HEALTH IMPACT ASSESSMENT
of House Bill 2 and House Bill 142
on LGBTQ+ North Carolinians

2019

NCCADV
North Carolina Coalition Against Domestic Violence

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Health Impact Assessment of House Bill 2 and House Bill 142
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1 The Capstone project team would like to thank the following individuals and organizations: Elizabeth Chen, MPH, Department of Health Behavior, Gillings School of Global Public Health, The University of North Carolina at Chapel Hill (UNC-CH); Lili Farhang, MPH, Human Impact Partners; Dr. Geni Eng, DrPH, Department of Health Behavior, Gillings School of Global Public Health, UNC-CH; Meg Landfried, MPH, Department of Health Behavior, Gillings School of Global Public Health, UNC-CH.

2 Authors’ Positionality Statement: The student members of the Capstone Team wish to acknowledge the role of our personal and collective identities and backgrounds in the development of the content that is presented and analyzed in the report below. The student team is comprised of four members who are white and straight-identified and one member who is a person of color and queer identified. Our collective identity as five cisgender women precluded us from fully understanding the lived experiences of transgender and gender nonconforming people. Additionally, our training in the graduate program at the school of public health influences the way we approach and address problems. Throughout the report and data collection, we attempted to be cognizant of these identities and sought the feedback of community members to ensure that our content reflects the complexities and realities of LGBTQ+ North Carolinians.

3 Sexual Violence Lead, North Carolina Campus Consortium
This document highlights findings from a two-year long health impact assessment (HIA) of HB2 and HB142 in North Carolina. To better understand the health impacts of HB2 and HB142 on LGBTQ+ communities across the state, the HIA team reviewed relevant literature and available data sets, conducted focus groups with LGBTQ+ residents and service providers, and administered a statewide online survey to document the extent of LGBTQ+ experiences.
Key Questions Answered

In what ways and to what extent has the physical, mental, and social well-being of LGBTQIA+ North Carolinians changed post-legislation?
- Anger, anxiety, and sadness were the most frequently reported responses to HB2 and HB142.
- Adverse health effects were more frequently reported for periods when HB2 and HB142 received heavy media coverage.
- T/GNC respondents were considerably more vulnerable to adverse health outcomes than others. Stark differences were observed in T/GNC respondents’ ability to feel comfortable in public and changes in public restroom usage.

In what ways and to what extent have violent outcomes for LGBTQIA+ North Carolinians changed post-legislation?
- T/GNC respondents were over-represented among those who reported increased violence in the wake of HB2 and HB142.
- The most frequently reported forms of violence reported include verbal harassment, physical assault, and sexual violence.

In what ways and to what extent has vulnerability to negative health outcomes, including violence, among LGBTQIA+ North Carolinians changed post-legislation?
- During focus groups, T/GNC reported diminished social support in the wake of HB2 and HB142.
- Although evidence suggests that adverse health effects diminished over time for some.
- Approximately one third of LGBTQIA+ respondents reported using drugs and/or alcohol to cope in the wake of HB2 and HB142.
- Reports of discrimination and employment discrimination held steady over time.
- Reports of increased violence decreased over time.

In what ways and to what extent has resilience among LGBTQIA+ North Carolinians changed post-legislation?
- Talking with friends, partners/significant others, and family were important coping strategies for LGBTQIA+ North Carolinians in the wake of HB2 and HB142.
- Talking with other LGBTQIA+ friends was especially important for T/GNC respondents.

What types of new or existing services or resources are needed to promote wellbeing among LGBTQIA+ North Carolinians?
- Additional trainings for teachers, clinicians, medical professionals, and others who provide services to LGBTQIA+ youth and adults to ensure that services and treatments are both appropriate and sensitive to clients’ needs.
- Safe, supportive spaces continues to be an important protective mechanism for LGBTQIA+ North Carolinians, particularly transgender and gender nonconforming individuals. In times of stress T/GNC respondents found safety and comfort among other LGBTQIA+ friends in particular, underscoring the health benefits of community-led support groups.
Health Outcomes Among T/GNC North Carolinians During Heavy Media Coverage of HB2

Executive Summary

Gender-identity motivated hate crimes increased in North Carolina following the passage of HB2.

Mental health
- During the height of media coverage, three out of four T/GNC respondents were struggling with anxiety and sadness. Half of T/GNC respondents reported experiencing depression during this time.

Violence
- 82% of all reports of increased violence were reported by T/GNC respondents. One in ten T/GNC respondents also reported emotional abuse.
- Three out of four T/GNC respondents experienced fear in response to HB2.

Restrooms
- 58% of T/GNC respondents reported an inability to feel comfortable in public in the wake of HB2.
- 41% felt unable to use public restroom facilities and 36% restricted activities to ensure bathroom accessibility.

Mental health summary:
- Anxiety: 85%
- Sadness: 77%
- Depression: 49%

Violence summary:
- Increased violence: 11%
- Emotional abuse: 10%
- Fear: 73%

Restrooms summary:
- Uncomfortable in public: 58%
- Inability to use restroom: 41%
- Restricted activities: 36%

Gender identity-motivated hate crimes in North Carolina:
- 2013: 0
- 2014: 0
- 2015: 0
- 2016: 2
- 2017: 0

*Includes transgender and gender non-conforming. 2013 was the first year the FBI UCR began reporting this information.
RECOMMENDATIONS
For Health and Wellness among LGBTQ+ North Carolinians

Allocate funding to research, services (such as gender-neutral restrooms), and organizations that promote the health and well-being of LGBTQ+ people.

Include questions on sexual orientation and gender identity in all data collection tools.

Introduce stringent anti-discrimination policies and procedures to protect the health and well-being of LGBTQ+ clients and staff.

Incorporate more training for professionals to serve the needs of LGBTQ+ clients and decrease burden on LGBTQ+ staff members to serve as trainers/navigators for their peer professionals.

Include voices of LGBTQ and T/GNC folks in media coverage of laws that affect those communities.

Increase engagement with LGBTQ+ community members, especially T/GNC community members, when conducting research and designing interventions.

Source: Capstone Team
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Glossary of Commonly Used Terms:

**Bullying**: Defined by the CDC as unwanted (and often repeated) aggressive behaviors from peers who are not family members or current dating partners.

**Cisgender (cis)**: of, relating to, or being a person whose gender identity corresponds with the sex the person was assigned at birth.

**Cisgender heterosexual (cishet)**: a person who is cisgender and heterosexual

**Discrimination**: Refers to differential action toward someone based on identifying characteristics including race, sex, age, gender identity, sexual orientation, and ability

**Hate crimes**: Defined by the FBI as a form of violence in which the perpetrator acts based on a bias against a person’s identifying characteristics, including race, sexual orientation, religion, or gender identity.

**Internalized invalidation**: Refers to the repeated negative messages one hears about their sexual orientation and/or gender identity and the incorporation of these negative attitudes, including feelings of unworthiness, shame, and hatred, into one’s perception of themselves, which can result in experiences of severe depression, anxiety, and even suicidal ideation.

**Intimate partner violence (IPV)**: Defined by the CDC as violence perpetrated by a current or former intimate partner, including physical violence, sexual violence, psychological aggression, and stalking.

**LGBTQ+**: Lesbian, gay, bisexual, transgender, queer, and other.

**Misgendering**: intentionally or unintentionally referring to a person or using language to describe a person that does not affirm a person’s gender identity.

**Service providers**: People who provide social support and healing to LGBTQ+ people, including, but not limited to, therapists, teachers, and leaders of LGBTQ+ organizations.

**Sexual minority**: Defined by the CDC as anybody identifying as lesbian, gay, or bisexual.

**Sexual violence**: Defined by the CDC as any unwanted sexual activity or experience (completed or attempted), including unwanted sexual contact, verbal sexual harassment, non-physical coercion into unwanted sex, and sexual activity involving a person who is unable to give consent due to alcohol/drug use.

**Suicidal ideation**: Thinking about, considering, or planning suicide.

**Suicide**: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

**Suicide attempt**: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.
**Teen Dating Violence:** Defined by the CDC as violence occurring between current and former dating partners (electronically or in person), including physical violence, sexual violence, psychological or emotional aggression, and stalking. Teen dating violence refers to violence occurring among adolescents.

**T/GNC:** Transgender and gender nonconforming; used as an umbrella term to refer to individuals whose gender identity or expression differs from what is typically associated with the sex they were assigned at birth.
Introduction

Since 2016, the political landscape of North Carolina (NC) has been turbulent with the passage and repeal of legislation aimed at regulating restroom usage and limiting municipalities’ rights. In 2016, Governor Pat McCrory signed the Public Facilities Privacy and Security Act, more commonly called House Bill 2 (HB2), which aimed to regulate occupancy of public restrooms and changing facilities as well as employment practices.\(^1\) In 2017, House Bill 142 (HB142) was passed as a replacement for HB2, repealing the stipulation within HB2 regarding use of public facilities but maintaining other elements, such as the prohibition on municipalities from enacting protective laws (see Table 1).\(^2,3\) Legislative measures like these discriminate against transgender and gender nonconforming (T/GNC) individuals and strip protections away from marginalized populations, including people of color and lesbian, gay, bisexual, transgender, queer and other (LGBTQ+) people.

The loss of these protections resulted not only in changes in health outcomes in LGBTQ+ populations in North Carolina but also in significant economic and job losses in the state, with an estimated 1,750 jobs lost within 2 months of HB2’s ratification.\(^4\)

Table 1. Comparison of North Carolina’s HB2 and HB142 Policies.

<table>
<thead>
<tr>
<th>HB2</th>
<th>HB142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires that people use the restroom associated with their biological sex (sex stated on birth certificate)</td>
<td>Prohibits local governments from enacting laws regulating public facilities</td>
</tr>
<tr>
<td>Bans local governments from setting a minimum wage higher than the state minimum wage</td>
<td>Prohibits state agencies and institutions (e.g. state universities) from regulating multiple occupancy restrooms, showers, or changing facilities</td>
</tr>
<tr>
<td>Eliminates legal protections for people with different gender identities and sexual orientations</td>
<td>Maintains prohibitions on local governments’ authority to set a local minimum wage that exceeds the rate set by the state</td>
</tr>
<tr>
<td>Prohibits local governments from passing future laws to protect members of the LGBTQ+ population</td>
<td>Prohibits local governments from passing future laws to protect LGBTQ+ people from discrimination</td>
</tr>
<tr>
<td></td>
<td>HB142 is set to expire in 2020, at which time politicians, local municipalities, and other decision-makers can enact changes</td>
</tr>
</tbody>
</table>
While there have been well-documented statewide economic ramifications of HB2, there has been little focus on how it and HB142 have had an impact on the health and well-being of LGBTQ+ individuals and communities, particularly T/GNC communities, in North Carolina. This health impact assessment (HIA) explores how HB2 and HB142 impact violence outcomes in these communities. Violence outcomes for this HIA were selected based on the Centers for Disease Control and Prevention (CDC)’s Connecting the Dots report and were defined based on definitions from the CDC and the Federal Bureau of Investigation (FBI) (see Glossary). Connecting the Dots was originally developed to identify common forms of violence, their associated risk and protective factors, and the effects they have on individuals in the general population.5

Based on the scope of this HIA, the following outcomes were selected from CDC’s report: bullying, intimate partner violence (IPV), sexual violence, suicide, and teen dating violence. In addition, because many LGBTQ+ individuals experience violence motivated by discrimination against their identities, we added hate crimes as a violence outcome of interest.

Process
The purpose of an HIA is to examine health effects of policy and programs and to provide recommendations on how to mitigate or increase their effects.6 The goal of this HIA is to explore whether and how HB2 and HB142 have and will continue to impact health and violence outcomes for LGBTQ+ communities in North Carolina. This report describes:

- The current literature around the health and violence impacts of discriminatory laws;
- Current available quantitative data about the prevalence of these outcomes before the passage of HB2 and HB142 in North Carolina;
- Results from qualitative interviews with LGBTQ+ service providers on effects of HB2 and HB142 on LGBTQ+ communities;
- Results from regional focus groups conducted with LGBTQ+ community members;
- Results from a statewide survey of LGBTQ+ North Carolinians and allies; and
- Estimated quantitative impacts of these laws on health and violence outcomes.

Introduction

Who are LGBTQ+ and T/GNC communities in North Carolina?

Throughout this report, the terms LGBTQ+, LGB, and T/GNC are used as umbrella terms for various communities.

LGBTQ+: used to describe a collection of identities including lesbian, gay, bisexual, transgender, and others (e.g. queer, questioning, intersex, asexual, aromantic, pansexual, polysexual).

LGB: used to describe individuals who identify as lesbian, gay, or bisexual. In this report, this term is used in instances when data exclude T/GNC individuals, and therefore do not extend to the entire LGBTQ+ community.

T/GNC: used as an umbrella term to refer to individuals whose gender identity or expression differs from what is typically associated with the sex they were assigned at birth. This can include any number of the following:

| Trans    | Gender nonconforming |
| Transgender | Gender fluid          |
| Trans man  | Androgynous           |
| FTM, female to male | Transsexual       |
| Trans woman | Agender              |
| MTF, male to female | Two-spirit         |
| Non-binary | Bi-gender            |
| Genderqueer | Others as self-defined |

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In April 2014, the federal government provided unequivocal clarification that Title IX protections extended to claims of discrimination based on gender identity and gender presentation. Approximately six months later during a presentation at the Charlotte City Council’s dinner meeting, a staff member from a local LGBTQ political organization spoke about intentions to add five new categories – marital and familial status, sexual orientation, gender identity and expression – to the list of “protected classes” in city ordinances with non-discrimination language. At the time, all but three of the largest U.S. cities had enacted similar protections for gay and transgender people; Charlotte had an opportunity to reduce that number to two, leaving just Houston and Jacksonville, Florida on the list of large U.S cities without non-discrimination protections for gay and transgender people. The proposed expansion received widespread support from members of the City Council, including former Mayor Dan Clodfelter.

Over the next few months, word of the proposed changes to Charlotte’s ordinances spread. In March 2015, Charlotte City Council held a public hearing ahead of the vote to gain community input. More than a hundred people showed up, many of whom were opposed to language that would allow transgender people to use public restrooms that corresponded to the gender they identify with. Opponents portrayed transgender people, particularly transgender women, as sexual predators; arguing that providing bathroom access to transgender people put girls and women in harm’s way. An amendment which removed restrooms, locker rooms, showers, and changing rooms from the proposed changes was proposed, but was voted down 6-5.

Later that month, former North Carolina Governor Pat McCory appealed to Attorney General Roy Cooper – a Democrat running for governor in 2016 – to “stop the federal government from taking over our schools, and challenge the ACLU and President Obama’s attempt to force local districts to open sex-specific locker rooms and bathrooms to individuals of the opposite biological sex.” Less than three months later, in January 2016, the Republican National Committee issued a memo that “calls on the Department of Education to rescind its interpretation of Title IX that wrongly includes facility use issues by transgender students;” “encourages state legislatures to recognize that these Obama gender identity policies are a federal governmental overreach;” and “encourages state legislatures to enact laws that protect student privacy and limit
the use of restrooms, locker rooms and similar facilities to members of the sex to whom the facility is
designated.”

Charlotte City Council held a second public forum on February 1, 2016 to further discuss
strengthening local LGBT protections. More than 140 speakers attended, many of whom spoke in favor of
extending protections to members of the LGBTQ community. On February 22 the City Council voted 7-4
to add gay and transgender people to the list of classes protected from discrimination in Charlotte
effective April 1, but those changes never came to be. After warnings of “immediate state legislative
intervention” from former Governor McCrory, Republican legislative leaders called a special session on
March 23, 2016 to overturn the Charlotte ordinance. Without input or oversight from the broader
community, the General Assembly passed House Bill 2, the Public Facilities Privacy and Security Act,
requiring that people use the restroom associated with the sex stated on their birth certificate, banned
local governments from setting a minimum wage higher than the state minimum wage, eliminated legal
protections for people with different gender identities and sexual orientations, and prohibited local
governments from passing future laws to protect members of the LGBTQ+ population. Governor McCrory
signed the law into effect within hours of its passage.

