THE VIOLENCE COMES SOON AFTER: LGBTQ+ PERCEPTIONS OF SAFETY AND ITS EFFECTS ON MENTAL HEALTH IN PENSACOLA

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Abstract: In Pensacola, Florida, there are many conservative residents who object to the presence of LGBTQ+ members in the community despite the long, rich history of relative LGBTQ+ tolerance. Due to the outward display of intolerant behavior, many LGBTQ+ people question their ability to safely express their sexual orientation and gender identity. This paper explores the primary data on main stressors that affect the perception of safety among the LGBTQ+ community in the Pensacola area as well as the mental health consequences linked with the stress of feeling unsafe. Data was gathered through participant observation and semi-structured interviews. I hypothesize that the LGBTQ+ community in Pensacola is more likely to have poor mental health and this inequity is linked to discrimination and feeling unsafe.

Introduction

I think it is appropriate to talk about the "vibe" of the room at the drag show, as I can imagine the people in attendance using that kind of word regularly. So, the vibe is positive, people are excited, chatting with each other and showing off their one dollar bills in anticipation of showering the queens with them.

When the performances start, the excitement and happiness radiating from the crowd ratchets up even higher, audience members cheering, singing along to the songs, passing bills to the performing queens. The music is loud, people are dancing in their seats and singing along to the music. … Whether people are doing their own mini-performances or not, everyone around me seems to be enjoying themselves, smiling widely, and laughing at the more comical acts.

When all the performances are over, all the queens sit in a line of chairs on the stage to answer questions from the audience. Like with most Q&A's, the room is silent for a while until one brave person motions for the microphone and starts off with a hard-hitting question that derails the Q&A for nearly 20 minutes, the various queens and the audience chiming in: what kinds of challenges do you face doing drag in the American South? The queens take this question pretty seriously, though there are jokes (albeit dark ones) interspersed.

The answers indicate similar experiences between the queens, positive and negative. Two out of the five drag queens and the one drag king on stage say outright that doing drag stopped them from killing themselves. Most of them say that doing drag boosted their confidence in their body, helped them accept their gender and/or sexuality, gave them a creative outlet they don't get elsewhere. However, fear of being rejected by family is seen in one queen who says that her parents do not know that she does drag. Some who have told their biological families about their love for drag speak more of found families, saying that the ones who matter will stick around, even if they were not always considered family.

The audience is engaged, making sympathetic noises during stories of hardship and laughing along with dark jokes about real problems like suicide and family tension. Everyone on stage speaks passionately about their experiences, telling stories and talking openly about their deeply personal lives. The fact that they feel comfortable talking about these issues in a room full of strangers makes me consider how they may want to be visible but are made to be invisible by a society who does not understand them and makes no effort to change that.

Physical violence is not brought up as often as emotional violence, but there does seem to be an undercurrent of concern about being in drag in public. The term safe space is never said, but it is implied in how the queens talk about walking in groups, changing at performance venues, and experiencing discrimination within the LGBTQ+ community at certain clubs. The queens are all aware – nodding in agreement when someone else is talking – that there are some spaces where they feel like they can be themselves and others where they cannot.

Opening vignette

I chose to open this paper with a vignette consisting of my notes from a drag show I attended during the research period. As a part of my research, I attended several events aimed at the LGBTQ+ community and observed how people interacted with each other and the space. This particular event is a great example of what I discovered during the course of my research: places are often neutral; it is the people that make a place safe or not. This drag show was held in a large room in a university that is often rented out for events. The space could hold anyone, it was the supportive people in that space that allowed the performers to feel safe enough to share deeply personal stories. These stories also show that people in the LGBTQ+ community are just that, people. They experience struggles and triumphs and seek joy in their lives. However, those struggles they face may lead to more than personal offence.

Roadmap

In this paper, I will explore the links between feeling unsafe and emotional distress in the LGBTQ+ community in Pensacola, Florida. There is not a lot of research in this area, though there is evidence that stress causes poorer health outcomes (Karlsen and Nazroo 2002). This is related to the fear of and experience with violence that people in this community face specifically due to their non-normative gender, sexuality, or the appearance of such. There are also intersectional concerns like race and class to consider, but this paper will focus on the LGBTQ+ dimension of health and safety. I have broken the main fieldwork section of this paper into two sections – well-being and support – to organize and illustrate the main themes behind LGBTQ+ health and safety.

I will begin with the background, research questions, and theory that are the foundation of the research. My methods section covers how I went about collecting data for the research

before and after the submission to the Institutional Review Board was approved. I did manage to collect data from 14 interviews and around a dozen instances of participant observation. My fieldwork sections cover the broad topics I researched with a focus on safety, health, and social support. What makes a place safe or unsafe vs. comfortable or uncomfortable, how discrimination (from outside and within the LGBTQ+ community) and violence play into feelings of safety are all covered. The effects all of this has on health is analyzed using the survey and interview data. The importance of social support from individuals and groups is a large factor in feelings of safety and mental health so that is covered along with the importance of LGBTQ+ inclusivity. The limitations of the research and final analyses will make up the conclusion.

