



LGBTQI Hawai'i:

A Needs Assessment of the Lesbian, Gay, Bisexual,
Transgender, Queer/Questioning, and Intersex Communities
in the State of Hawai'i

Preliminary Findings



Photos on the Cover:

Top left to right: Pride at Work Hawai'i participating in a rally at the Capitol, 2012; Gay Pride Flag during Maui Pride; University of Hawai'i Mānoa LGBT Student Services Group, 2013; PFLAG Oahu float during Honolulu Pride, 2013

Bottom left to right: Interfaith Prayer Brunch on Marriage Equality, 2013; OutServe Hawai'i marching in Pride Parade, 2013; Ultimate Panache Pageant 2012, Maui

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LGBTQI HAWAI'I: A NEEDS ASSESSMENT FULL REPORT

EXECUTIVE SUMMARY

Although the State has passed many progressive policies related to LGBTQI people, such as bias crime protections, anti-discrimination laws, and civil unions, little data is available about the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex communities in Hawai'i. This report outlines the preliminary findings of the LGBTQI Hawai'i Needs Assessment conducted in the summer of 2013, the largest ever conducted in the State of Hawai'i. Further reports will outline difference by county, by sex/gender identity, and by sexual orientation, but these preliminary findings provide a strong overview of the LGBTQI community in Hawai'i.

Sample Demographics: Of the 710 LGBTQI respondents:

- 48.6% identified as cisgender men and 27.5% identified as cisgender women. 23.9% of respondents identified as transgender men or women, gender nonconforming men or women, or genderqueer/androgynous.
- 50.1% were gay men or men who have sex with men, followed by women who identified as lesbians or women who have sex with women (24.1%), then bisexual/pansexual men and women (17.6%), asexual (1%), and other sexualities (7.2%).
- Ages ranged from 18-83.
- 35.2% lived in the rural counties of Hawai'i (Maui, Kaua'i, and Hawai'i).
- 45.8% reported living with a romantic partner, followed by living alone (21.8%), or with family of origin (15.0%).
- The majority of respondents identified as white/Caucasian (53.4%), followed by Native Hawaiians (12.0%), with strong representation from Japanese, Filipino, Chinese, Latino/Hispanic, and Native American/Alaskan respondents.

Relationships and Families: When asked about relationships and families, respondents shared that:

- 21.7% of respondents were single and not dating, while the majority (over 75%) were involved in some type of committed relationship.
- 23.4% of respondents also had children, the majority of whom had biological children, followed by children they consider their own but with whom they did not have a legal or biological relationship, and least frequent was legally adopted children.
- 16.9% of respondents also reported that they, or someone else in their household, currently provide care or assistance for an adult aged 60 or older, or an adult with a disability.

Education, Employment, Earnings, and Savings: Respondents reported relatively strong employment and high rates of educational attainment, but also having negative experiences of discrimination and harassment in the workplace.

- 58% of the sample had a bachelor's or graduate degree, and 20.9% are currently enrolled in school.
- Income ranged from those who had earned less than \$10K up to those who made over \$100K in the last 12 months.
- 44.4% reported that they currently had an emergency fund and 56.8% had retirement savings.
- 5.7% were unemployed.
- 4.3% of participants reported that they are currently in the military and another 11% are Veterans of the armed services.
- A significant portion of respondents reported being bullied/harassed at work, 23.1% for sexual orientation and 12.9% for gender identity. A large portion of respondents had also been sexually harassed, denied employment, and had lost job opportunities due to their sexual orientation or gender identity. In addition, qualitative comments showed high levels of subtle discrimination and discomfort that created hostile work environments for LGBTQI people in the State.

Health and Well-being: The majority of respondents reported that their overall health was good or very good, but that having access to regular medical care was a deep concern due to experiences of rejection or discrimination by health and social services providers in the State.

- 42.3% reported that they had some type of chronic health or mental health condition.
- 18.4% of LGBTQI respondents used tobacco products at least occasionally.
- 11% of the sample did not currently have health insurance.
- 27.7% reported that they don't have a doctor that they see regularly.
- Many had been treated poorly while receiving, or had been denied treatment from, physical or mental health care or social service providers because of sexual orientation (16.1%) or gender identity/expression (9.7%).
- 8.5% had delayed seeking care because of their sexual orientation, and 7.1% because of their gender identity or expression.
- Of those transgender people seeking hormones for gender transition, 14.6% said that they wanted to begin but could not find a provider.

Crime and Safety: Although Hawai'i is famous for being the "Aloha State," respondents reported experiencing sexual orientation-motivated and gender identity/expression-motivated crimes at rates similar to those found in the continental United States.

- Respondents reported concerns about being visibly LGBTQI (such as by holding hands with a same-sex partner) while in public in Hawai'i.

- 39.2% had been victims of sexual orientation-motivated crime and 24.2% had been victims of gender identity/expression-motivated crimes, the majority of which were varying forms of intimidation/harassment.
- 71% of those whom had been victimized due to sexual orientation/gender identity did not report to police, citing fear of discriminatory treatment, poor case handling, fear of retaliation, and being embarrassed/ashamed.

Sense of Community and Community Priorities: Most respondents were happy to be living in Hawai'i and reported overall life satisfaction. The majority of respondents reported that in five years they intended to still be in Hawai'i, but of those who thought they might leave, the majority cited economic/career concerns, followed by the high levels of homophobia and the fragmented LGBTQI community as reasons to leave. Many respondents also expressed deep concerns about some vocal and discriminatory Christian churches which were negatively impacting their lives. Last, respondents ranked their top five social service and policy/social priorities. They were focused primarily on 1) safety for youth, 2) increased family recognition (though marriage and routes to legal parenting) as well as caring for elders, 3) strengthening the LGBTQI community, 4) overall safety, and 5) trainings for public officials and service providers.

Recommendations: Taken together, these results provide information about a vibrant and strong set of communities within our State who face many challenges. There are many ways to make meaningful impacts in the lives of LGBTQI people in the State of Hawai'i.

1. **The State needs to do more to clarify and strengthen LGBTQI relationships and families.** Marriage equality was certainly at the top of many people's priority list, but so too were other family issues, such as securing second parent adoptions, clarifying legal adoptions by couples, and opening pathways for fostering and subsequent adoption.
2. **Creating and enforcing clear anti-discrimination policies to protect youth from harassment** by students, staff, teachers, and other public officials is critical to ensure safety for LGBTQI youth.
3. **Expansion, education and enforcement of existing legal protections.**
4. **Training for law enforcement, public officials, service providers, educators, and health professionals.**
5. **Promoting way to strengthen the visibility, coordination, and efficacy of the LGBTQI community and service agencies.**
6. **Continued dialogue with the faith community.**
7. **Making more LGBTQI-specific services available in the community.**
8. **More research on the LGBTQI communities in Hawai'i** needs to be funded and supported to better understand the many needs of our diverse 'ohana.

Please read the full report for more detailed information about the survey, survey results, and these recommendations.

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BACKGROUND & RESEARCH METHODS

Hawai'i is a state marked by the diversity of its people, the warmth of aloha, and the strength of its community. This report marks the first attempt at a statewide snapshot of the lesbian, gay, bisexual, queer/questioning, transgender, and intersex (LGBTQI) communities in Hawai'i to better understand demographics, needs, and priorities among these populations in our Hawai'i 'ohana.

Hawai'i is one of the first states to struggle with important policy questions related to LGBTQI residents. In 1993, the State's policy of refusing marriage licenses to same-sex couples was challenged in court, and the courts ruled that there was no compelling interest in denying marriage licenses to same-sex couples. However, in 1994 the state enacted a definition of marriage as between "one man and one woman" in response to court challenges. In 2011, after years of tough legislative work, civil unions were passed and signed into law by Governor Abercrombie, effective January 1, 2012. Current legislative activity on relationship recognition is focused on securing same-sex marriage.

The State has also demonstrated a mixed record on protecting other rights of LGBTQI people. For example, both sexual orientation and gender identity are included in bias crime legislation¹, but the State refuses to participate in the federal attempts to monitor bias crimes nationwide through the FBI and has no mandated training for law enforcement officers in identifying and reporting bias crimes. In 1991, the state passed the *Fair Employment Practices Act* which included sexual orientation in its list of protected statuses in public and private employment, and in 2011 gender identity or expression was added as a protected category.² LGBTQI people in Hawai'i are also protected from discrimination in public accommodation and housing/real estate.³

Although there has been a significant amount of policy activity and debate about LGBTQI people and their needs and rights, very little data is available on LGBTQI people in the State of Hawai'i. Data from the 2010 Census provides information about the number of same-sex couples, but *not* the number of

¹ Warbelow, S., & Cobb, T. (2011) *A Guide to State Level Advocacy Following Enactment of the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act*. Human Rights Campaign: Washington, D. C. Available at http://www.hrc.org/files/assets/resources/Hate_Crimes_Guide_FINAL.pdf

² Hunt, J. (2012). *A State-by-State Examination of Nondiscrimination Laws and Policies: State Nondiscrimination Policies Fill the Void but Federal Protections are Still Needed*. Center for American Progress Action Fund. Available at http://www.americanprogress.org/issues/2012/06/pdf/state_nondiscrimination.pdf

³ National Center for Lesbian Rights (2010). *State by State Guide to Laws that Prohibit Discrimination against Transgender People*.

individuals. In a 2010 Census data analysis⁴ there are over 3200 same-sex couples living in Hawai'i, which translates to 7.1 out of every 1,000 households. Hawai'i and Kaua'i counties also reported some of the highest rates of same-sex couples in the nation, and that these couples across the state have some of the highest rates of parenting children in the United States.

Other research identifying the needs of LGBTQI people in Hawai'i has been scattered. For example, in 1990 the Hawai'i State Legislature passed a resolution asking the Hawai'i Gay and Lesbian Task Force to research the problems and needs of Hawai'i's gay and lesbian youth. The study conducted interviews with LGBTQI youth, their parents, and community members serving same-sex youth. The study found that LGBTQI youth faced a "lonely and precarious" experience of growing up in Hawai'i, which is often fraught with danger in schools, at home, and in their communities.⁵ Other studies of transgender women in Hawai'i (particularly māhūwahine) have found that although transgender women and men may face less discrimination in the islands than in many places on the continent, there are still many challenges, including high rates of substance abuse, incarceration, HIV risk, and employment challenges.⁶ However, very little information is available that is more systematic, inclusive, and details the needs of these varied segments among LGBTQI people in Hawai'i.

To resolve the problem of insufficient data, this needs assessment was designed in cooperation with multiple community agencies and interest groups and run by the Myron B. Thompson School of Social Work to develop a demographic overview of the LGBTQI population in Hawai'i. In addition to demographics, the intent of this survey was to highlight the needs and priorities of LGBTQI people in the state in order to create better programs and policies.

Recruitment Method: This survey was made available through both a paper and an online version (run through the Surveyshare online survey tool). The survey was opened on June 1, 2013 in honor of Pride Month, and closed in August, 2013. Recruiting was conducted using multiple methods. First, emails were sent to key community contacts with an invitation to take the online survey and to pass along that email invitation to anyone that they knew who identified as LGBTQI in the broadest sense (a snowball methodology). Second, social media was utilized extensively, with invitations posted on multiple Facebook pages, Craigslist Honolulu, and some Yahoo group pages of multiple LGBTQI relevant

⁴ Gates, G. J. & Cooke, A. M. (2011). *Hawai'i Census Snapshot: 2010*. The Williams Institute at the UCLA School of Law. Available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_Hawaii_v2.pdf

⁵ Hawai'i Gay and Lesbian Teen Task Force (1992). *A Report on Hawai'i's Gay and Lesbian Youth*. Prepared for the Hawai'i State Legislature, November, 1992; Honolulu, HI.

