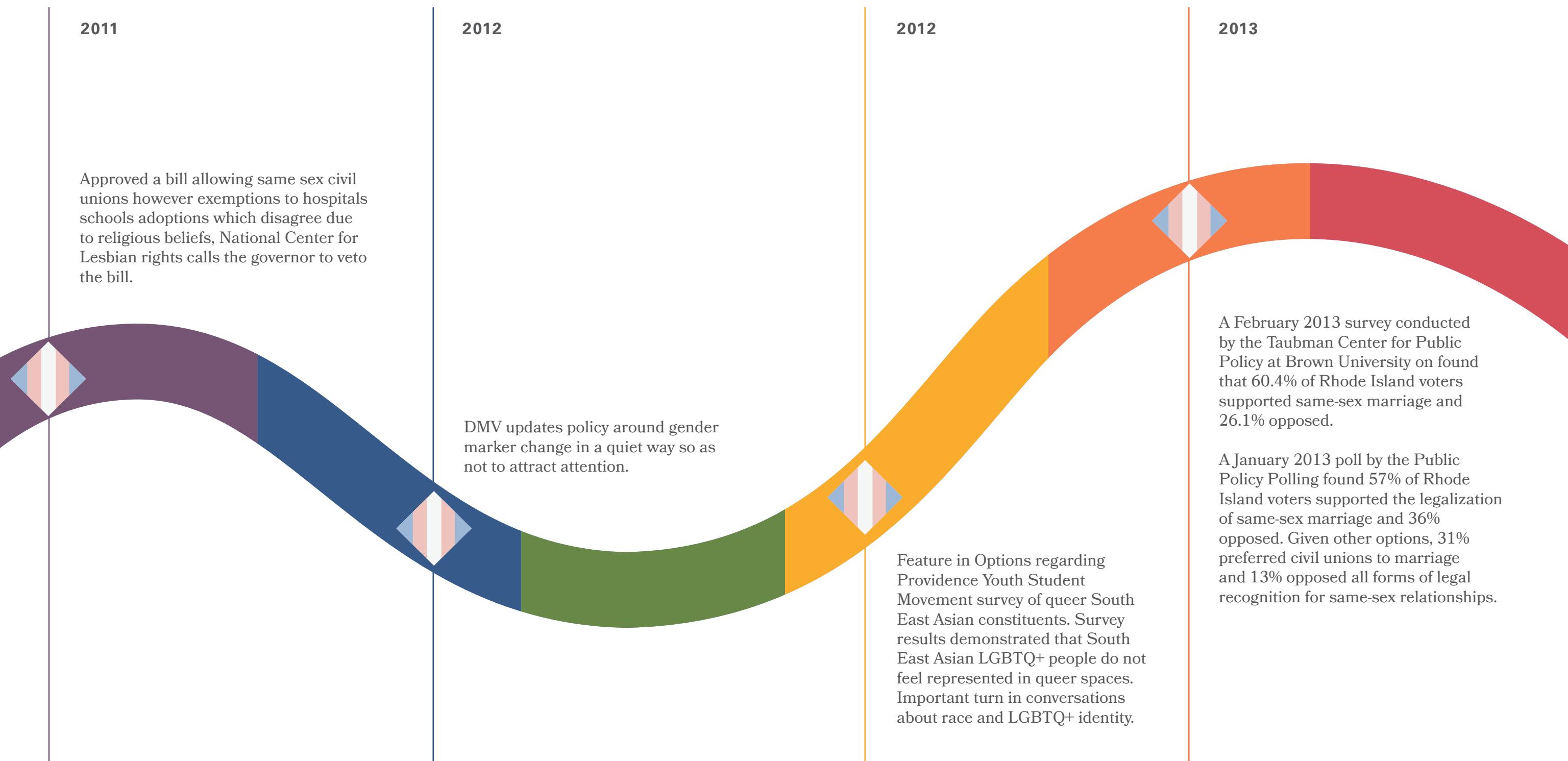


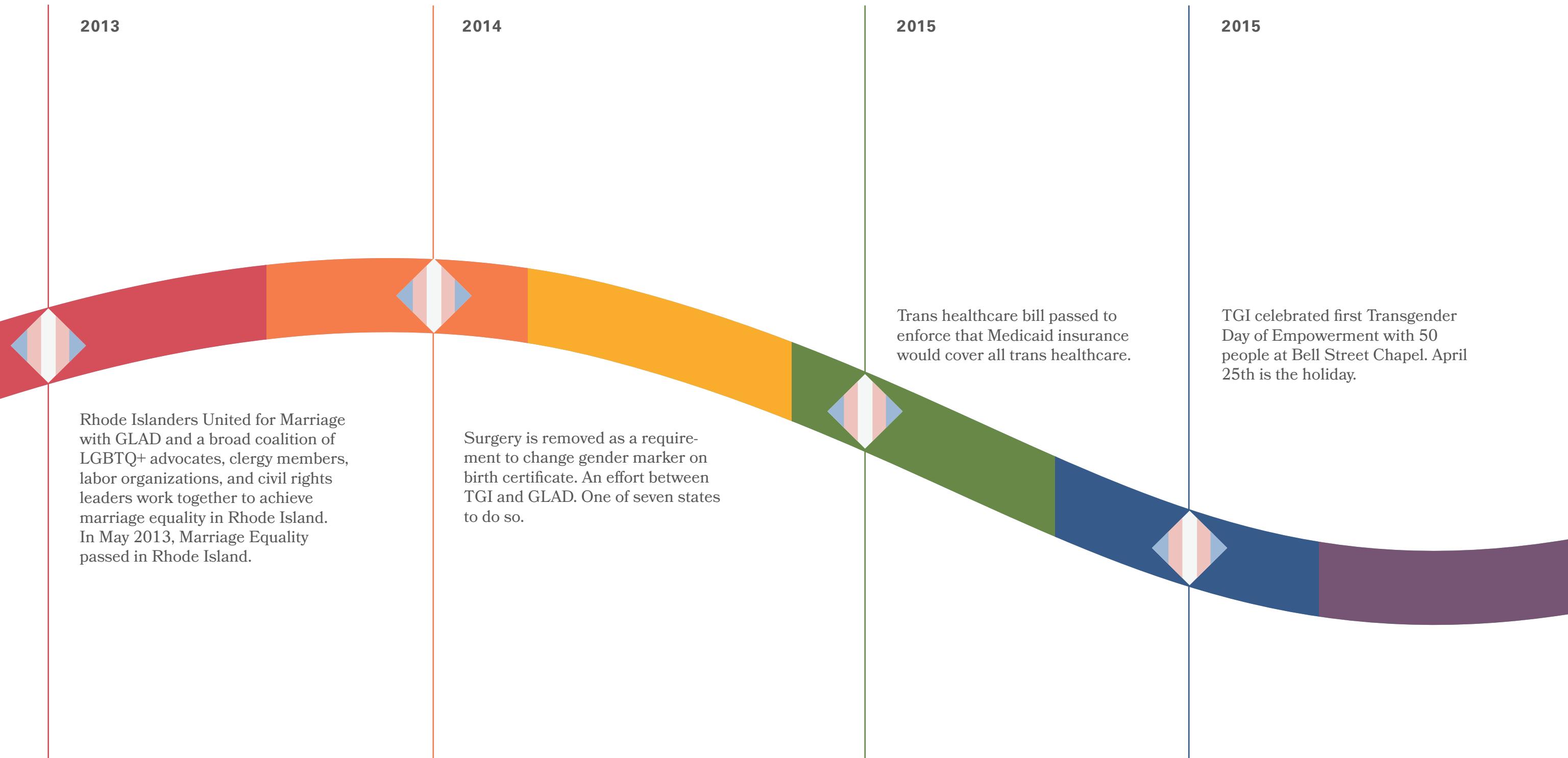


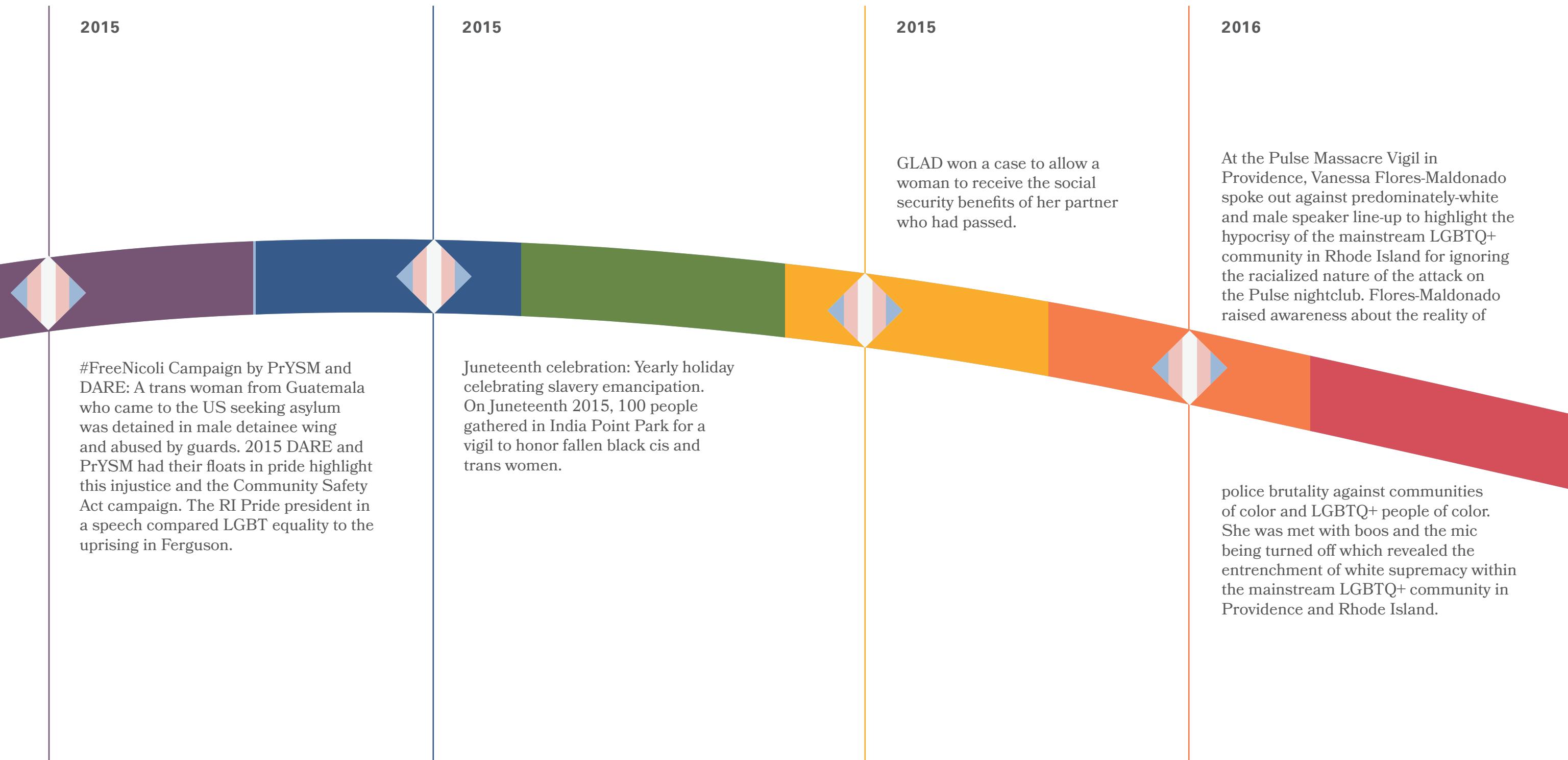












MARCH 2016

With the School Committee unanimous approval, Cumberland becomes the first public school district in Rhode Island to have a formal policy protecting trans students.