Background

This project was made possible by the work of three other research members and our advisor in the anthropology department. Much of the background information we found has been fragmentary, or from non-academic sources. There is not much academic research into this particular topic, highlighting why it is so important to dive into specifics. Pensacola is an odd case; the city is surrounded by politically and socially conservative areas but I have found that Pensacola itself is more liberal. There is a rich, thriving LGBTQ+ community here, though people outside that community may not know it (Baucum 2017). There are resources, clubs, bars, and other social meeting places for LGBTQ+ people in Pensacola (Diaz 2017), but that does not mean they do not experience discrimination or violence. Going through each step of my research process, I will show how these experiences of discrimination lead to poorer mental health outcomes.

Whether in private or public settings, LGBTQ+ people report startlingly high rates of discrimination (Sears & Mallory 2011). Compared to heterosexual and cisgender people, those in the LGBTQ+ community are much more concerned about being a target of hate or violence. There is evidence that discrimination occurs everywhere from the workplace to police stations (ibid., Mallory, Hasenbush, & Sears, 2015) and I argue that the prevalence of discrimination leads to a general, constant feeling of unsafety. Mallory, Hasenbush, and Sears provide evidence that LGBTQ+ person may face violence from anyone or anywhere, that the discrimination they experience is pervasive.

As I previously stated, there is not a lot of relevant research on LGBTQ+ people specifically, though there is evidence that stress causes poorer health outcomes in general (Karlsen and Nazroo 2002). Most of these sources use oppressed racial and ethnic groups in their research, but I plan to argue that discrimination against people of color and LGBTQ+ people have similar consequences. The fear of and experience with violence that people in this community face specifically due to their non-normative identity (Meyer 2008) is stressful enough to result in higher rates of mental health problems (Willging, Salvador, & Kano 2006). The key in my research is considering how the people I interview feel about their safety in relation to their mental health, not only the experience of discrimination.

Research questions

The research questions evolved over the course of the project development as I discovered new things I wanted to ask about while also trying to keep the project from getting too big. The focus is clearly on health and safety, but what goes into that? In the final interview draft, there are sections on safety, discrimination, health, and social support. I ask more specifically about places in Pensacola that are safe and unsafe and if the interviewee feels

comfortable expressing their sexual and/or gender identity around the area. I expand on the violence survey as well, asking about experiences with violence and discrimination from within and outside the LGBTQ+ community. By expanding on this, I hoped to get stories and maybe explanations for why the violence occurred. I ask briefly about racial discrimination and abusive relationships, but the focus is on discrimination based on sexual and gender identity.

The health section had to be rewritten several times to ensure that I was not asking any questions that were too personal and not allowed under the IRB. Many of the questions ended up being about sex education; did you get it, where, how old were you, was it LGBTQ+ inclusive, has this affected how you view sex? One of the health questions is more broad and is concerned with the links between experience of violence and health. I ask the interviewee if they believe LGBTQ+ people commonly experience symptoms of emotional distress and why. During the interviews, I spent more time on this question, following up on given answers and asking for more detail to better understand how LGBTQ+ people understand their own experiences with health and safety. The final section on social support tries to pinpoint if LGBTQ+ people in Pensacola have people that support them and are reliable. Asking for details on their affiliation with LGBTQ+ and religious organizations also plays into this.

The main thesis – that experience of discrimination and feeling unsafe negatively affects mental health – relies on the theory that constantly feeling unsafe is a stressor which leads to poorer health outcomes. There is evidence that interpersonal discrimination negatively affects health (Karlsen and Nazroo 2002). Most of this evidence is based off of research of stress and racial discrimination. This is its own issue and also pervasive, but the lack of LGBTQ+ based sources increases the importance of the project. I am labelling discrimination as an intense stressor than can lead to poorer mental health. Karlsen and Nazroo show that constant

discrimination is stressful and I am asking if those fears about discrimination are leading to feelings of unsafety and investigating how that is linked with mental health.

Methodology

A note on terms

At the beginning of this project, a central concern was how I was going to refer to the population in an official capacity. There are lots of possible terms and I wanted to be as inclusive as possible but also take the opinions of the community into account. I did not want to offend or exclude anyone so I workshopped terms for a while. I discarded terms like "queer," which still has negative connotations for some people in the community, and excluded long-winded acronyms like "LGBTQIA+" that were clunky. As is turns out, that long acronym likely would have had people laughing in my face and thinking I was trying too hard as was implied during a Gender and Sexuality Alliance meeting I later attended. I settled on LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, all others), seeing no negative connotations and hoping that the "+" left no one feeling excluded. Also note that the names of interviewees I write about are pseudonyms.