Backlash was swift and came from unanticipated sources. On April 5th, PayPal announced it would
be cancelling its plans to locate a 400-job, $36 million operations center in Charlotte. Bruce Springsteen
cancelled a Greensboro concert scheduled for April 10, writing on his website: “Some things are more
important than a rock show...and this fight against prejudice and bigotry, which is happening as I write, is
one of them.” In July the National Basketball Association (NBA) announced its plans to relocate its 2017
All-Star Game to a different state; in September, the National Collegiate Athletic Association (NCAA) and
Atlantic Coast Conference (ACC) made similar announcements, citing HB2 as the impetus for their
decisions.

Media reports at the time focused almost exclusively on the economic costs of HB2 with little
regard to potential or actual harm caused to transgender people. The voices of transgender people were
almost wholly excluded from mainstream media coverage of HB2. NPR, which stood at the forefront of
incorporating transgender voices in their coverage of HB2, reported that just 12% of guests invited to
speak about HB2 identified as transgender.4 Across social media platforms, state residents criticized the
General Assembly’s actions by emphasizing the economic costs of HB2 to the state. Other groups took to
social media and public spaces to declare their intent to police public restroom facilities to ensure that
transgender people used the bathroom corresponding to their “biological sex.” Stereotypes of
transgender people as “perverts” and “sexual predators” and rhetoric about the need to protect cisgender
girls and women were used as justifications for HB2 and for vigilantism, despite the lack of empirical
evidence to support assertions that transgender people pose a threat to cisgender women and girls in
public restrooms.5 According to the National Center for Transgender Equality, “Hundreds of cities, school
districts, and 18 states already protect transgender people’s right to use restrooms, and none have seen

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4 See Elizabeth Jensen’s May 2016 article on NPR for additional discussion: https://www.npr.org/sections/ombudsman/2016/05/16/478267211/lots-of-transgender-stories-not-as-many-transgender-voices.

a rise in incidents of people attacking anyone or of people pretending to be transgender in order to get access to restrooms."\(^6\)

Approximately one year after its passage, NC lawmakers responded to growing pressure to repeal HB2 in March 2017. In its place the legislature passed HB142, which: prohibited local governments from enacting laws regulating public facilities; prohibited state agencies and institutions (e.g. state universities) from regulating multiple occupancy restrooms, showers, or changing facilities; and prohibited local governments from passing future laws to protect people from discrimination. HB142 is set to expire in 2020, at which time politicians, local municipalities, and other decision-makers may enact stronger local-level protections for gay and transgender people (barring passage of new legislation to prohibit such actions).

Within the courts and behind the scenes, legal experts, advocates and grassroots organizers have worked to challenge HB2, its replacement (HB142), and to increase the visibility of transgender people across the state. The American Civil Liberties Union (ACLU), the ACLU of North Carolina, Lambda Legal, and Equality NC advocated on behalf of six LGBTQ North Carolinians in a lawsuit against the State, challenging the language of HB142; they argued that the language of HB142 was too vague to enforce bathroom restrictions for transgender people in the state. A federal District Court judge agreed, ruling in Fall 2018 that the language of HB142 was too vague to bar transgender people from using public bathroom facilities that correspond to their gender identity.

Despite this clarification from federal courts, bathroom safety for T/GNC North Carolinians remains at issue. In December 2018 a transgender woman was sexually assaulted while using the bathroom at a bar located in Raleigh, NC. The assault continued in the bar in front of a bartender and other patrons, resulting in the arrest of two women on charges of sexual battery and second-degree kidnapping.\(^7\) An incarcerated post-operative transgender woman has made repeated requests to be moved from the men’s prison where she is currently held to a women’s facility to no avail.\(^8\) She is forced to wear men’s clothing, shower with men, and is currently recognized by the state by her birth name (which she legally changed).

**Acknowledging Multiple Harms to the LGBTQ+ Community**

From the initial discussions of extending protections to gay and transgender people in 2014 at Charlotte’s City Council through HB2’s eventual repeal and replacement with HB142 in March 2017, there are several identifiable points in time where T/GNC residents may have experienced heightened risk of violence and other adverse health outcomes: during periods of heavy media coverage for each respective law, as well as when each piece of legislation was signed into law. With this in mind, this health impact assessment examines health outcomes across four periods of time: (1) during heavy media coverage of HB2; (2) when HB2 became law; (3) during heavy media coverage of HB142; and (4) when HB2 was repealed and replaced with HB142.

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\(^6\) Found online at https://transequality.org/issues/resources/transgender-people-and-bathroom-access.


\(^8\) https://www.heraldsun.com/news/state/north-carolina/article226472855.html?fbclid=IwAR0Zwlf4TCDfrdsUgMeXO-gwE00ANapff0bEMzvto3tFTXKMfKKPC3q-tA
Although the language used throughout this report emphasizes the quantity of media coverage, it bears repeating that the quality of coverage during these periods posed harm to LGBTQ+ communities across the state. T/GNC voices and representation was largely missing from media accounts, as were the voices of friends and family members who feared their T/GNC loved ones would be harmed. Instead, prevailing narratives cast HB2 as an economic disaster for the state, casting its harm in dollars and cents instead of people and communities. In many ways, HB2 and HB142 became a state-sanctioned policy of “othering,” a process through which a group of people are dehumanized and oppressed, where both pieces of legislation codified discriminatory treatment against gay and transgender people.

The Link between Discrimination and Health Outcomes

Research has shown that LGBTQ+ people experience discrimination more often than their heterosexual and cisgender counterparts.\(^1\) For example, compared to their heterosexual peers, people identifying as lesbian, gay, or bisexual (LGB) more frequently report being treated with less courtesy and respect, receiving poorer service at stores or restaurants, and being fired from a job.\(^2\) Additionally, according to the U.S. Transgender Survey (USTS), about 15% of transgender people are unemployed and about 29% live in poverty, compared to 5% and 15% of the total United States (U.S.) adult population, respectively.\(^3\)

There is a large body of evidence linking all types of discrimination to poor mental and physical health outcomes, including depression, cardiovascular disease, loneliness, illness, and suicide.\(^4,5\) Several researchers have proposed a direct link between discrimination and health outcomes while other researchers have proposed various pathways through which discrimination affects health outcomes.\(^6\) One such pathway is stress response. Evidence suggests that discrimination triggers both mental and physical stress responses, including elevated blood pressure, anger, and lower self-esteem, which lead to poor mental and physical health outcomes.\(^6\)

Additionally, some researchers have used the Minority Stress Model to understand the link between discrimination and health outcomes.\(^7\) This model postulates that members of minority groups face unique stressors that majority group members do not encounter. This model suggests that minority group members face proximal stress processes, which are the result of internalized discrimination, as well as distal minority stress processes, which are characterized primarily by interpersonal discrimination.
Proximal minority stress processes include expectations of rejection, concealment, and internalized homophobia, while distal minority stress processes include prejudice and violence.\textsuperscript{11,20} Exposure to these stressors has been found to be associated with adverse mental health outcomes, including depressive symptoms, anxiety, substance abuse, and suicidal ideation.\textsuperscript{11}

Other researchers have suggested health behavior as a pathway between discrimination and health outcomes.\textsuperscript{19,21} The pathway includes engaging in behaviors that benefit one’s health, such as consuming a healthy diet, as well as engaging in behaviors that are detrimental to health, such as smoking.\textsuperscript{19,21} Evidence suggests that experiencing discrimination and prejudice are associated with decreased self-control, which can lead to an increase in unhealthy behaviors or a decrease in healthy behaviors.\textsuperscript{19,21}
Findings

Statewide Survey of LGBTQ Community Members and Allies

- Respondents reported more knowledge of HB2 than HB142
- T/GNC respondents more frequently reported being personally affected by HB2 and HB142
- Adverse health effects reported more frequently during periods of heavy media coverage
- Although fewer respondents reported knowledge of HB142, reports of adverse health outcomes in response to HB142 were high among those with knowledge
- Respondents who reported increased violence were likely to report experiencing multiple forms of violence
- Reports of adverse health outcomes in response to HB2 and HB142 more frequent among T/GNC respondents
- Discriminatory treatment and inability to use public facilities surged after passage of HB142.
- T/GNC respondents are overrepresented among those who experienced increased violence in the wake of HB2 and HB142.
- LGBTQ+–identified friends are an important source of social support for T/GNC respondents
- Most respondents reporting utilizing healthy coping strategies in response to HB2 and HB142
- Projected harms

Focus Groups with LGBTQ Residents Across North Carolina

- More Than Bathrooms: Widespread Distrust of Legislators
- The Dangers of Coming Out: Increased Fear and Anxiety in the Wake of HB2
- Lifting the Veil: HB2’s Effect on Perceptions of Social Support
- Community is Powerful Medicine: Coping with HB2 and HB142

Service Providers’ Views on Impacts of HB2 and HB142 in North Carolina

- “It’s Never Been Safe”: Community Responses To HB2 & HB142
- “A License To Be Hateful”: HB2 & HB142’s Effects On Violence Outcomes
- HB2 and HB142 And Violence Among Youth
- Internalized Invalidation: HB2 & HB142’s Effects On Mental Health
- Supporting Peers And Themselves: HB2 & HB142’s Effects On Self-Care And Activism
- Doing All The Work: HB2 & HB142’s Effects On Provider Burnout
- "No One Has Their Back": HB2 & HB142 Exacerbating Lack Of Institutional Support
- Institutions As Perpetrators Of Violence For T/GNC Youth And Adults: Worsened By Hb2
- "Magnified Vulnerability": HB2 & HB142 Perpetuating Inequities
Main Findings

- Anger, sadness, and anxiety were the most commonly reported responses to HB2 and HB142.
- One in twenty respondents reported suicidal thoughts or ideation in response to HB142.
- T/GNC respondents disproportionately experienced violence in the wake of HB2 and HB 142. Despite only accounting for 37% of the total sample, T/GNC respondents accounted for at least half of all reports of increased violence for each of the four time periods examined.
- Respondents who experienced increased violence commonly experienced of multiple types of violence.
- Approximately one in five respondents reported feeling unable to use public restrooms during periods of heavy media coverage and when HB2 was passed. Similarly, one in five respondents reported restricting their activities to plan around or for bathroom access.
- More than one quarter of respondents reported an inability to feel comfortable in public in the wake of HB2.

Projected Harms

ETR Services, LLC administered an online survey statewide to better understand the extent of harm to LGBTQ communities, and particularly among transgender and gender nonconforming North Carolinians. Results from these data were then used to calculate the projected extent of harm to T/GNC North Carolinians in the wake of HB2 and HB142.

If survey results are reflective of the experiences of the broader T/GNC community, data suggest that T/GNC communities across the state experienced significant harms in the wake of HB2 and HB142. Table 13 below provide estimates of projected harms based on a 2016 estimate of the number of 44,750 transgender people living in the State of North Carolina.

Based on these estimates, approximately 30,000 T/GNC North Carolinians experienced anxiety and more than 20,000 T/GNC residents experienced depression in the wake of HB2 and HB142. More than 13,000 T/GNC residents may have experienced discrimination while 3,800 to 5,000 T/GNC residents may have experienced workplace discrimination. As many as 5,000 T/GNC residents may have contemplated suicide while 1,000 to 2,000 T/GNC residents experienced increased violence of any kind.
Respondents were asked to report their experience of adverse health outcomes and the coping strategies they used in the wake of HB2 and HB142. For each law, respondents were asked to report health outcomes at two points: during heavy media coverage of each law and when each piece of legislation was passed by the North Carolina General Assembly.

**Detailed Findings**

Respondents were asked to report their experience of adverse health outcomes and the coping strategies they used in the wake of HB2 and HB142. For each law, respondents were asked to report health outcomes at two points: during heavy media coverage of each law and when each piece of legislation was passed by the North Carolina General Assembly.

**Finding: Respondents reported more knowledge of HB2 than HB142**

Both T/GNC respondents and others were highly knowledgeable about HB2. 100% of survey-takers had previous knowledge of HB2, with T/GNC respondents reporting slightly deeper knowledge of the legislation. Just over half of T/GNC respondents and others had previous knowledge of HB142. Among

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### Table 2. Projected Harm at Passage of HB2 and HB142

<table>
<thead>
<tr>
<th>HB2</th>
<th>HB2</th>
<th>HB142</th>
</tr>
</thead>
<tbody>
<tr>
<td>% reporting outcome at passage</td>
<td>% reporting outcome at passage</td>
<td>Estimated harm to T/GNC North Carolinians</td>
</tr>
<tr>
<td>Anger</td>
<td>76.5%</td>
<td>34,234</td>
</tr>
<tr>
<td>Anxiety</td>
<td>72.8%</td>
<td>32,578</td>
</tr>
<tr>
<td>Depression</td>
<td>45.7%</td>
<td>20,451</td>
</tr>
<tr>
<td>Sadness</td>
<td>64.2%</td>
<td>28,730</td>
</tr>
<tr>
<td>Emotional numbing</td>
<td>24.7%</td>
<td>11,053</td>
</tr>
<tr>
<td>Fear</td>
<td>64.2%</td>
<td>28,730</td>
</tr>
<tr>
<td>Social isolation</td>
<td>30.9%</td>
<td>13,828</td>
</tr>
<tr>
<td>Suicidal thoughts or ideation</td>
<td>9.9%</td>
<td>4,430</td>
</tr>
<tr>
<td>Suicidal injury</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Heightened sense of stigma</td>
<td>48.1%</td>
<td>21,525</td>
</tr>
<tr>
<td>Discrimination</td>
<td>30.9%</td>
<td>13,828</td>
</tr>
<tr>
<td>Employment discrimination</td>
<td>8.6%</td>
<td>3,849</td>
</tr>
<tr>
<td>Inability to attend work or school as expected</td>
<td>9.9%</td>
<td>4,430</td>
</tr>
<tr>
<td>Inability to feel comfortable in public</td>
<td>39.5%</td>
<td>17,676</td>
</tr>
<tr>
<td>Increased family conflict</td>
<td>9.9%</td>
<td>4,430</td>
</tr>
<tr>
<td>Mistreatment by friends</td>
<td>2.5%</td>
<td>1,119</td>
</tr>
<tr>
<td>Increased experience of violence of any kind</td>
<td>4.9%</td>
<td>2,193</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>8.6%</td>
<td>3,849</td>
</tr>
<tr>
<td>Decreased access to healthcare resources</td>
<td>4.9%</td>
<td>2,193</td>
</tr>
<tr>
<td>Inability to use public restroom</td>
<td>35.8%</td>
<td>16,021</td>
</tr>
<tr>
<td>Schedule/plan ahead for bathroom access</td>
<td>43.2%</td>
<td>19,332</td>
</tr>
<tr>
<td>Restrict activities to plan around or for bathroom access</td>
<td>38.3%</td>
<td>17,139</td>
</tr>
<tr>
<td>Delay any aspect of gender transition and/or confirmation</td>
<td>13.6%</td>
<td>6,086</td>
</tr>
</tbody>
</table>

N=220, *Categories are not mutually exclusive*
those with knowledge of HB142, results suggest that respondents had slightly less knowledge of HB142 than HB2.

**Table 3. Knowledge of HB2 and HB142, T/GNC Comparison**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>T/GNC Only</th>
<th>Rest of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of HB2</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>How much do you know about HB2?</td>
<td>8.04†</td>
<td>7.65</td>
</tr>
<tr>
<td>Knowledge of HB142</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>How much do you know about HB142?</td>
<td>7.02‡</td>
<td>6.39</td>
</tr>
</tbody>
</table>

N= 81 139

†Item asked: “On a scale of 1 to 10 where 1 means very little and 10 means a lot, how much do you know about HB2?”
‡Item asked: “On a scale of 1 to 10 where 1 means very little and 10 means a lot, how much do you know about HB142?”