2016

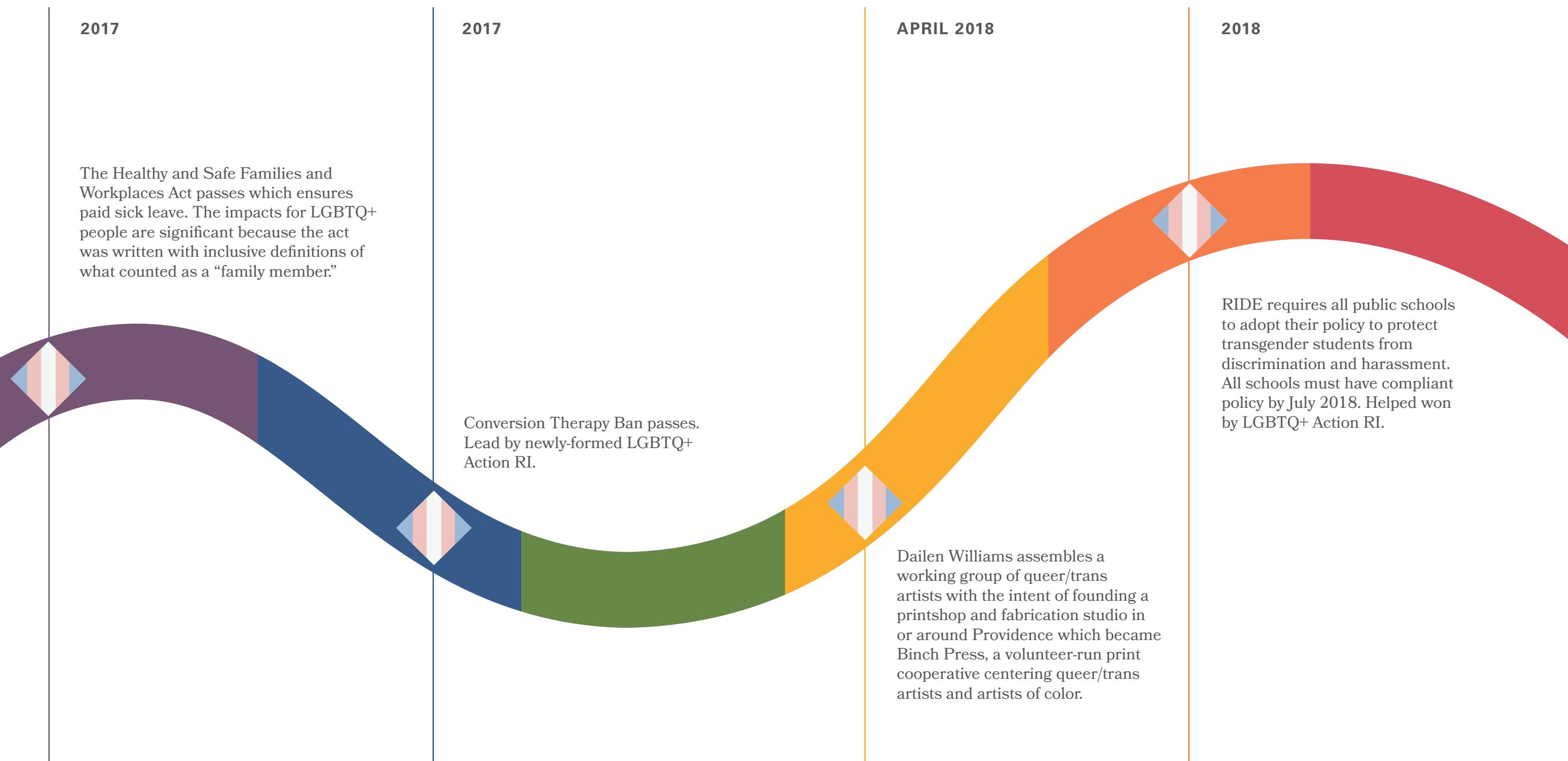
RIDE establishes guidelines for transgender students. The Rhode Island Department of Education releases comprehensive guidelines to protect transgender students. However, schools were not mandated to adopt the policy and many schools did not take up the policy.

2016

PrYSM, a racial justice and intersectional LGBTQ organization, protests Pride. Pride announced its decision to include police at Pride and PrYSM protested as they were working on the anti-police brutality CSA and then led an alt-pride.

2016

DCYF adds anti-discrimination language about LGBTQI children to policies.



2018

Community Safety Act passes. Anti-police brutality on the city level, failed at the state level, led by many marginalized community organizations, includes the right to choose gender of officer for searches. Protect and stop police from profiling trans women of color as sex workers.