A small (?) community

Participant observation in the LGBTQ+ community was unfortunately not as easy as going to a meeting every week and some special events. There are different clubs and groups and events that are all for the LGBTQ+ community but are not necessarily connected to one another. I started by making a list of the organizations I knew about or had found in research. Eventually, I found more through the grapevine and nearly every group I spoke to was either excited about my being there or more neutrally accepting of my presence. Some of these groups were advocacy

clubs for the LGBTQ+ community, other were more about support. A running theme through all of them was that they were a safe space for LGBTQ+ people and their loved ones to talk about their experiences, engage with LGBTQ+ events, and support each other.

I believe that the research topic focusing on health and safety made the groups I actively engaged with interested in the topic. I also went to gay clubs and drag shows where I did not inform every one of the research, but the places where I did were welcoming and willing to participate. The groups I engaged with were specifically for the support and advocacy of their LGBTQ+ members with the goal of making their lives at least a little easier. Resources for medical care, personal support, reporting violence, and selling art were provided and the officers or board members of the groups seemed dedicated to helping not only their members, but LGBTQ+ people everywhere. In the interviews most people commented on how small the Pensacola LGBTQ+ community is, but they did also say that they found real friends here and feel safe and supported surrounded by their peers.

Anthropological method

I began the active research during a semester where I was taking a class where the professor had already submitted an IRB research request that some of my work was under. I did have to submit my own an in the interim while the submission was being reviewed, sent back, and edited, I engaged in participant observation and informal interviews with the people I met at the events I attended. This was allowed under the IRB for the class so I hoped to get as much data out of that as I could. Through background research, I found a surprising number of LGBTQ+ support and advocacy groups in Pensacola. In general, people were very interested in the research and wanted to participate if they could. I did not start scheduling interviews until April 2019 after the IRB submission was approved, but that excitement from the community so

early in the research was heartening. I attended LGBTQ+ events like drag shows, lectures, club meetings, and nightclubs, hoping to see how LGBTQ+ people behaved in these spaces in Pensacola.

For the most part, at these events, I talked to the people there and explained the research, hoping to make contacts and spread news of the research to build connections and maybe even get some interviews. The reception was positive, and I stayed in contact with many of these people over the course of the project. At other events like the drag shows and nightclubs, you cannot introduce yourself to everyone and I stayed more under the radar, having fun with everyone else but also observing what people looked like, how they were acting, and anything else I thought might be important. The more professional and/or private the setting was, the more I explained myself as an anthropologist. I did not want to intrude on anyone's personal moments or insert myself in settings where I did not belong, so the lectures and club meetings I went to were always informed of my intentions.

Speeding it up

Once my IRB submission was approved, I was able to move on to the survey and semi-structured interview. I gave the interviewees the consent forms, the Hopkins Symptom Checklist (a checklist of symptoms of depression and anxiety), a demographics and short answer survey, a violence survey (asking the interviewee if they or someone they know have experienced different types of violence from different places and people), and then conducted a semi-structured interview. Semi-structured interviews are only somewhat guided interviews, in my case, I had open-ended questions to ask, but it proceeded more like a conversation than a question-and-answer session. There had been plenty of time to go over the individual parts of the interview so it was time to decide how it would all fit together.

Once I settled on all the different sections of the interview, I decided it would be best to present the Hopkins checklist first to prevent any negative feelings brought up during the interview from affecting how the interviewee filled out the checklist. I asked some sensitive questions during the interview and bringing up bad memories may have made the interviewees feel more depressed out anxious, affecting how they filled out the checklist. Presenting the survey before the interview made sense in terms of flow, but also allowed me to circle back to things the interviewee marked in the survey to get a more in-depth understanding of what they said and why they said it. The semi-structured interview – the bulk of the process – was classic anthropological form; asking big questions then getting out of the way. We –as anthropologists – know what we think is important, but we must also listen to the stories of our groups to better understand how the community overall views their own health and safety.

As I conducted more interviews, I figured out how much encouragement different interviewees needed, how to phrase some of the questions better, which sections flowed better than others. Of course, everyone responds to the survey differently but I got more comfortable in my role as interviewer as it went on. In my experience, the more interviews I did, the more comfortable I felt with the questions and that made it easier to navigate the interview like a conversation more than a call and response. Some of the people I interviewed were less talkative, and that resulted in it feeling more like an interview than a conversation, but everyone seemed engaged and interested throughout.

Data

The data in this paper is based off of several months of informal interviews and participant observation along with 14 surveys and semi-structured interviews. The data was collected by myself and three others in the anthropology program. I only distributed the survey

portion of the interview to the people I had full, extended interviews with as the class IRB did not allow distribution of the survey until my own submission had been approved. At least one of the four of us went to a couple dozen events including club meetings, entertainment events, planning sessions, and lectures on LGBTQ+ issues. During this time, we spoke to dozens of different people, looking for any information they wanted to give us and hopefully a promise to do a full interview. Some of these people were not a part of the community, they were allies, and they spoke about friends or family members who were LGBTQ+ and talked some about their experiences.