Finding: T/GNC respondents more frequently reported being personally affected by HB2 and HB142

Two separate measures asked respondents to assess how much they were personally affected and how much their mental health was affected by each piece of legislation. Unsurprisingly, T/GNC respondents also reported being more deeply impacted by HB2 and HB142.

**Table 4. Affected by HB2 and HB142, T/GNC Comparison**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>T/GNC Only</th>
<th>Rest of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personally affected by HB2†</td>
<td>7.40</td>
<td>5.08</td>
</tr>
<tr>
<td>Mental health affected by HB2‡</td>
<td>7.94</td>
<td>6.45</td>
</tr>
<tr>
<td>Personally affected by HB142†</td>
<td>7.00</td>
<td>5.29</td>
</tr>
<tr>
<td>Mental health affected by HB142‡</td>
<td>7.07</td>
<td>5.39</td>
</tr>
</tbody>
</table>

N= 81 139

†Item asked: “On a scale of 1 to 10 where 1 means very little and 10 means a lot, how much did HB2/HB142 affect you personally?”
‡Item asked: “On a scale of 1 to 10 where 1 means very little and 10 means a lot, how much did HB2/HB142 affect your mental-wellbeing?”

Finding: Adverse health effects reported more frequently during periods of heavy media coverage

Anger, sadness, and anxiety were the most commonly reported responses to HB2. 83% of respondents reported anger during the period when HB2 received heavy media coverage compared to 72% of respondents reporting anger when HB2 was made law. Similar patterns are observed for sadness (71% compared to 60%, respectively) and anxiety (66% compared to 52%, respectively).

Heightened sense of stigma was reported by just over half of respondents (51% during periods of heavy media coverage; 34% when HB2 was passed). Approximately one in four respondents experienced discrimination in the wake of HB2 while one in twenty reported employment discrimination.
Approximately one in five respondents reported feeling unable to use public restrooms during periods of heavy media coverage and when HB2 was passed. Similarly, one in five respondents reported restricting their activities to plan around or for bathroom access. More than one quarter of respondents reported an inability to feel comfortable in public in the wake of HB2.

Table 5. Response to HB2, Full Sample

<table>
<thead>
<tr>
<th>Response to HB2*</th>
<th>Heavy Media Attention</th>
<th>Passage of HB2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>82.7%</td>
<td>72.3%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>65.9%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Depression</td>
<td>39.5%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Sadness</td>
<td>71.4%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Emotional numbing</td>
<td>28.2%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Fear</td>
<td>56.4%</td>
<td>45.0%</td>
</tr>
<tr>
<td>Social isolation</td>
<td>20.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Suicidal thoughts or ideation</td>
<td>6.4%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Suicidal injury</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Heightened sense of stigma</td>
<td>51.4%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>28.2%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Employment discrimination</td>
<td>6.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Inability to attend work or school as expected</td>
<td>6.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Inability to feel comfortable in public</td>
<td>34.1%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Increased family conflict</td>
<td>17.3%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Mistreatment by friends</td>
<td>3.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Increased experience of violence of any kind</td>
<td>5.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>5.9%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Decreased access to healthcare resources</td>
<td>2.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Inability to use public restroom</td>
<td>19.5%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Schedule/plan ahead for bathroom access</td>
<td>26.4%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Restrict activities to plan around or for bathroom access</td>
<td>18.6%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Delay any aspect of gender transition and/or confirmation</td>
<td>7.7%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

N=220, *Categories are not mutually exclusive

Finding: Although fewer respondents reported knowledge of HB142, reports of adverse health outcomes in response to HB142 were high among those with knowledge

Anger, sadness, and anxiety continued to be the most commonly cited responses to HB142. Among the 23 outcomes assessed, respondents reported worsening outcomes for thirteen categories over time, including: fear; suicidal thoughts or ideation; heightened sense of stigma; discrimination; employment discrimination; inability to attend work or school as expected; mistreatment by friends; increased violence; emotional abuse; decreased access to healthcare services; inability to use public restroom; restricted activities to plan around or for bathroom access; and delay gender transition and/or confirmation.

Poor mental health outcomes were commonly reported. 51% of respondents experienced anxiety during periods of heavy media coverage of HB142; 44% reported experiencing anxiety when HB142 was passed. 41% reported depression during media coverage while 34% reported depression when HB142 became law. One in twenty respondents reported suicidal thoughts or ideation in response to HB142.
Finding: Respondents who reported increased violence were likely to report experiencing multiple forms of violence

Among respondents who experienced increased violence in the wake of HB2 and HB142, verbal harassment was cited most frequently. However, data also indicate that respondents who experienced increased violence commonly reported the experience of multiple types of violence. During heavy media coverage of HB2, respondents who reported increased violence each experienced an average of 2.2 types of violence; of those reporting violence when HB2 was passed, each experienced an average of 2.0 types of violence.

Table 6. Response to HB142, Full Sample

<table>
<thead>
<tr>
<th>Response to HB142*</th>
<th>Heavy Media Attention</th>
<th>Passage of HB142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>75.2%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>51.3%</td>
<td>43.6%</td>
</tr>
<tr>
<td>Depression</td>
<td>41.0%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Sadness</td>
<td>59.0%</td>
<td>56.4%</td>
</tr>
<tr>
<td>Emotional numbing</td>
<td>29.9%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Fear</td>
<td>35.0%</td>
<td>37.6%</td>
</tr>
<tr>
<td>Social isolation</td>
<td>16.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Suicidal thoughts or ideation</td>
<td>5.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Suicidal injury</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Heightened sense of stigma</td>
<td>23.1%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>14.5%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Employment discrimination</td>
<td>3.4%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Inability to attend work or school as expected</td>
<td>2.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Inability to feel comfortable in public</td>
<td>12.0%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Increased family conflict</td>
<td>6.0%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Mistreatment by friends</td>
<td>0.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Increased experience of violence of any kind</td>
<td>0.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>0.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Decreased access to healthcare resources</td>
<td>0.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Inability to use public restroom</td>
<td>9.4%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Schedule/plan ahead for bathroom access</td>
<td>17.1%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Restrict activities to plan around or for bathroom access</td>
<td>10.3%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Delay any aspect of gender transition and/or confirmation</td>
<td>1.7%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

N=117, *Categories are not mutually exclusive

Table 7. Types of Violence, Full Sample

<table>
<thead>
<tr>
<th>Type of Violence Experienced*</th>
<th>HB2</th>
<th>HB142</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heavy Media Coverage</td>
<td>Passage of HB2</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>4.2%, (1)</td>
<td>--</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>16.7%, (4)</td>
<td>7.1%, (1)</td>
</tr>
<tr>
<td>Family violence</td>
<td>8.3%, (2)</td>
<td>7.1%, (1)</td>
</tr>
<tr>
<td>Community violence</td>
<td>--</td>
<td>14.3%, (2)</td>
</tr>
<tr>
<td>Verbal harassment</td>
<td>45.8%, (11)</td>
<td>42.9%, (6)</td>
</tr>
<tr>
<td>Physical assault</td>
<td>25.0%, (6)</td>
<td>28.6%, (4)</td>
</tr>
</tbody>
</table>

N=11, 7, 1, 2
Finding: Reports of adverse health outcomes in response to HB2 and HB142 more frequent among T/GNC respondents

Although anger, anxiety, and sadness were most frequently reported by T/GNC respondents and other respondents in the sample, larger proportions of T/GNC respondents reported each of these effects in response to media coverage of HB2 and its passage. T/GNC respondents were at least three times more likely to engage in suicidal thoughts or ideation. Results also suggest that social isolation increased over time as HB2 moved from media reports to becoming law.

Similarly, T/GNC respondents were more likely to report negative experiences with others, including negative employment experiences than other respondents in the sample. T/GNC respondents were twice as likely to report discrimination and more than 3 times as likely to report employment discrimination in the wake of HB2.

Table 8. Response to HB2, T/GNC Comparison

<table>
<thead>
<tr>
<th>Response to HB2*</th>
<th>Heavy Media</th>
<th></th>
<th>Passage of HB2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T/GNC Only</td>
<td>Rest of sample</td>
<td>T/GNC Only</td>
<td>Rest of sample</td>
</tr>
<tr>
<td>Anger</td>
<td>86.4%</td>
<td>80.6%</td>
<td>76.5%</td>
<td>69.8%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>85.2%</td>
<td>54.7%</td>
<td>72.8%</td>
<td>39.6%</td>
</tr>
<tr>
<td>Depression</td>
<td>49.4%</td>
<td>33.8%</td>
<td>45.7%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Sadness</td>
<td>76.5%</td>
<td>68.3%</td>
<td>64.2%</td>
<td>56.8%</td>
</tr>
<tr>
<td>Emotional numbing</td>
<td>33.3%</td>
<td>25.2%</td>
<td>24.7%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Fear</td>
<td>72.8%</td>
<td>46.8%</td>
<td>64.2%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Social isolation</td>
<td>28.4%</td>
<td>15.1%</td>
<td>30.9%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Suicidal thoughts or ideation</td>
<td>11.1%</td>
<td>3.6%</td>
<td>9.9%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Suicidal injury</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Heightened sense of stigma</td>
<td>67.9%</td>
<td>41.7%</td>
<td>48.1%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>42.0%</td>
<td>20.1%</td>
<td>30.9%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Employment discrimination</td>
<td>12.3%</td>
<td>3.6%</td>
<td>8.6%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Inability to attend work or school as expected</td>
<td>9.9%</td>
<td>4.3%</td>
<td>9.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Inability to feel comfortable in public</td>
<td>58.0%</td>
<td>20.1%</td>
<td>39.5%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Increased family conflict</td>
<td>19.8%</td>
<td>15.8%</td>
<td>9.9%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Mistreatment by friends</td>
<td>2.5%</td>
<td>3.6%</td>
<td>2.5%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Increased experience of violence of any kind</td>
<td>11.1%</td>
<td>1.4%</td>
<td>4.9%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>9.9%</td>
<td>3.6%</td>
<td>8.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Decreased access to healthcare resources</td>
<td>4.9%</td>
<td>1.4%</td>
<td>4.9%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Inability to use public restroom</td>
<td>40.7%</td>
<td>7.2%</td>
<td>35.8%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Schedule/plan ahead for bathroom access</td>
<td>50.6%</td>
<td>12.2%</td>
<td>43.2%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Restrict activities to plan around or for bathroom access</td>
<td>35.8%</td>
<td>8.6%</td>
<td>38.3%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Delay any aspect of gender transition and/or confirmation</td>
<td>17.3%</td>
<td>2.2%</td>
<td>13.6%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

N= 81 139 81 139

*Categories are not mutually exclusive
Finding: Reports of adverse health outcomes in response to HB2 and HB142 more frequent among T/GNC respondents

Although anger, anxiety, and sadness were most frequently reported by T/GNC respondents and other respondents in the sample, larger proportions of T/GNC respondents reported each of these effects in response to media coverage of HB2 and its passage. T/GNC respondents were at least three times more likely to engage in suicidal thoughts or ideation. Results also suggest that social isolation increased over time as HB2 moved from media reports to becoming law.

Similarly, T/GNC respondents were more likely to report negative experiences with others, including negative employment experiences than other respondents in the sample. T/GNC respondents were twice as likely to report discrimination and more than 3 times as likely to report employment discrimination in the wake of HB2.

Table 9. Response to HB142, T/GNC Comparison

<table>
<thead>
<tr>
<th>Response to HB142*</th>
<th>Heavy Media</th>
<th>Passage of HB142</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T/GNC Only</td>
<td>Rest of sample</td>
</tr>
<tr>
<td>Anger</td>
<td>84.4%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>73.3%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Depression</td>
<td>60.0%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Sadness</td>
<td>68.9%</td>
<td>52.8%</td>
</tr>
<tr>
<td>Emotional numbing</td>
<td>40.0%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Fear</td>
<td>44.4%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Social isolation</td>
<td>28.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Suicidal thoughts or ideation</td>
<td>11.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Suicidal injury</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Heightened sense of stigma</td>
<td>33.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>17.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Employment discrimination</td>
<td>6.7%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Inability to attend work or school as expected</td>
<td>2.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Inability to feel comfortable in public</td>
<td>20.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Increased family conflict</td>
<td>2.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Mistreatment by friends</td>
<td>2.2%</td>
<td>--</td>
</tr>
<tr>
<td>Increased experience of violence of any kind</td>
<td>2.2%</td>
<td>--</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>2.2%</td>
<td>--</td>
</tr>
<tr>
<td>Decreased access to healthcare resources</td>
<td>2.2%</td>
<td>--</td>
</tr>
<tr>
<td>Inability to use public restroom</td>
<td>22.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Schedule/plan ahead for bathroom access</td>
<td>35.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Restrict activities to plan around or for bathroom access</td>
<td>22.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Delay any aspect of gender transition and/or confirmation</td>
<td>4.4%</td>
<td>--</td>
</tr>
</tbody>
</table>

*Categories are not mutually exclusive

N= 45 72 45 72
Finding: Discriminatory treatment and inability to use public facilities surged after passage of HB142.

Previous results suggest that many experiences of adverse health outcomes decreased over time for many respondents, however comparisons of responses to HB142 for T/GNC respondents and others indicate otherwise. Reports of both discrimination and employment discrimination almost doubled from the first to second point in time. Additionally, larger numbers of respondents reported scheduling/planning for bathroom access and restricting activities to plan for or around bathroom access when HB142 became law.

T/GNC respondents also reported increased mistreatment by friends, and the number of T/GNC respondents who reported being unable to attend school or work as expected tripled when HB142 was passed. Lastly, larger proportions of respondents reported experiencing fear and delaying their gender transition and/or confirmation when HB142 was passed.

Finding: T/GNC respondents are overrepresented among those who experienced increased violence in the wake of HB2 and HB142.

As Table 9 shows, T/GNC respondents disproportionately reported increased violence in the wake of HB2 and HB 142. Despite only accounting for 37% of the total sample, T/GNC respondents accounted for at least half of all reports of increased violence for each of the four time periods examined.

Table 10. Increased Violence, T/GNC Only

<table>
<thead>
<tr>
<th>Percent Increased Violence Reported by T/GNC Respondents</th>
<th>HB2</th>
<th>HB142</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heavy Media Coverage</td>
<td>Passage of HB2</td>
</tr>
<tr>
<td>Any type of violence</td>
<td>82%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Finding: LGBTQ+-identified friends are an important source of social support for T/GNC respondents

Although friends and significant others were important sources of social support for both T/GNC respondents and others, data suggest that other LGBTQ+-identified friends are an especially important source of social support for T/GNC respondents.
Finding: Most respondents reporting utilizing healthy coping strategies in response to HB2 and HB142

Most respondents reported use of healthy coping mechanisms in the wake of HB2 and HB142. The most commonly utilized strategies were talking to friends and sleeping. Exercise was mentioned frequently by respondents, as was talking with family and talking with a therapist.

Approximately one in five reported using alcohol and/or drugs to cope while 3% engaged in self-harm in response to HB2 and HB142.