⁶ Stotzer, R. L. (2011). Family cohesion among Hawai'i's māhūwahine. *Journal of GLBT Family Studies*, 7, 424-435; Odo, C., & Hawelu, A. (2001). Eo na māhū o Hawai'i: The extraordinary health needs of Hawai'i's māhū. *Pacific Health Dialog*, 8, 327-334.

pages. Third, volunteers attended Kaua'i Pride, Big Island Pride, and Honolulu Pride events and collected paper version of the survey as well as distributed cards with the survey URL for those who wanted to fill out the survey at a later time. Fourth, paper surveys were distributed to key community members who recruited hard-to-reach groups (such as transgender men and women) across the islands. This multi-pronged approach was an attempt to reach as broad a cross-section of the population as possible to be truly statewide and not O'ahu-centric. The invitation to participate explained that there were three criteria to be eligible to take the survey, that a person: 1) Lives in Hawai'i, 2) Is over the age of 18, 3) Identifies as LGBTQI broadly defined (including gay, bisexual, lesbian, asexual, pansexual, transgender, mähū, mähūwahine, fa'afafine, fakaleiti, etc.). Given this definition, survey respondents included those who were transgender but identified their sexual orientation as straight, those who were in opposite-sex relationships but who slept with same-sex partners, bisexual people (regardless of whether they were currently in a same or opposite sex relationship), people who identified primarily as straight but who had attractions to the opposite sex, as well as those who more clearly identified as gay, lesbian, pansexual, asexual, etc.

Survey Composition: The needs assessment was designed in response to the lack of information on LGBTQI people in Hawai'i. To that end, the selected questions were designed to survey across a broad array of topics without focusing too heavily on any one area. This will serve as a broad platform of information that subsequent surveys can build off of in more specific domains. The questions covered the topics of basic demographics; relationships and families; education, employment, earnings and savings; health and mental health; crime and safety; community; and social service and policy priorities. Given that this was the first attempt to complete a statewide needs assessment, the survey was not able to include questions about some other important areas, such as domestic violence experiences, substance use/abuse, or sexual risk behaviors. Other agencies and community providers have been initiating their own surveys on more specific topics, which will allow for greater diversity and complimentary findings in the research about LGBTQI people in the state. The questions were a mix of close-ended and open-ended questions, with room for elaboration in many sections. Most questions were a multiple choice style to allow people to move swiftly through the survey.

Cleaning the Data: In total, there were 731 people who took the survey. Some people did not meet the criteria (one person was not yet 18 years old, one person did not live in the State of Hawai'i, and 19 people identified as only straight cisgendered people who were exclusively attracted to the opposite sex – mostly self-identified allies or parents/friends of LGBTQI people). Those 21 people were dropped from the analysis, leaving 710 respondents who met criteria.

NOTES on TERMS

Gender and Gender Identity: Due to the complexities of both sexual orientation and gender identity, questions were mixed to have both forced-choice questions and open-ended questions where respondents could self-select how they describe their sexuality or gender identity. Respondents were first asked what sex was coded on their birth certificate (male, female, or other), but then asked to self-identify what word they prefer to describe their current gender identity. Given how complex gender identity and presentation are, participants were also asked how others perceive their gender identity – ranging from “man all of the time” to “female all of the time” while including options for androgynous or blended. The breadth of people’s definitions of their own gender identity ranged, but for ease of reporting, were collapsed into seven categories:

1. Cisgender woman: A woman who identified her gender identity and her sex at birth as female and who reported that others always perceived her as a woman.
2. Gender non-conforming woman: A biological woman who identifies her sex as female and her gender identity as somewhat or very masculine (for example, women self-identified as “butch” or “stud”).
3. Transgender woman: A woman who was born a biological male who identifies their gender identity as female (this includes those who identify as mähūwahine, fa’afafine, etc.).⁷
4. Transgender man: A man who was born a biological female who identifies their gender identity as male (this included mähūkane).⁷
5. Gender non-conforming man: A biological man who identifies his sex as male and his gender identity as somewhat or very feminine (they indicated they were sometimes identified as females by others).
6. Cisgender man: A man who identified his gender identity and his sex at birth as male and who reported that others always perceived him as a man.
7. Genderqueer/Androgynous: People who reported either male or female on their birth certificates, but who identified as genderqueer, androgynous, blended, or both genders, and reported that others were equally likely to identify them as male OR female.

It is important to keep in mind that these seven categories are not necessarily the categories chosen by respondents and collapses much of the diversity of

⁷ No participants specifically identified themselves as “intersex” in their gender identity, though a handful of respondents reported having disorders of sexual development such as androgen insensitivity, or there was some confusion about their sex at birth.

these populations into more simplistic categories. These categories are a way to present information that is convenient for readers, rather than completely representing the identities of participants.

Sexual Orientation: Respondents were asked to self-identify the word they prefer to describe their sexual orientation, but were then also asked about their sexual attractions using the Kinsey scale, ranging from “exclusively attracted to the opposite sex” through “equally attracted to both.” This allowed participants who may identify as primarily straight, but who still have sexual attractions for other sexes or gender identities, or who may consider themselves on the “down low.”

Like gender identity, sexual orientation is difficult to fit into boxes, or adhere simple labels. Whenever possible, the label that the individual described as their primary label was used to cluster people with similar sexual orientations. Due to some groups being very low (such as the number of demisexual and pansexual people), some categories were collapsed. Similarly to gender identity, it is important to keep in mind that collapsing these categories allows for easier processing for readers and consumers of this report, but may not in fact represent the identification of respondents.

1. Lesbian/Woman who has sex with Women (WSW): Women who identified that they were primarily or exclusively attracted to women, including those who used gender neutral terms such as gay or queer.
2. Gay/MSM: Men who identified as gay or the gender neutral term queer. Also man who has sex with men (MSM), the 11 respondents who specifically did *not* identify as gay, but instead specifically identified as men who have sex with men.
3. Bisexual/pansexual: People who identified as bisexual, pansexual, or other similar wide ranging sexual attractions, such as demisexuals, people with “universal” sexualities, etc.
4. Asexual: People who identified as asexual or non-sexual.
5. Straight: People who identified as straight, but admitted sexual attractions to the same sex, or who have sex with members of the opposite sex. Cisgendered people who identified as straight and exclusively attracted to the opposite sex were dropped from the analysis (see the data cleaning section). This category also included transgender people who identified as straight.
6. Other: Some people had sexual orientations or interest that did not fit into these first five categories. For example, one man expressed an interest only in transgender women, while another said his sexuality was “universal.”

BASIC DEMOGRAPHICS

Gender Identity: According to the seven categories described on page 10, the majority of people in the sample identified themselves as men (58.3%): the majority identified themselves as cisgender men (48.6%), followed by gender non-conforming men (7.3%), and trans men (2.4%). Amongst the 40.7% who identified as women, most were cisgender women (27.5%), followed by gender non-conforming women (9.0%), and trans women (4.2%). 1% identified as genderqueer or androgynous.

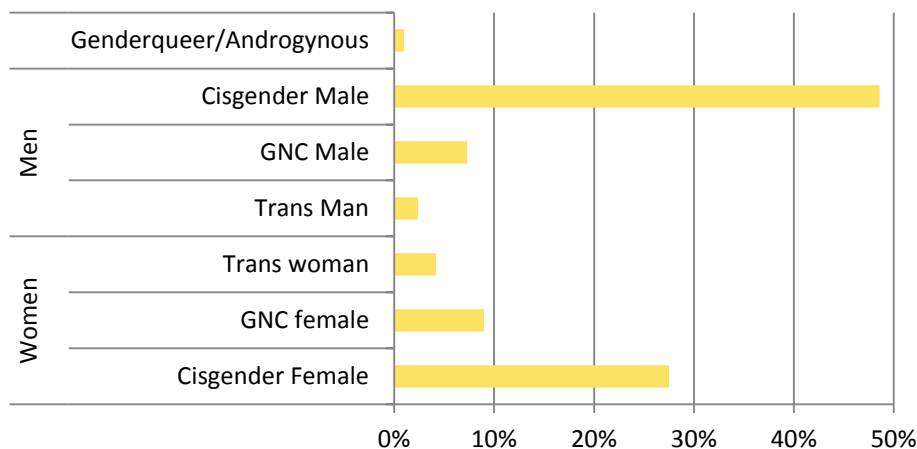


Chart 1: Gender Identity

Sexual Orientation: Because the majority of respondents identified themselves as men, the most common sexual orientation in the sample was gay man/man who has sex with men (50.1%), followed by women who identified as lesbian/woman who sex with women (24.1%), bisexual/pansexual men and women (17.6%), straight/heterosexual (4.2%), other sexualities (3.0%) and those who identified as asexual or nonsexual (1.0%).

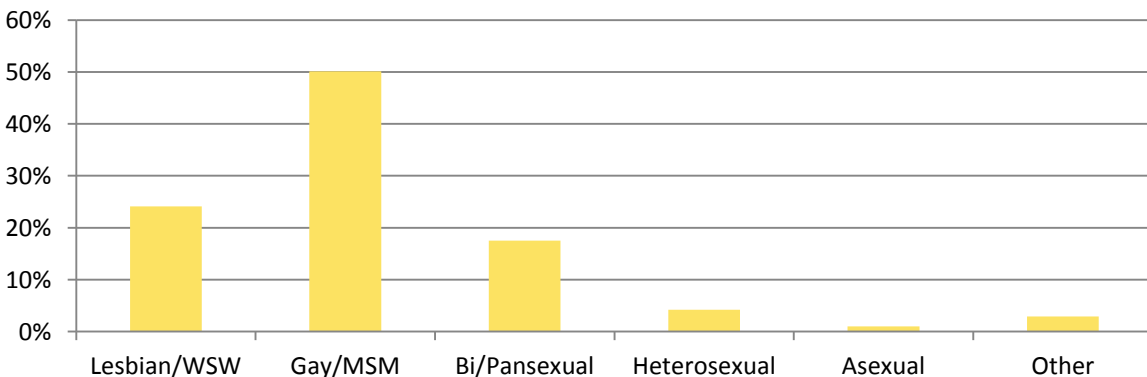


Chart 2: Sexual Orientation

Age: The survey was successful at recruiting LGBTQI people of all ages. The youngest person was 18 years old, and the oldest person was 83 years old. The mean age was **43** years old.