The events I attended covered a wide range of LGBTQ+ related content. I saw a few drag shows – two on UWF campus one at a gay club – more formal talks on LGBTQ+ issues and museums downtown, officer meetings for advocacy groups on campus and the greater Pensacola area, there were all kinds of different types of events but all centered around LGBTQ+ topics. Though these groups were all so different, I quickly found out that most of the people in these groups knew each other or knew someone who knew other groups well. At one of the events I attended, a pilot meeting for an LGBTQ+ history exhibition at the T.T. Wentworth museum, everyone at the table threw out names for someone who should be involved and every time, at least one other person at the table indicated that they also knew this person.

Well-Being

Safety and comfort

Safe people

Interviewer: All these things we've been talking about for like the past 10 minutes, all the different kinds of discrimination within and outside the community, intersectional discrimination,

do you think this or even just hearing about it from others, do you think this affects peoples'
feelings of safety?

Blake: Oh yeah. Easily. As soon as you have the rhetoric, the anti LGBT rhetoric, you have the
violence comes soon after so, there's always the potential, when this person a few days ago,
when they verbally harassed me, something that a few people asked me like as soon as I told
them was is there potential to be physically hurt you know. Should there be more action taken
and I don't think that I don't think that he, that person in particular would do anything. But it's
there.

N: Right

*B: As soon as you start hating somebody *pause* verbally then next step is physical so yeah, as*
soon as, like that's why a Trump sign may be threating to an LGBT person because you know,
that person very, may very well be emboldened to take the action one step further and be
abusive.

[Excerpt of BNH interview with Blake]

The first obstacle once interviews started was pinpointing exactly what people meant

when they said "safe" or "unsafe." In the interview excerpt above, Blake, a 21 year old

genderqueer person, says that while they do not necessarily always *expect* physical violence, the

concern that it *could* happen is always in the back of their mind. My research group and our

advisor had discussed this at length but when interviews began, I fully realized that this was

something I would need the interviewees to define when they said it. For most of my

interviewees, the word safety implies physical safety, equating safety with not worrying about

being physically attacked or harmed. Two of my interviewees, talking about two different

people, used the exact same phrase talking about their discomfort: "he won't do anything." The

"he" they both discussed were two different people but they both commented that this person

was yelling negative things about their gender and sexuality at them but they were not worried

about the confrontation becoming physical. Both said this situation did not make them feel

"unsafe" but they did feel "uncomfortable".

Distinguishing between "unsafe" and "uncomfortable" was a long process as well

because it was difficult for people to articulate the difference. I was told "I don't know" or "I

can't really explain it" before teasing out any sort of explanation. For my interviewees, the difference seems to be that "unsafe" means there is a threat of physical harm and "uncomfortable" means feeling upset with what a person is saying. In the case of Freya, a 21 year old non-binary lesbian, they were uncomfortable hearing the hate preacher yelling on campus and having dinner with a Donald Trump supporter. Blake was uncomfortable when a man misgendered them and used their deadname (their birth name that is no longer used) loudly in front of others. Neither of them thought the situation would escalate to physical violence (though Blake commented that several people asked them if they thought it would) and it did not, so they did not consider that to be unsafe.

In all of my interviews, the interviewee brought up that what makes a space safe is not necessarily the space itself, it is the people in it. Almost any place can be safe or unsafe, it is who is in that space that determines its safety. My third interviewee, Pearl, a 23 year old pansexual woman, agrees that it is the people that affect her feelings of comfort and safety. Pearl's emotionally abusive aunt made her home feel unsafe but now that she lives with people who are not abusive, her home is safe. Churches were mentioned as being almost always uncomfortable spaces by two of my interviewees though one did say that they had been to accepting churches before. Freya feels uncomfortable in all churches, saying that they have never had a good experience there. However, they do not feel unsafe, once again saying that no one will "do anything" implying that no one is going to physically harm them, even though negative things about LGBTQ+ people are being said.

Safe places

Many of the gay male couples I see are openly showing each other affection; standing close, kissing on the mouth and cheek, hugging closely. Men who do not seem to be together also show affection, hugging close and kissing on the cheek. Women do this as well, with partners and

friends, but I see fewer female same-sex couples. (...) On the dance floor, most people are dancing with their friends, but there are several pairs dancing together. Some seem to be in a committed relationship, only dancing with each other and kissing on the mouth, but some dance with different partners. Both groups dance very suggestively with their partner, and seem comfortable doing this in a room filled with other people. The same sex pairs act the same as the hetero ones, dancing sexually and happily.

[Excerpt of BNH fieldnotes at downtown gay bar]

Though the interviewees focused more on safe people than safe spaces, participant observation did reveal some physical safe spaces. In the fieldwork snippet above, same-sex couples openly show affection toward each other in a gay bar in downtown Pensacola. They dance just as suggestively as I have seen same-sex couples dance at other, "hetero," clubs and they show platonic affection freely. This indicates that they feel safe in this space in regard to their sexuality. My interviews confirm this. When asked if they feel comfortable expressing their gender and sexuality in Pensacola, most said that it depends. UWF campus is mostly safe and downtown is mostly safe during the day especially in groups, but other parts of Pensacola and the surrounding area are not as safe. The distinction between different parts of Pensacola is important to consider here. The entire city is not labelled as completely safe, it is broken into safe and unsafe sections.