2018

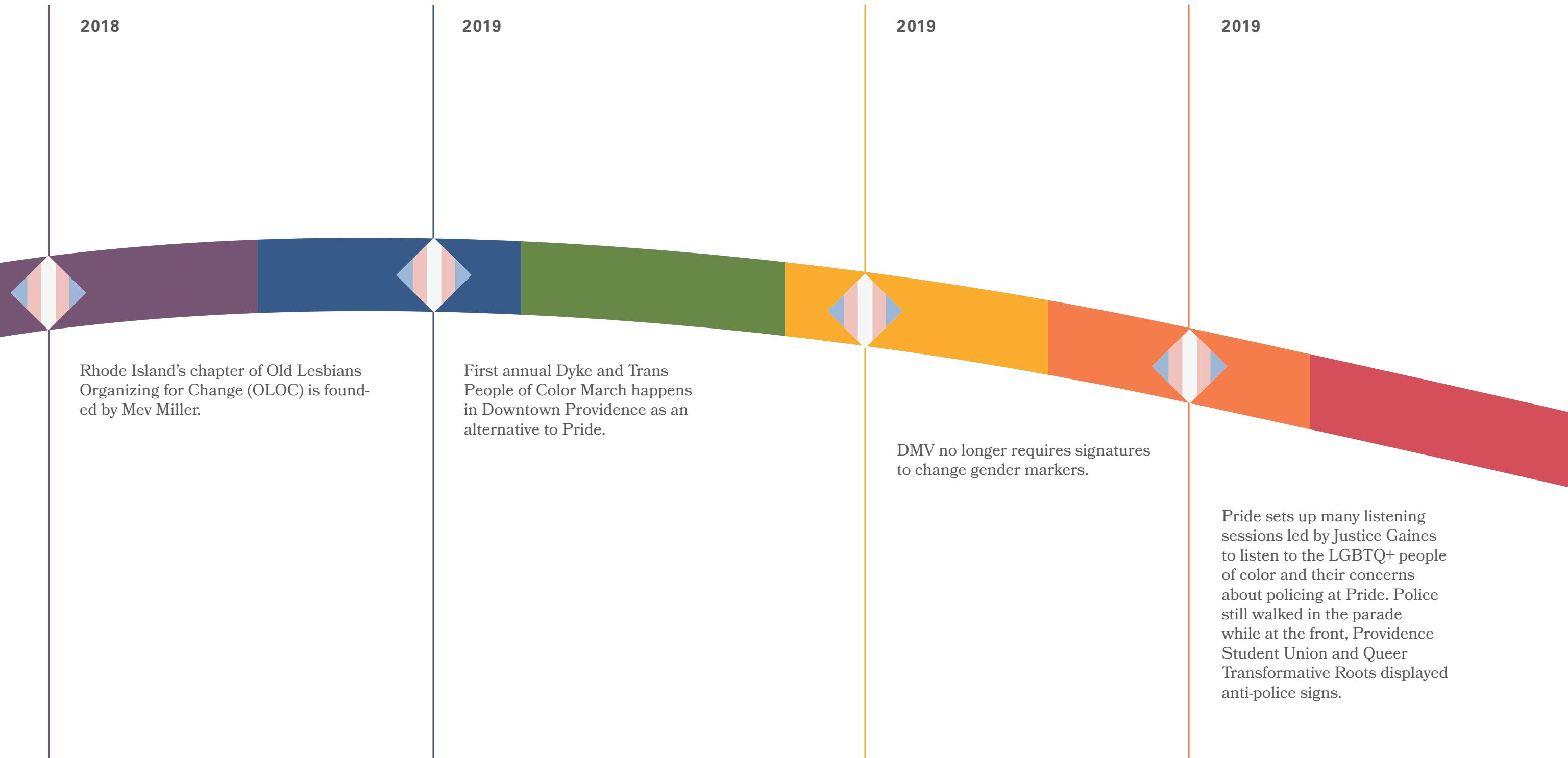
Respect in Death bill passes. It requires death certificates to accurately reflect transgender peoples' gender identities.