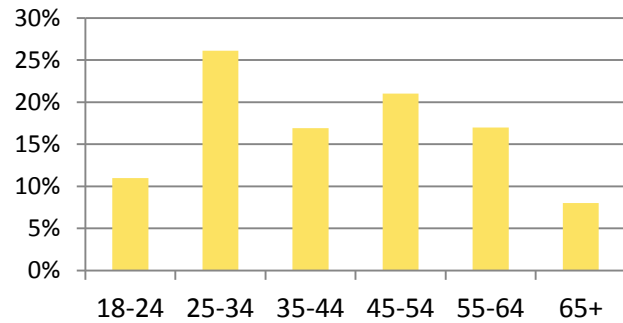
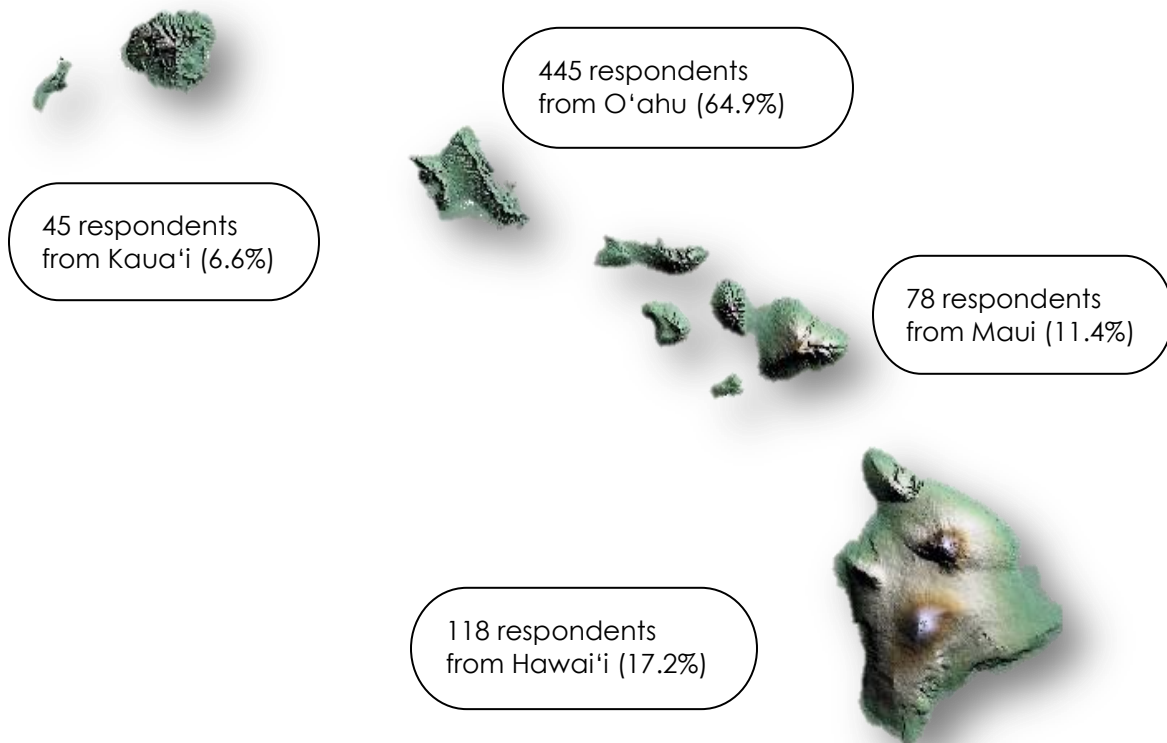


Chart 3: Age of Respondents

Location by County: The 2012 Census⁸ estimates that 1.3 million people live in the State of Hawai'i. Of those, 70% live in Honolulu County, and the remaining 30% are spread out between the other four counties. Respondents in this study closely reflected that distribution, with **35.2%** of respondents reporting that they lived in Kaua'i, Maui, or Hawai'i Counties. No respondents were from Kalawao County. When examining the islands individually, there were no respondents from Moloka'i, Ni'ihau, or Lāna'i. When looking more closely at O'ahu, one can see that respondents also closely matched the demographics of the island, with the majority living in Honolulu and Southeast O'ahu.



⁸ US Bureau of the Census, Quick Facts: Hawai'i.

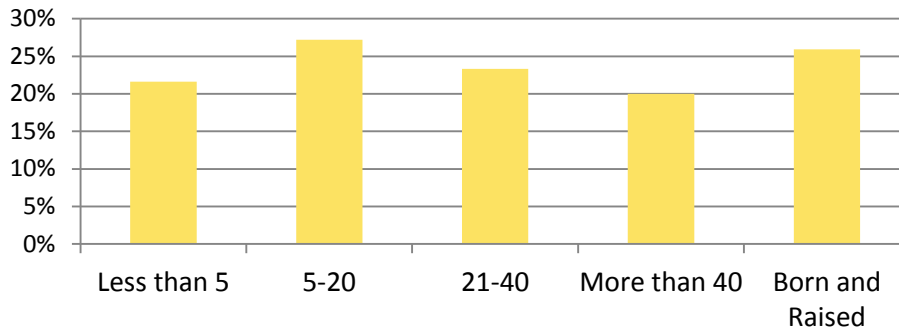


Chart 4: Residence in Hawai'i (in years)

Residence in Hawai'i: The sample represented a broad range of experiences for how long people have lived on the islands. The split was almost evenly divided between people relatively new to the islands and those who had been born and raised on the islands.

Living Situation: Most respondents lived with a romantic partner (45.8%), and the second most common living situation was respondents who live alone (21.8%). The third most common living situation was respondents who were living with their family of origin (15.0%) followed by living with friends or roommates (13.3%). Last, 1.3% reported that they were currently living in transitional or temporary housing or who were homeless, and 2.8% had other living situations.

Born in the US: Given Hawai'i's location as the crossroads of the Pacific, **8.4%** of respondents reported that they had *not* been born in the U.S.

Primary Race/Ethnicity: Respondents were asked to identify their *primary* ethnicity, followed by *all* racial/ethnic categories to which they belonged. The sample had more white respondents than the general population in Hawai'i, but otherwise had a fair representation of the diversity on the islands.

White/Caucasian	53.4%	Mixed Asian	3.3%	Samoaan	0.7%
Native Hawaiian	12.0%	Chinese	2.1%	Korean	0.6%
Japanese	6.9%	Pacific Islander	1.4%	Native American/Alaskan	0.5%
Mixed Race/Ethnic	6.3%	Black	1.3%	Portuguese	0.4%
Filipino	5.0%	Vietnamese	1.0%	Okinawan	0.1%
Latino/Hispanic	4.0%	Jewish/Semitic	1.0%	Other	0.1%

All Races/Ethnicities:

White/Caucasian	75.5%	Chinese	16.3%	Samoaan	2.3%
Native Hawaiian	17.2%	Other Pacific Islander	0.4%	Native American/Alaskan	12.3%
Japanese	13.6%	Black	3.3%	Korean	1.6%
Filipino	13.3%	Vietnamese	1.3%	Portuguese	2.1%
Latino/Hispanic	11.2%	Jewish/Semitic	1.4%	Okinawan	1.4%
Thai	0.1%	Indian	0.4%	Other	0.6%
Tongan	0.6%	Chamorro	0.6%	Middle Eastern	0.3%

RELATIONSHIPS and FAMILIES

Relationship Status: Because modern relationships have significant variability, we attempted to be as inclusive as possible in the way we asked the question about relationship status. 27.0% of respondents were single and not currently dating, but the remainder of respondents were involved in a variety of relationships. The largest percentage were in committed monogamous relationships (31.4%), though a significant portion were in legally recognized relationships such as domestic partnerships or civil unions (8.5%), marriages to same-sex partners (8.1%), or marriages to opposite sex partners (3.9%).

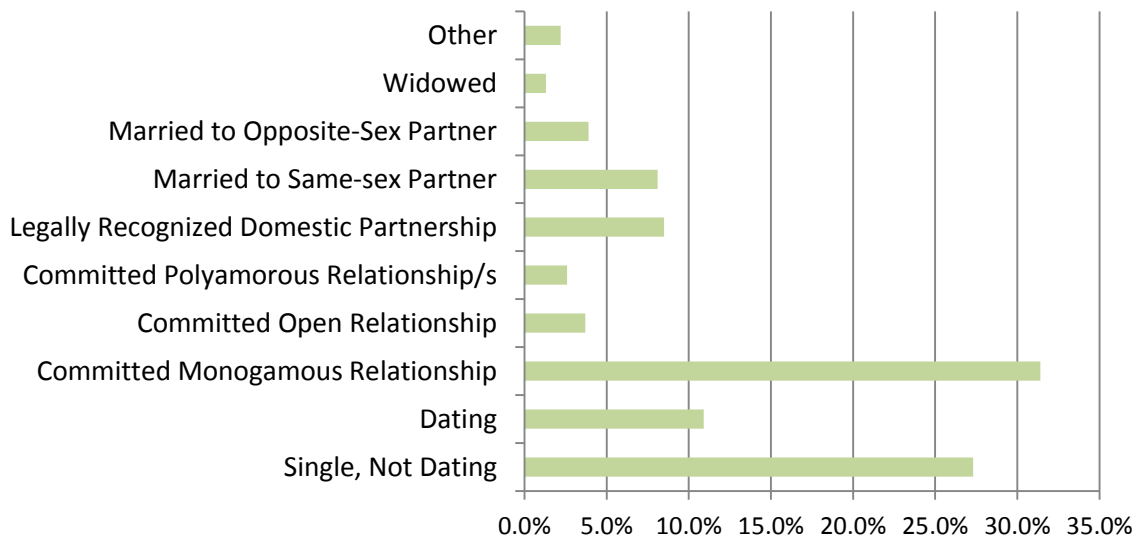
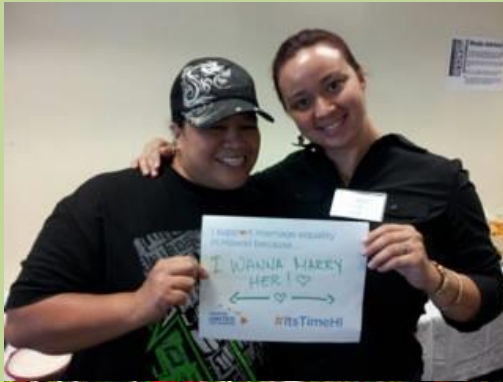


Chart 5: Relationship Status

Parenting: The survey asked about three potential types of parenting experiences: 1) having biological children, 2) having legally adopted children, or 3) having children who are neither biological nor legally adopted but whom the respondent still considered their children (such as a partner's child/ren). Overall, **23.4%** of respondents reported having children in one or more of these three categories: 15.2% had biological children, 3.7% had legally adopted children, and 10.5% had other children (such as helping raise a partner's child/ren, hanai adoptions, raising siblings after the death of a parent, etc.).

Most people who had biological children reported that their child/ren had been conceived with a prior opposite-sex partner. However, there were some signs that more young people were seeking reproductive assistance in creating their families. One gender nonconforming queer woman said "ART with Fertility Institute of Hawai'i. Dr. Frattarelli and his team are very open-minded and

focused on helping patients become parents. He works with lesbians and male couples using surrogates. Top notch resource in Honolulu!"



*"This is home
and this is
where we want
to raise our
family"*

There were a low number of people who legally adopted, to which one woman stated "Gay Adoptive Parenting almost doesn't exist in Hawai'i but should! Seriously." One person who worked to adopt a foster child stated: "DHS attitude not supportive for gay parents to adopt. Currently only my partner is recognized by DHS. I am only recognized as a "household member" and not a foster parent (which is BULL). We had to hire our own private attorney to legally adopt. We adopted our daughter from foster care. With the help of our attorney we are BOTH our daughter's legal parents. I am demanding that DHS recognize both of us as foster parents and not just one. This is PURE DISCRIMINATION." Currently, the State does not have clear adoption policies for individuals or for same-sex second parent adoptions. However, there are not laws banning adoption, meaning judges have significant discretion in granting adoptions.⁹

Another male respondent had a similar story in his international adoption process, saying "the adoption was legally done as a single-parent adoption as at the time (1993) that seemed to be an easier route to take, although it was clear from our social worker's "home study" (if you read between the lines) that we would be two Dad's raising our son. And I don't think our son ever knew that on paper it was a single-parent adoption, since we were so clearly equal as co-parents in our daily life as a family." These responses highlight the need for the State of Hawai'i to clarify adoption/foster policies/procedures, as well as making the child placing process more sensitive to LGBTQI parents.

⁹ Blanks et al. (n.d.) *Adoption by Gays and Lesbians: A Survey of the Law in 50 States and the District of Columbia*.
<http://www.adoptionpolicy.org/pdf/gaysandlesbian.pdf>

Although the survey did not directly ask about fostering, seven people discussed fostering children as one of the ways that they have parented. However, another person highlighted that there is stigma against LGBTQI people serving as foster parents. In addition, one queer cisgender woman said “the social services (adoption/foster care) do not outreach to LGBT families. Paperwork is very hetero-centric.” This too highlights the possibility of having additional LGBTQI people recruited to be foster care parents, but changes to make the fostering process more inclusive of LGBTQI people would need to be made first.