These sections vary for each person, but the general consensus is that UWF campus and downtown Pensacola are mostly safe during the day, though there have been anti-LGBTQ+ incidents at both locations (Kennedy 2017, Wood 2016). Some specify that being in a group makes them more safe but there are parts of Pensacola that are never safe for expressing gender and sexuality identity. Pace and Jay are both brought up multiple times as unsafe cities for LGBTQ+ people. When mentioned, the amount of Donald Trump supporters and rural nature of the area are brought up to indicate why LGBTQ+ people feel unsafe there. Blake and Freya especially bring up that they are uncomfortable around Trump supporters and that they have

heard the same from other LGBTQ+ people. Trump and his Vice-President's track record of

supporting anti-LGBTQ+ groups and trying to take away the rights and protections for LGBTQ+

people means that their supporters likely feel the same way and LGBTQ+ people are

uncomfortable being around those who support such actions.

Discrimination

*The officers of STRIVE talk about how there were some issues outside the community, like being misgendered by professors and other students [at UWF]. The STRIVE president talks about how they were misgendered many times by professors, the last UWF president, and other students. Sometimes it was a well-meaning accident, like a youth minister saying "**his** pronouns are **they/them/theirs**" but others were persistent, even after correction. The president's tone is not particularly upset, more resigned, telling these stories without anger and in an even tone. The group agrees, the treasurer commenting that there is rampant transphobia in the UWF criminal justice department and you can't have a discussion about sex workers without "the t-slur" [tranny] being used.*

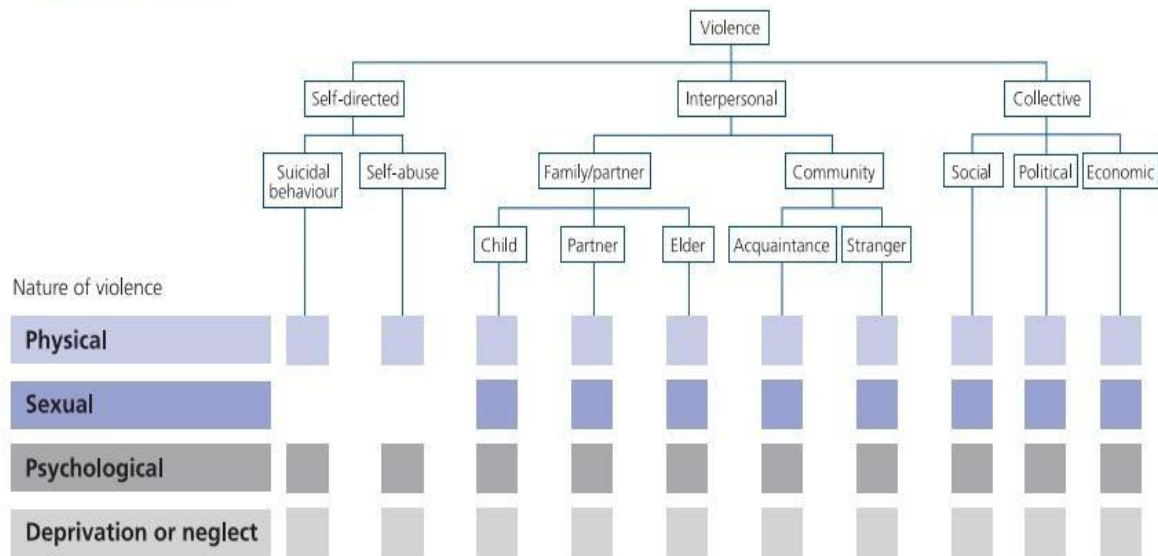*[Excerpt of BNH fieldnotes at STRIVE meeting 03/6/2019]*

Figure 1

The WHO's graphic on violence typologies.

Discrimination as violence

An experience of violence is not only being physically attacked by someone. Violence

can also be self-directed or perpetuated by a community or institution. It can be economic, social,

or political in nature, as long as it causes harm to a person, it is considered violence. At one of the STRIVE meetings I attended, mentioned above, the members at the meeting spoke about how they were affected when the wrong pronouns or slurs were deliberately used. Some of them felt resigned, that it had happened often enough that they were not as angry when it happened, but some were still furious. This kind of discrimination does not only occur from people who are not a part of the LGBTQ+ community. I have split the next two sections to show the similarities and differences between discrimination perpetuated by within and outside the LGBTQ+ community.

Outside the LGBTQ+ community

While I expected stories of discrimination due to gender and/or sexual identity to be common over the course of the research, I was surprised by how pervasive the problem was and how resigned most people sounded recounting these stories. Poor treatment based on sexuality and/or gender identity is an experience all of the interviewees related to. Even if they had not experienced any incidents that were personally traumatic, every one of my interviewees had a story about someone else who had been aggressively discriminated against. Freya's comment that "I'm pretty sure everyone I talk to is anti-LGBT unless proven otherwise" highlights the concern LGBTQ+ people have about being discriminated against. They hide if they can, and worry about coming out to people they do not know well for fear that they may be anti-LGBTQ+. This does not mean that every LGBTQ+ person will never come out to anyone for fear of being physically harmed, but it was a theme throughout my interviews that it is best to be cautious when expressing sexual and gender identity in case someone takes issue with that expression.