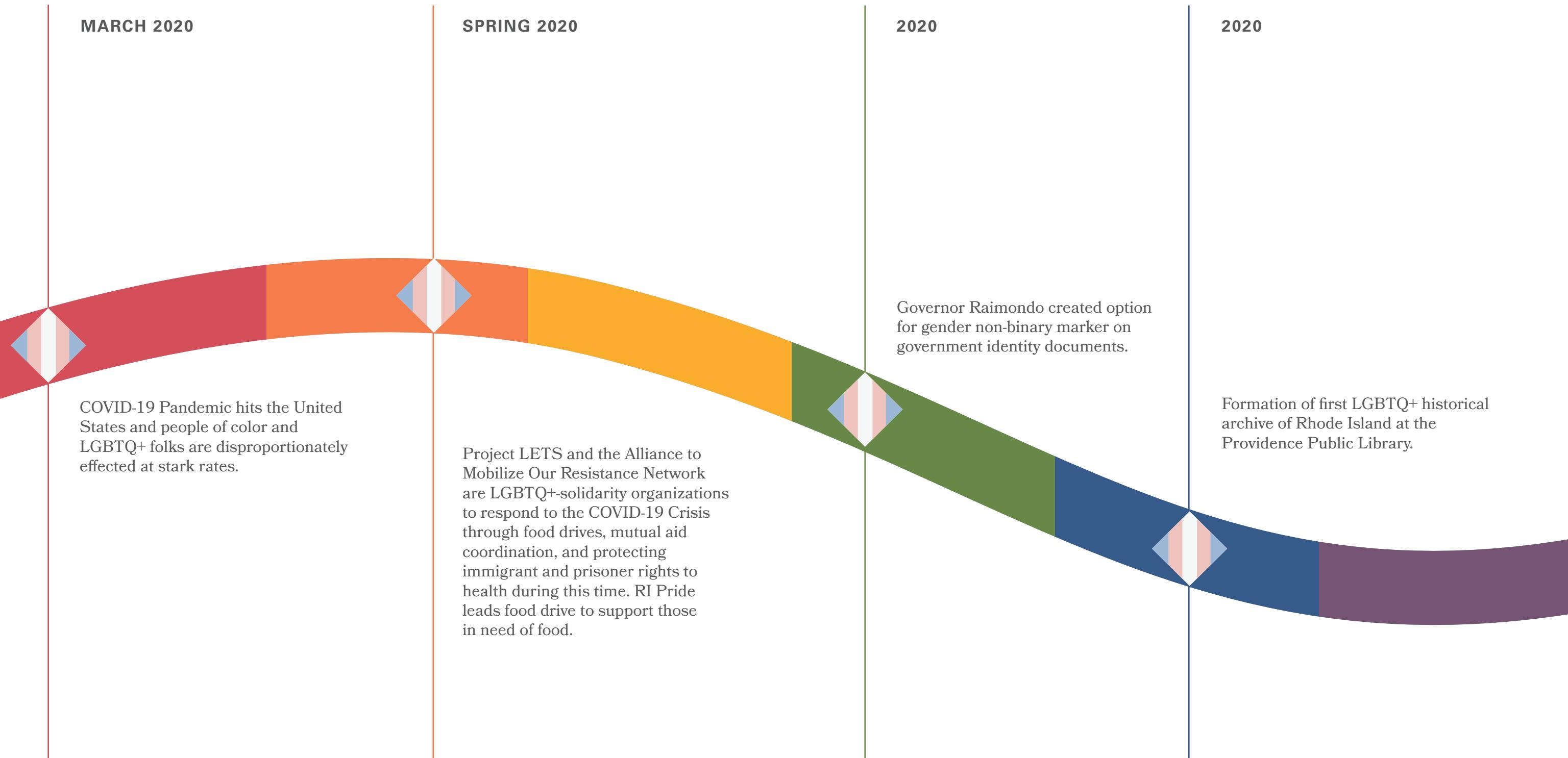
2018

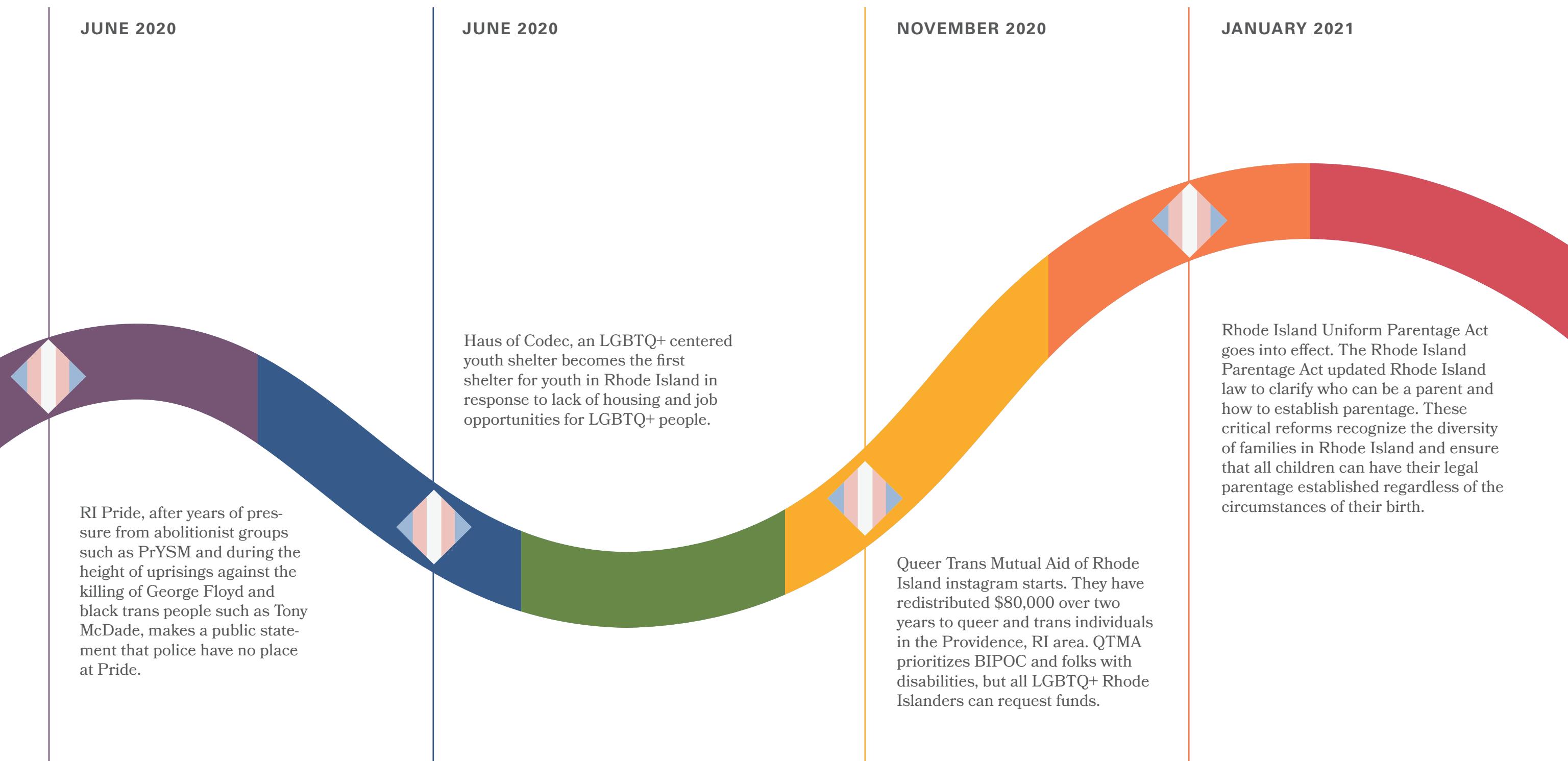
Dr. Rev. Donnie Anderson becomes first and only transgender leader of a state Council of Churches in the country—unanimously voted in favor for by the Council members. This made a big statement to the national faith community.