Table 11. Sources of Social Support, T/GNC Comparison

<table>
<thead>
<tr>
<th>Support</th>
<th>T/GNC Only</th>
<th>Rest of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s)</td>
<td>38.3%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Sibling(s)</td>
<td>43.2%</td>
<td>40.3%</td>
</tr>
<tr>
<td>Other family member(s)</td>
<td>19.8%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Friend(s)</td>
<td>79.0%</td>
<td>69.8%</td>
</tr>
<tr>
<td>LGBTQ+-identified friend(s)</td>
<td>86.4%</td>
<td>54.0%</td>
</tr>
<tr>
<td>Partner/significant other(s)</td>
<td>63.0%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Teacher(s)</td>
<td>3.7%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Neighbor(s)</td>
<td>7.4%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Coworker(s)</td>
<td>40.7%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Counselor or therapist(s)</td>
<td>44.4%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Support group(s)</td>
<td>16.0%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Healthcare provider(s)</td>
<td>21.0%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Pet(s)</td>
<td>55.6%</td>
<td>40.3%</td>
</tr>
<tr>
<td>Other(s)</td>
<td>--</td>
<td>5.0%</td>
</tr>
<tr>
<td>N=</td>
<td>81</td>
<td>139</td>
</tr>
</tbody>
</table>

*Categories are not mutually exclusive

Table 12. Coping Strategies, Full Sample

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Post-HB2</th>
<th>Post-HB142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to friends</td>
<td>66.4%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Talk to family</td>
<td>30.0%</td>
<td>23.9%</td>
</tr>
<tr>
<td>See a therapist</td>
<td>29.5%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Talk to Primary Care Physician</td>
<td>2.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Talk to counselor or another clinician</td>
<td>6.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Exercise</td>
<td>33.2%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Treat myself to a small luxury (i.e., bath, massage, etc.)</td>
<td>26.8%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Sleep</td>
<td>38.6%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Alcohol and/or drugs</td>
<td>20.9%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Ignore my feelings until I felt better</td>
<td>18.2%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Numb my feelings to lessen pain</td>
<td>15.5%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>3.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>N=</td>
<td>220</td>
<td>117</td>
</tr>
</tbody>
</table>

*Categories are not mutually exclusive
Methodology

Utilizing feedback from the focus groups and working in conjunction with staff from the North Carolina Coalition Against Domestic Violence, ETR staff developed an online survey that was administered during the summer of 2018. Prior to launching the survey, members of the local LGBTQ+ community were asked to provide feedback on the survey; individuals who did so received a $20 cash incentive for their time.

The link to the online survey was disseminated using a variety of strategies, including social media and personal networks. Regional outreach consultants also shared the survey link among their contacts, which included embedding the link within newsletters sent to listserv members. ETR staff members contacted LGBTQ+-serving organizations in North Carolina and requested assistance with sharing the link among their networks. Lastly, HIA staff members disseminated survey information at PRIDE events held in Durham and Burlington. Although it was not possible to compensate all survey respondents, a drawing for respondents was held in Winter 2018 for two $50 gift cards.

Survey responses were collected for approximately three months, resulting in 220 surveys for analysis. Descriptive statistics are presented below.

Participants

Participants were encouraged to select all identities with which they identified, thus participants selected anywhere from zero to seven identities for a single demographic category; for this reason, only counts are presented for gender, sexual orientation, race and ethnicity. Most survey respondents were white (77%) and 37% identified as transgender or gender nonconforming.9 Queer was the most common sexual orientation selected. The average age of survey respondents was 36.

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9 Includes agender, genderqueer, gender fluid, nonbinary, and Two Spirit.
Conclusions

Survey data collected as part of this health impact assessment strongly suggest that HB2 and HB142 has profoundly affected the health of LGBTQ+-identified North Carolinians. Anger, anxiety, and sadness were most frequently reported by survey respondents, with T/GNC respondents reporting these experiences at a higher frequency than other survey-takers. T/GNC respondents were also substantially more likely to report increased violence and having to make accommodations or restrict their activities to ensure they would have a restroom available for their use.

T/GNC respondents were also more likely to report experiencing discriminatory treatment as well as workplace discrimination than other respondents in the sample. Feeling a heightened sense of stigma in response to HB2 and HB142 were common experiences among all respondents, though T/GNC respondents were especially vulnerable to experiencing stigma in response to both pieces of legislation. Despite the prevalence of adverse health outcomes in response to HB2 and HB142 among respondents, data on coping strategies and perceptions of social support ate encouraging. Most respondents reported turning to healthy coping strategies during times of stress.

Reports of increased violence among respondents present a bleak picture for T/GNC North Carolinians – depending on the time period examined, T/GNC respondents were anywhere from two to almost eight times more likely than other respondents to report experiencing increased violence with periods of heavy media attention being especially dangerous times for T/GNC residents.
Focus Groups with LGBTQ+ Residents Across North Carolina

Main Findings

- LGBTQ+ communities reported feeling distrustful of N.C. legislators.
- Fear and anxiety were commonly felt reactions to HB2 and HB142 – fear for one’s own safety as well as the safety of friends and loved ones, as well as community members who experience difficulty with or lack a desire to “pass.”
- College-aged focus group participants discussed numerous examples where they felt alienated by family and friends during HB2 and HB142.
- Being able to rely on friends, particularly friends who also identify as trans or non-binary, were vital sources of social supports during periods of stress related to HB2 and HB142.

Detailed Findings

More Than Bathrooms: Widespread Distrust of Legislators

Knowledge of HB2 and HB142 is not uniform across the LGBTQ+ community. Focus group participants were asked to share their current knowledge about HB2 and then HB142 prior to discussing the ways in which these pieces of legislation have impacted lives.

“It’s a bill to prevent people from going to the bathroom that would make them feel less dysphoric about their gender.”

“HB2, I first heard about it forever ago – it’s a discriminatory law that basically prohibits people from using the bathroom based on their gender and instead based on their “biological sex” which I put in quotations.”

“Word on the street was that Raleigh’s reaction to Charlotte’s anti-discrimination ordinance was going to be bad...what struck me it seemed a lot like the motorcycle bill of 2013 – the surge to shut down women’s care facilities across the state but it was supposed to be about motorcycle safety. Transgender people in our society have somewhat of a publicity problem. HB2 is anti-worker – prohibited cities from raising living wage. After HB2, we had HB142 that carried on the worst aspects of that legislation and cities are prohibited from passing ordinances to protect LGBT+ folks. HB142 sold as a repeal.”

Some participants saw HB2 as a “fake” issue – something cooked up by politicians and the media in an election year. Others saw HB2 and its successor HB142 as sinister pieces of political propaganda, carefully crafted to institutionalize economic discrimination against members of the LGBTQ+ community in general and trans men, trans women, and non-binary North Carolinians in particular.

The Dangers of Coming Out: Increased Fear and Anxiety in the Wake of HB2

Participants were deeply affected by HB2, the media attention it received, and the reactions of their friends and family to this legislation. For young trans men, trans women, and others who self-identify as non-binary, the prevalent, cisgender-heterosexual narratives around the issue only added to the fear...
and anxiety they experienced as they were learning to navigate a heteronormative, cisgender-centric world:

“I remember when HB2 was passed right about the same time I came out. I remember being stressed about using the bathroom, which bathroom to use, and using multi-stall restrooms, and when HB2 was passed, it was that extra layer of anxiety and confusion and ‘do I pass well enough to go into this bathroom or that bathroom where I can be safe?’ I’m lucky enough that the school where I go to, we can use whatever bathroom we want because it’s a private institution. But I can get caught in that bubble when I go out into the rest of North Carolina, ‘oh wait, this isn’t okay anymore.’

“At that time I had just came out as trans – not publicly, but within my own community of friends. I had been trying to build my way up to using the men’s bathroom, because you know I’d rather use that bathroom ’cause it would make me feel better. It would make other people feel better, but I was scared to upon hearing about that bill – it was literally illegal and I can get arrested or someone could try to kill me. I fear for my life. Coming out more on campus around here, it’s not there anymore but the fear is still there. For me, at least.”

As these quotes illustrate, many trans and gender non-conforming North Carolinians experienced negative effects on their mental well-being in the wake of HB2. Many discussed their experiences of anxiety at length, while others talked about the importance of emotional numbing as a survival technique. When asked how they responded to new of HB2, participants shared:

“I was angry, sad, disappointed and I literally had to squirrel away and be still for a few days. I didn’t know how to respond to my emotions, I was so flooded.”

“After HB2, I felt I had no place here. It’s devastating to think that people don’t agree with your existence.”

Having a stigmatized identity can be disempowering for anyone, but even more so for individuals who find themselves straddling multiple margins. Marginality wasn’t a surprise or a new idea for participants, with many alluding to beliefs that the institutionalized inequity stemming from HB2 was a permanent part of our socio-cultural fabric. According to one trans woman, “Oh it’s always going to be an ‘us against them.” Another participant noted trans men and trans women’s relative status among minorities – while other minority groups are protected under the law, LGBTQ North Carolinians were uniquely disenfranchised:

“In NC, LGBTQ people are not a protected class. They don’t have to give you an explanation for firing you; they don’t have to give you and explanation for anything. Blacks, minority people are a protected class under the non-discrimination laws, but LGBTQ people aren’t. So basically what they are saying is you have no rights.”

Responses also indicated that this is a matter of life and death in some cases,
“...people whose feelings get hurt they kill themselves because they don’t feel accepted in our world.”

“A lot of people have these feelings that they keep bottled in, like when it comes to the discrimination stuff, people coming at them wrong. They keep it bottled in, and that could happen where they kill themselves or someone else.”

while other participants underscored the many micro-aggressions that trans women and trans men commonly face. Being mis-gendered by a health care provider was mentioned by numerous participants as a particularly problematic example:

“You know how they call your name, Ms. Monroe or Mr. Monroe or Mr. this? Don’t even, just...don’t even do it. They say the first name. Don’t even call my first name, just say Monroe. If you feel like you don’t want to say what I’m in here looking like? Like I’m sitting here looking like a whole woman, I mean the whole thing and you come out there calling a Mr. Monroe. What?! One time they came out there “Mr. Monroe?” I didn’t even respond.”

Cumulatively, these experiences place a great amount of strain on an individual’s well-being, which only intensified after HB2. One participant noted they would be happy to never head “HB2” again and longed for days when their trans-ness was an optional public identity, rather than one that it always fully on display:

“I really appreciate any circumstance where I don’t have to think about being trans or talk about being trans or whatever. I might as well not be trans in this situation. That was something I was pretty much privileged enough to get on the reg [i.e., regular] pre-HB2. Now it’s difficult.”

Lifting the Veil: HB2’s Effect on Perceptions of Social Support

Conversations also yielded another important finding: far too often, the people that are supposed to support you don’t – if you’re a trans or gender non-conforming North Carolinian. While most people think of their childhood friends and family members as their support system, and consequently lean on them in times of stress, many trans men, trans women, and non-binary-identified North Carolinians aren’t in a similar position to reach out for and receive support from family and friends when needed. Participants provided numerous examples that illustrated the cruelty of those close to them:

“I had a friend that when that bill came out, they got bold and started being really transphobic and being really homophobic in general. They thought that just because we had legislation that agreed with their own personal beliefs that they could do that.”

“I was a junior in high school when it happened. My friends were ruder to me after that.”

“Some cis guy could walk in and be transphobic. Like a guy could walk in or think [in a deeper voice] ’if a trans woman ever walked into the bathroom with my wife I’d rip her dick off.’ Your dad said that to you, right?
“Whenever I first starting questioning my sexuality, I thought North Carolina was not that bad of a place. And it’s not that bad of a place, depending on where you go. If you’re in my hometown – Hamlet, NC – I had to get out of there. I was kicked out for my sexuality and my gender. I had to get out. There were no resources for a person like me.”

My family’s reaction was like ‘yea, do it.’ And they knew about my sexuality. They waited until I was 18 to kick me out. But most of my friends were on the LGBT and trans spectrum and they also felt very similar to how I did and we could talk about it.”

Community is Powerful Medicine: Coping with HB2 and HB142

Despite many negative experiences with some friends and family, a countervailing message also became clear: community is powerful medicine. Being able to rely on friends, particularly friends who also identify as trans or non-binary, are essential nourishment for one’s soul:

“Sometimes I accidentally end up having these conversations where a friend will tell me ‘oh yea, my dad asked me what bathroom you go to the other day.’ And I’m just like WHY.DOES.YOUR.DAD.CARE.WHICH.BATHROOM.I.GO.TO? So that’s why I tend to just talk to other trans-identified or other non-binary-identified people.”

While many articulated similar strategies for resilience, participants were also quick to note the importance of interacting with allies:

“I will sort of harangue people into being allies, so I’m like ‘really, let me tell you – I want to vent right now so you’re gonna sit there and let me tell you about my experience at Lowe’s Hardware. That’s how you’re going to earn your ally points today.’

“I feel like maybe not every day but almost every day I send a message to a friend ranting about something a cishet person has done and it may not have been directed at me but it’s just such a cishet thing to do, that comradery does help me move forward. Because they’re like, ‘yes, this sucks, but also you’re still here and you’re still a great person.’ I love my friends – they support me and they make everything okay.”

“I talk to my best friend, who is a white cishet. Before I came out – he was a prickly person and I was too, so that’s why we became friends. From his perspective, trans people were the last frontier. He was probably my most transphobic friend. I would start to think about coming out and then overhear him say something transphobic at a party. And then I’d tell myself I’ll wait another year...when I came out, he was just like OK. He went home, watched a bunch of TED talks, did a lot of research; and when he came back, he was ready to go, just like whatever. I lived with a guy who worked in the kitchen with him and the guy told me a story one day that one of their coworkers had used the “T slur” as we call it in the business, and my friend turned around and said [in a deep, masculine voice] “it’s not your word to use, bro.” I really, especially now, I cherish this relationship. Here’s this cishet dude that I play video games with, play guitar with, sometimes get drunk with – and it’s just like it always is, only I’m prettier now. It’s just this source of stability that I frequently need as freedom from having to be trans publically has eroded for me over the past couple of years.”
Participants also noted the value of support groups, online communities, and seeing the positive impact of advocacy work on others:

"Support meetings – those are super helpful. I run them but I also benefit from there. Just showing up, being a peer, being in a safe space and talking to people, hearing people. Seeing the way that people connect with each other – that really increases the quality of life so much for me."

"the person who facilitated reached out to me and said ‘just so you know, the things that you say and do are actually making a difference in the world. This woman reached out to me and told me how she now has such a greater understanding of her non-binary child and now they’re addressing the situation in a different way and the kid is not suicidal at this point anymore. So there is actual impact – I can sit up there and talk about myself and it can actually enhance someone’s life and help them to increase their level of understanding and decrease their level of discrimination or violence or misunderstanding.”

Methodology

To ensure regional representation of voices, ETR contracted with three regional outreach consultants to assist with participant recruitment for focus groups across the state: one group was held at the African American Arts and Cultural Center in Fayetteville, NC (n=6); one group was held at the LGBTQ Center of Durham (n=4); one group was held in partnership with UNC Pembroke Spectrum, a Gay Student and Allies organization, on the campus of UNC Pembroke (n=8); and two groups were held at Tranzmission in Asheville, NC (n=14). Each participant received a $20 cash incentive for their participation and refreshments were provided to all who attended.

All focus groups were moderated by an ETR staff member. After informed consent was administered, participants were asked to consent to the session being audio-recorded for transcription purposes; all groups agreed. Groups began refreshments, brief introductions, and each person sharing their preferred pronouns.

After the groups were conducted, audio recordings were transcribed by an ETR staff member. Data were analyzed thematically by an ETR staff member using the CDC’s Connecting the Dots report as a starting point for deriving a set of codes. To protect the anonymity of participants, pseudonyms are used in reporting results.

Participants

A total of 32 individuals participated in the focus groups. After informed consent was obtained, participants were asked to voluntarily complete a demographic worksheet that asked their age, gender, orientation, race and ethnicity, and HIV status. Participants were encouraged to select all identities with which they identified, thus participants selected anywhere from one to four identities for each demographic category; for this reason, percentages are not presented for gender, sexual orientation, race and ethnicity.

10 Data collection protocols for this health impact assessment were approved by the New England Institutional Review Board. Additional details regarding this approval are available upon request.
All participants were adults, ranging in age from 18 to 63 years old; the mean age of participants was 27 years. Two-thirds (66%) of participants identified outside the traditional gender binary; of those who identified solely as “man” or “woman,” 100% identified as non-heterosexual. Of the five focus groups conducted, one focus group included several self-identified sex workers, though this was not a category explicitly documented for the HIA. White participants were slightly underrepresented among focus group participants; approximately 60% of participants were white compared to approximately 69% of the population in North Carolina. Black/African American participants were also underrepresented (19% of sample compared to 22% statewide) and participants who identified more than one race were over-represented (13% of sample compared to 2% statewide). Four participants identified as persons living with HIV (PLWH), representing 13% of the total sample of participants. Table 5. provides additional details about focus group demographics.