Within the LGBTQ+ community

Unfortunately, even within the LGBTQ+ community, there are experiences of discrimination. All of my interviewees had stories of discrimination within the community. In most cases, transphobic comments or actions from cisgender LGB people was the issue. In Freya's case, they experienced a lot of confusion and questioning over their non-binary identity. Plenty of people, even in the LGBTQ+ community, do not know what being non-binary means and would make insensitive comments, even if they did not mean to be rude. Blake experienced much more intense invalidation of their non-binary identity. They were accused of "not being trans enough" or not being trans "correctly" because they do not identify as a man or a woman. A prominent transgender Youtuber released a video saying that Blake was not truly transgender and they were intensely cyberbullied because of it.

LGBTQ+ people can also face discrimination within the community for their sexual orientation. Pearl is pansexual who is in a relationship with a man and has received comments that she is not welcome in LGBTQ+ spaces because she is not in a same-sex relationship. Pearl stressed that being in a relationship with a man does not mean she no longer finds women attractive and this invalidation of her identity was hurtful. I heard more than once during participant observation stories of how bisexual and pansexual people in cross-gender relationships were shut out of LGBTQ+ spaces. They are seen as more heterosexual than not and are therefore not welcome, despite the fact that their identity does not change with who they are in a relationship with.

Effects on health

> *B:I think if you're not, if you don't feel safe expressing yourself as who you are,*
>
> *N: Mmhmm*
>
> *B: You're gonna feel a lot of Imposter Syndrome, you're gonna feel a lot of um, you're gonna internalize a lot of that hate,*
>
> *N: Right*
>
> *B: Um and if you're not allowed and especially with like trans people if you're not allowed to transition *pause* those, those suicide rates those depression rates go way up when you're not allowed to transition um, when you can't transition cause you're closeted when can't transition cause you, you don't have enough money when you can't transition because um you're in the military and you don't wanna get fired, um. Those suicide rate go up.*
>
> *[Excerpt of BNH interview with Blake]*

As previously mentioned, there is evidence that proves that ongoing stress negatively affects health (Karlsen and Nazroo 2002). In this particular case, the constant worry of being discriminated against causes poorer mental health outcomes. All of my interviewees definitively said they believe experience with violence affects feelings of safety and that people in the LGBTQ+ community commonly experience symptoms of anxiety and depression. The link between these theories did not ever have to be brought up by me; my interviewees said that LGBTQ+ people are discriminated against which makes them feel unsafe and those feelings negatively impact mental health. Blake said that they met most of the LGBTQ+ people they know through counseling services and commented (jokingly but tellingly) that "if I meet an LGBT person who doesn't have [symptoms of depression and/or anxiety], they haven't been LGBT long enough." Blake laughed when they said this, but the joke itself shows just how common emotional distress is for LGBTQ+ people.

Interviewee Number	Anxiety Score	Depression Score	Total Score
101	3.9	1.67	2.56
102	1.7	2.33	2.08
103	1.8	1.27	1.48
104	1.9	3.27	2.72
105	2.1	3	2.64
106	2.8	2.4	2.56
107	2.4	3	2.76
108	1.60	1.47	1.52
109	1.2	1.13	1.16
110	1.1	1.46	1.32
111	1.5	1.6	1.56
112	3	2.2	2.52
113	2	2.7	2.4
114	1.2	1.2	1.2
	2.01	2.05	2.03
	9 out of 14	8 out of 14	9 out of 14
	64%	57%	64%

Table 1

Results of the Hopkins Symptom Checklist. Red highlight indicates that the interviewee is symptomatic.

The results of the Hopkins Symptom Checklist were about what I expected, but linked with the stories from my interviews, it was still shocking. More than half of the participants were symptomatic by at least one metric, most of those being symptomatic for all three; depression, anxiety, and overall total with a score of 1.75 being symptomatic. This checklist is not used to diagnose, it only measures the experience of symptoms of depression and anxiety. My least symptomatic participant checked the fewest boxes on the violence survey and my most symptomatic participant checked the most boxes on the violence survey so there does seem to be a link between experience of violence and mental health. There are not enough surveys for this data to be truly statistically significant, but what is here does indicate that LGBTQ+ people do experience intense emotional distress linked with their feelings of being unsafe.

