

University of Arkansas, Fayetteville

**ScholarWorks@UARK**

---

Graduate Theses and Dissertations

---

5-2023

## **Queer Need in the Natural State: An Exploratory Needs Assessment of the 2sLGBTQIA+ Community in Northwest Arkansas**

Leea Jean Johnson

*University of Arkansas, Fayetteville*

Follow this and additional works at: <https://scholarworks.uark.edu/etd>



Part of the [Social Work Commons](#)

---

### **Citation**

Johnson, L. J. (2023). Queer Need in the Natural State: An Exploratory Needs Assessment of the 2sLGBTQIA+ Community in Northwest Arkansas. *Graduate Theses and Dissertations* Retrieved from <https://scholarworks.uark.edu/etd/4976>

This Thesis is brought to you for free and open access by ScholarWorks@UARK. It has been accepted for inclusion in Graduate Theses and Dissertations by an authorized administrator of ScholarWorks@UARK. For more information, please contact [scholar@uark.edu](mailto:scholar@uark.edu), [uarepos@uark.edu](mailto:uarepos@uark.edu).

Queer Need in the Natural State: An Exploratory Needs Assessment of the  
2sLGBTQIA+ Community in Northwest Arkansas

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Social Work in Social Work

by

Leea J. Johnson  
University of Arkansas  
Bachelor of Social Work in Social Work, 2017

May 2023  
University of Arkansas

This thesis is approved for recommendation to the Graduate Council.

---

LaShawnda Fields, Ph.D.  
Thesis Chair

---

Valandra, MSW.  
Committee Member

---

Mark Plassmeyer, Ph.D.  
Committee Member

## **Abstract**

This thesis explores the current needs of the 2sLGBTQIA+ community in Northwest Arkansas between the ages of 18-40 and what their experiences have been attempting to get their needs met. Eight semi-structured interviews were completed with members of the 2sLGBTQIA+ population, and ethical considerations were made throughout the process. The findings of this study were expansive and included six overarching themes with various subthemes. The findings report on the specific needs outlined by participants, how participants found the resources to meet their needs, and common positive and negative experiences that participants identified in the process. Findings showed that intersectional identities largely impacted the needs of participants and their experiences meeting their needs, including encountering Whiteness as a barrier, the erasure and dismissal of the identities of Black, Indigenous, People of Color (BIPOC), and feelings of imposter syndrome. The findings report that most resources were stated only to meet the bare minimum need of the participant, which led to discussions about the effects and emotional impacts of experiencing “just good enough”. Religion was identified as a barrier to getting needs met due to the past experiences of participants as well as having extensive requirements for accessing religious-based resources. The final finding was that the negative emotional and social impacts of the political climate in Arkansas were experienced by participants on both a macro- and micro-level. In the study's conclusion, there is a discussion about study limitations along with implications for practice, policy, and research.

*Keywords:* needs assessment, 2sLGBTQIA+, Northwest Arkansas, intersectionality, religion, good vs. great, political climate in Arkansas

©2023 by Leea Johnson  
All Rights Reserved

## **Acknowledgments**

First and foremost, I want to thank the study participants who trusted me with their stories and experiences. It was a true honor, and I will be forever grateful for their bravery and vulnerability. Additionally, I would like to thank the 2sLGBTQIA+ community of Northwest Arkansas, local queer organizations, and the drag community for promoting the study widely and giving us all a place to be ourselves and grow in a volatile, anti-queer state.

I would also like to thank my academic supports. Dr. LaShawnda Fields was an incredible thesis chair. Her research expertise was invaluable, and she continually empowered me find to my voice as a researcher and remember my humanity throughout the process. Thank you, Dr. Valandra and Dr. Mark Plassmeyer, for serving on my committee. I would also like to thank Dr. Sarah Leat for being the first person to support my thesis idea, Tony Stankus for library assistance and kind words at just the right time, Ro Windwalker and Teresa Waddell for administrative assistance, Jack Arbuckle for writing accountability, and Charlotte Winchester for spiritual support. I would also like to thank the University of Arkansas School of Social Work faculty and staff for the academic support and financial resources.

I also want to take the opportunity to express gratitude for those that supported me personally throughout this year. First, I would like to thank Katie Fitzwilson, my best friend and platonic life partner, for all the ways she has emotionally and academically supported me this year. I will never be able to accurately express my gratitude for the help she has given me through graduate school and my thesis project. Thank you also to our cats Loki, Suzie, and Willow. I have immense gratitude for my sister, Carley Johnson, who donated her time and editing skills to help me achieve my goals and played Animal Crossing with me when I needed to rest. Thank you to CritNasty Podcast, including Carley, Maggie, and Levi Johnson, for being

flexible with me and providing fun and levity throughout a chaotic year, and to my parents, Noel and Andy Johnson, for their emotional and financial support.

I would also like to thank classmate, friend, and fellow researcher Allen Burnett for being a co-laborer throughout the thesis process and reminding me that I am never alone. To all the thesis students, Allen Burnett, Cira Abiseid, Lizeth Guadalupe, and Melissa Gute, for inspiring and supporting me. And finally, thank you to the members of my cohort for their support, especially Haley Medford and Patricia Rodriguez.

## Table of Contents

	Page
<b>Chapter One: Introduction .....</b>	<b>1</b>
National Context for the 2sLGBTQIA+ Community .....	1
The State of Arkansas .....	2
Problem Statement .....	4
Purpose Statement .....	4
Research Questions .....	5
Significance of the Study .....	5
Terminology .....	5
Summary .....	6
<b>Chapter Two: Literature Review .....</b>	<b>7</b>
Needs By Category .....	7
<i>Mental Health Needs</i> .....	7
<i>Medical Needs</i> .....	8
<i>Social Needs</i> .....	9
<i>Legal Needs</i> .....	10
<i>Financial Needs</i> .....	10
<i>Spiritual Needs</i> .....	11
<i>Intersectional Needs</i> .....	11
Outcomes of Unmet Needs .....	12
Needs Assessments .....	12
Gaps in Literature .....	13
Summary .....	13

<b>Chapter Three: Theoretical Framework .....</b>	<b>15</b>
Maslow’s Hierarchy of Needs .....	15
Bronfenbrenner’s Ecological Systems Theory .....	15
White Supremacy Culture.....	16
<b>Chapter Four: Methodology .....</b>	<b>17</b>
Rationale for Methodology .....	17
Population .....	17
Sample Recruitment.....	18
Demographic Variables .....	19
<i>Pre-Screening Survey</i> .....	19
<i>Qualitative Interviews</i> .....	19
Participant Demographics .....	20
Overview of Research Design .....	21
IRB Approval.....	22
IRB Amendment .....	22
Informed Consents .....	23
<i>Pre-Screening Survey</i> .....	23
<i>Qualitative Interviews</i> .....	23
Data Collection .....	23
<i>Qualitative Interviews</i> .....	23
Data Analysis .....	24
<i>Codes</i> .....	25
Ethical Considerations .....	25



<b>Chapter Five: Findings.....</b>	<b>27</b>
Reported Needs By Category .....	27
<i>Basic Needs</i> .....	28
<i>Mental Health</i> .....	28
<i>Medical</i> .....	28
<i>Social</i> .....	29
<i>Legal</i> .....	29
<i>Financial</i> .....	30
<i>Spiritual</i> .....	30
Evaluation of Resources .....	30
<i>How They Found the Resource</i> .....	30
<i>Negative Experiences with Resources</i> .....	31
<i>Positive Experiences with Resources</i> .....	32
Intersectionality .....	33
<i>History of Intersectional Needs</i> .....	33
<i>Whiteness in Queer Spaces</i> .....	34
<i>Comparison and Dismissal of BIPOC Queer Identity</i> .....	34
<i>Imposter Syndrome</i> .....	35
Just Good Enough.....	36
<i>Surviving vs. Thriving</i> .....	36
<i>Negative Impacts</i> .....	37
Religion.....	39
<i>Religious Trauma</i> .....	39

<i>Requirement and Gatekeeping of Resources</i> .....	40
Political Climate of Arkansas .....	40
<i>Micro</i> .....	40
<i>Macro</i> .....	41
Summary .....	42
<b>Chapter Six: Discussion</b> .....	<b>43</b>
Study Themes and Theoretical Framework .....	43
<i>Maslow’s Hierarchy of Needs</i> .....	43
<i>Bronfenbrenner’s Ecological Systems Theory</i> .....	44
<i>White Supremacy Culture</i> .....	45
Limitations .....	46
Implications .....	46
<i>Practice</i> .....	46
<i>Policy</i> .....	49
<i>Research</i> .....	49
Conclusion .....	50
<b>References</b> .....	<b>51</b>
<b>Appendix A: Pre-Screening Survey Questions</b> .....	<b>60</b>
<b>Appendix B: IRB Approval</b> .....	<b>61</b>
<b>Appendix D: Pre-Screening Survey Informed Consent</b> .....	<b>63</b>
<b>Appendix E: Qualitative Interview Informed Consent</b> .....	<b>64</b>
<b>Appendix F: Qualitative Questions</b> .....	<b>66</b>

**List of Tables**

	Page
<b>Table 1.</b> <i>Participant Demographic Information</i> .....	21
<b>Table 2.</b> <i>Qualitative Coding Overview</i> .....	26

## **Chapter One: Introduction**

### **National Context for the 2sLGBTQIA+ Community**

From its inception, America has systemically marginalized members of the 2sLGBTQIA+ community. Even the term "2sLGBTQIA+" - an umbrella term referring to people whose gender expression and/or sexual orientation lies outside of the binary concepts of heteronormativity - didn't exist until very recently. The earliest iteration of this acronym appeared sometime in the 1960s, starting simply as "LGB" (Blakemore, 2021). Since the 1990s, it has evolved into more holistic versions including, most recently, "2sLGBTQIA+" (Iovannone, 2019). The lack of identifying verbiage for this community is itself an indication of how America has erased 2sLGBTQIA+ people, leaving them scrambling for ways to identify and unite themselves into an effective community. Though the 2sLGBTQIA+ community has found ways to thrive despite oppressive cultural and political influences, the effects of systemic oppression, disenfranchisement, and discrimination can still be felt in the lives of members of this population daily.

The 2sLGBTQIA+ population has a set of unique needs, and foundational oppression within the nation creates barriers that exacerbate these needs. These unique needs exist because community members experience identity-based barriers that result in higher rates of mental health issues. For example, 2sLGBTQIA+ individuals are more than twice as likely to experience mental health issues than a cisgender straight person, and 40% of transgender adults attempt suicide in their lifetime (National Alliance on Mental Illness, n.d). The 2sLGBTQIA+ community also experiences financial disparities. The Center for Financial Social Work reports that "29% of [2s]LGBTQIA+ Americans reported that discrimination moderately or significantly affected their financial well-being, including 37% of Black individuals and 54% of transgender

individuals (Center for Financial Social Work, 2021).” The community must also contend with a lack of social support, which encompasses family and friends, workplaces, public interactions, and the state the individual lives in. The Center for American Progress reported that in 2022 more than one in three 2sLGBTQIA+ participants reported facing discrimination that year, and four out of five individuals reported that they took at least one action to avoid discrimination based on their gender identity or sexual orientation (Medina & Mahowald, 2023).

If even one individual was negatively impacted in this way, it would be worth moving to action. However, the reality is that in the United States, the number of individuals who are self-identified members of the 2sLGBTQIA+ community has doubled, from 3.2% to 7.2%, between 2012 and 2022 (Jones, 2022). This population has grown exponentially and will continue growing thanks to policy advocacy, and growing acceptance of 2sLGBTQIA+ identities and representation (Durkee, 2022). As the 2sLGBTQIA+ community grows, it becomes continually urgent to understand the needs of the community and use that knowledge to make the world a more equitable place for this population.

### **The State of Arkansas**

For 2sLGBTQIA+ Arkansans, it is essential to consider that Arkansas has specific histories, ideologies, and factors that contribute to the needs and experiences of this community within the state. The South has a long history of homophobia and discrimination on the basis of sexual orientation and gender identity (Movement Advancement Project & Campaign for Southern Equality, 2020). According to the Human Rights Campaign’s State Equality Index (2022), Arkansas is currently classified as a “High Priority to Achieve Basic Equality.” This shows the glaring lack of equality in the state and is based on an analysis of current state-wide policies and laws that impact 2sLGBTQIA+ individuals and their families. Since the 1970s

Arkansas has been a historically conservative state (Ballotpedia, n.d.). Current existing policies offer limited protections for members of the 2sLGBTQIA+ community. Recently, there has been an influx of anti-gay and anti-trans legislation including Senate Bill 43, 60, 71, 199, and 270 and House Bill 1156 (Intransitive, 2023).