Conclusions

Focus group participants spoke candidly about their experiences with HB2 and HB142. Overall, data suggest that LGBTQ+ North Carolinians are distrustful of legislators, including legislators who’ve publicly proclaimed their allyship to the community. Many participants noted declines in their mental health in response to HB2 and HB142, likening their very survival to an act of political protest. Strong social supports within the LGBTQ+ community were absolutely essential during times of stress, as were displays of allyship among non-LGBTQ+ friends, coworkers, and loved ones. Feedback from T/GNC focus group participants underscores the need for documentation of resistance stories among T/GNC activists and others who continue to struggle for equity in the state.

Table 14. Focus Group Demographics

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>mean (27 yrs.)</td>
<td></td>
</tr>
<tr>
<td>median (23 yrs.)</td>
<td></td>
</tr>
<tr>
<td>range (18-63 yrs.)</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Agender (3)</td>
<td></td>
</tr>
<tr>
<td>Genderqueer (7)</td>
<td></td>
</tr>
<tr>
<td>Man (6)</td>
<td></td>
</tr>
<tr>
<td>Nonbinary (5)</td>
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| N=32 |

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\(^{11}\) Person living with HIV.
Service Providers’ Views on Impacts of HB2 and HB142 in North Carolina

Main Findings

- Many providers felt that HB2 was putting to paper the discrimination they already knew about and experienced in their daily lives.

- When discussing the violence impacts of HB2 and HB142, providers said that the policies have acted as a “license to be hateful,” making it acceptable to perpetrate violence against LGBTQ+ communities, particularly against T/GNC individuals.

- According to providers, experiences of bullying among LGBTQ+ youth have increased since the passage of these policies, since youth feel unprotected by the law and that they no longer have the right not to be bullied.

- Providers noted that, for their clients, internalizing feelings of unworthiness, shame, and hatred resulted in experiences of severe depression, anxiety, and even suicidal ideation.

Detailed Findings

“It's never been safe”: Community responses to HB2 & HB142

Providers expressed that, for themselves and their clients, violence and discrimination against T/GNC people is not anything new. Many felt that HB2 was putting to paper the discrimination they already knew about and experienced in their daily lives.

“They [state legislators and those who support them] really don’t care about us [LGBTQ+ individuals].”

For LGBTQ+ students, these policies reinforced the hateful messaging they were continually receiving from their peers, family members, and broader community members.

“I think that a lot of clients are very aware of a threat to self, a threat to outness, a threat to existing. There’s also been a lot of retraumatization … even just navigating the world. It’s never been safe, but it’s legislated to be even less safe now.”

These remarks are consistent with recent findings reported by GLSEN from the 2017 National School Climate Survey. According to the 2017 State Snapshot, “The vast majority of LGBTQ students in North Carolina regularly (sometimes, often, or frequently) heard anti-LGBTQ remarks” and “Most LGBTQ students in North Carolina experienced anti-LGBTQ victimization at school.”

When reflecting on the passage of HB142, providers described a shift in the responses among LGBTQ+ community members and non-LGBTQ+ community members. Non-LGBTQ+ individuals were silent when HB142 was passed; most allies engaged in activism slowed or stopped their efforts with the passage of HB142. Those outside the LGBTQ+ community saw HB142 as a resolution to HB2, but for community members themselves, nothing had changed.

“[We felt that] people didn’t have our back ... and we had to take care of ourselves.”

Furthermore, for many community members, HB142 not only perpetuated the negative impacts of HB2 but strengthened them as well. Providers felt that although HB142 did not explicitly prohibit T/GNC individuals from using the restroom that aligns with their gender identity, HB142 still had the hateful and discriminatory core and implications that made HB2 harmful. One provider raised concerns that it could allow for other forms of discrimination. This highlights that even with the repeal of HB2 and the passage of HB142, widespread discrimination is still permitted in North Carolina.

“The scary thing for me, is no protections can be put in place, period. We’re not just talking about bathrooms anymore. Any form of discrimination [is allowable].”

“A license to be hateful”: HB2 & HB142’s Effects on Violence Outcomes

When discussing the violence impacts of HB2 and HB142, providers said that the policies have made it acceptable to perpetrate violence against LGBTQ+ communities, particularly against T/GNC individuals.

“It gives a message to the public that you’ll get a pass for being violent towards these folks because you’re justified in it for these reasons.”

“I think people feel that they have a license to be hateful. These laws have given people the right to feel that their personal beliefs and values can result in violence and that they’ll be protected by it. And that whatever violence they enact on others is fine because their values and beliefs were involved. And that their values and beliefs are more important than another person’s safety.”

Providers also said that HB2 was and is used as a tool by perpetrators of violence. Some providers suggested HB2 could be used to further manipulate and maintain power by perpetrators of IPV or sexual violence. For example, a participant suggested that a perpetrator could further isolate the survivor by saying, “Go ahead and call the police. Do you really think they will help you?”

Providers pointed to the ambiguous language of these policies, particularly that of HB142, as passively contributing to increased perpetration of violence against LGBTQ+ communities. Many providers mentioned a link between the lack of clarity in these bills and a lack of protection against violence for LGBTQ+ communities, which served to reinforce norms and acceptability of violence.

“[These policies] encourage all forms of violence, or at least create an atmosphere where that type of violence is not actively condemned.”
Some providers also highlighted the link between the policies’ mental health impacts and their impacts on violence. Other providers mentioned the influence of HB2 in bringing back feelings of shame in one’s identity, which can in turn be associated with suicide, self-harm, or fear of reporting interpersonal violence. Providers highlighted suicide, teen dating violence, IPV, and bullying as critical violence outcomes influenced by HB2 and HB142. Many noted that, even before HB2, their clients dealt with socially condoned violence on a daily basis. Providers with younger clients discussed that it is common for youth to have friends and classmates who have experienced violence in their intimate relationships. They described school environments in which students are not shown or taught about healthy LGBTQ+ relationships, which can create and reinforce norms of violence in their relationships.

Other providers described HB2 and HB142 as empowering perpetrators to make their acts of violence, previously conducted in the shadows or behind closed doors, more visible. One provider shared that the media and policymakers have always perpetuated discrimination and hateful messages against T/GNC people, but the passage of these bills made the situation more dangerous. Other providers noted that while they did not have statistical evidence, they had anecdotally heard from their professional and personal communities about higher rates of all forms of violence following HB2.

"...[with the media and politicians] repeating that narrative, that emboldened a lot of people who already felt that way or who were already transphobic...[and] I can imagine that there is a higher prevalence of suicide, IPV, and bullying that trans people are certainly vulnerable to."

**HB2 and HB142 and Violence Among Youth**

Many providers described how HB2 and HB142 uniquely affect LGBTQ+ youth and their experiences of teen dating violence. Providers described how romantic and sexual relationships can be unknowingly unhealthy or abusive for LGBTQ+ youth for a number of reasons. Education that youth receive on healthy relationships, which is often taught in schools, centers on cisgender, heterosexual relationships. Because their education on relationships does not reflect their own experiences, many youth do not feel comfortable accessing resources that are for cisgender, heterosexual people experiencing conflict or issues such as IPV.

“I see a lot of young people struggling with how to have healthy relationships when they don’t have a lot of models and they don’t have a lot of folks they can talk to about their relationship. Maybe because they’re not out to their family or because their partner isn’t out to their families. They oftentimes feel this ‘us against the world’ feeling, which creates additional isolation.”

For many youth, partners may be the only individuals to whom they have come out or the only individuals who accept them for who they are. Providers expressed that youth struggled to reconcile acts of abuse or violence from society with the love and acceptance they feel from a partner. This tension, providers said, can make it even more difficult for youth to know if their relationships are unhealthy or abusive. For LGBTQ+ youth, accepting challenges or even violence in relationships is viewed as a trade-off for the benefits a romantic or sexual relationship can provide. As providers shared, HB2 and HB142 created a culture where LGBTQ+ youth felt even further excluded and unable to reach out for help when experiencing teen dating violence.
Bullying was also highlighted by numerous providers as a form of violence that is normal for LGBTQ+ youth to experience and that was worsened by HB2.

“I see a lot of bullying happening for gender nonconforming and trans youth ... [a student told me] they don’t feel like they can talk to teachers or staff about the bullying they’re experiencing because they don’t feel like the teachers understand and they’re not treating it like it’s a big deal. They don’t feel like they have the right to not be bullied.”

Providers noted that, similar to other forms of violence, bullying has always been a concern for LGBTQ+ youth. However, they reiterated that HB2 and HB142 fostered an environment in which, as one provider noted, “open violence can continue,” even on the internet. According to providers, experiences of bullying among LGBTQ+ youth have increased since the passage of these policies, since youth feel unprotected by the law and that they no longer have the right not to be bullied.

Internalized Invalidation: HB2 & HB142’s Effects on Mental Health

Some of the greatest impacts of HB2 and HB142 on LGBTQ+ communities have been related to mental health. Providers described a cycle wherein HB2 and HB142 triggered previous trauma, reinforced existing stigma, and raised fears in LGBTQ+ communities, all leading to internalized invalidation of one’s identity. Providers defined internalized invalidation as the process of internalizing and believing the repeated negative messages one hears, and highlighted that, for their clients, internalized invalidation yielded increased experiences of anxiety, depression, hopelessness, and social isolation among their clients. They discussed these mental health impacts as negative outcomes of HB2 and HB142 in and of themselves, but also as leading to experiences of self-harm and interpersonal violence, reducing health-seeking behavior, and influencing negative coping behaviors, such as drug use.

Providers noted that, for their clients, internalizing feelings of unworthiness, shame, and hatred resulted in experiences of severe depression, anxiety, and even suicidal ideation. Especially for T/GNC clients, patterns of repeated, lifelong trauma (such as repeated misgendering, bullying, or public harassment) often led to identity dissociation and dysphoria, which then led to self-harm or suicidal ideation.

“When people are breaking down their self-harm urges, a lot of times it comes from feeling invalidated by the world and believing that invalidation and getting into a cycle where that invalidation is internalized.”

HB2 and HB142 reinforced this trauma by starting a debate in the media and across the state that invalidated T/GNC identities. T/GNC individuals were framed by many as criminals, as doing something wrong or inappropriate by simply using the restroom. For T/GNC communities, existing trauma resurfaced as they witnessed their identities and rights publicly debated and experienced daily misgendering, fear of using the restroom, or harassment. One provider labeled this as “insidious trauma,” which they defined as “the experience of repeated attacks on one’s identity, like sexuality or gender identity ... and the way that that stores trauma in the body.” This insidious trauma increased the need for safe spaces for LGBTQ+ communities to describe their experiences and open up about their fears after HB2 and HB142.
“If you don’t feel like you can talk about it [HB2], nothing but bad things are going to happen from internalizing it, and holding it, and not being able to process it ... I know it’s had a measurable impact on a lot of people. Whether they’re trying to be strong so that their partner doesn’t worry as much as they do, or if they’re trying to hold onto their job.”

Finally, while T/GNC individuals already experience social isolation, HB2 and HB142 further exacerbated those experiences. Providers described how many of their T/GNC clients changed their social behaviors to avoid public buildings in which they would have to use the restroom or may be misgendered or judged based on their appearance. The passing of HB142 furthered this social isolation because many allies felt the problem was solved by the repeal. However, for members of LGBTQ+ communities, especially T/GNC individuals, HB142 perpetuated the divisive culture created by HB2.

Feeling isolated was especially difficult for LGBTQ+ youth. Providers described youth as lacking positive LGBTQ+ role models and support from their schools and classmates. Their clients’ experience of physical isolation brought on by state management of their restroom experiences and feelings of being alone and not supported contributed to feelings of hopelessness as well as anxiety and depression.

“...youth feel like there’s not a place for them and that something is wrong with them. And that there’s not a future for them. Like if the only place that you can use the restroom is at home or that one bathroom on the fourth floor of the library, it impacts [young people’s] self-worth.”

Supporting Peers and Themselves: HB2 & HB142’s Effects on Self-Care and Activism

HB2 ignited activism from LGBTQ+ individuals and allies alike. Common forms of activism post-HB2 included political organizing specifically aimed at repealing HB2, supporting politicians who opposed HB2, supporting LGBTQ+ organizations, lobbying legislators, participating in rallies or protests, participating in lawsuits, writing, teaching, and using social media to speak out against HB2. These increased activist efforts had and continue to have both positive and negative effects on T/GNC individuals.

“For a while, for some folks it [HB2] was a primary focus [of therapy] because a lot of my clients are impacted by that law but also were engaging in activism around it so people were lobbying legislators, people were participating in rallies or protests, participating in lawsuits and so [I was] trying to support folks in whatever type of activism and advocacy work that they were doing:”

Activism served as an outlet for the anger many community members felt after HB2; it allowed them to process and express their feelings and experiences post-HB2. It was also a form of community-building and provided a space for LGBTQ+ individuals to come together and support each other. Despite this, providers described how activism can be emotionally draining for LGBTQ+ people, especially T/GNC people. While activism served as an outlet, it added fuel to negative emotions with no clear end to the law’s repercussions in sight. Providers said that for their clients, continued engagement in activism yielded an increased need for self-care. Many providers discussed having to tell clients that it is okay to take breaks from activism to make time for self-care and to process their experiences.
“There’s been very targeted activism, and so talking about the experience of that. Some of the joy in that; some of the pain in that. Some of the frustration of that as well.”

Taking time for oneself, taking breaks from consuming social media and news, physical activity, and mindfulness practices were self-care strategies that providers discussed with their clients. For individuals who experienced dissociation or urges to self-harm, providers discussed the importance of mindfulness, grounding, and centering practices to minimize potentially harmful thoughts or actions.

“[Clients need to know] how to self-soothe if there is an event that is triggering and they can’t physically leave, how to stay present and self-soothe in that.”

Providers also described a tension between managing one’s own self-care and mental health distress, providing emotional support to others experiencing similar distress, and engaging in activism. LGBTQ+ individuals experiencing mental health distress related to HB2 and HB142 worked to manage their own symptoms while also trying to support their LGBTQ+ peers through their mental health struggles and experiences of discrimination. Activism provided an outlet and an opportunity to connect with other LGBTQ+ individuals but exacerbated feelings of hopelessness and anger and increased the existing need for self-care. This tension is difficult to manage and requires outside support from others, which is not possible for many LGBTQ+ individuals, often due to lack of institutional support.

**Doing All the Work: HB2 & HB142’s Effects on Provider Burnout**

Providers described high levels of burnout among their colleagues because of the increased needs of their LGBTQ+ clients after HB2 and, thus, their increased workloads. This was discussed most among mental health providers, who described a lack of authentic, culturally competent care for LGBTQ+ individuals. To meet these increased needs, these providers and their colleagues work long hours at lower rates. This comes at the cost of their own physical and mental well-being.

“My clinician peers experience burnout because there is so much lacking in services for our community. We’re all doing a lot of work for free to try to make things happen.”

Many of the providers initiated or led efforts to promote the well-being of LGBTQ+ people and do so because of their identities as LGBTQ+ individuals and the lack of dedicated resources and services for LGBTQ+ communities in their institutions. However, they described how burdensome it is to be the de facto expert on their own oppression and yet, at the same time, be expected to educate others. They face an uphill battle in championing LGBTQ+ needs for organizations that do not invest adequate attention and resources to build institutional knowledge and services. Many said that if they left their roles, their organizations would not provide any LGBTQ+ services because organizations have not made any attempts to institutionalize their efforts or knowledge.