Support

Social support

The overall tone of the talk was very positive and when stories of harm or bad things were said, the tone shifted accordingly to more somber and upset. The audience was very interactive, chiming in with their own experiences and being expressive in their listening. I believe this means that they were actively engaged in the topic and wanting to learn more. They were comfortable speaking up, implying that they felt safe sharing personal experiences ... They likely felt that the talk was a safe space. It was more heavily attended than I expected, also speaking to the interest people in Pensacola have in this topic. Everyone who spoke up was supportive of queer students, and the reactions people had to the information implied that the

vast majority were also supportive. This is not particularly surprising (I hope no one would show up to an event like this just to cause trouble) but it is interesting that the people there were so engaged with the material, like they knew there was more to learn and were willing to put in effort to learn it and share their own experiences to maybe help others.

[Excerpt of BNH fieldnotes at Sunday's Child Lecture 02/2/2019]

People

A theme that kept cropping up was the importance of a reliable social support system. At meetings such as the one above, it seemed like knowing that those around you were LGBTQ+ made it safe to talk about personal issues. Interviewees talked about their parents, close friends, and mentors who supported them not only as an LGBTQ+ person, but also in other parts of their lives. Having people who are wholly accepting of one's entire identity is vital in feeling comfortable and safe. Blake mentions their mother multiple times, talking about how she was accepting when Blake came out and filled in the gaps of their sexual education. That foundational support helped Blake when they were going through tough times as a child and even now, joking that they often call their mom to talk about how hard being an adult is or when they just need a kind ear to listen.

For people like Pearl whose families are not so accepting, there can be serious damage done. Pearl's abusive aunt affected how cautious she is coming out to people and how close she gets to even those who accept her sexual orientation. Luckily, she found a support system in her boyfriend and some friends she has made at UWF and kept from home, but the relationship she had with her aunt affected how she feels coming out and expressing her sexual orientation. As I previously discussed, all of my interviewees experienced discrimination within the LGBTQ+ community. That can make it difficult to find people who are truly accepting and supportive as being LGBTQ+ does not guarantee wholesale acceptance.

Groups

During the Q&A portion of the UWF drag show I attended, multiple queens stated

outright that if they did not do drag, they would have killed themselves. This strong, jarring

statement underscores just how important having a supportive group is for LGBTQ+ individuals.

Not just a common interest, but true acceptance of a particular expression of identity that does

not align with societal norms. Being outside the norm in this way leads to discrimination and

violence, so having a group of people who understand at least some of what one is struggling

with can be very helpful in coping. The queens talked about how they could freely express their

creativity and femininity through drag and that helped mitigate suicidal thoughts. It has been

shown how strongly LGBTQ+ people can experience depression and anxiety so performing drag

and being able to express gender and sexual identity in this way clearly helps alleviate those

symptoms, at least partially.

LGBTQ+ inclusivity

*B: Even though she [sex education teacher] was LGBT she still didn't feel comfortable talking
about LGBT stuff with us even in Arlington, Virginia which is a veeery progressive place to live,
so I didn't really get LGBT education until I found the internet* *laughter* *and yeah, that's not
awesome because the internet's not awesome.*

*N: *Laughter**

*B: So yeah I don't know if I've ever really gotten, you know, peer educators here does not really
talk about LGBT identities very much. It's not really like inclusive, I think a lot of the go-to
rhetoric about rape and sexual assault and sex education stops at men and women,*

N: Right

*B: You know, cishet normativity. So yeah I think that you know, if it wasn't for the internet I
wouldn't know what transgender was.*

[Excerpt of BNH interview with Blake]

This theme was especially prominent in the sexual education section, but it is relevant in

all parts of the research. All of our participants reported that any sex education they received was

not LGBTQ+ inclusive. Freya and Blake both got some sex education from the internet but also learned the terms they now use to describe their identity there. In the interview transcript above, Blake credits the internet for explaining what transgender meant, a term they now use to describe their own identity. When I asked what would make sex education better, especially for LGBTQ+ people, everyone I interviewed said a section on terms for gender identity and sexual orientation with the goal of normalizing and educating non-heterosexual and cisgender identities. They agree that simply knowing what it means to be gay, pansexual, asexual, transgender, and other identifiers would help enormously in allowing children to explore their identities in an easier way.

A lecture I attended on being an ally for LGBTQ+ children stressed the importance of normalizing and accepting their identities. If LGBTQ+ people are made to feel wrong or abnormal from an early age, they will struggle with their identity throughout their lives. Destigmatizing these identities will go a long way in moving general public opinion toward a more LGBTQ+ positive view. Almost all of the respondents said that Pensacola feels more negatively than positively toward the LGBTQ+ community and they agree that teaching what it actually means to be LGBTQ+ will help stifle ideas of LGBTQ+ inferiority before they can grow into more prevalent, systemic discrimination and violence.

Conclusions

Limitations

This research covers a very broad scope of topics, but there are some limitations that must be addressed. This research is exploratory with broad questions. Some have emerged as most important and become more central to the research but I do ask about such a wide range of

issues related to LGBTQ+ health and safety that some of the more subtle answers to the questions may get lost in the avalanche of information. Future research should be more specific, investigating themes individually. The small sample size also presents some issues. The statistics are few and not technically very significant. I am concerned more with the humanities part of this anthropological work, but having the survey distributed to more people even without interviews would aid in making the statistics more significant.