In April 2023, Governor Sarah Huckabee Sanders signed Senate Bill 270 into law, which requires public school students to use restrooms at school that correspond with their sex assigned at birth (Payton et al., 2023). This ruling also extends to assigned sleeping quarters on overnight trips, and state funding will be revoked if the school does not comply. SB270 will directly harm transgender children and expose them to an increased risk of violence by their peers and school staff. At a press conference after the bill was signed into law, a spokesperson for the Governor stated the following:

The Governor has said she will sign laws that focus on protecting and educating our kids, not indoctrinating them and believes our schools are no place for the radical left's woke agenda... Arkansas isn't going to rewrite the rules of biology just to please a handful of far-left advocates (Burga, 2023).

This comment effectively reduces the 2sLGBTQIA+ identity into a manipulatable talking point to be used for political gain. It removes the humanity of the individuals inside of the community in a way that creates direct harm by othering them in their home state. The Governor's use of the phrase "protecting and educating" children perpetuates the homophobic idea that 2sLGBTQIA+ individuals are dangerous or nefarious - something children need to be shielded from. Governor Sanders views the "rules of biology" through a narrow lens, which does not include historical, cultural contexts (Express Web Desk, 2017) or basic biological knowledge including gender as a spectrum (Ainsworth, 2015). Ultimately, the Governor's statement shows that she is uninterested in a discussion about real individuals, and the chaste, impersonal

language of the statement only contributes to the pervasive stigmas and ideologies that impact the 2sLGBTQIA+ community in Arkansas.

More than anything, this quote is indicative of the way 2sLGBTQIA+ people are spoken about in the state. People in high positions of power using discriminatory language enables and encourages other individuals in communities, workplaces, and families to do the same. Even if harmful bills are not passed, there are still devastating effects of having these conversations on such a public level.

### **Problem Statement**

2sLGBTQIA+ individuals living in the state of Arkansas are impacted by nation- and state-wide factors. There has been minimal research conducted to understand the current needs of the 2sLGBTQIA+ community in Northwest Arkansas (NWA) specifically, and the needs of the 2sLGBTQIA+ community, including basic, mental health, medical, social, legal, financial, and spiritual needs, are not able to be met until we understand what their specific needs are.

### **Purpose Statement**

The purpose of this study is to understand the current needs and experiences of the 2sLGBTQIA+ community between the ages of 18-40 in Northwest Arkansas. Gathering data on this topic will answer the research questions and can be used to inform the currently available resources, aid in the creation of new resources, and potentially expand or increase grant funding to the area. When the research questions are answered, it will be easier to establish a path forward that directly addresses the expressed needs of the community.

## **Research Questions**

The following questions will be explored:

1. What are the current needs of the population, and are they being met?
2. What have their experiences been attempting to get their needs met?

## **Significance of the Study**

This study intends to amplify the voices of this community as it relates to their needs and experiences. Individual stories from this community are often forgotten, silenced, or erased, and it is essential that they are shared. The study findings will identify the community's current needs, and the action taken in response to the research has the potential to increase health and well-being in the 2sLGBTQIA+ community. This may result in fewer individuals who feel forced to flee the state due to lack of safety and resources. 2sLGBTQIA+ Arkansans are a vital part of the rich tapestry of the state, and it is a necessity that individuals, organizations, and the state create relevant and lasting structures of support for this community to live and thrive in.

## **Terminology**

Throughout this study, the terms “2sLGBTQIA+” and “queer” will be used interchangeably. Additionally, for clarity, the researcher has provided a list of definitions that will be used during the study. Provided definitions include:

- 2sLGBTQIA+: Acronym for two Spirit, lesbian, gay, bisexual, queer, questioning, intersex, and asexual identities. The “+” encompasses additional identities including agender, genderfluid, nonbinary, pansexual, and more (OK2BME, 2023).
- BIPOC: Acronym for Black, Indigenous, People of Color that makes clear that each group has been impacted by historical, systemic injustice in different ways (Clarke, 2020).



- Cisgender: Someone whose gender identity corresponds with their sex assigned at birth (Merriam-Webster, n.d.).
- Intersectionality: “The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups (Merriam-Webster, n.d.).”
- Microaggressions: Small acts of aggression, intentional or unintentional, that target a marginalized group with discriminatory, biased messages. This is often experienced in casual, everyday conversations and situations (National Equity Project, n.d.).
- Queer: This umbrella term encompasses any gender identity or sexual orientation outside of cisgender heterosexuality. This term has been historically used in a derogatory way and is currently being reclaimed by younger queer generations (American Psychiatric Association, 2019; LGBTQ Community Center of the Desert, 2022).
- Questioning: Refers to an individual currently questioning their gender identity or sexual orientation (American Psychiatric Association, 2019).

## **Summary**

Nationally, the queer community has been underserved and under-resourced, and in the state of Arkansas there are additional policy and cultural implications that can make it difficult for members of this community to thrive. This thesis is a research study of the current needs of the queer community in Northwest Arkansas. The data found can be used to build community systems of support that bring more resources to the area, which will improve the lives of members of the 2sLGBTQIA+ community.

## **Chapter Two: Literature Review**

A literature review was conducted to assess the state of needs within the 2sLGBTQIA+ community based on previous research, including an exploration of factors that impact needs and the overall effectiveness of the needs assessment tool. The various categories of need were created in conjunction with what was frequently mentioned in the literature and broader empirical sources discussing needs assessments. The databases used to source literature were Google Scholar and the University of Arkansas Library database. This thesis study uses the term “2sLGBTQIA+” to reference a population. Much of the literature below also contains the term “2sLGBTQIA+,” however each source defines and uses it in varying ways that are not necessarily comparable to how it is used in this thesis.

### **Needs By Category**

Literature was assessed in various categories of need as they relate to the 2sLTGBTQIA+ community, including mental health, medical, social, legal, financial, spiritual, and intersectional needs.

#### ***Mental Health Needs***

A 2018 study found that gay men generally report a higher level of dissatisfaction with mental health resources than heterosexual men (Griffin, et al.). This dissatisfaction was due to interactions with clinicians who hold anti-gay attitudes, appear judgmental of same-sex relationships, and/or lack knowledge of mental health concerns specific to the gay community (Griffin, et al., 2018). Similarly, Shipherd et al. discovered that of 130 transgender participants, 52% reported significant psychological distress but had not received mental health services in the last year (2010). This was not credited to a lack of desire for mental health services, but rather to a variety of barriers including cost of services, fear of treatment, previous negative experiences

with clinicians, and general stigma (Shipherd et al., 2010). The barriers found in these studies are especially dangerous considering the increased likelihood of mental health distress and suicidality among the 2sLGBTQIA+ community.

According to the 2015 Texas Behavioral Risk Factor Surveillance System, 29.8% of 2sLGBTQIA+ adults were diagnosed with a depressive disorder, compared to 16.8% of non-2sLGBTQIA+ adults (Mallory et al., 2017). The same report found that 25.2% of queer adults in Texas felt limited because of physical, mental, or emotional problems, compared to the 18.5% of non-queer adults who reported the same limitations. Additionally, Roberts et al. found that 2sLGBTQIA+ individuals had between a 1.6 and 3.9 times greater risk of probable PTSD than heterosexuals (2012).

A 2010 study examined the relationship between living in states that instituted bans on same-sex marriage during the 2004 and 2005 elections, and the prevalence of psychiatric morbidity among lesbian, gay, and bisexual (LGB) populations. Hatzenbuehler et al. (2010) found that psychiatric disorders defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, increased significantly among queer respondents living in states that banned gay marriage, including: mood disorders, generalized anxiety disorder, and alcohol use disorder. The need for affirmative and affordable care for those within the 2sLGBTQIA+ community is significant, especially when living in a state that provides comparatively less legal, communal, and social support.

### ***Medical Needs***

The National Center for Transgender Equality reported that a third of transgender individuals have had at least one negative experience with a healthcare provider in the past year related to being transgender (2015). The types of harassment experienced were categorized as:

verbally harassing, refusing treatment, or having to provide education on being transgender to receive proper care (The National Center for Transgender Equality, 2015). Some transgender and gender non-conforming individuals take hormones or receive gender-affirming surgeries. The National Center for Transgender Equality (2015) reported that 25% of those who sought coverage for hormones in the past year were denied, and 55% of those who sought coverage for transition-related surgery in the past year were denied.

Queer couples starting a family may choose to utilize medical clinics for assisted human reproduction (AHR). In a study done in 2022, Gregory et al. found that 30% of the clientele at AHR clinics are a part of the 2sLGBTQIA+ community. Participants of the study reported feelings of frustration with unnecessary mandatory steps, insufficient support, and a lack of understanding regarding decisions they needed to make (Gregory et al., 2022).

### ***Social Needs***

Most queer adults report personally experiencing interpersonal discrimination, leading to internal psychological effects, as well as external difficulty connecting with others and feeling safe in social environments (Casey, et al., 2019). In their research about discrimination surrounding sexual orientation and/or gender identity, Casey et al. found that more than half of 2sLGBTQIA+ participants have experienced slurs and microaggressions related to their sexual orientation or gender identity (2019). The Center for American Progress observed in a 2020 study that more than half of LGBTQ Americans report hiding a personal relationship to avoid discrimination (Gruberg et al., 2020). Similarly, Movement Advancement Project reported that there are currently 21 states and five territories, including Arkansas, with no explicit prohibitions for discrimination (defined as: being unfairly refused service, denied entry to, or otherwise discriminated against in public places) based on sexual orientation or gender identity in state law

(Movement Advancement Project, n.d). In a 2003 study, Meyer observed that conditions in social environments are significant sources of stress that may have a significant negative impact on mental and physical health.

### ***Legal Needs***

Movement Advancement Project (2019) reported that throughout the United States of America, queer people are disproportionately impacted and failed by the criminal justice system, especially those who are also people of color and/or transgender. They observed that once 2sLGBTQIA+ people are in the legal system, they face more impactful challenges in the process of rebuilding their lives, which only worsens in rural areas (Movement Advancement Project, 2019). A survey conducted by The National Center for Transgender Equality (2015) found that 25% of transgender respondents, when asked about policy priorities, reported violence against transgender people as the most important to address. Queer individuals continue to lack protection from sexual orientation and gender identity discrimination in the workplace, housing, public accommodations, and other areas (Mallory et al., 2017).

### ***Financial Needs***

Horizons Foundations (2018) found that 13% of the 2sLGBTQIA+ population in the San Francisco Bay Area reported not having enough food for themselves and/or their families in the last 12 months. Additionally, 13% reported not having enough money for medicine for themselves and/or their families in the previous 12 months, and 12% reported not having access to transportation in the last 12 months (Horizons Foundation, 2018). Similarly, Dahlhamer et al. (2016) found that gay, lesbian, and bisexual adults had higher odds of delaying or not receiving health care because of cost than straight adults. In the case of affordability of housing, the *2015 United States Transgender Survey* observed that 9% of transgender respondents reported living

with friends or family temporarily because they were unable to afford their own housing, and 13% reported having to move into a less expensive home or apartment within the previous year (James et al., 2016).

Dillbary & Edwards (2019) found that big banks discriminate at the same rate as small banks, and lenders in urban environments are as discriminatory as rural lenders. Morton et al. (2018) found evidence that in the United States of America, queer youth are at more than double the risk of homelessness compared to non-queer peers, and queer youth that are Black, Indigenous, People of Color (BIPOC) had some of the highest rates of homelessness. 2sLGBTQIA+ individuals not only struggle to experience financial stability and freedom, but also struggle to meet basic needs such as food, housing, and health care needs.

### ***Spiritual Needs***

Ream and Savin-Williams (2005) found that study participants with religious affiliations had significantly greater difficulty accepting their sexuality due to internalized homophobia. Similarly, Meanley et al. (2016) observed that religious/spiritual participants exhibited higher mean scores for internalized homophobia than non-religious/spiritual participants when scored using Herek's (1995) *Ego-Dystonic Homosexuality Scale*. For some members of the 2sLGBTQIA+, their queer identity is also a spiritual identity (Machado, 2022). Microaggressions about queer identity in religious spaces often looked like religious tolerance, but not acceptance, which turned into individuals denying their own queer exploration (Lomash et al., 2018).

### ***Intersectional Needs***

In a qualitative study done in 2012, Meyer found that 2sLGBTQIA+ people of color often interpreted violence they experienced to mean that they had negatively represented their

racial communities. Meyer also found that due to the societal power difference between women and men, lesbian and transgender women often perceived physical violence as indicating the possibility of sexual assault (Meyer, 2012).

A 2013 qualitative study looked at the experiences of Black, gay and bisexual men (Bowleg, 2013). The study found that the participants felt they would need to surrender their identity as Black men to fit into White 2sLGBTQIA+ communities. In addition, these same participants reported perceiving their lives to be challenging because of interlocking oppressions including racial microaggressions, rigid gender role norms, and heterosexism (Bowleg, 2013).