2018

Queer Archive Work, a library, publishing studio, and residency to support artists and writers with free, open access to space and resources for experimental publishing, with a special focus on queer practices.







2021

Binch Press and Queer Archive Work begin collaboration to co-create a community space with the resources to print/publish creative works that centers trans and queer folks of color.

JANUARY 2022

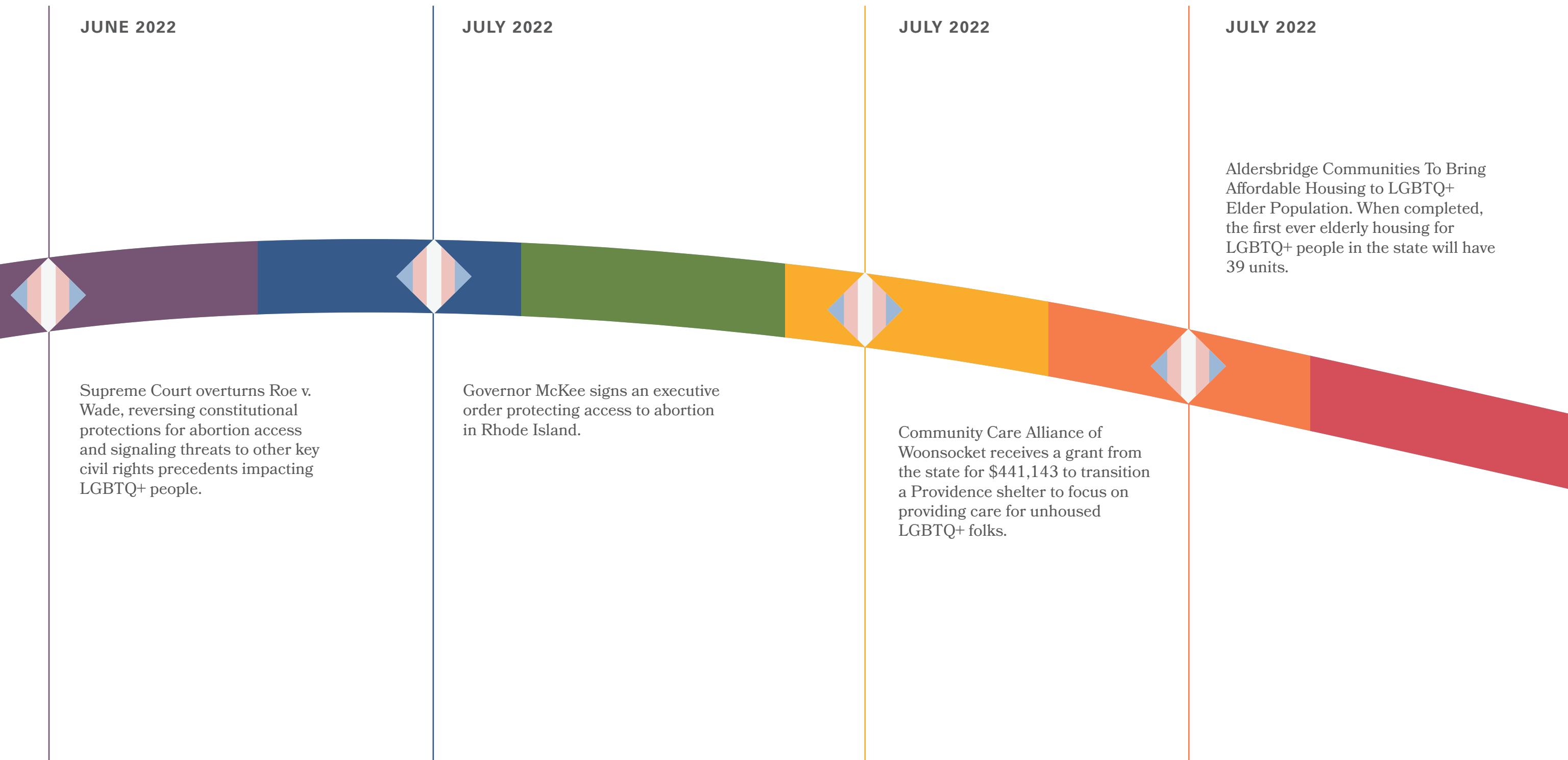
Bill goes into effect that ensures single-user restrooms in public places are non-gender specific. It also requires that all new construction of state and municipal buildings opened to the public after July 1 provide for a single-user restroom facility for use by persons of any gender.