A cisgender gay woman also commented on legal barriers to family recognition in Hawai'i following separation of the parents:

“The court system needs to recognize that families are the same. Children should have the right to be with both [parents]... So many gay men and women have no rights to children that they have raised from infancy just because they aren't biological. I was lucky and I could afford to hire an attorney to fight for me, I can see my girl. Not many people can do that and they suffer the separation from their child, the child suffers too. This would be awesome if the judges would be more open to this.”

The ability to build strong supported families was clearly important to many of the respondents. When asked if they saw themselves still in Hawai'i five years from now, one bisexual cisgender woman responded “I am not sure because in five years I hope to be engaged or to legally marry my partner, and start a family, but if Hawai'i does not adopt same sex marriage and legally recognize it nor give us the benefits of a legal marriage... then I may consider moving away from my home and moving to a state that does legally recognize marriage and accept second parent adoption....” Another cisgender gay male indicated the commitment to stay in the state and build a family and a home, by saying that that in five years:

“I will still be living in Hawai'i with my husband. Hopefully we will have our family already started, living in our home that we bought together. Hawai'i has and will always be our home so we're not leaving even if there are tough obstacles ahead for us to overcome. This is because Hawai'i is changing and it is going to change for the better.”

Caring for Elders: 16.9% of respondents reported that they, or anyone else in their household, were currently providing care or assistance for an adult aged 60 or older, or an adult with a disability. Current problems in relationship recognition make caring for elders, as well as end-of-life issues, very challenging for same-sex couples. One cisgender lesbian wrote “When my partner's mother died, as an employee of the State of Hawai'i, I could not take family leave -- which is not what a married straight couple would have experienced. I took regular vacation days instead.”

EDUCATION, EMPLOYMENT, EARNINGS and SAVINGS

Educational Attainment and Attendance: Similar to other studies of LBTQI people, this study found that LBTQI had higher educational attainment than the general population of Hawai'i. The 2011 American Community Survey estimates that 29.1%¹⁰ of the population over the age of 25 had attained a bachelor's degree in the State of Hawai'i, but in this sample, **58%** had a bachelor's or graduate degree, and 61.3% of those over the age of 25 in this sample had a bachelor's or graduate degree. Thus, this sample is consistent with other research on the high level of educational attainment among LBTQI people.

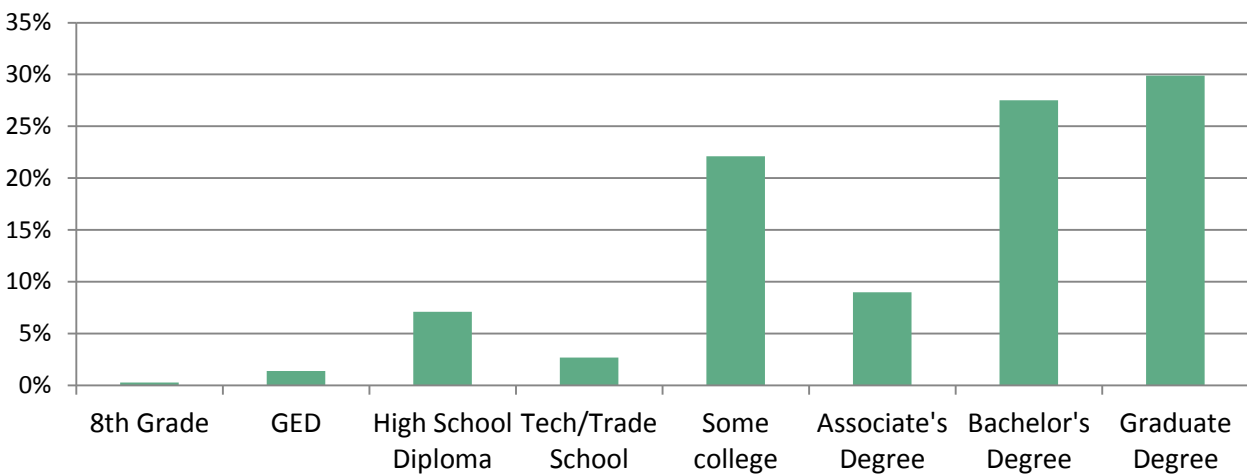


Chart 6: Highest Level of Education Completed

While these results already demonstrate a high level of educational attainment, another **20.9%** of respondents reported that they are currently enrolled in school.

Income: Respondents were asked about their individual income for the prior year. Although LBTQI people are often stereotyped as being affluent,¹¹ this study demonstrated a broad array of incomes. The survey asked about individual income, not household income, so it is difficult to compare over rates of relative poverty or wealth to Hawai'i's population in general, since most data at the state level is collected on a household basis.

¹⁰ US Bureau of the Census (2013). DP02 –Selected Social Characteristics of the United States – Hawaii. Available at:

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_DP02&prodType=table

¹¹ Badgett, M. V. L., Durso, L. E., & Schneebaum, A. (2013). *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community*. The Williams Institute at the UCLA School of Law. Available at

<http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

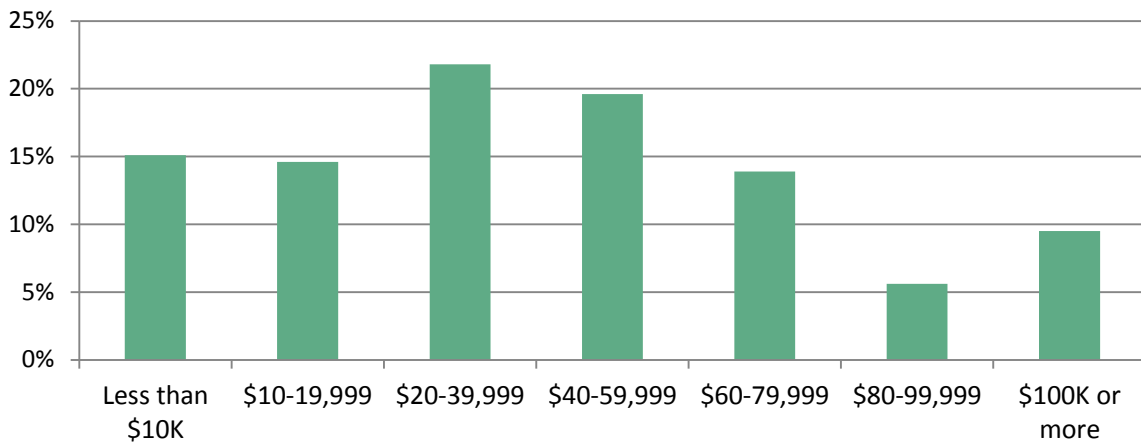


Chart 7: Income in the Last Year

In addition, the survey asked specific questions about some sources of income – including government assistance, illegal activities, and shared income. **19.2%** of respondents reported that in the last 12 months at least part of their income had been some type of government assistance such as unemployment, social security, TANF, etc. Only **3.3%** of respondents reported income that came from illegal activities such as drug sales or sex work. In addition, the survey asked about whether or not there was another adult in the household who contributed to the household's overall income, of which 55.6% responded in the affirmative.

Retirement and Savings: To determine a basic sense of the financial stability of LGBTQI people in Hawai'i, one question about emergency savings and another about retirement savings were included. **44.4%** of respondents said that they currently had the equivalent of three month's rent (or more) in savings, suggesting that they have been able to save for emergencies. There were also **56.8%** of respondents who had been able to place money into some type of retirement savings, such as a 401K or pension plan.

Employment: Although the survey did not ask about specific occupations or roles at work, the survey did inquire about people's employment status. Most people (57.4%) reported that they were currently employed full-time, and another 16.9% worked part-time (though the survey did not specify if this was part-time work by choice, or if respondents were looking for full-time work).

The rate of unemployment was a cause for concern. According to the U.S. Bureau of Labor Statistics, Hawai'i had an overall unemployment rate of 4.5% as of July, 2013.¹² The unemployment rate (meaning those who were unemployed

¹² United States Bureau of Labor Statistics (2013). *Economy at a Glance: Hawai'i*. Available from <http://www.bls.gov/eag/eag.hi.htm>

and actively seeking work) in this sample was **5.7%**, suggesting that LGBTQI people in Hawai'i may be struggling slightly more than the general population in acquiring and maintaining employment following job loss.

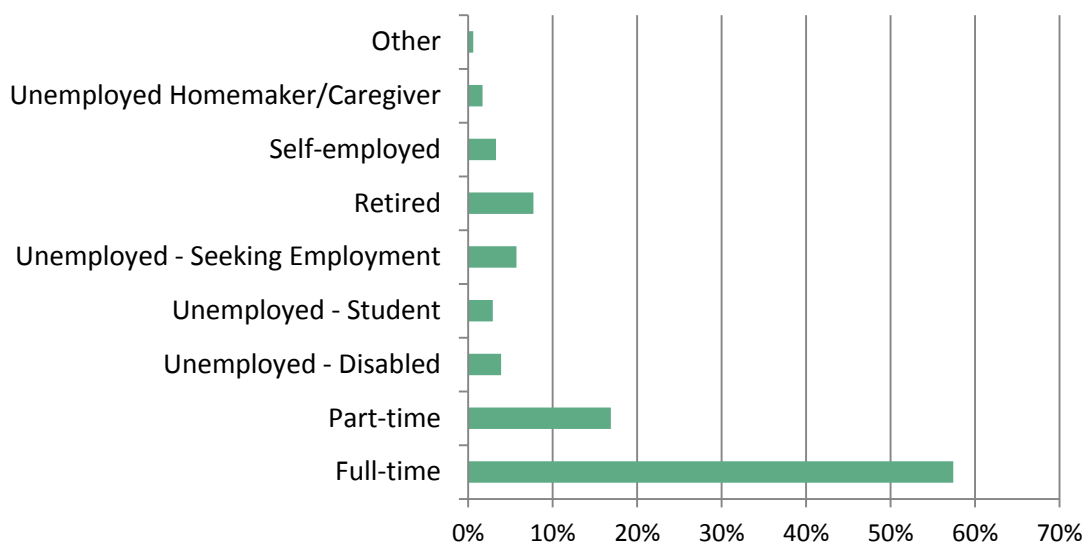


Chart 8: Employment Status

Currently in the Military or Veteran Status: Similar to Hawai'i's overall percentage of residents in the military (4.9%),¹³ **4.3%** of participants reported that they were currently serving in any branch of the military. Another **11.0%** reported that they were a Veteran of the armed services.

Discrimination in Employment: Discrimination in employment may take many forms. The survey asked about five specific forms of workplace discrimination, but left an open-ended question for respondents to fill in other experiences as well. Respondents reported high rates of being sexually harassed, and bullied/harassed in the workplace because of their sexual orientation and/or gender identity/expression.

	Because of Sexual Orientation		Because of Gender Identity/Expression	
	Yes	Don't Know/Not Sure about Motive	Yes	Don't Know/Not Sure about Motive
Been fired	5.5%	5.5%	4.2%	4.2%
Been Bullied/Harassed	23.1%	4.0%	12.9%	2.8%
Lost Job Opportunities	12.2%	12.2%	9.6%	7.7%
Sexually Harassed	16.3%	2.0%	10.9%	2.3%
Not been Hired	11.1%	16.6%	8.2%	11.2%

¹³ Hurley, T. (August 25, 2003) Military percentage in Hawai'i tops nation. *Honolulu Advertiser* Online. Available at <http://the.honoluluadvertiser.com/article/2003/Aug/25/mn/mn01a.html>

Sometimes discrimination can be overt, and sometimes it can be in the form of more subtle workplace interactions that make LGBTQI people feel uncomfortable or unsafe. In an example of overt hostility, one gay cisgender man said:

"Yes, several incidents of exclusion because they did not want the "gay guy" involved w/regards to holiday celebrations at work. Being told I would have to "volunteer" on the weekend in particular the weekend that gay pride was being celebrated – apparently someone in my workplace kept tabs on gay celebrations. I later found out about that from a co-worker who was a fundamentalist type. Even though I work in a state office there were/are several continuing incidents in which certain individuals would/will unleash their religious beliefs directly and indirectly at me in order to give their public statement about how they felt about my orientation and where they "understood" God stood on it. By the way I was "highly discouraged" by a religious co-worker...NOT to take this survey. I'm doing this during my break time and very quickly not to be seen!!!"