### **Outcomes of Unmet Needs**

In a report published in 2001, it was shown that 2sLGBTQIA+ people are subject to widespread abuse and mistreatment, ranging from loss of dignity to assault or murder (Amnesty International). When social needs are not met at the macro-level this results in homophobia and violence, which has negative mental health impacts and encourages self-destructive behaviors (McDermott et al., 2008; Velez et al., 2019). Additionally, it has been found that negative medical experiences can create negative impacts on health (Burton et al., 2019; Gonzalez & Henning-Smith, 2017).

### **Needs Assessments**

Literature shows that needs assessments are an effective tool for understanding the current needs of a community, which can be used to inform organizations currently working with that population (Cummings et al., 2021; Niemet & Rice, 2021). A previously published article details the process of creating a needs assessment for Howard Brown Health in 2016 (Niemet & Rice, 2021). Their individual goal was to find information that would improve the overall quality of life for 2sLGBTQIA+ older adults in their city and create a blueprint for other organizations

that would like to complete a similar needs assessment (Niemet & Rice, 2021). By creating this instrument, they were able to better understand the needs of their patients and create new internal initiatives to help solve the gaps in service (Niemet & Rice, 2021). In 2021, Cummings et al. were able to talk with 48 individuals from the community who reported their feelings, circumstances, and barriers in relation to their needs. Ultimately, that information was distributed to the Area Agency on Aging locations across the state, which helped improve the services offered (Cummings et al., 2021).

### **Gaps in Literature**

Because the 2sLGBTQIA+ community is a minority group, there has not been a priority on researching the community in-depth, particularly related to their lived experiences. Recently, there has been an incremental increase in research studies conducted about the queer community, but there is minimal research about this community in the state of Arkansas specifically. Based on this lack of research, it is crucial that a needs assessment of the 2sLGBTQIA+ community in Arkansas is conducted to better understand how the themes and dynamics found in other studies pertain to queer individuals within the state.

### **Summary**

In conclusion, the 2sLGBTQIA+ community experiences widespread negative impacts related to mental health, medical, social, legal, financial, and spiritual needs (Burton et al., 2019; Gonzalez & Henning-Smith, 2017; McDermott et al., 2008; Velez et al., 2019). Additionally, BIPOC members of the 2sLGBTQIA+ experience exacerbated needs due to external factors and discrimination related to their intersectional identities (Bowleg, 2013; Meyer, 2012). Needs assessments are an effective tool for understanding the needs of a community, and through them information can be gathered to inform resources that impact that



population (Cummings et al., 2021; Niemet & Rice, 2021). All this information was used to inform the creation, implementation, and analysis of this thesis study.

### **Chapter Three: Theoretical Framework**

The theoretical framework of the study includes Maslow's Hierarchy of Needs, Bronfenbrenner's Ecological Systems Theory, and White Supremacy Culture. These theories were chosen based on the context they provide when considering and studying individual needs and the various systems that inform those needs.

#### **Maslow's Hierarchy of Needs**

Maslow's Hierarchy of Needs is a long-standing theory of human motivation (Maslow, 1943). The theory offers a five-tiered hierarchical list of needs including: physiological, safety, love, esteem, and self-actualization. Maslow states that the needs at the beginning of the list are related to survival, and thus must be attended to before an individual can tend to the needs at the end of the list (Maslow, 1954). This theory has been analyzed many times since its inception. Some have found that there are different applications of this theory based on gender, age, and income level, and that the concept of a hierarchy is not consistently supported by research (Wahba & Bridwell, 1976; Yurdakul & Arar, 2023).

#### **Bronfenbrenner's Ecological Systems Theory**

Bronfenbrenner's Ecological Systems Theory describes various systems that make up the social ecosystem that an individual develops in and is influenced by (Bronfenbrenner, 1979). This nested set of systems includes the microsystem, mesosystem, exosystem, and macrosystem. The microsystem refers to the individual's relationship to their immediate setting, which then expands into the mesosystem - which encompasses the interconnected nature of two or more of these settings (Bronfenbrenner, 1979; Onwuegbuzie et al., 2013). The exosystem includes settings in which the individual is not an active participant but is affected by, for example, a parent's working environment impacting the child at home. Finally, the macrosystem

encompasses the larger cultural contexts, policies, events, or belief systems that affect the individual indirectly, which can often evolve over time (Onwuegbuzie et al., 2013).

This theory is an essential part of the Multisystem Life Course Theory, which is utilized by the University of Arkansas School of Social Work (Murphy-Erby et al., 2010). Additionally, Bronfenbrenner's Ecological Systems Theory has been found to be a highly effective theoretical framework for qualitative research to mitigate potential risks related to philosophy, policy, and practice (Onwuegbuzie et al., 2013).

### **White Supremacy Culture**

White supremacy culture is pervasive and harmful conditioning born out of colonization (Okun, 2021). “White supremacy culture is the widespread ideology baked into the beliefs, values, norms, and standards of our groups... teaching us both overtly and covertly that Whiteness holds value, Whiteness is value (Okun, 2021).” White supremacy culture harms every person but is primarily used to enact violence on and marginalize BIPOC individuals and communities specifically. This culture is particularly detrimental when subconsciously adopted as the norms in the micro-, mezzo-, and macro-sphere. Characteristics that make up White supremacy culture are: fear, perfectionism, “one right way”, paternalism, objectivity, either/or thinking, progress is bigger/more, quantity over quality, worship of the written word, individualism, “I’m the only one”, defensiveness, denial, right to comfort, fear of open conflict, power hoarding, and urgency (Okun, 2021).

## **Chapter Four: Methodology**

This study is an exploratory needs assessment of 2sLGBTQIA+ people between the ages of 18-40 in Northwest Arkansas, including Benton, Carroll, Madison, and Washington Counties. This study is exploratory in nature due to the minimal research on this population in this specific region of Northwest Arkansas. The study will be a temperature gauge to understand the community's current needs and how the needs are being met - or not met - within this group of people. A continued description of the methodology including rationale, population and sample information, research design, data collection and analysis, and ethical considerations are detailed below.

### **Rationale for Methodology**

The study utilized a qualitative methodology, implemented in semi-structured interviews with the sample participants. Qualitative methodology was the most effective choice for this study, considering the type of data being collected and the researcher's interest in understanding the depth of individuals' lived experiences.

### **Population**

Requirements to participate in the studying included individuals who are:

1. Self-identified as a member of the 2sLGBTQIA+ community.
2. Between the ages of 18-40 years.
3. Currently live in Northwest Arkansas - Benton, Carroll, Madison, or Washington Counties.
4. Have lived in Northwest Arkansas for a minimum of six months.
5. Preference was given to those who previously sought resources to meet their felt needs.

When deciding the official population to be studied, the age category was highly debated and ultimately adjusted to the current range. This decision was made to narrow the scope of the study, which helped accommodate the amount of time and resources available to the researcher. Additionally, the researcher hypothesized that queer individuals above the age of 65 would have different social and emotional needs based on their stage of life and various historical events they lived through including the AIDS epidemic (Fitzsimons, 2018).

### **Sample Recruitment**

Recruitment for the study utilized non-probability sampling methods, including convenience and snowball sampling. Individuals inside of the 2sLGBTQIA+ community in Arkansas can be scattered, so convenience sampling through utilizing online community partners was essential in making the recruitment process accessible to isolated community members. Snowball sampling methods also helped the study reach individuals potentially not connected to online queer resources due to fear of being outed.

The process of recruitment started with the approval of recruitment materials from the Institutional Review Board (IRB), which is detailed below. The approved promotional flier was then shared and distributed online by local queer organizations, local queer Facebook groups, and individuals in the community. The flier included a link to the pre-screening survey, which was completed by individuals interested in participating. The researcher contacted the chosen participants via email to schedule an interview time either in-person or virtually. Once the time was confirmed, the researcher followed up with another email including the informed consent document and meeting details, including the Zoom link. All participants received a \$50 Amazon gift card as a sign of appreciation for their time and emotional energy.

## **Demographic Variables**

Various demographic information was gathered throughout the study, including during both the pre-screening survey and qualitative interviews.

### ***Pre-Screening Survey***

In the pre-screening survey, demographic information was gathered regarding age, sex, gender identity, sexual orientation, race, ethnicity, what county the participant currently lives in, and how long they have lived there. Additionally, the following two questions were asked:

1. Have you attempted to utilize 2sLGBTQIA+ resources in the past?
2. Have you wanted to reach out to 2sLGBTQIA+ resources but decided not to reach out due to fear and/or not being “out?”

This demographic information was collected and utilized to help the researcher narrow down study participants and allow for diverse representation throughout all categories. The full pre-screening survey can be found in Appendix A.

### ***Qualitative Interviews***

The demographic information collected in the pre-screening was verified in the qualitative interviews, and additional demographic information was collected. First, the researcher gathered information about the participant’s pronouns and how they would describe their gender identity and sexual orientation presently. This was to ensure that participants were not misgendered throughout the interview process, creating an inclusive space in which they could feel safe to answer questions honestly and in totality.

Additional demographic information was gathered regarding the participant’s income, health insurance status, religious or spiritual affiliations, current or chronic medical conditions,

and current or chronic mental health conditions. This information was gathered to understand other factors that might affect or inform their current needs and experiences.

### **Participant Demographics**

Eight individuals completed qualitative interviews, and their demographic information is detailed below. Please note that all participants have been given pseudonyms to protect their confidentiality. All demographic information was documented in the exact way participants reported it, which accounts for language discrepancies.

**Table 1.**

#### *Participant Demographic Information*

Participant Name	Age	Time Lived in Their County	Gender Identity	Sexual Orientation	Race and/or Ethnicity
Max	30	2.5 years	Trans non-binary	Queer	White
Isabel	25	15+ years	Female	Bisexual	Hispanic or Latine
Lauren	37	18 years	Female, questioning	Queer, bisexual	White
Andi	31	8 years	Non-binary	Queer, lesbian	Alaska Native
Nina	32	2.5 years	Cisgender female	Lesbian	Hispanic or Latine
Jayden	24	3 years	Female	Bisexual	Native American
Asher	20	8 months	Transmasculine	Queer	Black or African American
Veda	22	4 years	Female	Bisexual	Asian

Out of eight participants, three lived in Benton County, one in Carroll County, and four in Washington County. Participant salaries ranged from \$6,000 per year to \$115,000 per year, with an average salary of \$36,625 annually. Seven participants had insurance coverage at the time of the study, and one did not. Regarding religious and spiritual affiliations, one participant reported themselves as Catholic, four reported themselves as agnostic, and three reported having no religious or spiritual affiliations. Seven participants reported no current or chronic health conditions, and one participant reported a diagnosis of polycystic ovarian syndrome (PCOS). Two participants reported no current or chronic mental health conditions, and the other six participants reported a combination of depression, anxiety, post-traumatic stress disorder, bipolar II, attention-deficit hyperactivity disorder (ADHD), and autism.

### **Overview of Research Design**

The researcher engaged in multiple steps to plan for and implement the study. The steps are detailed below.

1. The researcher prepared for the study by recruiting a thesis chair and completing a literature review to understand the current needs of the 2sLGBTQIA+ community.
2. The researcher submitted the required application and documents for IRB approval. IRB approval was received.
3. The researcher distributed approved documents to local 2sLGBTQIA+ organizations' social media accounts, regional Facebook groups for the population, and individuals inside the community. All distributed materials included a link to the pre-screening survey.



4. Once pre-screening surveys were submitted, the researcher finalized chosen participants and reached out via email to invite them to join the study. This included scheduling an interview and sending informed consent documents.
5. The researcher received informed consent from participants before the interview and reviewed the informed consent document with the participant at the beginning of the official interview.
6. The researcher conducted semi-structured qualitative interviews to gather data.  
Interviews ranged from 23 to 61 minutes, with an average of 49 minutes.

### **IRB Approval**

The confidentiality and safety of the participants was one of the highest values during the planning, implementation, and reporting of this study. Due to the nature of the study, the researcher pursued submission and approval from the IRB at the University of Arkansas. This was also in alignment with the requirements for human subjects research set by the University of Arkansas. The researcher submitted an application to the IRB, which was approved on November 18, 2022. Submitted and approved documents for the study included the application, informed consent documents, recruitment materials, pre-screening and qualitative questions, and communications with participants. Original IRB approval documents can be found in Appendix B.

### **IRB Amendment**

Initially, this was intended to be a study using mixed methods, with the qualitative interviews being utilized to inform the creation of a quantitative survey to distribute widely to members of the population. However, due to time and resources, the second, quantitative part of the project was cut. Due to this change, an IRB Amendment was submitted, removing language

from the initial IRB submission related to the quantitative survey. This amendment was approved on April 25, 2023, and can be seen in Appendix C.