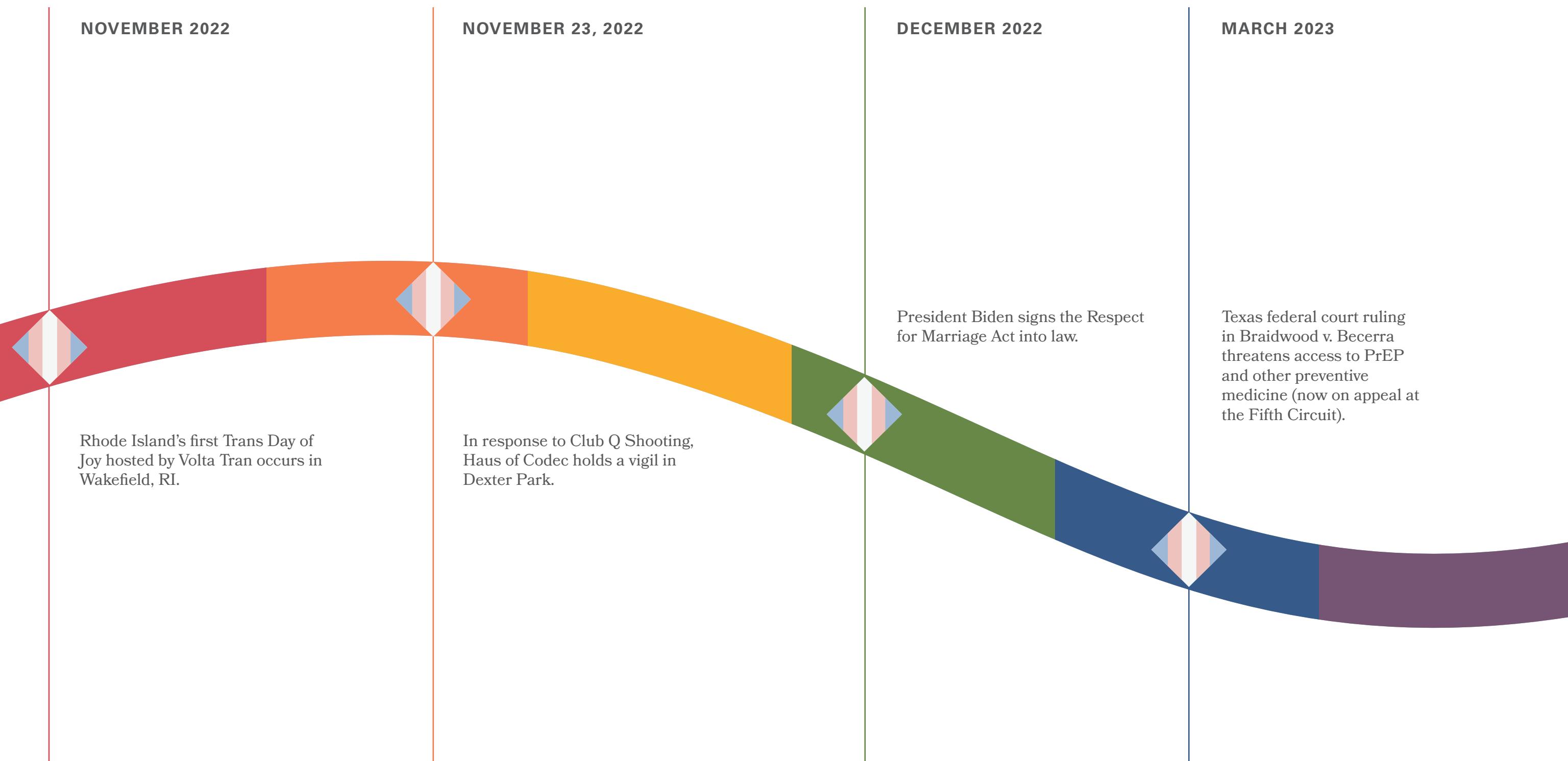
JANUARY 2022

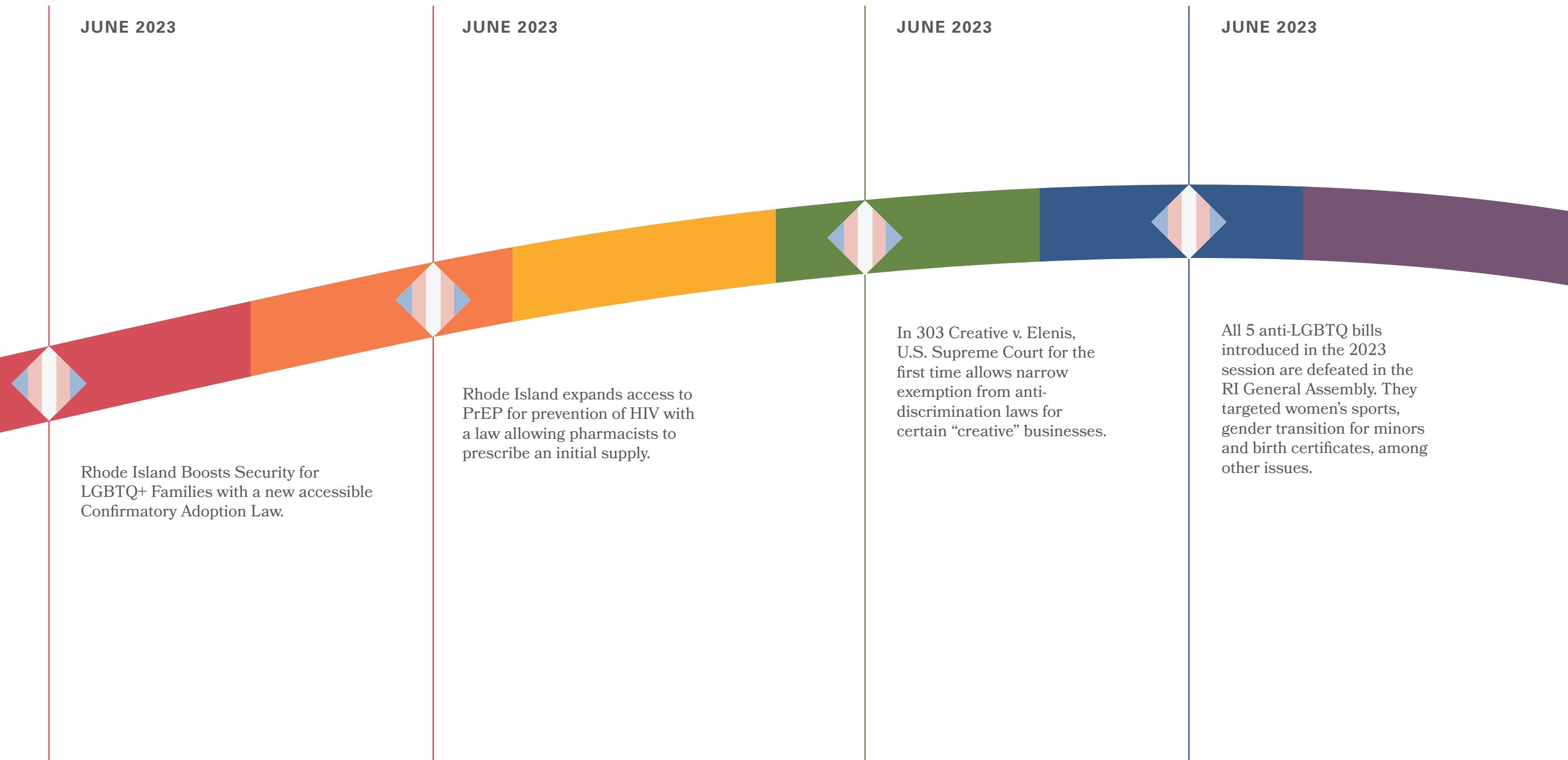
Law goes into effect that updates the definition of sexual orientation in regard to fair housing practices and eliminates an exemption that allowed discrimination based on gender identity or expression in owner-occupied buildings of three units or less.