In another example, a lesbian transgender woman said:

"I have had my authority undermined and my work sabotaged by colleagues at least twice because of my sexual orientation and gender identity while employed at two different private non-profit social service agencies. I am now self-employed as a private practice mental health counselor."

Sometimes this discrimination is less obvious, as one gay cisgender male stated, "Comments are subtle, people are unaware of their own prejudice," and an asexual māhūwahine said "I have been made to feel unwelcome or undesirable," while a cisgender gay man said that he experienced "silent and subtle" indignities without overt discrimination. The word cloud on the next page represents the common words that respondents used to describe their workplaces, with larger words reflecting more frequent use. It shows how LGBTQI workers face fear of harassment and discrimination, face jokes about their sexual orientation, that they feel harassed by coworkers (particularly religious coworkers), and face sabotage from coworkers.

Many people manage these issues by acting as though they were heterosexual and by acting in gender conforming ways. For example, one woman who has sex with women said, "I don't share sexual orientation information with employers or anyone other than very close friends" and a cisgender gay man said, "I had to remain in the closet at work. If I had come out at work, I felt I would be verbally harassed." In addition, one cisgender lesbian added "I need to be careful to not let people at work know about my sexual orientation because I work at a school."



Customers/Patients: Three individuals highlighted how their sexual orientation or gender identity/expression was perceived as problematic to their interactions with clients/customers.

“Patients may have not continued care due to their discomfort with my gender expression, but I have no way to confirm that.” – soft butch lesbian woman

“The word of why I am not hired comes back to me, They are worried about what customers will think having me there. Everytime.” – blended/androgynous straight person

“I’m a nurse, and while I am out to my boss and coworkers, I do not feel that I would be supported if I was out to my patients and their families – i.e., when a client asks if I’m married, I do not feel that I could/would say “no, because I’m a lesbian” or something like that. Part of that is the situation, but I definitely feel that my workplace would not support it.” – queer cisgender woman

Hostile Environment: Many respondents reported that they encountered a variety of ways in which their coworkers made the workplace climate hostile.

"Co-workers were openly talking about not having supported marriage equality in Hawai'i by engaging in protests. Others shared their discomfort at an LGBTQI training with discussing these issues & with working with LGBTQI clients." – cisgender lesbian woman

"I would say that exclusion is an issue. And general sense of "weirdness" especially directed at me from older, and more religious co-workers. The idea being, "you can be you, just don't talk about your life around me"." – cisgender lesbian woman

"Being told that I cannot handle food especially when I worked with AIDS Hospice activities in the late 1980s early 1990s. Being easily written up for many unfounded infractions because the supervisor felt that my sexual "orientation" was not conducive to a "godly atmosphere" here at work. I work in a state government office." – cisgender gay male

"I ended up quitting because of the ridiculous management decision. They said they hired a male, and if I wanted to come to work as a woman, I would need to quit and reapply as a woman. I was already an assistant manager who was up for promotion to floor manager." – straight mähūwahine

"I was loudly asked to get out a woman's bathroom at a state office building by [an employee] who erroneously assumed I was a man in a woman's bathroom. It was quite embarrassing." – gender nonconforming lesbian woman

"Refusal to be allowed access to the women's restroom by my employer." – pansexual trans woman

"When requesting the day off to work at the Gay Pride festival the manager gave the day off to a woman who was going to help at her church, even though I had requested it three weeks prior to her request and time off was arranged by order of request, not seniority." -- cisgender lesbian

Sometimes these experiences of hostile workplaces were not due to direct action, but also via ignorance. For example, one gender nonconforming lesbian said "Other employees thinking I want to be a man because I'm butch" made her workplace uncomfortable and a queer-identified mähūkane said "Even if

people want to be kind/help/be accepting, people are uneducated and therefore "get it wrong" a lot." Also, a cisgender lesbian said:

"After finding out I was Lesbian, the male manager then felt he could discuss his sexual "likes" with me. So, not hitting on me, but telling me all the things he "liked" about every customer that came in. Just gross and unprofessional. I was afraid if I did not joke or laugh it off, I would have been fired." – cisgender lesbian

Reporting and Retaliation: Three respondents discussed attempting to deal with the discrimination or hostile workplace experiences by going to their supervisors or other administrators with little effect.

"I have been discriminated against in the workplace and when I brought it to management's attention, it was discounted and ignored. In fact, I was retaliated against for reporting the abuse. The more someone in a power position is religious, the worse it is for a gay employee. We are treated differently as a result." – cisgender gay male

"Police/Corrections are both notoriously anti-gay, yet all cases of on-the-job bullying/harassment go unreported for fear of termination." – cisgender male MSM

"I've experienced some workplace anti-gay discrimination. Reported to management. Issue eventually resolved after much inaction by manager." –cisgender gay male

Positive Workplaces: Although these results certainly raise concerns about the employment circumstances for LGBTQI people in Hawai'i, there were multiple respondents who said that they had positive employment-related experiences. One gay cisgender man said "My sexual orientation has been never been an issue in my workplace. In fact my co-workers have learned a lot from me." Another cisgender gay male said "I am thankful that my employer is extremely liberal, progressive, and accepting. They offer same-gender couple benefits and embrace diversity," and a third reported that "I have had nothing but an incredibly accepting experience in all of jobs while living in Hawai'i. My orientation was a non-issue every time." The percent of people reporting experiences of discrimination that are illegal in the State of Hawai'i,¹⁴ as well as these reports of other types of behaviors that induce feelings of workplace hostility and discomfort suggest that Hawai'i still has a ways to go in addressing LGBTQI issues in the workplace.

¹⁴ Williams Institute (2009) Sexual Orientation and Gender Identity Law and Documentation of Discrimination available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Hawaii.pdf>

HEALTH and WELL-BEING

Research in the United States has suggested that LGBTQI people face significant challenges to their health and mental health.¹⁵ These challenges can be a result of attempting to cope with experiences of discrimination and violence, aversion to seeking services due to experiences of rejection or discrimination in health/mental health settings, or hearing about these experiences from other LGBTQI people.

Overall Health: Utilizing the Self-Assessed Health Status Scale endorsed by *Healthy People 2020*, participants were asked to rate their overall health in one of five categories: poor, fair, good, very good, or excellent. From this chart you can see that the majority of respondents self-assessed their health as either “very good” (41.2%) or “good” (30.8%).

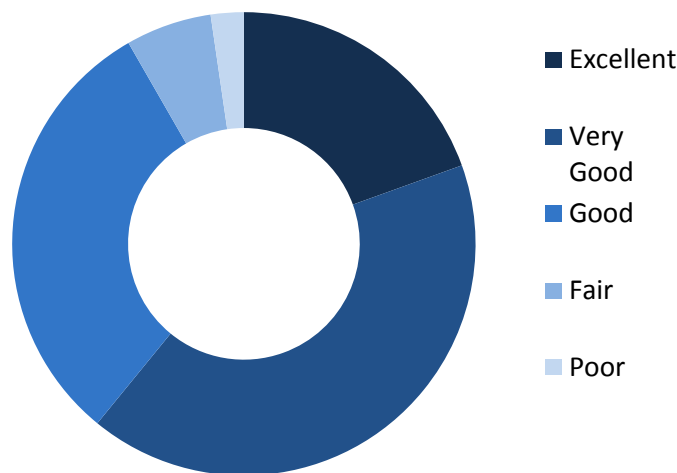


Chart 9: Overall Self-Assessed Health

Chronic Health/Mental Health Conditions: The survey also asked people about their existing chronic conditions, such as heart disease, HIV, cancer, asthma/COPD, etc. A large portion of respondents reported that they had some type of chronic condition, at **42.3%**. Recently, the health field has started to consider obesity a significant contributor to poor health, and a health concern on its own, but unfortunately, obesity was not included in this survey.

¹⁵ Cochran, S. D. (2001). Emerging issues in research on lesbians' and gay men's mental health: Does sexual orientation really matter? *American Psychologist*, 11, 931-947; Cochran, S. D., & Mays, V. M. (2007). Physical health complaints among lesbians, gay men, and bisexual and homosexually experienced heterosexual individuals: Result from the California Quality of Life Survey. *American Journal of Public Health*, 97, 2048-2055.

As can be seen in the chart below, the rate of people living with HIV/AIDS in this sample (6.9%) is much higher than the overall rate of less than 1% in the general population in the State of Hawai'i.¹⁶

HIV/AIDS	6.9%	Mental Health Issue	12.4%
Cancer	0.9%	Digestive (e.g., IBS)	1.3%
Diabetes	4.0%	Chronic Pain Condition/s	1.3%
Physical Disability	3.8%	High Blood Pressure	1.8%
Heart Disease	4.3%	Asthma/COPD	8.0%
Chronic STDs	1.6%	High Cholesterol	0.3%
Arthritis	6.6%	Gonadal (e.g., hypogonadism, androgen insensitivity)	0.6%
Other Health Issue	4.3%		

Tobacco Use: Prior studies have found that LGBTQI populations have concerning rates of smoking and tobacco use.¹⁷ In this sample, 9.0% of the respondents said that they smoked or used tobacco products regularly, and another 9.4% reported smoking or using tobacco products at least occasionally. This means that **18.4%** of respondents used tobacco products at least occasionally.

Health Insurance Coverage: The Kaiser Family Foundation¹⁸ estimates that only 8% of the entire population of Hawai'i lacks health insurance coverage. However, in this sample, **11%** of the respondents overall had no health care insurance. For those who did have insurance, the vast majority accessed insurance through their employer (55.1%).

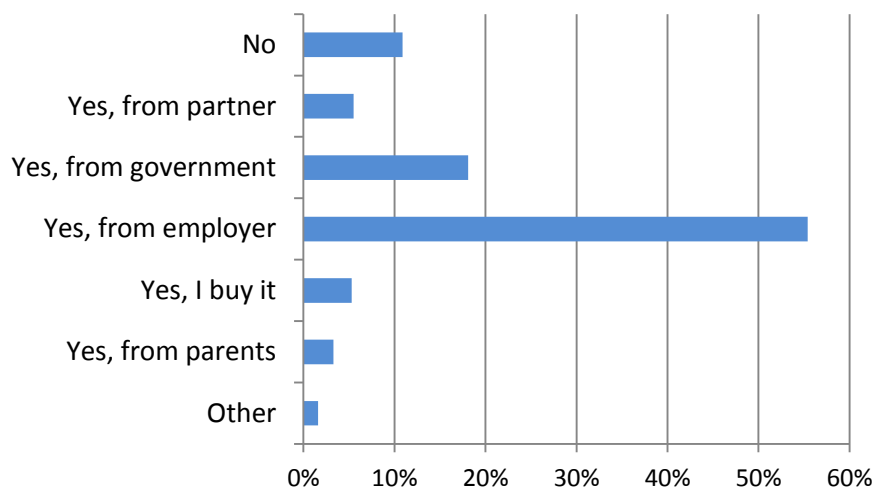


Chart 10: Health Insurance Coverage and Source of Coverage

¹⁶ Life Foundation (2013). HIV Facts: Statistics. Available at <http://lifefoundationorg.ipage.com/hiv-facts/statistics/>

¹⁷ Ryan, H., Wortley, P. M., Easton, A., Pederson, L., & Greenwood, G. (2001). Smoking among lesbians, gays, and bisexuals: A review of the literature. *American Journal of Preventive Medicine*, 21, 142-149.