## **Informed Consents**

Two informed consent documents were utilized in the study, for the pre-screening survey and the qualitative interviews. Additional information regarding informed consent documents is detailed below, under their respective sections.

### ***Pre-Screening Survey***

The pre-screening survey included an electronic informed consent document at the top of the webpage. An electronic box was available for interested participants to type their name to confirm consent. The pre-screening informed consent can be found in Appendix D.

### ***Qualitative Interviews***

During the qualitative interviews, the informed consent document was emailed to participants before their interview. The participant reviewed it on their own time, signed it, and returned it to the researcher before the interview. The informed consent document was reviewed at the beginning of the interview to ensure the participant had no additional questions. The qualitative interview informed consent document can be found in Appendix E.

## **Data Collection**

The data for the study was collected in semi-structured, qualitative interviews. Details regarding this interview process and the interview questions are below.

### ***Qualitative Interviews***

The researcher chose the qualitative interview structure due to the nature of the research question and the depth of information sought after. Qualitative interviews are an effective tool to

gather in-depth accounts of individuals' opinions and experiences and uncover unknown problems (Bhandari, 2023).

**Interview Questions.** All qualitative interviews started with a small number of introductory questions, to gather the demographic information previously described. Main interview questions included questions about current needs and experiences getting needs met in relation to seven different areas of need including: survival and basic needs, mental health, medical, social, legal, financial, and spiritual needs. There were three additional questions that addressed barriers, other identities or reasons participants experienced their current needs, and resources they wished were currently available. A list including all utilized qualitative interview questions can be found in Appendix F.

**Interview Process.** All participants were sent emails to schedule interviews and were given the option to meet in person or via Zoom. All participants opted to complete the interview virtually over Zoom. Before the interview was recorded, participants were given an option to have either the audio or video recorded, depending on their comfort level. At the beginning of the interview, the researcher reviewed the informed consent document and confirmed that the participant did not have any additional questions. The interview was completed using the qualitative interview questions as a guide. At the end of the interview, the researcher thanked the participant and confirmed next steps for receiving the gift card. After the interview was completed, the process of transcription and data analysis began.

### **Data Analysis**

Transcription was outsourced to the encrypted, online service rev.com. Once all interviews were transcribed the researcher cleaned and coded all eight interviews. After the researcher completed the coding, four of the coded transcripts were sent to the research team to

be evaluated. The research team included thesis chair Dr. LaShawnda Fields and fellow researcher Allen Burnett. After evaluation, the research team met to discuss and provide feedback on the codes, and to start a preliminary discussion of emerging themes and subthemes. This process helped to safeguard against biases of the researcher and ensure that the codes were accurate to all data collected.

### ***Codes***

Codes were organized into three categories including: categories of need, resources, and experiences. A comprehensive list of codes utilized in the study can be found in the table below.

**Table 2.**

#### *Qualitative Coding Overview*

Code Category	Codes
Categories of Need	Basic needs; mental health needs; medical needs; social needs; legal needs; financial needs; spiritual or philosophical needs
Resources	Traditional resources that meet all needs; traditional resources that meet the bare minimum needs; traditional resources that do not meet needs; values directing choices; informal resources; non-traditional resources or attempts to meet needs; new resource ideas
Experiences	Barriers; emotional impacts of needs not being met; positive experiences and impacts of resources; intersectionality, history of need

### **Ethical Considerations**

Various measures were taken throughout the course of the study to ensure that participants were being treated ethically. This includes approval through the IRB and informed consent documents, which were provided before and reviewed during the interview. Additionally, throughout interviews and interactions with participants, the researcher ensured proper use of participants' pronouns. Transcriptions of the interviews and accompanying

documents were kept on the researcher's personal computer, which included password protection on the computer itself as well as password protection and encryption inside Google Drive where the documents were stored. All identifying information was removed in the transcripts, and pseudonyms were given to every participant to further protect their identities.

## **Chapter Five: Findings**

The purpose of this study was to understand what the needs of the 2sLGBTQIA+ population in Northwest Arkansas are and what their experiences have been when attempting to get their needs met. This chapter presents the key themes and subthemes identified throughout the eight semi-structured qualitative interviews. The six major themes include:

1. Majority of participants (MOP) had significant felt needs in all categories.
2. Resources were evaluated based on participants' values, which they used to research and access resources online and informed their experience of utilized resources.
3. Most resources only met the participants' bare minimum needs, which negatively impacted the participants' quality of life.
4. Participants' felt needs were often impacted by their intersecting identities.
5. Religion is a barrier to accessing resources due to religious trauma as well as gatekeeping of religious-based resources.
6. MOP were negatively impacted by the political climate of Arkansas, which was felt at the micro- and macro-level.

Direct quotations are pulled from the interview transcripts to further expand on these themes and may have some grammatical inconsistencies to respect the participants original meaning. All participant names have been changed for confidentiality, and demographic information can be found in Table 1.

### **Reported Needs By Category**

The first theme that emerged was that MOP reported significant felt needs in all available categories including basic, mental health, medical, social, legal, financial, and spiritual needs.

Detailed below is the number of participants that reported needs in each category and common themes represented inside of the reported needs.

### ***Basic Needs***

Two out of the eight total participants reported significantly felt basic needs. The participants cited unmet basic needs, including food insecurity and safety issues due to fear of being outed. One participant, Lauren, shared what food insecurity looks like for her family:

We've gotten on food stamps but it is not enough to feed your family for a month. It is fairly common at the end of the month to reach out to family or friends and say, "Hey, do you have 20 bucks for bread and milk?"

### ***Mental Health***

Seven out of eight participants detailed having unmet mental health needs. Participants reported needing counseling and psychiatry services, specialty counseling services, and counselors that parallel their identities. The presenting problems participants hoped to address in counseling include previously untreated mental health issues and triggers, burnout, processing life transitions, cultural and identity-based factors related to sexuality, culture shock associated with the state of Arkansas, and feelings of isolation. Below are some examples of mental health needs expressed by participants during the qualitative interviews.

What prompted me to try and find mental health care again was struggling with my moods. And I felt like I didn't fully process the sexuality part from my last time pursuing therapy, and so I started seeing the therapist I currently see. – Isabel

My main need is finding a provider that matches all my identities, which can be very hard for me as a queer, trans person of color. It's very hard for me to have support without having to travel somewhere else or find it online. It would be nice to find a therapist that looks like me, but I haven't found one yet. – Asher

### ***Medical***

Eight out of eight participants reported having medical needs. These medical needs included requiring access to basic PCP care and health checkups, reproductive health services,

medication management, diagnosis and testing for health issues, access to hormone therapy and gender-affirming surgery, finding a medical clinic with inclusive practices, and access to insurance. One participant, Jayden, described having to navigate decisions about medical needs without insurance:

I'm in some medical debt from a couple of ER visits that I had. I had no other options. Not having health insurance definitely means I'm not going to the doctor as often as I should be, but that's just kind of how it falls. I do have some digestive issues, but for the cost of going to the doctor to try and figure it out it's just more worth just doing it from home, kind of trial and error.

### ***Social***

Eight out of eight participants reported having social needs. Commonly discussed social needs included needing increased connection to the local queer community, facing discrimination inside of the queer community, having anxiety around being a transgender person in Arkansas, lacking gender-affirming relationships and spaces, and desiring activities or events centered around areas of interest. Participants Max and Isabel shared how they experience their social needs:

I would say that my social world feels pretty small here. I know of one or two queer folks. I'm sure there are more, but I don't feel super plugged into a rich social network here, especially around queerness. – Max

Social needs are a major struggle I feel in my life, living in a rural county. It's been difficult finding people that are in the same age group that also align with my views. – Isabel

### ***Legal***

Two of eight participants reported having legal needs including changing their legal name and legal issues related to landlords. Below is one example of stated legal needs:

My legal needs are more related, honestly, to not having a lot of money and having landlords who take advantage of me. – Andi



## ***Financial***

Six out of eight participants reported financial needs. Reported financial needs included needing assistance with paying for expenses, accessing financial literacy tools, raising money for top surgery and gender-affirming clothing, and needing increased income so they do not have to work odd jobs to make ends meet. One participant, Nina, shared factors that affect her need for financial literacy tools.

This is the first time in my life not being broke, and as somebody who grew up in poverty, I have no idea what to do with money.

## ***Spiritual***

Seven out of eight participants reported having needs related to spirituality. Spiritual needs included community connectedness, support for religious trauma, access to queer elders, engagement with nature, and questions about the afterlife and grief. Participants Max and Nina shared their current spiritual needs and questions:

I do wonder about when it comes time to grieve, that's when I think I will want to access spirituality. Coming out is even its own grieving process. Grieving your relationship to your family, your culture, that kind of stuff. – Nina

I think one thing that I do notice is that I don't really have a sense of queer elders. I feel at times I would really benefit from having more diversity of age. – Max

## **Evaluation of Resources**

Participants reported their experiences finding and using resources, which revealed the second theme of this study: how individuals chose, evaluated, and experienced resources.

### ***How They Found the Resource***

Many participants highly vetted resources before attempting to access them. They utilized their personal values and web-based resources to make decisions, vet, and access resources.

**Values.** It was very important to participants that the resources they utilized aligned with their personal values.

That's my biggest thing when finding a PCP, is I wanted to go to someone that believed in reproductive rights and supports all the different options. – Isabel

But yeah, it's just their branding in the way they present themselves. I'm automatically going to want to go to a service like that because I know that at the very least it's going to be queer friendly, right? – Andi

**Online Research.** Participants used online resources to vet and access their resources.

Participants conducted a large amount of research online to see if a resource matched their values before they officially pursued accessing that resource.

I ended up finding someone through [a telehealth counseling resource], who morally aligns with my views, and has created a safe place.... [Their values] were super clear [on their website] ... and I remember my specific therapist had LGBTQ safe place, so that's why I ended up going with them. – Isabel

Additionally, participants accessed telehealth resources frequently.

I haven't had trouble with getting resources like birth control and things like that, that's a lot easier to do nowadays. You can just do that online, so that's a little bit easier. – Jayden

I just live online, sometimes I joke that the internet raised me. I follow a feminist financial educator online that I found on TikTok, and I've gotten courses from her about financial literacy. Even my financial advisor, she doesn't live here. Everything I've gotten, knowledge-wise on money, has been online. – Isabel

Finding a counselor locally, there is always some kind of religious slant, or they are not queer or something. But I have fortunately been able to find better therapists since then. I do telehealth with somebody in Little Rock. – Nina

### ***Negative Experiences with Resources***

Common negative experiences with resources included cumbersome and awkward application processes, religiously barred resources, and needing to be self-sufficient in meeting mental health needs. Another negative experience participants discussed was a lack of feeling safe:

I do have some friends who over time I'm just not as close to anymore because I don't feel comfortable or safe being authentic with them. That has led to me pulling away from those relationships. – Lauren

I had found a therapist back in this area, and I think they meant very well, but it just wasn't a match. At the end of the day, I didn't feel comfortable being my full self and talking about my sexuality, and that was one of the biggest things I needed to talk with somebody about, was my sexuality in context of my family growing up Latinx. The most important thing was for me to feel comfortable culturally with somebody and that they were a safe place for LGBTQ folks. – Isabel

Additionally, a negative experience participants reported was having to pay out of pocket for services and related costs.

It's nice to have Medicaid, but it comes with stipulations. I remember when I was getting my iron checked, I was getting my blood drawn and that was it. I asked them if I could do a wellness check, but they were like, "well, it's going to be at least \$200, \$300 out of pocket. I'm like, just for a wellness check? Just to see if your body's in check? – Asher

My main barriers for mental health are financial. I have to pay a lot out of pocket, and my insurance doesn't cover it. I struggle with depression and anxiety pretty severely, but being low income we can't afford therapy. A lot of therapists don't accept Medicaid or state insurance, even though they say they accept all insurances. Once you get down to the nitty gritty, they still want to charge you a hundred dollars per session, which is just not feasible when you can't afford a belt. – Lauren

### ***Positive Experiences with Resources***

Participants also reported factors that made their experiences finding and accessing resources positive. This included finding resources that were morally aligned with their values, gender-affirming social environments, insurance coverage of medical and mental health services, and telehealth and non-traditional resources. Another category of note related to positive experiences is resources that delivered the services intended without discrimination or aggression. Max gives an example of this:

And changing my gender marker was super easy. All I did when I went to the DMV to update my name, I was like, "can you just change the gender marker to an X?" And they were like, "sure". So that was easy.