“My organization really depends on staff knowledge who have [LGBTQ+] expertise. When those staff leave, it’s not the organization that has that knowledge, but the staff who bring passion, knowledge, and expertise to those roles. When we leave, a lot of that knowledge will go with us.”
"No one has their back": HB2 & HB142 Exacerbating Lack of Institutional Support

Throughout interviews, providers described how institutions designed to protect and support people experiencing violence or discrimination are unable to meet the needs of LGBTQ+ individuals, especially T/GNC individuals. Schools, for example, were unsure how to comply with both these new state policies and federal Title IX laws regulating students’ access to public restrooms. Moreover, teachers, staff, and administrators lack knowledge of unique issues faced by LGBTQ+ students and, thus, are unable to protect students experiencing bullying based on their sexual orientation. These students did not feel that anything positive would come out of reporting, so they silently continued to face bullying in their school.

"[Students] don’t feel like they have the right to not be bullied. They’re often times so condoned to getting used to it. And they often feel like they’re alone, like there’s no one there to support them and that no one has their back."

Many providers highlighted the need for schools and other educational institutions to make efforts to establish institutional knowledge about LGBTQ+ communities. One provider highlighted multiple recurring instances when their colleagues approached them seeking information about how to create more inclusive spaces, while often failing to implement any change themselves. Compounding this problem is the failure of leadership to implement standard, institution-wide policies and directives about names, pronouns, and other policies protecting LGBTQ+ individuals. Providers noted that this was an especially common problem in schools.

"An issue that comes up is that as the GSA [Gay Straight Alliance] advisor, I am the one who fields these questions [about supporting LGBTQ+ individuals] from everyone ... it's a problem if I am seen as the LGBT expert and that it's not administrators who are modeling this information or who are sending out clear policies about what to do about names and pronouns."

Beyond lacking services for LGBTQ+ communities, institutions also lack safe spaces and facilities, especially for T/GNC individuals. Most schools lack restrooms that are safe options for T/GNC students. If single occupancy restrooms are available, they are often located in offices far away from classrooms. This means T/GNC students must go out of their way to use restrooms and risk repercussions for being late to class, such as detention or suspension after several instances of being late to class. Young people who identify as T/GNC are faced with making this difficult choice on a daily basis.

"You have a student who has to make a really crappy choice. Do they go to a bathroom where they feel safe, but can be suspended, which can lead to indirectly to violence in other ways as you start to talk about the school to prison pipeline? Or are you going to use the bathroom where you have a greater likelihood of bullying or being beat up or even looked at funny? ...Again, you're left with only bad choices that weigh different types of personal safety against each other. There is not an option that doesn't include some form of violence."

Institutions as Perpetrators of Violence for T/GNC Youth and Adults: Worsened by HB2

Providers described how HB2 and HB142 allowed institutions like schools, police departments, and health agencies to perpetrate violence against T/GNC individuals. For youth, school is the primary
place they experience violence, particularly bullying. One provider discussed how instances of bullying and the lack of protection from schools contributed to a societal message condoning violence.

"Schools are an invalidating environment, society is an invalidating environment. So teens aren’t receiving consistent messaging about being worthy of a safe and loving relationship from their larger environments."

This institutional perpetuation of violence is also seen in places where people seek health services. Among LGBTQ+ individuals experiencing severe depression or suicidal ideation, hospitalization is not seen as a feasible option due to concerns about safety and facility use. Fears of being misgendered, verbally harassed, unable to use a safe restroom, and facing threats of violence within healthcare settings deters many T/GNC individuals from seeking treatment for their mental health struggles. HB2 and HB142 allowed institutions to continue these practices and stripped away the rights of LGBTQ+ individuals to demand fair and healthy treatment.

“When my clients do seek help, if they are having self-harm urges or suicidal ideation to the point that they’re hospitalized either voluntarily or involuntarily, those are almost always unsafe situations to be in for many reasons ... A lot of those places don’t have affirming bathrooms, staff misgender patients, patients misgender patients, patients [don’t feel] safe to be out in front of other patients or staff, and general safety concerns like not having enough staff to make sure patients aren’t jumping each other or harming each other or themselves.”

"Magnified Vulnerability": HB2 & HB142 Perpetuating Inequities

Throughout the interviews, when describing the impacts of HB2 and HB142 on their clients and communities, providers highlighted the particular vulnerability of LGBTQ+ elders and queer and transgender people of color (QTPOC). One provider explained how for vulnerability to discrimination related to being T/GNC, such as being fired from one’s job, is often compounded by race and socioeconomic status:

"People who are most vulnerable in other ways, people of color who already face economic oppression...People of color who are trans have that magnified vulnerability."

Providers also described LGBTQ+ elders as having unique vulnerabilities to HB2 and HB142’s impacts. Elders in general are a vulnerable population, and LGBTQ+ elders are particularly more vulnerable than younger LGBTQ+ adults to experiencing violence, discrimination, and mental health illness. HB2 exacerbated these experiences among LGBTQ+ elders in North Carolina. One provider stated that many older, T/GNC clients transitioned later in life. Following HB2, these individuals feared not “passing enough” or not being perceived as the gender they identify with, which would make it unsafe to use restrooms or other facilities of their choice. The same provider, however, described the attitude of some older clients as confident and even defiant, stating that at their age, they are comfortable doing what they want, where they want.

Although not part of our qualitative interviews, the differential and magnified vulnerabilities faced by LGBTQ+ people of color was also discussed extensively with our CAB. Similar to the service providers, the CAB members were all LGBTQ+ identified, and the majority were LGBTQ+ service providers in North
Carolina. Our CAB members heavily emphasized the importance of addressing the differential impacts of these bills on various subgroups. CAB members brought up how black trans women are marginalized, criminalized, and experience disproportionate levels of discrimination related to employment, housing, and education. Additionally, CAB members shared that LGBTQ+ people living in rural parts of the state may avoid accessing healthcare altogether because of geographic isolation or not having LGBTQ+ friendly providers.

Methods

Following the literature review and quantitative analysis, the Capstone team conducted and analyzed semi-structured, in-depth interviews with professionals providing healing and support to LGBTQ+ people in North Carolina. Interviewing service providers provided two important methodological benefits for the HIA. By virtue of their professions, LGBTQ+-serving service providers are aware of a broader range of experiences within the community as a result of the many clients with whom they maintain an ongoing relationship. Service providers were able to speak to clients’ reactions from a mental health perspective, with understanding on how the legislation impacted other wellness and community health indicators. This also allowed for triangulation of findings from other HIA data sources, providing yet another indicator of the extent to which LGBTQ+ communities were impacted by HB2 and HB142.

Purposive sampling method was used to achieve maximum variation in professionals recruited for the study. Nine completed the qualitative interviews and thus, shared their experiences and insights from addressing the range of needs and experiences of LGBTQ+ individuals and communities in North Carolina.

Participants’ professional fields included: mental health; IPV and sexual assault prevention, education, and support; harm reduction; LGBTQ+ community organizing; and healthcare. Participant ages ranged from 29 to 70 years with a median age of 34 years old. All providers identified as LGBTQ+ with most being T/GNC. Table 15 summarizes these and other participant demographic details.

The semi-structured interview guide explored the work the participant does with LGBTQ+ individuals, their experiences with addressing the needs of LGBTQ+ individuals in North Carolina, and their insights on how HB2 and HB142 affected the health and well-being of LGBTQ+ individuals, with a focus on violence outcomes. Three team members conducted the interviews, which took an average of 30 minutes to complete. Each interviewer took notes during the interview and, immediately following the interview, wrote a memo on the main themes that emerged during the interview. Each interview was audio-recorded, and a second team member listened to the recording and independently wrote a memo on the main themes. The full team collectively reviewed the memos, discussed the emergent themes from each interview, and identified recurring themes from all nine interviews.
Conclusions

Throughout our interviews, LGBTQ+ service providers shared the adverse mental health and violence outcomes of HB2 and HB142 on LGBTQ+ people in the state. Even though the conditions prior to passage of the bills were not supportive of LGBTQ+ communities, providers described the ways in which these bills codified discrimination and profoundly impacted LGBTQ+ people's daily lives.

Providers described how the legislated discriminatory culture in the state worsened mental health and increased experiences of violence, especially teen dating violence and bullying. Additionally, the failure of educational, healthcare, and other institutions to support LGBTQ+ people's well-being and daily safety, exacerbates the adverse health and violence outcomes providers described. However, providers highlighted the resiliency and robust activism among LGBTQ+ communities. Recommendations based on the findings from our qualitative report are included at the end of the HIA.
Recommendations

For:

- Legislators
- Government Agencies
- Schools and Other Public Institutions
- LGBTQ Allied Organizations and Service Providers
- Violence Prevention Organizations
- Researchers
- Media
Recommendations

Recommendations for:
- Legislators
- Government agencies
- Schools and Other Public Institutions
- LGBTQ Allied Organizations and Service Providers
- Violence Prevention Organizations
- Researchers
- Media

The findings from this HIA have shown that HB2 and HB142 have profoundly negative impacts on violence outcomes, mental health outcomes, and the overall well-being of LGBTQ+ communities in North Carolina. Based on these findings, we offer the following recommendations on how to best address these outcomes.

Recommendations for Legislators
Legislators are defined here as individuals or agencies involved in writing or passing laws at the federal, state, or local level, including policies or decisions related to funding. Legislators should:

- Recognize the power they have over the lives of LGBTQ+ communities and consider the lived experiences of these communities when making decisions about policies related to healthcare, employment discrimination, education, and research funding.
- Support inclusion of sexual orientation and gender identity in the 2030 U.S. Census and beyond.
- Allocate funding to institutions that prevent violence against LGBTQ+ people and avoid funding those that perpetuate discrimination and violence toward LGBTQ+ people.
- Increase funding for schools and other public institutions to offer:
  - LGBTQ+ inclusive sexual health education;
  - Accessible single-occupancy/gender neutral restrooms/locker rooms;
  - Teacher training on creating safe classrooms for LGBTQ+ students; and
  - Counseling and support specifically for LGBTQ+ students
- Allocate additional funding and support to healthcare institutions and organizations whose clients (LGBTQ+ people) are impacted by HB2 and HB142.
- Allocate additional funding to support research on improving the health and well-being of LGBTQ+ communities, with a focus on supporting research within and about T/GNC communities.
- Learn more about the lives of queer youth by reading books about their plight, spending time with queer youth, and talking with LGBTQ+ advocates who understand the challenges of queer youth in the state.
- Consider the human impact of legislative choices.
Recommendations for Government Agencies

Government agencies are defined here as agencies that collect data and that are controlled by and receive funding from the federal government (including the CDC and the FBI), from state governments (including state health departments), or from local governments (including county health departments). Government agencies should:

- Include questions on sexual orientation and gender identities in state and nationally representative surveys, including CDC’s BRFSS and YRBS surveys, as well as other government-issued data collection tools used by health and social researchers. Allow “Check all that apply” and open-ended options that reflect the richness and intersectionality of LGBTQ+ identities.
- Allocate additional funding to support research on improving the health and well-being of LGBTQ+ communities, with a focus on supporting research within and about T/GNC communities:
  - Introduce or reinforce requirements as part of the grant application for a higher level of community engagement in the research process;
  - Prioritize funding applicants who meaningfully integrate community members in all phases of the research process (study design, data collection and analysis, and dissemination) and who compensate community members for their work; and
  - Prioritize funding applicants who engage community members as study Principal Investigators.

Recommendations for Schools and Other Public Institutions

Public institutions are defined here as any institution under the jurisdiction of a federal, state, or local government, including public schools, state colleges and universities, and government agencies. These institutions should:

- Incorporate more training to providers so they are better equipped to adequately and sensitively serve the needs of LGBTQ+ clients and to decrease burden on LGBTQ+ staff members to serve as trainers/navigators for their peer professionals.
- Introduce stringent anti-discrimination policies and procedures to protect the health and well-being of their LGBTQ+ staff to reduce staff turnover and create a safe and inclusive work environment.
- In schools and school boards, establish dedicated committees responsible for identifying ways to accommodate the restroom and changing facility needs of T/GNC students
- In schools and local communities, establish youth-centered LGBTQ+ groups to allow for these folks to have safe spaces and opportunities for their voice to be heard and incorporated.
- Introduce mandatory training for teachers and school staff to be better equipped to intervene and act as allies for LGBTQ+ students who experience bullying.

Recommendations for LGBTQ+ Allied Organizations & Service Providers

Allied organizations and service providers are defined here as organizations that primarily serve LGBTQ+ people by promoting their physical, mental, and social well-being. The term service providers refers to people who provide support and healing to LGBTQ+ people, including but not limited to
healthcare providers, teachers, and leaders of LGBTQ+ organizations. These organizations and service providers should:

- Incorporate more training to providers so they are better equipped to adequately and sensitively serve the needs of LGBTQ+ clients and to decrease burden on LGBTQ+ staff members to serve as trainers/navigators for their peer professionals.
- Incorporate more training to providers to be better equipped to advocate for survivors of violence.
- Introduce stringent anti-discrimination policies and procedures to protect the health and well-being of their LGBTQ+ staff to reduce staff turnover and create a safe and inclusive work environment.
- Continue bolstering efforts to serve the mental health needs of LGBTQ+ clients and work with clients to identify strategies for self-care.
- Institutionalize self-care practices for providers (particularly those involved in activism).
- Gather feedback from LGBTQ+ communities on what services they actually want and need, how they feel they are not currently being served.
- Promote institutional leadership that champions an affirming organizational climate and is committed to leading LGBTQ+ serving policies and anti-discrimination work.
- Allocate additional funding to support research on improving the health and well-being of LGBTQ+ communities, with a focus on supporting research within and about T/GNC communities:
  - Introduce or reinforce requirements for a higher level of community engagement;
  - Prioritize funding applicants who meaningfully integrate community members in all phases of the research process (study design, data collection and analysis, and dissemination) and who compensate community members for their work; and
  - Prioritize funding applicants who engage community members as study Principal Investigators.
- Increase awareness of HB142 and its impact and break silence surrounding this law and other similarly discriminatory policies.
- Increase representation of, T/GNC, QTPOC, and people of different age groups, including elders and youth, in their organizations.
- Incorporate trainings about how to advocate and to serve survivors of violence and recognize violence as a common outcome of discrimination.

**Recommendations for Violence Prevention Organizations**

Violence prevention organizations are defined here as organizations that work to prevent violence and that provide care to survivors of violence, including rape crisis centers and state domestic violence coalitions. These organizations should:

- Avoid taking a one size fits all approach when addressing violence-related needs of communities:
  - Consider unique needs of LGBTQ+ survivors; and
  - Hold perpetrators accountable instead of shifting the blame to the survivors of violence.
- Pay special attention to the experiences and needs of LGBTQ+ youth.
- Increase attention to both in-person and electronic bullying and harassment.
• Increase outreach to LGBTQ+ communities via partnerships with relevant organizations, community leaders, or known social spaces.

• Allocate additional funding to support research on improving the health and well-being of LGBTQ+ communities, with a focus on supporting research within and about T/GNC communities:
  ○ Introduce or reinforce requirements for a higher level of community engagement;
  ○ Prioritize funding applicants who meaningfully integrate community members in all phases of the research process (study design, data collection and analysis, and dissemination) and who compensate community members for their work;
  ○ Prioritize funding applicants who engage community members as study Principal Investigators.

Recommendations for Researchers

Researchers are defined here as individuals or agencies involved in collecting data or conducting research, regardless of funder or topic area. Researchers should:

• Incorporate questions on sexual orientation and gender identity into surveys in addition to other demographics. Allow “check all that apply” and open-ended options that reflect the richness and intersectionality of LGBTQ+ identities.

• Collect data on mechanisms (such as discrimination) by which T/GNC and broader LGBTQ+ communities are disproportionately impacted by violence and related outcomes.

• Collect data on resilience within LGBTQ+ communities, rather than focusing research exclusively on vulnerabilities in these communities.