¹⁸ <http://kff.org/other/state-indicator/total-population/>

Regular Doctor: Research suggests that having a regular doctor increases the quality of the doctor-patient relationship, which can lead to better prevention and primary care.¹⁹ In this sample, the majority of respondents had a regular doctor, but **27.7%** said that they had no regular doctor. Some of this may be due to an inability to find a doctor with whom they feel comfortable. As one cisgender queer man said, “Are there health services or clinics specifically tailored to LGBTQI clients on O’ahu?? I’ve been looking but can’t find them. (Not the same as HIV/AIDS services.)”

Discrimination in Services: Previous research has documented substantial discrimination and poor treatment for LGBTQI people trying to access basic or advanced health care and social services.²⁰ To uncover any discrimination in healthcare or social services in Hawai’i, respondents were asked about being maltreated or denied services in physical or mental health care, as well as social services generally.

	Because of Sexual Orientation		Because of Gender Identity/Expression	
	Yes	Don’t Know/Not Sure about Motive	Yes	Don’t Know/Not Sure about Motive
Been denied physical or mental health care	3.3%	6.0%	2.8%	6.1%
Been treated poorly while receiving physical or mental health care	12.8%	5.6%	8.5%	5.8%
Been refused social services	3.1%	9.2%	2.5%	8.5%
Been treated poorly while receiving social services	7.4%	9.7%	6.2%	8.6%

Overall, 16.1% of respondents reported at least one of these four experiences due to their sexual orientation, and 9.7% because of their gender identity or expression. One cisgender gay man wrote, regarding his experience with a doctor:

“Doctors stereotype me. I recently went to a new doctor for a physical. I had genuine concerns about typical middle-aged men stuff as well as some sinus and blood pressure concerns. Despite telling the doctor I am in a 21 year long monogamous relationship with another man, he insisted on checking me for a range of STD’s

¹⁹ Lambrew et al. (1996). The effects of having a regular doctor on access to primary care. *Medical Care*, 34, 138-151.

²⁰ Stotzer, R. L., Silverschanz, P., & Wilson, A. A. (2013). Gender identity and social services: Barriers to care. *Journal of Social Service Research*, 39, 63-77; Burgess, D., Lee, R. Tran, A., & van Ryn, M. (2008). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual, and transgender persons. *Journal of LGBT Health Research*, 3, 1-14.

and HIV. He didn't even address any of the concerns for which I went. I felt like the doctor was projecting his own misguided beliefs about gay men onto me. I left feeling insulted, I left without proper medical care for the concerns I had, and there was never any follow up with me after the STD work up came back negative for everything. I suppose this alleviated the doctor's concerns about me, but I had already told him I was HIV negative and that I was there for other reasons. These needless tests cost me money and have also gone into my official records. I doubt that straight couples are subjected to such disrespect of their monogamous relationships of 21 years."

One transgender woman wrote "when in homeless shelter I was housed in the Male side, despite my ID/Driver's License with Female and also being very *passable*. The excuses offered were *what if* a Woman that had been traumatized, sexually assaulted/raped saw my penis???? And, of course, being Female myself I responded that 'I AM that Woman you are talking to!!!!' All to no avail."

Similarly, a gay/bisexual gender nonconforming male who had trouble accessing services said "I have been refused help for food and clothing by the salvation army and other church groups whose mission is to help the needy due to my sexuality." Even a pansexual cisgender female employee at a social service agency noted issues in her place of employment, such that "Working in social services, I have no complaints about my own work environment, but am disappointed in the services/cultural competency of my agency with LGBTQI issues." These results suggest that there is a need for increased training about LGBTQI people and populations in the health and social services in the State of Hawai'i.

Delaying Care: Perhaps due to direct experiences of discrimination, poor treatment in health and social services, or fears of these experiences, many respondents reported that they had delayed seeking care due to their sexual orientation and/or gender identity. **8.5%** of respondents said that they had delayed seeking care because of their sexual orientation, and **7.1%** because of their gender identity or expression. For example, one genderqueer gay woman said:

"Heterosexism appears to be the primary lens that most medical providers use to view their patients. It can be extremely embarrassing as a patient subjected to this & uncomfortable to correct a medical professional. For most of my adult life I didn't go to the doctors (especially gynecologist) due to the medical professions heterosexist bias."

Access to Gender Transition Services: Of all respondents, 41 people indicated that they were seeking, or had previously sought, hormones to assist them in gender transition. When asked if they were receiving those hormones from a medical professional, 78% answered yes, while 4.8% said that they were already post-operative transgender women who chose not to take hormones anymore. An additional 14.6% responded that they wanted to begin taking hormones, but could not find a provider to help them get access to hormones, and 2.4% said that they were taking hormones that they received from source *other* than a medical professional. The number of people seeking transition services and whom are unable to find them suggests a need for additional information about existing services, or an increase in the number of providers, should be available for the transgender community. Also, those seeking services would benefit from stronger community communication between LGBTQI-serving agencies and health services that provide transition services.

In addition to availability, health insurance coverage was also raised by one bisexual gender nonconforming woman who said, "Also, I think the need for health insurance to cover transitions for transgendered is absolutely necessary and would alleviate the excessive cost and stigma from having to pay for it themselves."



CRIME and SAFETY

LGBTQI people face significant discrimination, harassment, and victimization due to their sexual orientation.²¹ To explore the rate of criminal victimization among LGBTQI people in Hawai'i, participants were asked about experiences of victimization due to their sexual orientation and their gender identity or expression. These experiences can lead to feelings of concern about safety in community and fear of victimization. Thus, the survey also asked about perceptions of community safety. Like all other citizens, LGBTQI people can also be engaged in criminal activity, and some subpopulations such as transgender women have been found to be overrepresented in arrest and incarceration,²² largely due to the discrimination in employment that leads many transgender women to sex work and drug sales, so respondents were also asked about their history of arrest and incarceration.

Arrest and Incarceration: 19.6% of respondents reported that they have ever been arrested, and 6.4% have been incarcerated. The survey did not ask about reasons for arrest or incarceration, or experiences of arrest and incarceration. Further research should address this area.

Perception of Community Safety: To measure perceptions of community safety, respondents were asked to indicate their level of agreement (1 – “strongly disagree” to 5 – “strongly agree”) on six questions:

1. I feel very safe from harm in my community during the day.
2. I feel very safe from harm in my community at night.
3. I feel that I belong in my community.
4. I feel that I am valued by people in my community.
5. I feel totally comfortable being LGBTQI in my community.
6. I would feel safe from harm when holding a same-sex partner's hand in public in my community.

Overall, respondents reported feeling fairly safe in their community, with an average of 3.7 across the six items. When looking more closely at each of the six items individually, important concerns about community safety emerge. Although respondents felt generally safe in their communities, and generally

²¹ Stotzer, R. L. (2009). Violence against transgender people: A review of United states data. *Aggression and Violent Behavior, 14*, 170-179; Herek, G. M. Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence, 24*, 54-74.

²² Xavier, J., Honnold, J. A., & Bradford, J. (2007). *The health, health-related needs, and lifecourse experiences of transgender Virginians*. Virginia HIV Community Planning Committee and Virginia Department of Health.

valued and belonging to their communities, when asked two LGBTQI specific questions, scores dropped. The question about being comfortable being LGBTQI in their communities had an average score of 3.54. The lowest item endorsed by respondents was about holding hands – the average agreement was only 2.95, indicating that respondents felt uncomfortable holding hands with a same-sex partner's hand in public in their community.

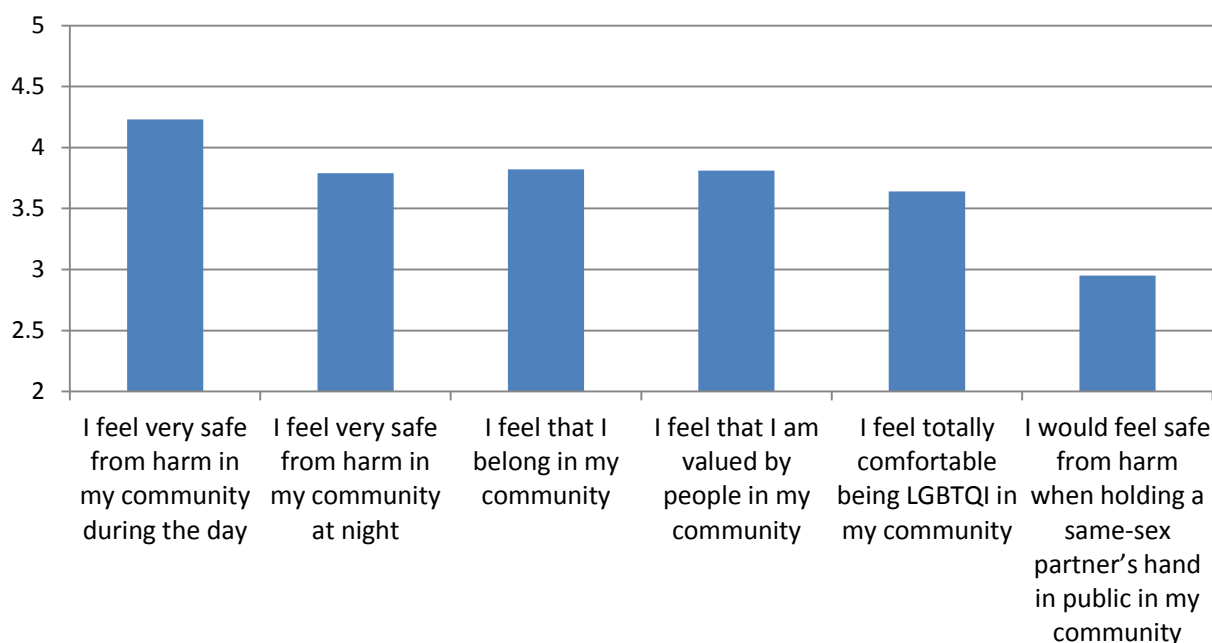


Chart 11: Perceptions of Community Safety, Individual Items

Victimization: Participants were asked if they had ever been victims of crime – physical assault, sexual assault, robbery/mugging, harassment/intimidation, or vandalism – because of their sexual orientation or their gender identity or expression. **39.2%** of respondents reported that they had been victims of one of these types of crime due to their sexual orientation, and **24.2%** said they had been victims of at least one of these crimes due to their gender identity or expression while in Hawai'i.

In addition to asking if they knew that they were victimized due to bias, respondents were also given the choice of "I don't know/am not sure about the motive", since sometimes the reason for a crime can be difficult to identify clearly. When examining these individual types of crimes, it is clear that a significant number of LGBTQI people faced a variety of bias crime experiences.

	Because of Sexual Orientation		Because of Gender Identity/Expression	
	Yes	Don't Know/Not Sure about Motive	Yes	Don't Know/Not Sure about Motive
Physical Assault	10.7%	2.3%	6.9%	2.2%
Sexual Assault	5.6%	1.9%	4.5%	2.3%
Robbery/Mugging	3.4%	2.6%	2.2%	2.5%
Intimidation/Harassment	36.9%	4.4%	21.5%	3.0%
Vandalism	10.0%	3.7%	5.7%	3.1%

Intimidation and harassment were the most common types of crimes or possible crimes faced by LGBTQI people. For example, one cisgender bisexual woman said: “My girlfriend and I have been yelled at and called names such as 'dyke'... or phrases like 'that's not right' while we were holding hands in Waikīkī.” However, more disturbing and violent actions were also reported. One gay gender nonconforming woman wrote “Well, what has happened repeatedly is because I am assumed to be male most times. I also get read as a gay man much more than a gay woman and so I have been chased by groups of young men with bats shouting faggot and other offensive and obscene shit. That happens a lot to me actually.”