Another positive experience reported by participants was the opportunity to serve others through volunteering and participating in local groups:

Another way that I tried to bridge the gap with my social needs was by trying to join the local political group. I tried to be in the Democratic group. – Isabel

I've recently gotten plugged in with a local organization. I just finished training to be a peer facilitator for some support groups that they're starting. So, while that hasn't officially begun yet, I'm hoping that being involved in that is going to help me feel just more connected to the queer community in general. – Max

## **Intersectionality**

The fourth theme is related to intersectional identities and their impact on current needs.

Several sub-themes emerged relating to the parent theme of intersectionality including:

1. History of intersectional needs impact current needs.
2. Queer resources are largely attended, marketed towards, and centered around White people.
3. BIPOC participants often experienced people dismissing their various identities.
4. Many participants experienced imposter syndrome related to their queer and/or BIPOC identities.

## ***History of Intersectional Needs***

When describing current needs, participants often mentioned past experiences related to their intersectional identities and connected those past experiences to their current needs. One of the intersectional identities that impacted current needs was experiencing a history of poverty.

Lauren described how being raised in poverty affects her relationship with resources now:

I was raised in poverty but was taught that you don't ask for help unless it's offered. And then if it's offered, you take everything that's offered to you. It's kind of fucked up.

Additionally, BIPOC participants shared how their racial or ethnic identities, alongside their experiences growing up in their families, impact their current needs.

I grew up as the youngest of two siblings in a single mother household, and we grew up in poverty. My mom only speaks Spanish, and I had a lot of health issues growing up that were unattended to. Because my mom was so busy working, we

never thought it was a big deal, and I just grew so used to being constantly sick. Growing up, I had attempted to commit suicide, and shortly after the school tried to provide resources. At the time, my mom thought counseling was for crazy people, so she didn't actually enroll me into any counseling. I struggled a lot with my mental health growing up until I went to college. – Isabel

In high school, I was experiencing a lot of anxiety and panic attacks. I grew up in a small town and my family was the only Indian family in that town. Mental health was never really talked about in my family. I was also closeted to my family. So I was just experiencing a lot of, not really talking to anyone. Whenever I moved away from my family and away from that culture it allowed me to be like, “Okay, I think I want to go to therapy and see what’s going on.” – Veda

### ***Whiteness in Queer Spaces***

The second sub-theme concerns the pervasive Whiteness of resources for the 2sLGBTQIA+ community in Northwest Arkansas. BIPOC participants reported that local events and resources are all created for and centered around White people, which makes them hesitant to attend or access said resources.

Every time I go to anything catered toward the queer community, there are very, very few people of color. I see these monthly social events that are cool, but I haven’t gone to one because everybody looks White in pictures that they post of the events. – Nina

I’ve been to a couple of trans groups, gender-nonconforming groups, and queer events. One thing I have realized is that it’s very White, and it makes me feel like I am the other person. I’m like, “Oh my God, again. Again, I’m facing the same issue.” – Asher

### ***Comparison and Dismissal of BIPOC Queer Identity***

Not only are resources centered around White queer individuals, but inside of these resources BIPOC queer people reported experiencing having their identities compared and dismissed. This occurred in social environments as well as in the counseling space.

**Social.** In social environments, the comparison and dismissal of BIPOC identities was a significant barrier to BIPOC queer individuals getting their social needs met. Asher describes conversations where White queer individuals equate their oppression to his:

At the end of the day, you're still White. Yes, you will feel oppression. But at the same time, you can hide that part of yourself, versus me, I'm still going to be perpetrated as a Black person. Something I've realized is whenever I do transition, I'm going to have to adjust to the transition into a Black man. And that's a whole different conversation.

**Counseling.** In mental health settings, BIPOC participants reported counselors avoiding identity-based conversation, which left them with unmet mental health needs.

The first therapist I had outside of campus, specialized in eating disorders. I had a little bit of that, but it wasn't my main issue... I want to talk about what it was like growing up in an Indian family, especially in my town and how difficult that was. But it kind of felt like she wanted to gear conversation towards what she was specializing in. So, it made me want to look for a therapist that was specializing in identity issues and LGBTQ topics. – Veda

I think my current counselor meets all my needs. There's some lacking in the cultural aspect, but she goes forward with every topic in a way that's very sensitive and doesn't have preconceived stereotypes. A lot of the times I find counselors will be like, "Oh, I know how it is in Latinx households." My previous therapist was Latinx, and she even had some of those ideas, and so it felt hard to feel fully comfortable. I want to say my counselor meets all my needs currently, but at times I do wish I could talk about cultural things. – Isabel

### ***Imposter Syndrome***

The final sub-theme is related to feelings of imposter syndrome, which were reported by many participants in relation to their queer, racial, and ethnic identities.

**Inside of the 2sLGBTQ+ Community.** Some participants voiced major struggles viewing themselves as a part of the 2sLGBTQIA+ community.

Sometimes I feel like a fraud now. I did all that work to be free in my identity in college just to come home and be in an area that isn't friendly to people who are different. Sometimes I feel even complacent, even though I've never directly done anything to be complacent, but it is sometimes difficult in the aspect of feeling like a fraud. It's almost like, "Can I even call myself queer if I'm not open and I'm not telling people?" – Isabel

Lauren, who is a bisexual woman married to a cisgender man, described her experience.

I have not really put myself out there a lot to try to be a part of the local community just because I feel like the box I'm in doesn't fit. It's weird being a queer person in a straight relationship. You don't fit with lesbians. You don't fit

with straight people. Where do you go? I'm not gay enough to be over here. I'm not straight enough to be over here.

**BIPOC Queer Identity.** BIPOC members of the 2sLGBTQIA+ community experienced an additional layer of imposter syndrome related to their racial and ethnic identities. Participants described feeling torn between their various identities and struggling to find a place where they could fully be themselves.

I feel like I'm also having to deal with this double-edge sword of trying to find an affirming place in a queer community that's dominated by White people. And trying to find a queer-affirming place in the Black community, but that's not affirming either. So, it's a double-edge sword that I'm constantly having to deal with, being the spokesperson for both groups... It's just very hard to find a sense of community when it's not available upfront. – Asher

It's strange because I've been to Indian events on campus, but it doesn't feel the same because a lot of the students are international students that are from India. I didn't really grow up in an Indian community, and I grew up in a predominantly White community. And so, a lot of times I don't feel as Indian as the other Indian students on campus. I would say it's a barrier for attending Indian events because Indian culture is, in its roots, pretty homophobic. I know that if I'm around other Indian people or at an Indian event, I won't really talk about my sexuality. But if I'm at an LGBTQ event or if I'm around my friends that I'm comfortable with, I'll talk about it. – Veda

### **Just Good Enough**

Many resources reported on during the qualitative interviews were coded as “traditional resources that only meet the bare minimum needs”. This inspired the fifth theme of the study, which investigates the impacts of resources that are “just good enough”. Relevant sub-themes include the concept of surviving vs. thriving and negative impacts of “just good enough” resources.

### ***Surviving vs. Thriving***

Participants shared about resources that only met their bare minimum needs and identified that they tolerated and accepted those resources when they were in survival mode.

With my first therapist, I was so in survival mode that it worked for me. When I found a therapist that was a much better fit, I realized my past therapists were sometimes invalidating of my experiences. With my new therapist, I realized it was possible to have someone who understands me and could actually help me heal. – Nina

For Nina, the difference between a resource that was “good” versus “great” was that she had the ability to heal. Similarly, Lauren reported major positive impacts on her quality of life when she had access to better resources to fill her social needs. Lauren was heavily involved in a Christian church, which was only meeting her bare minimum social needs, when she met her best friend.

When I met my best friend, she was not a Christian and had never really been to church. And I found more pure love and acceptance from her than I had experienced in 25 years in the church. Then I met more people who weren't Christians who were just genuinely good, and I realized that I don't want to be a part of a group that is going to condemn these people just because they have a different belief. While all of that was happening, I was coming to terms with my sexuality. I realized it's okay to go on dates with women, it's okay to go on dates with men. It's okay to be attracted to somebody who's trans. Do I identify as a woman? Am I non-binary? These aren't horrible things. – Lauren

When Lauren received access to a better resource to meet her social needs, she unlocked self-exploration and connection that continues to impact her positively.

### ***Negative Impacts***

Many negative impacts were reported by participants who had experienced resources that were “just good enough”. Several participants touched briefly on these impacts:

I am constantly worried about money. I think that's probably one of my main concerns in life most of the time. – Andi

Yeah, it's hard not having a queer friend group here. It's been difficult. It does kind of make me wonder how long can I really hack it out in Northwest Arkansas? – Nina

Sometimes It feels like I have to limit what I can talk about in therapy sessions. Like I can only talk about what I feel like I can actually get out of in terms of the therapy sessions. – Veda



Veda was experiencing financial need at the time of the interview and was working to complete her unpaid internship, full-time class load, and a part-time job. To try and make ends meet, Veda often tried to donate plasma, though the number of times she could donate varied depending on what was required from her in other areas. If she experienced an unexpected addition to her weekly workload, making her unable to donate plasma, her income for the month was significantly impacted.

I'd say this semester has been especially tiring. I feel burnt out already. I know I need to do this, but I don't have the motivation to do it anymore. But then at the same time, I don't have time to go to therapy, and so I've just been trying to keep my financial situation at a pace where I can pay rent, but also have money to do other things.

Lauren described the negative impacts of her medical needs not being met, specifically when she did not have medical insurance. As a result, she experienced negative impacts financially, medically, and emotionally.

There have been significant portions of my life where I didn't have insurance. Those times I had constant fear and anxiety about getting sick or having something serious happen. If some weird ankle pain shows up, or your breathing hurts, or your back spasms, you just live with it because the pain that you feel is less stressful than the fear of what that bill is going to be at the end.

**Limited Imagination.** One of the reported negative impacts was the idea of limited imagination. Limited imagination often appeared as queer individuals not knowing, on a foundational level, what they can ask for and how they can maximize the use of their resources. Participant's inability to capitalize on available resources can be attributed to not fully considering what they deserve or what could be possible.

I think sometimes I forget what's even possible because I'm so used to living without it. Where I used to live, there were services there that I had never even heard coming from Arkansas. There were a lot of things that I wasn't aware could be possible. – Andi

I feel like I have a lot of internal things that I don't really know are necessarily community-based as much as they are my own lack of awareness of resources. Did I not seek these out because it was hard to or because I just didn't know they existed? – Lauren

Leaving religion has only been a value add to my life, but I don't even consider that there can be support related to my new spiritual needs. It does just kind of seem like, "Well, you're on your own with your own brain and your own thoughts." – Nina

## **Religion**

Participants identified that religion was a major barrier to accessing resources.

Participants Andi and Nina shared how religion acts as a barrier for them, saying:

I would prefer resources probably not be religious in any way, that's my preference. – Andi

I was trying to find a counselor that wasn't religious. A lot of people are in clinics with religious slants or some sort of Christian tie-in. I remember visiting one person's office and they actually had bible verses in the office. I was like, "I don't think so." Then they were like, "No, it's fine. My beliefs are my beliefs, it won't get into the work." I was like, "I don't even want to see scripture while I'm here." I feel like that's been difficult. – Nina

## ***Religious Trauma***

A sub-theme under religion is religious trauma, an experience reported by multiple participants. This occurred within the context of church institutions as well as within families.

Participants shared:

I have a lot of terrible experiences with the Southern Baptist church, so I wouldn't seek out those kinds of services from churches, really. – Andi

At that time I was active in a fundamentalist Christian Church, but also in a relationship with a woman. There was this mental struggle and anguish. I felt very safe and comfortable in my personal relationship, but then being told if you're gay, you're a sinner and going straight to hell. I was not willing to admit to myself yet that it's okay to be gay. You're not a horrible person. You are not going to hell. There was just a lot of conflict just internally around a whole lot of things at that time in my life. – Lauren

I always kept this memory from when I was a kid of my aunt telling me about something the Bible said about how Jesus burned down a village of gay men, and so that's kind of always traumatized me. – Isabel

### ***Requirement and Gatekeeping of Resources***

Participants reported that most resources in Northwest Arkansas are religiously based. Additionally, the available resources often have intensive requirements that force individuals to engage with religious services and figures.

My family is low income, so we are on food stamps. Trying to find programs to assist with any kind of housing or utilities that isn't religious based is almost impossible in this area. I've contacted groups who say they aren't with the church, but then require you to attend a church service before they will pay your bill. It's a distressing situation to go sit through a service and hear you tell me I'm going to hell just to get basic needs met. I refuse to even attempt using a resource if it's with a church that I know is going to have those kinds of requirements, like I'm not even going to call you for your assistance because I just don't want to put myself through that. – Lauren

### **Political Climate of Arkansas**

The final theme relates to the current political climate in Arkansas and how participants felt that affects them. Impacts of the political climate in Arkansas were reported as affecting social and mental health needs the most, and participants described how they experienced these impacts on the micro- and macro-level.