• Increase engagement with LGBTQ+ community members, especially T/GNC community members, when conducting research:
  ○ Compensate LGBTQ+ and T/GNC community members to work on research projects; and
  ○ Include community members as study Principal Investigators.

Recommendations for Media

Media is defined here to include newscasters, journalists, talk show hosts, and others with a media platform.

• Include the voices of transgender and gender nonconforming North Carolinians and their loved ones in media coverage of policies that affect T/GNC communities.

• Consider how message framing may impact marginalized readers, listeners, and viewers.
Bibliography


Appendix A. Detailed Methodology

Capstone Team from Gillings School of Global Public Health at the University of North Carolina at Chapel Hill

A capstone team of five graduate students from the Gillings School of Global Public Health at The University of North Carolina (UNC) worked with North Carolina Coalition Against Domestic Violence (NCCADV) to produce this report as part of their culminating yearlong community field experience. First, the Capstone team completed a literature review to better understand the landscape of the impacts of discriminatory laws on health and violence outcomes. CDC’s Connecting the Dots report informed our selection of violence outcomes and guided our search to identify the risk and protective factors for these outcomes. After synthesizing the literature around violence and discrimination in LGBTQ+ communities, they searched for data available in national- and state-level surveys. As part of community engagement efforts, the Capstone team established an LGBTQ+ Community Advisory Board (CAB) to collect feedback and community input on our selected violence outcomes, data collection, and analysis processes. The CAB consisted of 13 members representing nine organizations throughout North Carolina.

After analyzing existing data and identifying gaps in the data, the Capstone team developed a guide for qualitative interviews with service providers who would be able to speak to the multiple experiences of the LGBTQ+ communities they serve. Interviews were conducted and analyzed with nine service providers working in a range of capacities, all of whom provide support and healing to LGBTQ+ communities in the state. Based on findings from qualitative interviews and existing quantitative data, the Capstone team estimated how HB2 and HB142 may have impacted rates of selected outcomes in LGBTQ+ communities.

Findings were compiled and the Capstone team hosted a community listening session, with the goal of sharing findings with LGBTQ+ community members to ensure that it resonated with community members’ lived experiences and to gain their insight. While there was too low of an attendance at the community listening session for us to report significant community input on this report, discussions at this event played an important role in refining HIA findings and determining next steps, including additional steps for community engagement. Finally, based on qualitative and quantitative findings, and in consultation with the CAB and other community and academic partners, we developed a list of specific recommendations for various audiences to mitigate the impact of HB2 and HB142 and improve the health of North Carolina’s LGBTQ+ communities.

ETR Services, LLC from Durham, NC

In Summer 2017, the North Carolina Coalition Against Domestic Violence (NCCADV) contracted with ETR Services, LLC (ETR) to contribute to a health impact assessment of North Carolina’s HB2 and HB142 legislation. ETR’s work occurred in two phases – phase I utilized focus groups to better understand the lived experiences of T/GNC North Carolinians and the health impacts of HB2 and HB142 legislation phase II included the development and administration of an online survey to further document the extent of
health impacts and resilience among the LGBTQ+ community and particularly T/GNC North Carolinians. ETR staff identified five primary questions to guide their health impact assessment work:

1. In what ways and to what extent has the physical, mental, and social well-being of LGBTQ+ North Carolinians changed post-legislation?
2. In what ways and to what extent have violent outcomes for LGBTQ+ North Carolinians changed post-legislation?
3. In what ways and to what extent has vulnerability to negative health outcomes, including violence, among LGBTQ+ North Carolinians changed post-legislation?
4. In what ways and to what extent has resilience among LGBTQ+ North Carolinians changed post-legislation?
5. What types of new or existing services or resources are needed to promote wellbeing among LGBTQ+ North Carolinians?

Regional focus groups were conducted in early 2018 by ETR staff members with the assistance of three outreach consultants. Data were analyzed thematically and preliminary findings were shared with HIA staff at NCCADV. Focus group findings were also used to develop an online survey that was administered statewide in the late summer to early fall of 2018. These survey data were used to document the extent to which HB2 and HB142 impacted the health of LGBTQ+ North Carolinians.

This comprehensive report shares findings from the work of the Capstone Team from Gillings School of Global Public Health at UNC-Chapel Hill and ETR Services, LLC. Although many opponents of HB2 and HB142 underscored the economic consequences to the state and its residents, the stories of harm to members of affected communities have remained largely concealed from the public eye; yet the data collected throughout this HIA strongly suggest that HB2 and HB142 worsened the health of LGBTQ+ residents, especially among T/GNC residents living in the state.
Appendix B.
Literature Review

“Discrimination” refers to differential action toward individuals or groups based on identifying characteristics including race, sex, age, gender identity, sexual orientation, and ability.7 Discrimination occurs at the individual, interpersonal, environmental, and societal levels.8 However, it is typically categorized as internalized, interpersonal, and structural. 9 “Prejudice” refers to making differential assumptions about someone, including assumptions about motives, ability, or intentions, based on identifying characteristics.5,9

Internalized discrimination, occurring at the intrapersonal level, refers to incorporation of prejudice and discrimination into one’s perception of themselves. Internalized discrimination can include self-devaluation as well as rejection of one’s culture.9,10 For example, internalized homophobia may manifest as discomfort with one’s sexual orientation and the direction of heterosexist social attitudes toward oneself.11,12 Interpersonal discrimination (also referred to as personally-mediated discrimination) refers to intentional and unintentional prejudice and discrimination directed toward individuals, such as racial slurs or hate crimes.9 Finally, structural discrimination (also referred to as institutional or systemic discrimination) refers to policies and other social structures that determine one’s access to goods, services, and opportunities based on certain identifying characteristics.9 Examples of structural discrimination include residential segregation, a binary gender system, and the systematization and reproduction of socially and culturally constructed gender roles, based on biological sex.13,14

The Link between Discrimination and Health Outcomes

Research has shown that LGBTQ+ people experience discrimination more often than their heterosexual and cisgender counterparts.15,16 For example, compared to their heterosexual peers, people identifying as lesbian, gay, or bisexual (LGB) more frequently report being treated with less courtesy and respect, receiving poorer service at stores or restaurants, and being fired from a job.16 Additionally, according to the U.S. Transgender Survey (USTS), about 15% of transgender people are unemployed and about 29% live in poverty, compared to 5% and 15% of the total United States (U.S.) adult population, respectively.15,17

There is a large body of evidence linking all types of discrimination to poor mental and physical health outcomes, including depression, cardiovascular disease, loneliness, illness, and suicide.18,19 Several researchers have proposed a direct link between discrimination and health outcomes while other researchers have proposed various pathways through which discrimination affects health outcomes.19 One such pathway is stress response. Evidence suggests that discrimination triggers both mental and physical stress responses, including elevated blood pressure, anger, and lower self-esteem, which lead to poor mental and physical health outcomes.19

Additionally, some researchers have used the Minority Stress Model to understand the link between discrimination and health outcomes.11,20 This model postulates that members of minority groups face unique stressors that majority group members do not encounter. This model suggests that minority group members face proximal stress processes, which are the result of internalized discrimination, as well as distal minority stress processes, which are characterized primarily by interpersonal discrimination.
Proximal minority stress processes include expectations of rejection, concealment, and internalized homophobia, while distal minority stress processes include prejudice and violence.\textsuperscript{11,20} Exposure to these stressors has been found to be associated with adverse mental health outcomes, including depressive symptoms, anxiety, substance abuse, and suicidal ideation.\textsuperscript{11}

Other researchers have suggested health behavior as a pathway between discrimination and health outcomes.\textsuperscript{19,21} The pathway includes engaging in behaviors that benefit one’s health, such as consuming a healthy diet, as well as engaging in behaviors that are detrimental to health, such as smoking.\textsuperscript{19,21} Evidence suggests that experiencing discrimination and prejudice are associated with decreased self-control, which can lead to an increase in unhealthy behaviors or a decrease in healthy behaviors.\textsuperscript{19,21}

Structural Discrimination against LGBTQ+ Communities

In addition to North Carolina, multiple other states have passed laws similar to HB2, and a total of 28 other states have failed to pass policies that protect LGBTQ+ communities.\textsuperscript{14,22–26} These policies have had profound mental and physical health impacts on these communities.\textsuperscript{22–26} One example of state-level discrimination is the lack of legal protections against hate crimes or employment discrimination based on LGBTQ+ identity. Research has shown that LGBTQ+ people living in states without LGBTQ+ protective policies have higher rates of psychiatric disorders and worse mental health outcomes compared to states with these protections.\textsuperscript{22–24,26} Figure 1 shows each U.S. state’s policy landscape for LGBTQ+ people. This map is an adaptation of the Transgender Law Center’s 2018 assessment of state policies targeted toward LGBTQ+ people, based on a scoring system that awards points for protective policies and deducts points for harmful policies.\textsuperscript{27} The scores range from -10 to 34, with 38 states, including North Carolina, having low or negative scores (shown in yellow or red).

Discriminatory state-level policies have also limited LGBTQ+ people’s access to essential services, including healthcare. T/GNC people, in particular, face many such forms of discrimination.\textsuperscript{14,25} Binary gender norms, the lack of training among healthcare providers to care for T/GNC communities, and limited health insurance coverage for gender-affirming healthcare are among the discriminatory factors that limit community members’ access to proper healthcare.\textsuperscript{14} Evidence shows that, as a result of their limited access to healthcare, T/GNC people sometimes resort to unsafe methods for obtaining gender affirming care, such as using street hormones, which are unregulated and potentially harmful.\textsuperscript{14} Additionally, research has shown an association

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Tally of protective and harmful sexual orientation/gender identity state policies.}
\end{figure}
between institutional discrimination and poor mental health outcomes among T/GNC people, including self-harm and suicidal ideation.\textsuperscript{14,25}

In addition to state-level policies, many public institutions have adopted anti-LGBTQ+ policies or have failed to pass policies to protect these communities. As with discriminatory state policies, these organizational policies have had a negative impact on the health of LGBTQ+ communities. One example of institutional discrimination at the organizational level is the lack of anti-bullying policies in secondary schools, which has been shown to be associated with higher rates of suicide attempts among lesbian and gay youth.\textsuperscript{18} The trend in discriminatory institutional policies and associated health outcomes continues as LGBTQ+ young adults enter institutes of higher education. For example, many colleges have limited T/GNC students’ access to living spaces in which they feel safe and accepted, including housing and restrooms.\textsuperscript{28} T/GNC students who lack such safe spaces have been found to be at a higher risk for self-harm and suicidal ideation.\textsuperscript{28}

Barsriers to Healthcare Access

Access to public restrooms is a fundamental right that allows people to live, learn, work, and play. When this access is gendered and exclusive to people of only certain gender identities, as put forth by HB2 and HB142, it is harmful to T/GNC people’s ability to engage in everyday, basic activities like working in offices and spending time with friends and family outside of the home.\textsuperscript{29} Many times, inability to access restrooms in public buildings prevents T/GNC people from attending a doctor’s appointment or accessing other healthcare services.\textsuperscript{29} Beyond restroom access, one study found that state policies that permit discrimination against LGB individuals and devalue people’s personal identities can cause an increase in psychiatric disorders that are characterized by hopelessness, anxiety, chronic fear, and social isolation.\textsuperscript{30} These discriminatory policies against LGBTQ+ communities have profound mental and physical health impacts on members of these communities.

Gaps and a Way Forward

The literature reviewed here provides a strong basis for understanding how discrimination and discriminatory policies (e.g. policies permitting discrimination or preventing protection based on sexual orientation, gender identity, and other identifying factors) can severely impact mental and physical health outcomes. Despite this, much of the literature focuses on LGB communities, with gaps in the literature surrounding T/GNC communities. There are many possible explanations for this gap, such as structural considerations that would impact funding for research on these communities. As a result, this review and the larger HIA focus on both sexual orientation and gender identity, rather than on gender identity exclusively.

Another gap identified in the literature is a lack of empirical evidence on the impact of state policies on violence outcomes in LGBTQ+ populations. While the literature does not discuss a direct connection between discrimination and discriminatory policies on violence outcomes in the general population, many of the discrimination-related outcomes described above have been linked to violence.\textsuperscript{5} It can therefore be theorized, based on the literature described here, that HB2 and HB142 have and will affect these risk and protective factors among LGBTQ+ communities in North Carolina and will thereby affect violence outcomes in LGBTQ+ communities.
To synthesize the literature and to demonstrate our initial scoping process, a pathway to graphically depict the relationships between risk and protective factors and selected violence outcomes was developed (Figure 2). This pathway was modified after consultation with the CAB. Asterisks indicate factors for which there is evidence in the literature on that factor’s association with violence outcomes specific to LGBTQ+ communities.

**Figure 2.** Pathway of structural, community, interpersonal, and intrapersonal factors leading to violence in LGBTQ+ communities.
Appendix C.
Baseline Assessment of LGBTQ+ Communities in North Carolina

The baseline assessment presents quantitative data on violence outcomes and their causes among LGBTQ+ youth and adults in North Carolina before the passage of HB2 and HB142. Due to limited availability and collection of data on T/GNC communities, our findings are drawn from the most recent data collected on LGB communities in North Carolina; these communities are therefore used in this baseline analysis as a proxy for the entire LGBTQ+ communities in the state.

Data Sources

This assessment involved secondary analysis of three national and state surveillance data sources: Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), and U.S. Transgender Survey (USTS).

The BRFSS is conducted among U.S. adults by the CDC via telephone. Its purpose is to collect prevalence data on preventive health behaviors with randomly selected adults in the U.S. Survey questions are developed jointly between the CDC and state health departments and cover topics such as smoking behavior, diet, physical activity, mental health, physical health, and illicit drug use. The structure of the questionnaire includes a standard set of core questions (required to be asked by all states every year), rotating core questions (required to be asked by all states every other year), optional modules (optional questions developed by CDC, including questions on sexual orientation and gender identity), and state-added questions (questions developed and included on the state-level).

Similar to BRFSS, the YRBS is a surveillance survey conducted by the CDC to measure prevalence of risk and health behaviors among youth and adolescents in the U.S. The self-administered, paper-and-pencil survey was first administered in North Carolina in 1991 and is administered every two years in both private and public schools among 9th-12th graders. The main purpose of the YRBS is to document the prevalence of health behaviors among this adolescent population, including sexual behavior, alcohol and other drug use, tobacco use, physical activity and eating behaviors.

In addition to YRBS and BRFSS, this report analyzed data from the USTS, a 2015 survey of transgender adults across the U.S., conducted by the National Center for Transgender Equality. The first USTS was administered online to transgender adults in the U.S. over a 34-day period in the summer of 2015 and covered the topics of health and healthcare access, employment, education, housing, law enforcement, and public accommodation. The survey was available in English and Spanish, accessible for respondents with disabilities (e.g. via screen readers), and accessible by respondents directly on a secure, dedicated website. The final sample for the national survey included 27,715 respondents from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. Of those respondents, 686 were from North Carolina.

These three data sources together cover a variety of topics related to health but provide a limited assessment of the broader factors contributing to violence (see Figure 2) and of violence itself. A wide array of health, interpersonal, and structural factors have been demonstrated to contribute to individuals’ and communities’ risk for experiencing violence. While USTS covered a few of these factors, neither YRBS
nor BRFSS questionnaires included questions around many of these items, such as gender and sexual orientation norms, social isolation, social support, self-confidence, anxiety, and others. Further, while YRBS did include questions around suicide, teen dating violence, sexual violence, and bullying, neither YRBS or BRFSS addressed hate crimes or IPV and BRFSS did not include any questions about violence. The lack of data on relevant outcomes in datasets with large, representative sample sizes prevents this portion of the analysis from drawing many conclusions about the state of violence outcomes and their risk factors in North Carolinian populations.