Police Reporting: Of those who had responded that they had been victims of crime, 98 responded to questions about reporting to police. The vast majority, **71.5%** did *not* report to police. Common reasons for not reporting were 1) being too embarrassed, ashamed, or scared to report, 2) feeling that the police would do nothing or respond inadequately, 3) fearing retaliation from a perpetrator or the perpetrator's family if the incident was reported, 4) fearing discriminatory and/or abusive treatment from the police, or 5) feeling that the incident was not

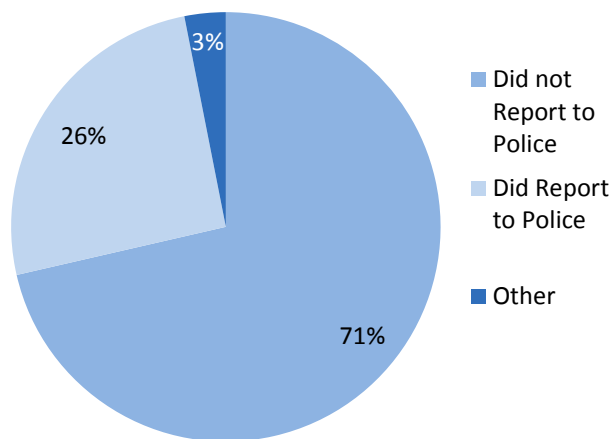


Chart 12: Percent of Crime Victims Who Reported to Police

serious enough to warrant a report. For example, one self-identified māhūwahine chose not to report, saying “It wasn't worth reporting to the police because the police would have just laughed and not done anything about the situation. Instead I would lose face, lose time, felt worse off.” One person also reported the police were frequently the source of abuse or harassment, and thus reporting to police served no purpose. Another three

respondents reported that the police would not take the side of an LGBTQI person over a “more local” person, and thus reporting served no purpose. One gay man said he did not report because “the problem is the police.”

Two individuals (2.1%) reported different strategies than reporting to police to deal with crime or harassment, such as working with a gym owner to revoke the membership of an abusive gym-user, and talking to the gay bar owners who said they had told police about the people intimidating and harassing people coming out of the gay bar (though the respondent felt that the police were not responding adequately).

Among those 25 people (25.5%) who *did* report their experiences to police, only one lesbian woman seemed to have had a successful outcome of attaining a restraining order against an abusive female. Three people did not relate their experiences with police, but said that they reported their victimization to police because “that is their job” or two people who reported because they didn’t want the problem to continue. The majority of the 17 people (64.7%) who explained their reasons for reporting to police also revealed negative experiences with law enforcement. The most common issues were: 1) police did not take the report seriously, 2) police were rude, disrespectful, or dismissive, 3) police took no action after a report was filed, 4) police blamed the victim, and 5) police responded too slowly to stop the crime or apprehend perpetrator/s. One transgender woman said that she reported her victimization to police, but that “their attitude towards me and the situation were treated with disrespect and unconcern.”

A concerning trend that emerged among both those who did not report to law enforcement and those who did was the belief that Hawai’i has no bias crime laws to protect LGBTQI people. However, according to the State of Hawai’i’s Attorney General’s Office:

“Similar to the federal definition, the term “hate crime” is legally defined in Hawai’i as “any criminal act in which the perpetrator intentionally selected a victim, or in the case of a property crime, the property that was the object of a crime, because of hostility toward the actual or perceived race, religion, disability, ethnicity, national origin, gender identity or expression, or sexual orientation of any person” (HRS §846-51). “Gender identity or expression” was added in Hawai’i in 2003.”²³

In addition, HRS § 706-662 (2010) outlines the sentence enhancements that can be applied to perpetrators of bias crimes, such that:

²³ State of Hawai’i Department of the Attorney General (2012). *Hate Crimes in Hawai’i, 2011*. Available at <http://ag.hawaii.gov/cpja/files/2013/01/Hate-Crime-Report-2011.pdf>

"A defendant who has been convicted of a felony may be subject to an extended term of imprisonment under section 706-661 if the defendant is a hate crime offender in that (a) the defendant is convicted of a crime under chapter 707, 708, or 711; and (b) the defendant intentionally selected a victim or, in the case of a property crime, the property that was the object of a crime, because of hostility toward the actual or perceived race, religion, disability, ethnicity, national origin, gender identity or expression, or sexual orientation of any person."²⁴

One gay man who was mugged and beaten by military personnel in Waikīkī reported the crime to police and said that "even after finding and identifying the person that beat me, my only prosecuting option was minimal assault charges since Hawai'i doesn't have hate crime laws." Another gay man who also reported to police said that the police told him "there are no hate crimes in Hawai'i." A third man who identifies as straight but who has sex with men did not report a physical assault because "it's not considered a real crime here." These reports suggest a need for increased education – for victims so they understand their rights to pursue bias crime charges, but also for those who work in the justice system to understand how to investigate and prosecute bias crimes appropriately.

As one person summarized "I don't want to leave Hawai'i, but I just don't feel safe here."



*"I can't
see myself
living
anywhere
else in the
world.
Hawai'i is
my home
and this is
where my
heart is."*

²⁴ HRS § 706-662 (2010)

SENSE of COMMUNITY & COMMUNITY PRIORITIES

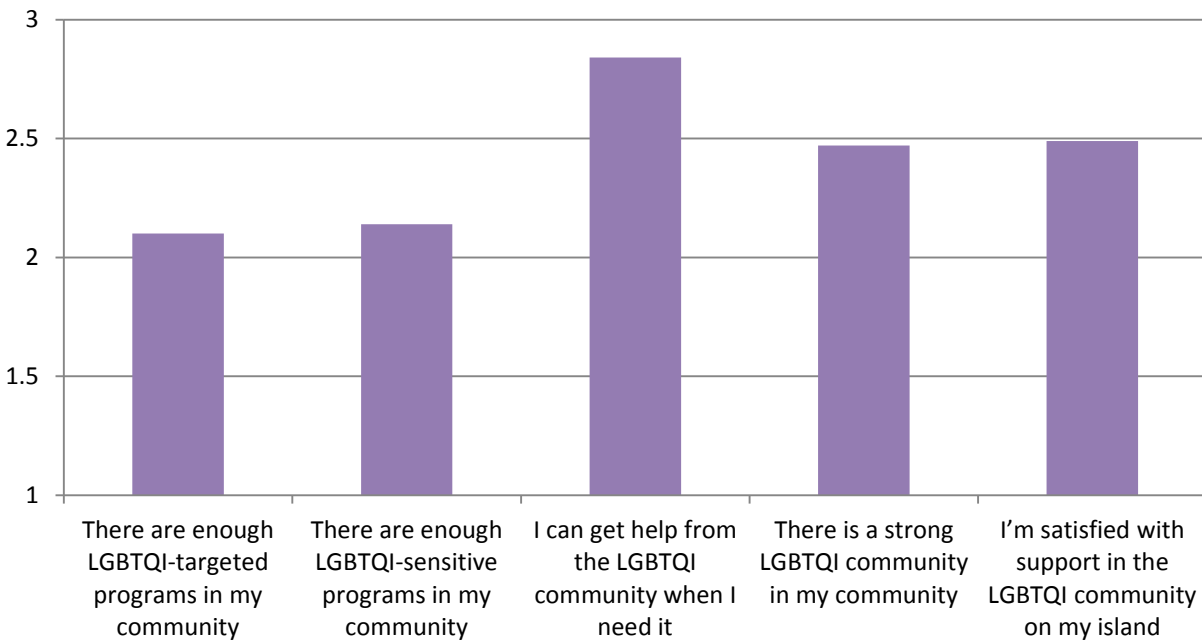
This needs assessment asked a series of questions to better understand how LGBTQI saw the LGBTQI community, their feelings about their community in Hawai'i overall, and their own perceptions of loneliness and overall life satisfaction. In addition, participants were asked to rank what they saw as the most important political/social or social service-related issues for LGBTQI people. These questions allow us to see what issues have the highest priority for LGBTQI people in the State.

LGBTQI Community in Hawai'i: Research has shown that the strength of LGBTQI people's connection to the LGBTQI community provides support for mental and physical health.²⁵ Although many agencies have begun to offer LGBTQI-related services, Hawai'i has no centralized LGBTQI center or coordinating agency. Thus, inquiring about perceptions of the LGBTQI community is important. To that end, we asked five questions about the LGBTQI community in Hawai'i:

- 1) There are enough LGBTQI-targeted programs in my community.
- 2) There are enough LGBTQI-sensitive programs in my community.
- 3) I can get help from the LGBTQI community when I need it.
- 4) There is a strong LGBTQI community in my community.
- 5) I'm satisfied with support in the LGBTQI community on my island.

The scores on the individual items, and the average of all those items for each person were low, indicating concern about the support available from the LGBTQI community in Hawai'i. The average score of the five items could be anywhere from 1 (strongly disagree) to 5 (strongly agree), and was **2.4**, indicating an overall lack of agreement that the LGBTQI community was meeting the needs of these respondents. The individual item scores are presented below. Closer analysis shows that most people had the greatest concerns about the available of LGBTQI-specific programs, or LGBTQI-supportive programs. The items about general feelings of community were slightly higher, but none of the items even came to the halfway mark, showing a strong need for better cohesion and programs in and for the LGBTQI community.

²⁵ Herek, G. M., Cogan, J. C., Gillis, J. R., & Glunt, E. K. (1997). Correlates of internalized homophobia in a community sample of lesbians and gay men. *Journal of the Gay and Lesbian Medical Association*, 2, 17-25.



Sense of Loneliness: Perhaps related to the poor scores related to a lack of feelings of community safety (in section VIII), and the need to hide LGBTQI identity from the public, respondents indicated a moderate degree of loneliness. In this case, three items were used to measure loneliness:

- 1) I often feel that I lack companionship.
- 2) I often feel left out.
- 3) I often feel isolated from others.

Unlike other measures, higher scores are less desirable because they indicate higher loneliness. All the individual items had an average similar to the overall average of **2.5**, indicating slight but not strong disagreement with the items. This suggests that many of the LGBTQI respondents in this survey endorsed some feelings of loneliness and isolation here in Hawai'i, but that the majority of respondents did not feel lonely or isolated overall.

Life satisfaction: Despite the poor indicators of community safety, discrimination in the workplace, discrimination in healthcare settings, and concerns about the LGBTQI community infrastructure discussed in earlier sections of this report, respondents indicated a sense of contentment with their overall life situations. Similar to other measures, respondents were asked how much they agree (5 = strongly agree) or disagree (1 = strongly disagree) with five separate statements along a five point continuum.

- 1) In most ways my life is close to my ideal.
- 2) The conditions of my life are excellent.
- 3) I am satisfied with my life.
- 4) So far I have gotten the important things I want in life.

5) If I could live my life over, I would change almost nothing.

The average score on these five items was **3.5**, indicating an overall agreement with these five items, and an overall moderate satisfaction with their current life situations.

Intent to Stay: Research has suggested that states who adopt progressive policies toward relationship recognition and other LGBTQI-supportive policies are signaling to creative entrepreneurs and creative people that the state values innovation and forward-thinking policies. This can have a significant impact on the economy of those states and in the overall happiness of communities.²⁶ To determine whether these unique factors in Hawai'i were related to people's intent to stay on the islands or to leave, respondents were asked "When thinking about your life five years from now, do you still think you will be living in Hawai'i? Why or why not?"