#### ***Micro***

On the micro-level, the political climate of Arkansas was felt through microaggressions with individuals living inside the state. These microaggressions were experienced in the medical field, while searching for housing, and in the attitudes of the public at large.

I went to a medical office last year to have an IUD removed and the nurse was like, "Wait, you have an IUD, I thought you said you were a lesbian." I was like, "Girl." That was just very funny and weird and has only ever happened to me out here. – Nina

I had a weird experience last time I tried a new PCP, and I just didn't feel comfortable there. First of all, there wasn't even an option to have other pronouns other than she/her or he/him. So that's not something that's even considered in the first place. But then also they didn't do the pap smear in a way that made me feel comfortable. I have noticed these things with doctors overtime, especially as I've gotten more comfortable presenting the way that I do now. It's usually just minor things. – Andi

Andi also goes on to describe the impact of these microaggressions, and how it often leaves them questioning themselves.

There wasn't anything overtly discriminatory in the experience, which makes you feel like you're crazy or that you assume that people are thinking something when they're not. It is something that you can't necessarily put into words every time.

Asher described how his fear of being outed impacts his day-to-day interactions.

In certain areas of my life I have to go by my dead name, which I think is a barrier. Most places know me as my real name, but in some places I have to be very cautious. It's just difficult to navigate, but I have to make sure that I'm safe first.

### ***Macro***

Additionally, participants reported being impacted by the political climate of Arkansas on the macro-level. Participants had this to say about how they feel living in Arkansas:

I'd say with the state of Arkansas in general, I don't feel supported. There's a lot of conversations around sexuality that I feel are pretty discriminatory. – Veda

Being in Arkansas can be really exhausting at times. Right when I moved here were a lot of anti-trans bills happening, with the sports stuff and trans-related healthcare for minors. I was seeing it on the news and hearing the conversation around it. I want people to understand that it isn't just the headlines about trans people being dangerous. I wanted to have more nuanced conversations around being trans and the different mental health risks associated with withholding gender-affirming care. I feel like there are a lot of different, more nuanced takes about trans-identity that I don't trust is part of how people are talking or thinking about these issues. – Max

One participant, Nina, discussed concerns about where funding comes from inside the state and how funding sources impact resources.

I feel like a lot of things in this community originate from one funding source. If the Walton family cares about it, we have a resource. If they don't care about it, or if they can't monetize it, then we don't. I do feel like a lot of resources in the area and their connection to local philanthropy is kind of icky. It's more about positioning the town or an institution in a good light instead of meeting people where they are and trying to help them. There is something unique to this area and the Walton grant culture. Everything has to have this forced DEI lens, and it's going to be based off of this framework that is just still very White centered and catered. Everything is curated and I don't see real community resources as being so curated.

Finally, participants reported that the state's political climate ultimately makes them want to leave, even when there are many reasons that they wish they could stay.

The political climate in Arkansas is super anti-queer right now. I think when things are really ramped up, it reminds me a lot of struggling with my own personal safety and mental health growing up. I have been applying to postdocs outside of Arkansas, even though I do love being here. My family and friends are here, and I have a niece and nephew who I really care about and want to play a big part in their life. But at the same time, I don't know if I want to stay in Arkansas for much longer. I think there's a lot of bad things on the horizon, and a lot of people I know are leaving too. I'm concerned about the future. – Andi

## **Summary**

Through careful coding and evaluation of the eight participant interviews, emergent themes and subthemes were established during the data analysis process. Most participants reported significant felt needs in all categories, and participants engaged with and evaluated resources based on their personal values. Many resources only met the participants' bare minimum needs, which had negative impacts on the participants' quality of life. Intersectional identities impacted the participants' current needs, and religion acted as a barrier to accessing resources. Finally, most participants were impacted by the political climate of Arkansas on the micro- and macro-level.

## **Chapter Six: Discussion**

The findings of the study answer and expand upon the originally outlined research questions: what are the current needs of the population, and what have been their experiences attempting to get their needs met? Below is a brief discussion of the findings as they relate to the theories that frame the study, with additional discussion about study limitations and implications in practice, policy, and research.

### **Study Themes and Theoretical Framework**

During the qualitative interviews, six themes, and other relevant sub-themes, emerged. The six themes are needs by category, evaluation of resources, intersectionality, resources that are “just good enough”, religion, and the political climate of Arkansas. Below is a discussion of the themes and how they intersect with the study's theoretical framework, which consists of Maslow’s Hierarchy of Needs, Bronfenbrenner’s Ecological Systems Theory, and White Supremacy Culture.

#### ***Maslow’s Hierarchy of Needs***

Maslow’s Hierarchy of Needs describes human motivation, organized into a hierarchical list of needs (Maslow, 1943). This theory intersects significantly with the study themes “needs by category” and “just good enough.” Maslow’s theory discusses how survival-based needs must be met before an individual can consider moving toward self-esteem and self-actualization needs. In discussion with participants on the impact of resources that meet their bare minimum needs, it was found that “just good enough” resources kept participants in a place of survival, therefore keeping them from moving to the top levels of human need regarding self-esteem and self-actualization. This is consistent with Maslow’s theory.

To help the community thrive or achieve the top of Maslow's hierarchy, it is imperative that resources are created that more effectively meet the population's needs. This includes working to remove the barrier of religion around current and future resources, as well as tending to and integrating intersectional identities within the population. If resources only meet the bare minimum needs of individuals, the community will stay in a place of survival. This will lead to sweeping negative impacts like those reported by participants. These themes, along with Maslow's Hierarchy of Needs, are essential for the community and organizations to consider as they work to build lasting structures of support for the 2sLGBTQIA+ population.

### ***Bronfenbrenner's Ecological Systems Theory***

Bronfenbrenner's Ecological Systems Theory describes the micro-, mezzo-, and macro-social ecosystems an individual develops in and is influenced by (Bronfenbrenner, 1979). Emergent study themes, including the evaluation of resources, intersectionality, religion, and the political climate of Arkansas, communicate how members of the population are impacted by the systems they live in. The importance of values described by participants in the theme evaluation of resources shows how the systems that influence the participants work to solidify a set of internal values, which then help them navigate through the systems that they operate inside of.

For participants with intersectional identities, their history of need deeply impacted their current needs. Additionally, having intersectional identities changed participants' experience of the systems they live in, particularly for BIPOC queer participants living in the state and engaging in a majority-White queer community. For these participants, the systems impacting them were often at odds, particularly when their identities were dismissed by other White members of the 2sLGBTQIA+ community and by therapists in the counseling space. It is important to acknowledge the systems that inform the lives of queer individuals, particularly the

systems related to White queer individuals, and the ways in which those systems negatively impact BIPOC community members.

Other oppressive systems include religion and the political climate of Arkansas, which act as a barrier to accessing resources and negatively impact participants' social and emotional well-being. For participants, it is essential to offer support as they navigate a state with systems that historically oppress the 2sLGBTQIA+ community. Organizations and clinicians in the state must work towards changing those systems to be more equitable and safer for the population.

### ***White Supremacy Culture***

White supremacy culture is a series of characteristics that communicate that whiteness holds value (Okun, 2021). White supremacy culture is often subconsciously conditioned into individuals and can be expressed overtly and covertly on the micro- and macro-levels.

Participants that identified as Black, Indigenous, People of Color reported that their intersectional identities were often compared or dismissed entirely inside of social and counseling spaces. Characteristics of White supremacy culture that contribute to this toxic culture that has detrimental impacts on BIPOC queer individuals include fear, either/or thinking, individualism, “I’m the only one”, defensiveness, denial, right to comfort, and power hoarding.

To mitigate the effects of White supremacy culture in queer spaces and resources, it is not only important to have spaces where BIPOC queer individuals can connect and have their needs met but also that White supremacy culture is addressed and dismantled inside predominantly White queer spaces. Based on the findings of the study, this means that White supremacy culture needs to be addressed in every space, as it was widely reported that queer resources are centered around and attended by White queer people. White supremacy culture posits that the characteristics are particularly harmful when a group adopts them without a mutual agreement



from everyone. Therefore, it is imperative to address the ideologies subconsciously adopted by the queer community in Northwest Arkansas and open the discussion about rebuilding supportive structures that include everyone's voices and informed consent.

### **Limitations**

This study had several limitations. The first limitation is the lack of diversity among various demographic categories, including but not limited to participants who: live in Carroll or Madison County, have partners and/or children, experience significant medical needs, and have additional diverse identities related to sexual orientation, gender identity, and/or race and ethnicity. Another limitation of the study is the fear of being outed. The fear of being outed was a potential barrier for individuals interested in completing the study but was afraid their participation could out them. The final limitation of the study is promotion. Because the promotion of the study was conducted entirely online, participating in the study was unavailable to individuals who may not have access to a phone or computer to see the flier. If possible, in the future, measures should be taken to mitigate and avoid these limitations.

### **Implications**

The findings from this study have implications that can be applied in practice, policy, and research.

#### ***Practice***

Practice implications are relevant to clinicians, individuals in the community (including queer individuals and allies to the queer community), and resources. Discussion of practice implications will be split into the micro- and mezzo-level.

**Micro.** The first implications on the micro-level are for clinicians in the field. For clinicians that are a part of the 2sLGBTQIA+ community, it is important to consider self-

disclosing queer identities to clients. This is based on the value voiced by many participants that their counselors hold the same identities as them. Additionally, if a clinician has a client with different identities than them, it is important to consider how these differences will impact the therapeutic space - including how to make the space “safe”. In practice, this means starting proactive conversations with clients about the differences in identities, including making plans to address them during time together. The idea of a “safe space” means something different to every person, so it is essential that the clinician asks the client what a “safe space” means to them and make plans for feedback and check-ins throughout the therapeutic relationship. It is also important for a clinician to remain open to referring a client out if there is another available option that more accurately fits their current needs and identities. Finally, clinicians must prioritize continuing education on the 2sLGBTQIA+ community, cultural competency, anti-racism, and inclusive practices.

There are also applications based on the study findings for White members of the 2sLGBTQIA+ community. It is necessary that White, queer individuals engage in personal anti-racism work which includes, but is not limited to, learning about White supremacy culture, studying American and Arkansan history and its impact on the present, listening to the stories and experiences of BIPOC queer individuals, and considering how White supremacy culture and queer identity intersect. Additionally, White members of the queer community must be active in creating spaces where BIPOC community members can feel safe embracing and expressing their intersectional identities. Ways to create safe spaces or opportunities for BIPOC queer individuals do not include tokenism, which happens when intersectional identities are only acknowledged when educating the group or being required to be a spokesperson for their community. If there is

any confusion about how to accomplish authentic, diverse inclusion in queer spaces, there is likely more personal anti-racism work to be done.

The study also reveals work that allies of the 2sLGBTQIA+ community can do to make resources and spaces more inclusive and accessible. Allies to the community can encourage 2sLGBTQIA+ loved ones to maintain boundaries around anti-2sLGBTQIA+ news, resources that do not meet their needs, and spaces that do not feel safe for them. As an ally, it is imperative to take responsibility regarding educating yourself and others about 2sLGBTQIA+ identity and intersectionality. Conversely, for BIPOC queer individuals, it is important to maintain self-care and boundaries related to educating others and advocacy.

**Mezzo.** Practice implications on the mezzo-level include discussion about needed changes to current and new resources that would benefit the community. Based on the findings of the study, new resources that are needed in the Northwest Arkansas area include events and spaces created by and for BIPOC queer individuals, programming around the intersection of White supremacy culture and queer identity, and social programming for queer people that is not centered around alcohol and prioritizes areas of interest. There is a need for an increase in non-religious resources to meet the needs of the community better. Additionally, current religiously based resources need to engage in discussion around the history of religious harm to the 2sLGBTQIA+ community, including making resources more culturally competent and therefore accessible to the population. Finally, it is important for resources, including organizations, events, or clinicians, to post their values online on their websites and/or social media. It is not only important to market inclusive values well but also to ensure that the services provided meet the standards that are set.

## ***Policy***

On the policy-level, there are study findings related to organizational policies as well as macro-level policies in the state of Arkansas. For organizations, it is essential to prioritize recruiting and retaining queer clinicians, especially clinicians that are BIPOC and queer. More specifically, organizations need to create a recruitment and retention plan that includes professionally empowering BIPOC queer clinicians through policies, hiring practices, and budgeting. This includes cultural competency training for all staff members and additional compensation if the queer employee provides training or education outside of their job description.

Based on the findings, there is a need for continued policy advocacy inside the state of Arkansas to fight anti-gay and anti-trans legislation. Additionally, it is important for community members to support the organizations, lobbyists, and legislators working tirelessly to fight anti-gay legislation.