In addition, aside from USTS, assessment of T/GNC people in the U.S. was limited in nationally- or state-representative surveys. While YRBS did capture sexual identity in the two most recent survey years (2013 and 2015), neither YRBS nor BRFSS surveys included questions around gender identity. This prevented analyses from revealing the disproportionately high experiences of adverse health and violence outcomes among T/GNC communities, as seen in the literature. It also indicates a broader set of systemic biases that lead to a scarcity of data on these and other historically marginalized communities. This is prevalent throughout the U.S., including in North Carolina, in states with both high and low levels of protection against LGBTQ+ communities. Figure 3 presents a summary of harmful or protective state policies (see Figure 1) alongside state collection of data on sexual orientation or gender identity.27

![Figure 3](image-url)  
**Figure 3.** Tally of protective and harmful sexual orientation and gender identity policies and summary of state data collection on sexual orientation and gender identity.
Finally, the most recent data released from USTS, YRBS, and BRFSS were collected prior to the passage of both HB2 and HB142. This limits the ability of this analysis to draw inferences about the roles of these policies in influencing mental health and violence outcomes among both the general population in North Carolina and LGBTQ+ communities in the state.

Data Analysis

Data for these three surveys after the passage of HB2 in 2016 and HB142 in 2017 were not yet made publicly available at the time of this analysis. Hence, it was not possible to examine before and after differences in health and violence outcomes to demonstrate a causal relationship between the policies and selected outcomes. Instead, we examined data from 2009 to 2015, the survey years leading up to HB2 and HB142, to establish trends in violence and related mental health outcomes among youth and adults in both the general population and LGBTQ+ communities in North Carolina.

This analysis focused on survey responses related to mental health, suicide, sexual partnerships, dating violence, and bullying. To assess trends in these variables, we used the statistical software SAS to calculate frequencies for each variable at both national and state levels. These frequencies were verified using CDC’s online data analysis tools. In addition, to understand the associations between mental health, violence outcomes, and sexual identity, SAS was used to run Chi-square and logistic regression analyses. For logistic regressions, the model used was [outcome]=sexual identity*age, to control for age. In addition, associations found in YRBS data were verified using CDC’s online data analysis tools to indicate whether heterosexual or sexual minority youth were more likely to report each outcome.

When assessing differences in outcomes between the general population of youth in North Carolina and LGBTQ+ youth, CDC used the term “sexual identity” to refer to respondents’ sexual orientation and/or identity, and included heterosexual, lesbian, gay, bisexual, and “not sure” as possible identifiers. For YRBS and throughout this analysis, “sexual minority” was defined by CDC as any youth indicating they identify as LGB. YRBS introduced a question about sexual identity in 2013, so results from previous years did not include information on sexual minority status; the survey did not include questions around gender identity in any year. In addition, North Carolina’s BRFSS surveys do not include optional questions surrounding sexual orientation and gender identity. Therefore, analysis of the BRFSS data did not stratify data or compare frequencies based on sexual orientation or gender identity among adults in North Carolina.

Findings: Mental Health and Violence Among North Carolina’s Youth

Using the YRBS data, we compared the following eight health outcomes among sexual minority youth (LGB) to both heterosexual youth and the overall population of youth: feeling sad or hopeless for two or more consecutive weeks, considering suicide, making a suicide plan, making an injurious suicide attempt, experiencing of physical dating violence, experiencing of sexual dating violence, experiencing of bullying on school property, and experiencing of electronic bullying (e-bullying). In 2015, compared to both heterosexual youth and the overall population of youth, sexual minority youth reported higher rates of each outcome assessed in this analysis (Table 16).
Table 16. Prevalence of selected health and violence outcomes among North Carolina youth in 2015, disaggregated by sexual identity.

<table>
<thead>
<tr>
<th>Health or Violence Outcome</th>
<th>Definition*</th>
<th>All Youth</th>
<th>Heterosexual Youth</th>
<th>Sexual Minority Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless</td>
<td>Felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities</td>
<td>26.4%</td>
<td>22.4%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Considered suicide</td>
<td>Seriously considered attempting suicide at any point</td>
<td>15.9%</td>
<td>11.8%</td>
<td>46.8%</td>
</tr>
<tr>
<td>Made a suicide plan</td>
<td>Made a plan about how they would attempt suicide</td>
<td>14.1%</td>
<td>11.3%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Made an injurious suicide attempt</td>
<td>Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse</td>
<td>9.3%</td>
<td>9.0%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Experienced physical dating violence (among students who dated in the last year)</td>
<td>Were hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with one or more times</td>
<td>8.3%</td>
<td>7.1%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Experienced sexual dating violence (among students who dated in the last year)</td>
<td>Kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with one or more times</td>
<td>7.8%</td>
<td>6.9%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Were bullied on school property</td>
<td>Were bullied on school property</td>
<td>15.6%</td>
<td>12.4%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Were electronically bullied</td>
<td>Being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting</td>
<td>12.1%</td>
<td>10.1%</td>
<td>26.3%</td>
</tr>
</tbody>
</table>

* Unless otherwise noted, all outcomes reported as during 12 months before survey
A key finding in this analysis was that presenting trends in these outcomes over time can be misleading if outcomes are not stratified by sexual identity. Prevalence rates of most outcomes remained relatively low over time, but stratification by sexual identity revealed different trends between sexual minority and heterosexual youth. For example, overall reports of school-based and e-bullying have declined in recent years (Figures 4-5). However, while e-bullying victimization has declined among both sexual minority youth and heterosexual youth, school-based bullying has increased among sexual minority youth in recent years, while it has continued to decline in heterosexual youth.

Similarly, overall reports of feeling sad or hopeless and considering suicide have remained relatively constant among youth in North Carolina over time. However, stratifying the data by sexual identity revealed that, though the rate at which sexual minority youth feel sad and hopeless has declined over time, their rates remain much higher than those of heterosexual youth (Figure 6). Similar trends emerged when suicidal ideation (defined as considering or planning suicide) was stratified by sexual orientation (Figures 7-8). Between 2009 and 2015, rates at which the general population of youth considered suicide remained at between 13% and 16%. Sexual minority youth, however, experienced rates as high as 46.8% in 2015, an increase from 40.2% in 2013. In contrast, 11.8% of heterosexual youth reported considering suicide in 2015, a decrease from 14.3% in 2013.
Sexual minority youth responding to the survey in 2015 also had increased odds of reporting these outcomes, as compared with heterosexual youth (Table 17). For example, sexual minority youth had 2.23 times the odds (CI= 2.01-2.48) of feeling sad or hopeless almost every day for at least a two-week period as compared to their heterosexual peers when controlling for age. They had similarly increased odds of considering suicide (OR=2.62; CI= 2.35-2.91), making a suicide plan (OR=2.45; CI= 2.19-2.74), and making an injurious suicide attempt (OR=1.85; CI= 1.67-2.05). Sexual minority youth also had increased odds of experiencing physical and sexual dating violence and both forms of bullying (school-based and electronic) compared with their heterosexual peers.

**Table 17.** Associations between being a sexual minority (lesbian, gay, or bisexual) and health or violence outcomes among youth in North Carolina, controlling for age (2015).

<table>
<thead>
<tr>
<th>Health or Violence Outcome</th>
<th>Odds Ratio Controlling for age</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless</td>
<td>2.23</td>
<td>2.01-2.48</td>
</tr>
<tr>
<td>Considered suicide</td>
<td>2.62</td>
<td>2.35-2.91</td>
</tr>
<tr>
<td>Made a suicide plan</td>
<td>2.45</td>
<td>2.19-2.74</td>
</tr>
<tr>
<td>Injurious suicide attempt</td>
<td>1.85</td>
<td>1.67-2.05</td>
</tr>
<tr>
<td>Experienced physical dating violence (among students who dated in the last 12 months)</td>
<td>2.28</td>
<td>1.98-2.63</td>
</tr>
<tr>
<td>Experienced sexual dating violence (among students who dated in the last 12 months)</td>
<td>2.08</td>
<td>1.81-2.40</td>
</tr>
<tr>
<td>Were bullied on school property (during the 12 months before the survey)</td>
<td>1.85</td>
<td>1.66-2.06</td>
</tr>
<tr>
<td>Were electronically bullied</td>
<td>1.83</td>
<td>1.63-2.06</td>
</tr>
</tbody>
</table>
Findings: Mental Health among North Carolina’s Adults

Data on violence outcomes, associated factors, sexual orientation, and gender identity were not available through BRFSS. However, we were able to assess mental health outcomes among the general adult population in North Carolina. In 2016, the state of mental health among adults in North Carolina mirrored that of adults in the general U.S. population, with 12.1% reporting frequent poor mental health, compared with 11.1% of US adults. Trends in mental health status among North Carolina adults have remained relatively constant and have followed U.S. trends closely (Figure 9).

Assessing the association between mental health status and sexual orientation or gender identity among adults in North Carolina was not possible using BRFSS data. However, data from the 2015 USTS indicated that 46% of transgender adult respondents in North Carolina experienced serious psychological distress in the month before completing the survey. These results indicate that T/GNC adults in North Carolina experience disproportionately high rates of adverse mental health outcomes, as compared with their cisgender counterparts.

Implications of Findings

Existing literature indicates not only that LGBTQ+ communities experience disproportionately high rates of violence outcomes and their causes, but that these outcomes are linked to anti-LGBTQ+ discrimination. Specifically, evidence links all forms of discrimination, including discriminatory policies, to poor mental and physical health outcomes, including depression, cardiovascular disease, loneliness, illness, and suicide. These outcomes are likely related to stress response and subsequent health behaviors and to the unique stressors faced by members of LGBTQ+ communities. It is therefore expected that HB2 and HB142 will have similar effects on LGBTQ+ North Carolinians by perpetuating stigma, discrimination, and existing gender norms, all of which have been linked to poor mental health and violence outcomes.

These analyses revealed that LBG youth in North Carolina experience disproportionately high rates of violence and related adverse mental health outcomes. In YRBS, sexual identity was associated with most adverse mental health and violence outcomes, and sexual minority youth were more likely to experience these outcomes than their heterosexual counterparts. While violence outcomes and associated risk factors have remained constant for the general population of youth in North Carolina over the last decade, the outcomes for LGB and heterosexual youth are not identical. Many outcomes have not only remained more prevalent among sexual minority youth but have increased in prevalence over time among these youth, while decreasing among heterosexual youth. Additionally, our analysis of USTS data
showed that a much higher proportion of transgender adults in North Carolina experience psychological distress compared to the general population of North Carolina adults.

While these data do not provide insights into the causes underlying these differences, it is noteworthy that relationships, school climates, and political climate do not affect all North Carolina youth equally. Consequently, violence and mental health outcomes are not equally distributed, and the influence of discriminatory policies on these outcomes is not likely to be equally distributed either.

Conclusions

The baseline assessment supports existing evidence in the literature in revealing the disproportionate rate at which LGB communities in North Carolina experience adverse mental health and violence outcomes. The analysis was greatly limited by a lack of data on selected health and violence outcomes; a lack of post-HB2 data, which limited its ability to assess the prevalence of these outcomes before and after the policy was passed; and a systematic exclusion of questions around gender identity, which limited its ability to understand the experiences of T/GNC communities in North Carolina.

Additional research is needed to better understand the experiences of these communities post-HB2 and HB142. However, existing literature has made it clear that discriminatory policies can have adverse effects on violence outcomes and mental health status among LGBTQ+ individuals, and it is likely that HB2 and HB142 are no exception. Beyond the scope of this project, future research efforts in this area should ensure data are collected in a way that includes representation of not only LGB communities, but T/GNC communities as well.
Appendix D.
Full-Size Figures

Figure 1. Tally of protective and harmful sexual orientation/gender identity state policies.
Figure 2. Pathway of structural, community, interpersonal, and intrapersonal factors leading to violence in LGBTQ+ communities.
Figure 3. Tally of protective and harmful sexual orientation and gender identity policies and summary of state data collection on sexual orientation and gender identity.
**Figure 4.** Prevalence of school bullying among NC youth over time, by sexual orientation.
Figure 5. Prevalence of e-bullying among NC youth over time, by sexual orientation.

*Were electronically bullied, counting being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting, at least once during the 12 months before the survey.
Figure 6. Prevalence of feeling sad and hopeless among NC youth over time, by sexual orientation.

*Feeling sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey.
Figure 7. Prevalence of considering suicide among NC youth over time, by sexual orientation.

*Seriously considered attempting suicide during the 12 months before the survey
Figure 8. Prevalence of making a suicide plan among NC youth over time, by sexual orientation.

*Made a plan about how they would attempt suicide during the 12 months before the survey
**Figure 9.** Prevalence of frequent poor mental health among adults in North Carolina and the US over time.

* Reporting $\geq$14 days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"
Adverse Health Outcomes Reported by Transgender and Gender Nonconforming (T/GNC) Respondents

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>85%</td>
</tr>
<tr>
<td>Sadness</td>
<td>77%</td>
</tr>
<tr>
<td>Depression</td>
<td>49%</td>
</tr>
<tr>
<td>Increased violence</td>
<td>11%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>10%</td>
</tr>
<tr>
<td>Fear</td>
<td>73%</td>
</tr>
<tr>
<td>Uncomfortable in public</td>
<td>58%</td>
</tr>
<tr>
<td>Inability to use restroom</td>
<td>41%</td>
</tr>
<tr>
<td>Restricted activities</td>
<td>36%</td>
</tr>
</tbody>
</table>

**Mental health**
- During the height of media coverage, three out of four T/GNC respondents were struggling with anxiety and sadness. Half of T/GNC respondents reported experiencing depression during this time.

**Violence**
- 82% of all reports of increased violence were reported by T/GNC respondents. One in ten T/GNC respondents also reported emotional abuse.
- Three out of four T.GNC respondents experienced fear in response to HB2.

**Restrooms**
- 58% of T/GNC respondents reported an inability to feel comfortable in public in the wake of HB2.
- 41% felt unable to use public restroom facilities and 36% restricted activities to ensure bathroom accessibility.

One in ten T/GNC reported suicidal thoughts or ideation

For more information, please contact:
North Carolina Coalition Against Domestic Violence

919-956-9124
HEALTH IMPACTS OF
TRANS-Discriminatory Legislation
NC HB2 AND HB142

April 2014

The US Dept. of Education’s Office for Civil Rights offers “guidance” on sexual assault for schools with Title IX funding. For the first time, the federal government states explicitly that transgender Americans are protected from discrimination under the law.

March 2015

The Charlotte City Council holds a public hearing to discuss and vote on adding local protections for LGBTQ+ residents. The proposed ordinance is voted down, 6-5.

February 2016

Charlotte City Council votes 7-4 to add gay and transgender people to the list of classes protected against discrimination in Charlotte, effective April 1.

March 2016

The NC General Assembly votes to pass HB2 and Governor McCrory signs it into law within hours of its passage.

March 2017

N.C. House and Senate vote to repeal HB2 and replace it with House Bill 142.

Murders per 100,000 trans-identified residents in North Carolina

- Increase in murders among trans-identified North Carolinians from 2015 to 2016.

105%

Adverse Health and Violence Outcomes More Prevalent Among NC LGBTQ+ Youth

- Youth Risk Behavior Survey, 2015
**RECOMMENDATIONS**

For Health and Wellness among LGBTQ+ North Carolinians

Allocate funding to research, services (such as gender-neutral restrooms), and organizations that promote the health and well-being of LGBTQ+ people.

Include questions on sexual orientation and gender identity in all data collection tools.

Introduce stringent anti-discrimination policies and procedures to protect the health and well-being of LGBTQ+ clients and staff.

Incorporate more training for professionals to serve the needs of LGBTQ+ clients and decrease burden on LGBTQ+ staff members to serve as trainers/navigators for their peer professionals.

Include voices of LGBQ and T/GNC folks in media coverage of laws that affect those communities.

Increase engagement with LGBTQ+ community members, especially T/GNC community members, when conducting research and designing interventions.

Source: Capstone Team
Gillings School of Global Public Health
UNC Chapel Hill

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**NCCADV**

North Carolina Coalition Against Domestic Violence

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