The majority (**66%**) said that in five years they still saw themselves living in Hawai'i. Amongst those who answered either "no" they would not be here, or "maybe", they were uncertain where they would be, the top two reasons to consider leaving were related to career opportunities (22.7%) and cost of living (21.9%). The third and fourth most common reason cited for leaving the State of Hawai'i were the level of homophobia and negative reaction to LGBTQI people from non-LGBTQI people (8.7%) and the fragmented nature of the LGBTQI community itself (8.7%). The fifth most common reason cited for why people would leave the State is a desire to go somewhere where they can get married and have their marriage recognized by state government (6.6%).

Notes on Communities – Christian Churches: The survey did not specifically ask about religion or faith communities, however, multiple respondents brought up religion in various open-ended questions. For example, in the *Employment, Education, Earnings, and Savings* section of this report, many people commented on how freely some coworkers or bosses felt they could make anti-gay comments at work due to religious (particularly Christian) convictions. Another gay male said at work "I've been "ministered" to by Christian's, which I feel is harassment. Having people think I'm sinning because of my sexual orientation is inexcusable to me, as my spiritual life is paramount, particularly because I feel this is a characteristic of being gay. In many cultures this practice and belief is common - just not in fundamental Christianity, Islam and Judaism."

²⁶ Stewart, J. (May 11, 2012) *Gay Marriage Bans May Come at A Price*. http://www.nytimes.com/2012/05/12/business/same-sex-marriage-bans-are-bad-for-business-common-sense.html?pagewanted=all&_r=0; Berman, J. (May 15, 2013). *Eight Ways Legalizing Same-sex Marriage is Good for the Economy*. http://www.huffingtonpost.com/2013/05/15/same-sex-marriage-economy_n_3267725.html



In addition to these workplace experiences, in the section asking about discrimination or harassment, multiple respondents reported on negative experiences with church groups, which have led to negative feelings of community acceptance or at least tolerance. For example, one gay man said that he'd experienced "hateful words from church people" and a gender nonconforming queer woman said she'd experienced "discrimination from churches." Another cisgender gay man wrote about community hostility in that "certain Christian groups and individuals are not welcoming or accepting of my sexual orientation," and another clarified the concerns about community hostility in that his experiences of harassment were "Just hate crimes from the Christian churches that target the LGBT community but not directly to me but via their community efforts to go after us as a whole." A cisgender gay man who is a teacher said that "Coming out to new students every semester is uncomfortable. Especially in a heavily Christian environment. I find I am becoming anti-Christian, although I was raised in this faith." Last, a cisgender gay man who was participating in

legally protected activism wrote "working with the Hawai'i Civil Unions Civil Rights Movement and doing a March for Equality around the island of Oahu, we were harassed in the town of Laie and near the Mormon Temple and had things thrown at us."

This is certainly a reflection of the tensions within the Christian community itself, with some denominations coming out in favor of LGBTQI people, families, and marriage, with others still expressing judgment anchored in the concept of sin. Unfortunately, these theological tensions appear to have found a public outlet as many people associated with Christian churches are acting out their beliefs against LGBTQI people in the workplace, in the community, and during public demonstrations. This can also be seen reflected in recent events where a Catholic Bishop came out against same-sex marriage in the State of Hawai'i erroneously calling it "just" discrimination (as opposed to "unjust" discrimination),²⁷ while in a similar timeframe a group of churches and other

²⁷ Brydum, S. Aug. 26, 2013) *Hawaiian Bishop: Banning Marriage Equality is 'Just Discrimination*. <http://www.advocate.com/politics/religion/2013/08/26/hawaiian-bishop-banning-marriage-equality-just->

religious organizations also met to express their support at the Interfaith Prayer Brunch for Marriage Equality. Other faiths, such as the 36 Buddhist temples of the Honpa Hongwanji Mission have come out in support of gay rights.²⁸ Given the importance of religion and spirituality for most people, continued dialogue with the Christian community will be an ongoing need to enhance community safety and reduce feelings of harassment and hostility for LGBTQI people in the State.

Community Priorities: In order to learn more about what LGBTQI people in the State saw as the community's most pressing issues, respondents were asked to rank their top five *social-service* related issues, and their top five *policy or social* issues.

TOP FIVE SOCIAL-SERVICE PRIORITIES		TOP FIVE POLICY or SOCIAL PRIORITIES	
1	Ensuring schools are safe for LGBTQI youth	1	Expanded recognition of LGBTQI families (e.g., marriage, adoption, etc.)
2	Ensuring parents have information on supporting LGBTQI youth	2	Expanded civil rights protections (e.g., hate crime laws, workplace discrimination laws, etc.)
3	Additional social/cultural/recreational activities or more community-wide events and celebrations for LGBTQI people	3	Combating homophobia and transphobia in the non-LGBTQI community
4	Addressing safety for LGBTQI youth in state care	4	Training about LGBTQI people for courts, police, educators, and other public officials
5	Increased support and services for LGBTQI elders	5	Generating a greater sense of community amongst LGBTQIs in Hawai'i

These results show that LGBTQI people in Hawai'i have deep concerns about LGBTQI youth in the state, while they are in school, in their families, and in state care. Several respondents offered their experiences as an LGBTQI youth in Hawaii, stating "I wish there were more information for youth. It was a confusing time growing up and not knowing how to deal with same-sex attraction - when the media, peers, teachers, relatives, and parents only acknowledge opposite-sex attraction."

discrimination; Open Letter from Bishop Silva (2013) http://www.catholichawaii.org/media/215983/bishop_same-sex_marriage_reflections_-_final_8_22_13.pdf

²⁸ Gee (Oct. 23, 2010). Honpa Hongwanjii Gets Vocal with Values.

http://www.staradvertiser.com/features/20101023_Honpa_Hongwanji_Mission_gets_vocal_with_values.html?id=105587768

It is also clear that respondents felt a need for a stronger LGBTQI community presence that has more cultural, social, and recreational events. For example, one cisgender gay man said "I have never been in such a fractured LGBTQ community. There seems to be a lot of infighting among the different factions (i.e., two separate Pride functions [in Honolulu]? Really?). If everyone were to work together and pool their resources we could get a lot more accomplished." One issue raised repeatedly was the lack of available LGBTQI community service centers or visible hubs. For example, one cisgender gay man said "We need a powerful center for the LGBTQI community...with an array of services. We need to be able to go there, feel safe, contribute, educate, etc. It is lacking here in Hawai'i." A need for increased political organization in the LGBTQI community was already reflected in multiple comments, such as "The LGBTQIA community needs to get more involved in the political arena by getting registered and educated about the politicians before they vote."

It was also clear that respondents saw the need to care for the entire system, including recognition of families (including relationship recognition, but also recognition of parenthood via adoption) and caring for aging LGBTQI community members. More than 40 people added in the open-ended questions that they felt specifically passing same-sex marriage in the State was one of their top policy priorities. One bisexual cisgender woman said that "Gay families being able to foster children without stigma, protection for couples who adopt" was one of her top priorities. In regard to elder care, a cisgender lesbian woman added that "Hawaii could be a leader in offering retirement facilities for LGBTQs. This is a much needed entity that is barely being addressed. Many couples are separated in established facilities, and find themselves going back into the closet late in life just to receive proper care from those running the current facilities."

Last, respondents also prioritized the need for safe communities beyond the LGBTQI community, such as working to battle homophobia and transphobia, expanding civil rights protections, and training public officials in cultural competence with regards to working with LGBTQI populations. As one bisexual cisgender woman said "would like to not only feel safe holding hands with my partner in public - I would like for it to not be a big deal. I would like it to just be accepted and that it doesn't matter."

CONCLUSIONS

This needs assessment highlights the many strengths of the LGBTQI community – high levels of education, relatively good health, strong families, and strong community participation. It also highlights some ongoing needs, such as addressing discrimination in health and social services, discrimination from public servants, and victimization and violence from community members acting from hatred and bias. However, the needs assessment highlights the ways that LGBTQI people are not a separate community alone, but part of all our communities in Hawai'i. As one respondent summarized:

“Just realize that you are interviewing an amazing, talented, diverse, friendly, creative, beautiful group of people that typically add far more to society than we take away. Hawai'i benefits by including its LGBTQI brothers and sisters wholly and equally in every way. Anything less will forever cause tension and loss of focus on the truly important issues.”

Those “truly important issues” for respondents, similar to most groups in Hawai'i, reflect deep concerns about youth, about families, safety, and elders. Although there were some respondents who expressed skepticism that the situation in Hawai'i will improve, most respondents expressed hope, faith, and belief in their communities. Most respondents saw that Hawai'i was changing for the better, was one of the better places in the US for LGBTQI people to live, and that there was potential to become a place with even more aloha for diverse peoples.

Recommendations:

Based on these findings, there are eight clear recommendations for future work and progress for our State:

1. **The State needs to do more to clarify and strengthen LGBTQI relationships and families.** Marriage equality was certainly at the top of many people's priority list, but so too were other family issues, such as securing second parent adoptions, clarifying legal adoptions by couples, and opening pathways for fostering and subsequent adoption.
2. **Creating and enforcing clear anti-discrimination policies to protect youth from harassment** by students, staff, teachers, and other public officials is critical to ensure safety for LGBTQI youth. The needs of LGBTQI youth, in schools, in state care, and in the community need to be addressed with renewed focus and energy
3. **Expansion, education and enforcement of existing protections**, such as anti-discrimination and bias crime laws, is critical. Respondents reported high levels of discrimination in services, in their workplaces, and violence in

their communities, despite existing laws that ban discrimination and define bias crimes.

4. **Training for law enforcement, public officials, service providers, educators, and health professionals** in issues relevant to LGBTQI populations should be made available and encouraged.
5. **Promoting way to strengthen the visibility, coordination, and efficacy** of the LGBTQI community and service agencies to provide a stronger safety net for vulnerable LGBTQI people, including youth, elders, and people struggling with physical or mental health challenges.
6. **Continued dialogue with the faith community** is critical to address ongoing harassment and exclusion. This does not mean changing someone's faith, but facilitating faith leaders' understanding in how to discuss LGBTQI issues with their congregations that does not encourage or validate violence and harassment.
7. **Making more LGBTQI-specific services available in the community**, such as mental health/substance use, family planning and reproductive options, and hormone therapy for transgender men and women seeking gender transition.
8. **More research on the LGBTQI communities** in Hawai'i needs to be funded and supported to better understand the many needs of our diverse 'ohana, rather than a single "LGBTQI" community alone. Future reports from this survey will focus on the unique needs by county, by gender identity, etc., but more in-depth and targeted research is still needed in the State.

This needs assessment is by no means designed to answer all questions about the LGBTQI communities in Hawai'i. Instead, we hope that results from this survey will stimulate new questions, highlight areas that need further inquiry, and highlight the needs of the LGBTQI people as a whole while acknowledging that the individual lesbians, gay men, bisexual, transgender men and women, asexuals, and intersex people on the islands have their own unique needs and concerns to lead safe and fulfilling lives. This report represents only the preliminary results of this needs assessment and a more comprehensive report will be released in the near future. We also hope that other community agencies utilize these results to develop their own surveys to shed more light on the needs of LGBTQI people in Hawai'i. As one respondent summarized:

"I'm proud to see our LGBTQI community in Hawai'i become even more loud and proud of who we are, finding our voices while discovering a new revived sense of togetherness. The allied support outside of the LGBTQI community here in Hawai'i has slowly become more accepting but I feel as though we still have a long way to go and a lot of work to do, to truly attain a NOH8 aloha state... Best of luck Hawai'iii!"

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