## ***Research***

This thesis study was a starting point for understanding the current needs of the 2sLGBTQIA+ population in Northwest Arkansas. There are several opportunities for research to expand and further confirm these findings. Conducting additional qualitative interviews would provide the researcher more time and opportunity to recruit and interview individuals from the groups that were underrepresented in this thesis study, which were detailed in the limitation section. Expanding the number of qualitative interviews would increase the amount of data used to create the study findings and allow for a more accurate representation of the population. After the additional wave of qualitative interviews, it would be optimal to use the findings to inform a quantitative survey. This quantitative survey would be distributed widely across the Northwest

Arkansas region and would allow the findings to be confirmed and informed by additional members of the population.

Outside of the research questions addressed in this study, there are additional opportunities for future research questions including:

- How do White queer individuals understand and engage with the intersection of White Supremacy Culture and queer identity?
- What 2sLGBTQIA+ resources are available in Northwest Arkansas, and how do they express values online?
- What does a “safe space” mean to 2sLGBTQIA+ individuals?

## **Conclusion**

In summary, the purpose of the study was to understand the experiences of the 2sLGBTQIA+ community between the ages of 18-40 years in Northwest Arkansas. Specifically, this was a study of the current needs of the community and individuals’ experiences attempting to get their needs met. During the eight qualitative interviews, six themes emerged that included discussion about needs by category, evaluation of resources, intersectionality, resources that are just good enough, religion, and the political climate of Arkansas. All these themes provide a deeper understanding of how internal and external factors inform the current needs of the population, which in turn allows the community and various organizations to meet the needs of the population more accurately.

## References

- Ainsworth, C. (2015, March 1). *Challenging gender identity: Biologists say gender expands across a spectrum, rather than simply boy and girl*. Medical Daily. Retrieved April 16, 2023, from <https://www.medicaldaily.com/challenging-gender-identity-biologists-say-gender-expands-across-spectrum-rather-323956>
- American Psychiatric Association. (2019, December 11). *The 'Q' in LGBTQ: Queer/questioning*. aPsychiatry.org - The 'Q' in LGBTQ: Queer/Questioning. Retrieved April 18, 2023, from <https://www.psychiatry.org/News-room/APA-Blogs/The-Q-in-LGBTQ-Queer-Questioning>
- Amnesty International. *Torture and ill-treatment based on sexual identity*. London: Author; 2001. Crimes of hate, conspiracy of silence.
- Ballotpedia. (n.d.). *Presidential voting trends in Arkansas*. Ballotpedia. Retrieved April 20, 2023, from [https://ballotpedia.org/Presidential\\_voting\\_trends\\_in\\_Arkansas](https://ballotpedia.org/Presidential_voting_trends_in_Arkansas)
- Bhandari, P. (2023, January 30). *What is qualitative research?: Methods & examples*. Scribbr. Retrieved April 23, 2023, from <https://www.scribbr.com/methodology/qualitative-research/>
- Blakemore, E. (2021, October 19). *From LGBT to LGBTQIA+: The evolving recognition of identity*. History. Retrieved April 18, 2023, from <https://www.nationalgeographic.com/history/article/from-lgbt-to-lgbtqia-the-evolving-recognition-of-identity?loggedin=true&rnd=1681869623391>

- Bowleg, L. (2013). "Once you've blended the cake, you can't take the parts back to the main ingredients": Black gay and bisexual men's descriptions and experiences of intersectionality. *Sex Roles*, 68(11-12), 754-767. doi:<https://doi.org/10.1007/s11199-012-0152-4>
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by nature and Design*. Harvard University Press.
- Burga, S. (2023, March 22). *A new Arkansas bathroom ban targets trans students*. Time. Retrieved March 23, 2023, from <https://time.com/6265321/arkansas-trans-bathroom-ban/>
- Burton, C. W., Lee, J.-A., Waalen, A., & Gibbs, L. M. (2019). “things are different now but”: Older LGBT adults’ experiences and unmet needs in health care. *Journal of Transcultural Nursing*, 31(5), 492–501. <https://doi.org/10.1177/1043659619895099>
- Casey, L. S., Reisner, S. L., Findling, M. G., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. *Health services research*, 54, 1454-1466.
- Center for Financial Social Work. (2021). *Financial Discrimination and Disparities in the LGBTQIA+ Community*. Retrieved April 20, 2023, from <https://financialsocialwork.com/downloads/financial-discrimination-and-disparities-in-the-lgbtqia-community#content>.
- Clarke, C. (2020, September 19). *BIPOC: What does it mean and where does it come from?* CBS News. Retrieved April 18, 2023, from <https://www.cbsnews.com/news/bipoc-meaning-where-does-it-come-from-2020-04-02/>

- Cummings, C. R., Dunkle, J. S., Mayes, B. C., Bradley, C. A., Petruzzella, F., & Maguire, K. (2021). As we age: Listening to the voice of LGBTQ older adults. *Social Work in Public Health, 36*(4), 509–525. <https://doi.org/10.1080/19371918.2021.1904081>
- Dahlhamer, J. M., Galinsky, A. M., Joestl, S. S., & Ward, B. W. (2016). Barriers to health care among adults identifying as sexual minorities: A US national study. *American journal of public health, 106*(6), 1116-1122.
- Dillbary, J. S., & Edwards, G. (2019). An empirical analysis of sexual orientation discrimination. *The University of Chicago Law Review, 86*(1), 1-76.
- Durkee, A. (2022, October 14). *1-in-7 eligible voters could be LGBTQ by 2030, study projects*. Forbes. Retrieved April 16, 2023, from <https://www.forbes.com/sites/alisondurkee/2022/10/13/1-in-7-eligible-voters-could-be-lgbtq-by-2030-study-projects/?sh=563fc4e51fe8>
- Express Web Desk. (2017, July 27). *Indigenous tribes embraced gender fluidity prior to colonisation, but Europeans enforced specific gender roles*. The Indian Express - Journalism of Courage. Retrieved April 16, 2023, from <https://indianexpress.com/article/world/indigenous-tribes-embraced-gender-fluidity-prior-to-colonisation-but-europeans-enforced-specific-gender-roles/>
- Fitzsimons, T. (2018, October 15). *LGBTQ History month: The Early Days of America's AIDS crisis*. NBCNews.com. Retrieved April 20, 2023, from <https://www.nbcnews.com/feature/nbc-out/lgbtq-history-month-early-days-america-s-aids-crisis-n919701>



- Gonzalez, G., & Henning-Smith, C. (2017). Barriers to care among transgender and gender nonconforming adults. *The Milbank Quarterly*, 95(4), 726–748.  
<https://doi.org/10.1111/1468-0009.12297>
- Gregory, K. B., Mielke, J. G., & Neiterman, E. (2022). Building families through healthcare: Experiences of lesbians using reproductive services. *Journal of Patient Experience*, 9, 1–6. <https://doi.org/10.1177/23743735221089459>
- Griffin, M., Krause, K. D., Kapadia, F., & Halkitis, P. N. (2018). A qualitative investigation of healthcare engagement among young adult gay men in New York City: a P18 cohort substudy. *LGBT health*, 5(6), 368-374.
- Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American journal of public health*, 100(3), 452-459.
- Horizons Foundation (2018). San Francisco Bay Area LGBTQ Community Needs Assessment. San Francisco, CA. Retrieved from <https://horizonsfoundation.org>.
- Human Rights Campaign. (2022). *Arkansas*. Human Rights Campaign State Equality Index. Retrieved April 20, 2023, from <https://www.hrc.org/resources/state-scorecards/arkansas-4>
- Intransitive. (2023). *2023 Legislative Session Bill Tracker*. Intransitive. Retrieved April 17, 2023, from <https://www.intransitive.org/bill-tracker>
- Iovannone, J. J. (2019, May 30). *A brief history of the LGBTQ initialism*. Medium. Retrieved April 20, 2023, from <https://medium.com/queer-history-for-the-people/a-brief-history-of-the-lgbtq-initialism-e89db1cf06e3>

- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016, December). *The report of the 2015 u.s. transgender survey*. transequality.org. Retrieved May 3, 2023, from [https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf?te=1&nl=in-her-words&emc=edit\\_gn\\_20200903](https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf?te=1&nl=in-her-words&emc=edit_gn_20200903)
- Jones, J. M. (2022, June 10). *LGBT identification in U.S. ticks up to 7.1%*. Gallup.com. Retrieved November 20, 2022, from <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>
- LGBTQ Community Center of the Desert. (2022, December 9). *What does "queer" mean? why are younger generations reclaiming the word queer?* The Center. Retrieved April 18, 2023, from <https://thecentercv.org/blog/what-does-queer-mean-why-are-younger-generations-reclaiming-the-word-queer/>
- Lomash, E. F., Brown, T. D., & Paz Galupo, M. (2018). “A whole bunch of love the sinner hate the sin”: LGBTQ microaggressions experienced in religious and spiritual context. *Journal of Homosexuality*, 66(10), 1495–1511.  
<https://doi.org/10.1080/00918369.2018.1542204>
- Machado, S. (2022). The experience of LGBTQ+ identity as spiritual identity. *Journal of Humanistic Psychology*, 002216782211074. <https://doi.org/10.1177/00221678221107496>
- Mallory, C., Brown, T. N. T., Russell, S., & Sears, B. (2017). (rep.). *The Impact of Stigma and Discrimination Against LGBT People in Texas* (pp. 42–43). Los Angeles, CA: The Williams Institute.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.  
<https://doi.org/10.1037/h0054346>
- Maslow, A. H. (1954). *Motivation and personality*. Harper & Row.

- McDermott, E., Roen, K., & Scourfield, J. (2008). Avoiding shame: Young LGBT people, homophobia and self-destructive behaviours. *Culture, Health & Sexuality*, 10(8), 815–829. <https://doi.org/10.1080/13691050802380974>
- Meanley, S., Pingel, E. S., & Bauermeister, J. A. (2016). Psychological well-being among religious and spiritual-identified young gay and bisexual men. *Sexuality Research and Social Policy*, 13(1), 35-45.
- Medina, C., & Mahowald, L. (2023, February 9). *Discrimination and barriers to well-being: The state of the LGBTQI+ community in 2022*. Center for American Progress. Retrieved April 20, 2023, from <https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/>
- Merriam-Webster. (n.d.). *Cisgender definition & meaning*. Merriam-Webster. Retrieved April 18, 2023, from <https://www.merriam-webster.com/dictionary/cisgender>
- Merriam-Webster. (n.d.). *Intersectionality definition & meaning*. Merriam-Webster. Retrieved April 20, 2023, from <https://www.merriam-webster.com/dictionary/intersectionality>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674.
- Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago.
- Movement Advancement Project. (n.d.). *Nondiscrimination laws*. Movement Advancement Project. Retrieved May 3, 2023, from [https://www.lgbtmap.org/equality-maps/non\\_discrimination\\_laws/public-accommodations](https://www.lgbtmap.org/equality-maps/non_discrimination_laws/public-accommodations)

Movement Advancement Project. (2019, April). *Where we call home: LGBT people in rural america*. Retrieved May 3, 2023, from <https://www.lgbtmap.org/file/rural-lgbt-community-recommendations.pdf>

Movement Advancement Project, & Campaign for Southern Equality. (2020, July). *Telling a new southern story: LGBTQ resilience, resistance, and leadership*. Retrieved August 3, 2022, from <https://www.lgbtmap.org/file/2020-report-southern-broad-summary.pdf>

Murphy-Erby, Y., Christy-McMullin, K., Stauss, K., & Schriver, J. (2010). Multi-Systems Life Course: A new practice perspective and its application in advanced practice with racial and ethnic populations. *Journal of Human Behavior in the Social Environment*, 20(5), 672–687. <https://doi.org/10.1080/10911351003751868>

National Alliance on Mental Illness. (n.d.). *LGBTQI*. National Alliance on Mental Illness. Retrieved June 19, 2022, from <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI>

National Center for Transgender Equality. (2015). *The report of the 2015 U.S. transgender survey*. Resources. Retrieved November 22, 2022, from <https://repository.gheli.harvard.edu/repository/12310/>

National Equity Project. (n.d.). *Responding to microaggressions and unconscious bias*. National Equity Project. Retrieved April 18, 2023, from [https://www.nationalequityproject.org/responding-to-microaggressions-and-unconscious-bias?gclid=CjwKCAjw\\_\\_ihBhADEiwAXEazJtuoT4BIswBjPztN7qZm-W0aTqIDQgxUqW6zkUkDsdjDlTSug5OwBRoC28wQAvD\\_BwE](https://www.nationalequityproject.org/responding-to-microaggressions-and-unconscious-bias?gclid=CjwKCAjw__ihBhADEiwAXEazJtuoT4BIswBjPztN7qZm-W0aTqIDQgxUqW6zkUkDsdjDlTSug5OwBRoC28wQAvD_BwE)