MARCH 2022

Comprehensive report, "There's No Place Like Home" on eradicating youth & young adult homelessness in Rhode Island by 2030 centering LGBTQ+ youth comes out.



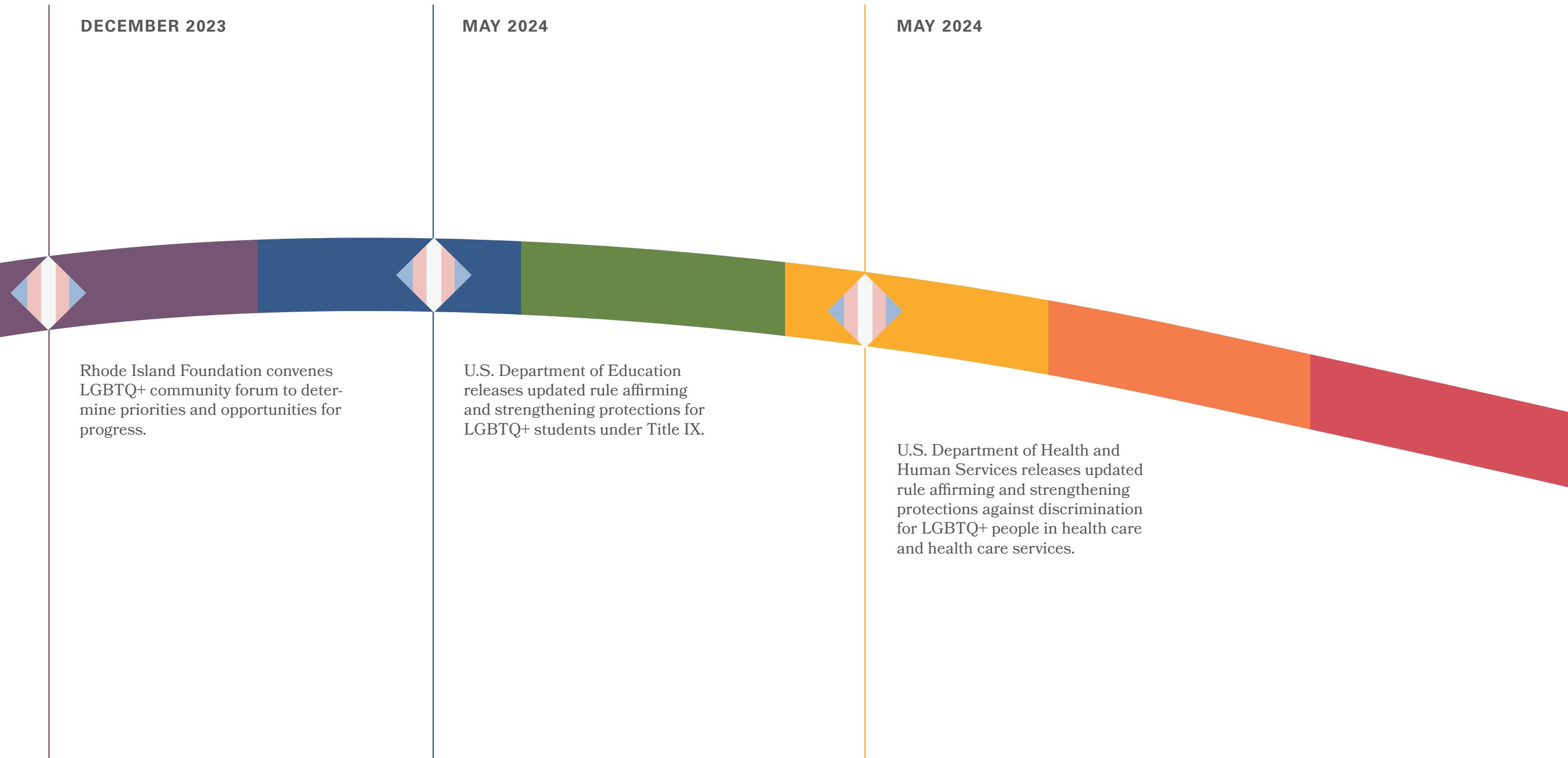




DECEMBER 2023

MAY 2024

MAY 2024



Rhode Island Foundation convenes LGBTQ+ community forum to determine priorities and opportunities for progress.

U.S. Department of Education releases updated rule affirming and strengthening protections for LGBTQ+ students under Title IX.

U.S. Department of Health and Human Services releases updated rule affirming and strengthening protections against discrimination for LGBTQ+ people in health care and health care services.



RHODE ISLAND  
FOUNDATION