- Niemet, C. J., & Rice, K. (2021). LGBTQ&A: Development of a needs assessment to define access, needs, and barriers to health care services among LGBTQ older adults. *Journal of Prevention & Intervention in the Community*, 50(1), 8–22.  
<https://doi.org/10.1080/10852352.2021.1915937>
- OK2BME. (2023). *WHAT DOES 2SLGBTQIA+ MEAN?* OK2BME.ca. Retrieved April 18, 2023, from <https://ok2bme.ca/resources/kids-teens/what-does-lgbtq-mean/>
- Okun, T. (2021, May). *White supremacy culture - still here.pdf*. White Supremacy Culture. Retrieved April 24, 2023, from [https://drive.google.com/file/d/1XR\\_7M\\_9qa64zZ00\\_JyFVTAjmjVU-uSz8/view](https://drive.google.com/file/d/1XR_7M_9qa64zZ00_JyFVTAjmjVU-uSz8/view)
- Onwuegbuzie, A. J., Collins, K. M. T., & Frels, R. K. (2013). *Foreword: Using Bronfenbrenner's ecological - proquest*. Retrieved April 26, 2023, from <https://www.proquest.com/docview/1470898076>
- Payton, J., Crawford, C., Gilmore, B., Irvin, M., Johnson, B., Johnson, M., Stone, M., & Wallace, D. (2023, February 15). *Arkansas SB270 - TO AMEND THE CRIMINAL OFFENSE OF SEXUAL INDECENCY WITH A CHILD*. Arkansas State Legislature - 94th General Assembly - Regular Session, 2023. Retrieved April 16, 2023, from <https://legiscan.com/AR/bill/SB270/2023>
- Ream GL, Savin-Williams RC. Reconciling Christianity and positive non-heterosexual identity in adolescence, with implications for psychological well-being. *Journal of Gay & Lesbian Issues in Education*. 2005;2:19–36.
- Roberts, A. L., Rosario, M., Corliss, H. L., Koenen, K. C., & Austin, S. B. (2012). Elevated risk of posttraumatic stress in sexual minority youths: mediation by childhood abuse and gender nonconformity. *American journal of public health*, 102(8), 1587-1593.

- Shipherd, J. C., Green, K. E., & Abramovitz, S. (2010). Transgender clients: Identifying and minimizing barriers to mental health treatment. *Journal of Gay & Lesbian Mental Health, 14*(2), 94-108.
- Velez, B. L., Polihronakis, C. J., Watson, L. B., & Cox, R. (2019). Heterosexism, racism, and the mental health of sexual minority people of color. *The Counseling Psychologist, 47*(1), 129–159. <https://doi.org/10.1177/0011000019828309>
- Wahba, M. A., & Bridwell, L. G. (1976). Maslow reconsidered: A review of research on the need hierarchy theory. *Organizational Behavior and Human Performance, 15*(2), 212–240. [https://doi.org/10.1016/0030-5073\(76\)90038-6](https://doi.org/10.1016/0030-5073(76)90038-6)
- Yurdakul, G., & Arar, T. (2023). Revisiting maslow’s hierarchy of needs: Is it still universal content? *Journal of Human Behavior in the Social Environment, 1*–28. <https://doi.org/10.1080/10911359.2023.2177227>

## **Appendix A: Pre-Screening Survey Questions**

1. What is your name?
2. What is your email address?
3. What is your age?
4. What county do you live in? Benton, Carroll, Madison, or Washington County.
5. How long have you lived in Northwest Arkansas (Benton, Washington, Madison, or Carroll County)?
6. How do you define your sex? Multiple answers are acceptable.
7. How do you define your gender identity? Multiple answers are acceptable.
8. How do you identify your sexual orientation? Multiple answers are acceptable.
9. What is your race and/or ethnicity? Check all that apply.
10. Have you attempted to utilize LGBTQIA+ resources in the past?
11. Have you wanted to reach out to LGBTQIA+ resources but have decided not to reach out due to fear and/or not being “out”?

## Appendix B: IRB Approval



---

**To:** Leea Jean Johnson  
BELL 4188

**From:** Douglas J Adams, Chair  
IRB Expedited Review

**Date:** 11/18/2022

**Action:** **Expedited Approval**

**Action Date:** 11/18/2022

**Protocol #:** 2209420779

**Study Title:** Queer Need in the Natural State: An Exploratory Needs Assessment of the 2sLGBTQIA+ Community of Northwest Arkansas.

**Expiration Date:** 10/19/2023

**Last Approval Date:**

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

**Adverse Events:** Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

**Amendments:** If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: LaShawnda Fields, Investigator



## Appendix C: IRB Amendment Approval



---

**To:** Leea Jean Johnson  
BELL 4188

**From:** Douglas J Adams, Chair  
IRB Expedited Review

**Date:** 04/25/2023

**Action:** **Expedited Approval**

**Action Date:** 04/25/2023

**Protocol #:** 2209420779A001

**Study Title:** Queer Need in the Natural State: An Exploratory Needs Assessment of the 2sLGBTQIA+ Community of Northwest Arkansas.

**Expiration Date:** 10/19/2023

**Last Approval Date:** 04/25/2023

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

**Adverse Events:** Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

**Amendments:** If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: LaShawnda Fields, Investigator

## **Appendix D: Pre-Screening Survey Informed Consent**

**Project Title:** *Queer Need in the Natural State: An Exploratory Needs Assessment of the 2sLGBTQIA+ Community of Northwest Arkansas*

**Principal Researcher:** Leea Johnson, LSW - [lj003@uark.edu](mailto:lj003@uark.edu)

**Faculty Advisor:** Dr. LaShawnda Fields - [lnfields@uark.edu](mailto:lnfields@uark.edu)

If you have questions about this research, you may contact:

- Leea Johnson, email - [lj003@uark.edu](mailto:lj003@uark.edu),

If you have questions about your rights as a research participant you may contact:

- Ro Windwalker, CIP, email - [irb@uark.edu](mailto:irb@uark.edu), (479)575-2208

### **What is the purpose of this research study?**

This study is classified as an exploratory needs assessment. This study aims to understand the current needs of the LGBTQIA+ community between the ages of 18-40 in Northwest Arkansas.

### **What will happen during this part of the study?**

- If you want to participate in the study complete the pre-screening tool below, which will take approximately 10 minutes.
- If you are chosen based to participate in the research study, we will reach out to you via email with more information about the next wave of research.
- If you are not chosen for this wave of research, or do not consent to be in an interview after being contacted, all information you provided will be deleted.

Please note that participation is voluntary, and refusing to participate will not adversely affect your relationship with the University of Arkansas, the researchers, and any other third party involved.

Typing your name in this box confirms your consent for participating in this pre-screening survey. (Box to fill out available for them to type their name for consent)

## Appendix E: Qualitative Interview Informed Consent

**Project Title:** *Queer Need in the Natural State: An Exploratory Needs Assessment of the 2sLGBTQIA+ Community of Northwest Arkansas*

**Principal Researcher:** Leea Johnson, LSW - [ljj003@uark.edu](mailto:ljj003@uark.edu)

**Faculty Advisor:** Dr. LaShawnda Fields - [lnfields@uark.edu](mailto:lnfields@uark.edu)

If you have questions about this research, you may contact:

- Leea Johnson, email - [ljj003@uark.edu](mailto:ljj003@uark.edu)

---

This consent form describes the research study and helps you decide if you want to participate. It provides important information about what you will be asked to do during the study, about the risks and benefits of the study, and about your rights and responsibilities as a research participant.

- You should read and understand the information in this document including the procedures, risks, and potential benefits.
- If you have questions about anything in this form, you should ask the research team for more information before you agree to participate.
- Do not agree to participate in this study unless the research team has answered your questions and you decide that you want to be part of this study.

---

### **What is the purpose of this research study?**

This study is classified as an exploratory needs assessment. This study aims to understand the current needs of the LGBTQIA+ community between the ages of 18-40 in Northwest Arkansas.

### **What will happen during this study?**

- If you agree to be a part of the research study, you will be asked to participate in an in-person (or virtual) interview where the video and audio will be recorded to your level of comfort. This interview will take approximately one hour.
- Interviews will be conducted over several weeks, though each participant will be interviewed just once. Your participation will require your responses to a series of questions that will help the researcher learn about your personal needs surrounding finances, mental health, medical, legal, social, and spiritual needs, and any experiences you have had attempting to get these needs met.
- The participant and Principal Researcher will meet in a private room at Fayetteville Public Library but can make other arrangements if necessary including meeting virtually with or without video to the participant's comfort level.
- Participants are allowed to skip questions that they would prefer not to answer.

### **How will the data be collected?**

The interview will be recorded in an audio or video medium, dependent on the participant's comfort level, in order to ensure the collection of accurate research data. Upon completion of the interviews, we will maintain these recordings as well as printed transcriptions. This data will be labeled by an identification number only and will be kept on a laptop computer accessible solely by the principal investigator.

**How will the data collected be used?**

As part of this study, we are obtaining data from you. We would like to use this data to better understand the current needs and experiences of the population being studied. We will use your data to create an online survey that will be distributed to the LGBTQIA+ community in Northwest Arkansas between the ages of 18-40. We

hope to have several hundred individuals complete this survey, which will help give us an even deeper understanding of the current needs of the population. We will remove identifiers from your private information. We may use this de-identified version of the data for future research studies or share them with other researchers for their use. If this occurs, we will not ask you for additional consent for these uses of your information.

**What are the possible benefits of this study?**

Benefits include receiving a \$50 gift card and the knowledge that you are contributing to the long-term support network in our community.

**What are the possible risks or discomforts?**

There are minimal risks associated with this study. In the unlikely event that the records of this research are requested at a future date under the Freedom of Information Act (FOIA), the recording of your interview may be identifiable.

**Will I have to pay for anything?**

There are no out-of-pocket costs for the participant.

**Will I know the results of the study?**

At the conclusion of the study, you will have the right to request feedback about the results. You may contact the faculty advisor, Dr. LaShawnda Field at [lnfields@uark.edu](mailto:lnfields@uark.edu), or the Principal Researcher, Leea Johnson at [ljj003@uark.edu](mailto:ljj003@uark.edu). A copy of this form is available by request.

You may also contact the University of Arkansas Research Integrity and Compliance Office listed below if you have questions about your rights as a participant or to discuss any concerns about or problems with the research.

Ro Windwalker, CIP  
Institutional Review Board Coordinator, Research Integrity and Compliance University of  
Arkansas 105 MLKG Building, Fayetteville, AR 72701-1201  
479-575-2208 | [irb@uark.edu](mailto:irb@uark.edu)

I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential benefits and risks that are involved. I understand that participation is voluntary. I understand that I am consenting to the interview portion of the study being recorded for transcription purposes. I understand that significant new findings developed during this research will be shared with the participant. I understand that no rights have been waived by signing the consent form. I understand that I can save or print a copy of this consent form for my records.

---

(Name of Participant – Printed)

---

(Date)

---

(Signature of Participant)

---

(Date)

## **Appendix F: Qualitative Questions**

### **Background Information:**

1. What are your pronouns?
2. How would you describe your gender identity and sexual orientation today?
3. Verify information from pre-screening survey.
4. What is your average monthly or yearly income?
5. Do you have health insurance?
6. Do you have any spiritual or religious affiliations?
7. Do you have any current or chronic health conditions you would like to report?
8. Do you have any mental health conditions that you would like to report?

### **Questions:**

1. Are there any unmet needs that you have around your survival or basic needs (food, water, shelter, physical safety)?
2. Please share your experiences around personal mental health needs and any attempts to access resources to get those needs met.
3. Please share your experiences around medical needs and any attempts to access resources to get those needs met.
4. Please share your experiences around social needs and any attempts to access resources to get those needs met.
  1. Examples of social needs are having relationships that are affirming to your sexuality and gender expression, feelings of being socially isolated, not having a place to process feelings and experiences, and feeling connected to the LGBTQIA+ community on an individual, community, or national level.

5. Please share your experiences around legal needs and any attempts to access resources to get those needs met.
6. Please share your experiences around personal financial needs and any attempts to access resources to get those needs met.
7. Please share your experiences around personal spiritual or philosophical needs and any attempts to access resources to get those needs met.
  1. Examples of spiritual or philosophical needs are wanting spiritual community and seeking guidance for questions related to identity and purpose.
8. Tell me about barriers that you have experienced when you have thought about or tried to get your needs met.
  1. Barriers are anything else that might have hindered you from reaching out or accessing resources like transportation, technology, personal mental health issues, fear of being outed, etc.
9. In addition to your sexual orientation, are there any other reasons you believe you have these needs or experience a gap in resources?
10. In a perfect world, where everyone's needs are met and money is not an option, what resources would exist for the 2sLGBTQIA+ population?
11. Is there anything else you would like to tell me to know about your experiences securing resources as a part of the LGBTQIA+ community?