Links between health and safety

Throughout this paper, my goal was to use exploratory research to tease out the links between feelings of being unsafe and poor mental health in LGBTQ+ residents of Pensacola. There is published evidence of feeling unsafe causing stress and stress causing poor health, but the LGBTQ+ dimension is often left out. Fear causes stress which causes emotional distress and LGBTQ+ people experience high rates of fear and stress. This may seem obvious to some, but having the empirical evidence to back those suspicions up is important. I was surprised at how high the rates of depression and anxiety were in the sample and how many boxes were checked for the violence survey. Even in a relatively large and diverse city like Pensacola, LGBTQ+ discrimination is pervasive.

Even those who are less symptomatic for depression and anxiety see these trends in LGBTQ+ people they know and believe that the connection is their LGBTQ+ identity. This should be troubling, that the amount of fear and stress that LGBTQ+ people experience is enough to cause such poor mental health and that this truth is so obvious to everyone in the LGBTQ+ community. There are support and advocacy groups trying to bring light to LGBTQ+ issues and help people in the community cope with the discrimination they face because of their identity. It is also important for researchers in relevant fields to explore this topic from their

discipline's view to help craft effective solutions to these pervasive health problems. Listening to

the voices of the people who are living these struggles every day is a good place to start.

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Appendix

Demographics and Violence Survey

Demographics
Interviewee Number:
Age:
Gender Identity:
Preferred Pronouns:
Sexual Orientation:
Ethnicity:
Are you a student/staff at UWF?
      If no, have you studied or worked there in the past?
Survey
How many people are in your household?
      What is your relationship to them?
Are you currently employed?
      Where?
Are you part of any LGBTQ+ organizations?
      Which ones?
Are you a part of a religious organization?
      Which one?
      How often do you attend religious services?
Have you had access to sex education information?
      How old were you?
      Where?
      Was the information LGBTQ+ inclusive?
Do you think the general population of Pensacola feels negatively or positively toward the LGBTQ+ community?
Was it easy for you to find spaces that accept the LGBTQ+ community?
Check all that apply: Based on gender identity or sexual orientation, have you or someone you know experienced:

- Physical Violence
    - Self-inflicted
    - Stranger/Acquaintance
    - Family Member
    - Partner
    - Organization/Business
    - Medical
    - Within the LGBTQ+ Community
    - Outside the LGBTQ+ Community
- Sexual Violence
    - Stranger/Acquaintance
    - Family Member
    - Partner
    - Organization/Business
    - Medical
    - Within the LGBTQ+ Community
    - Outside the LGBTQ+ Community
- Emotional Violence

- - Stranger/Acquaintance
  - Family Member
  - Partner
  - Organization/Business
  - Medical
  - Within the LGBTQ+ Community
  - Outside the LGBTQ+ Community
- Psychological Violence
  - Stranger/Acquaintance
  - Family Member
  - Partner
  - Organization/Business
  - Medical
  - Within the LGBTQ+ Community
  - Outside the LGBTQ+ Community
- Verbal Abuse
  - Stranger/Acquaintance
  - Family Member
  - Partner
  - Organization/Business
  - Medical
  - Within the LGBTQ+ Community
  - Outside the LGBTQ+ Community
- Neglect
  - Self-Inflicted
  - Stranger/Acquaintance
  - Family Member
  - Partner
  - Organization/Business
  - Medical
  - Within the LGBTQ+ Community
  - Outside the LGBTQ+ Community
- Financial Abuse
  - Stranger/Acquaintance
  - Family Member
  - Partner
  - Organization/Business
  - Medical
  - Within the LGBTQ+ Community
  - Outside the LGBTQ+ Community

Hopkins Symptoms Checklist and Scoring

Listed below are symptoms or problems that people sometimes have. Please read each one carefully and describe how much the symptoms bothered you or distressed you in the last week, including today. Place a check in the appropriate column.

PART I

ANXIETY SYMPTOMS

	Not at all	A little	Quite a bit	Extremely
1. Suddenly scared for no reason				
2. Feeling fearful				
3. Faintness, dizziness or weakness				
4. Nervousness or shakiness inside				
5. Heart pounding or racing				
6. Trembling				
7. Feeling tense or Keyed up				
8. Headaches				
9. Spell of terror or panic				
10. Feeling restless or can't sit still				

PART II

DEPRESSION SYMPTOMS

	Not at all	A little	Quite a bit	Extremely
11. Feeling low in energy, slowed down				
12. Blaming yourself for things				
13. Crying easily				
14. Loss of sexual interest or pleasure				
15. Poor appetite				
16. Difficulty falling asleep, staying asleep				
17. Feeling hopeless about future				
18. Feeling blue				
19. Feeling lonely				
20. Thought of ending your life				

SCORING
Responses are summed and divided by the number of answered items to generate the following scores:

1. For the responses to each item, assign the following numbers:
1 = *"Not at all"*
2 = *"A little"*
3 = *"Quite a bit"*; and
4 = *"Extremely"*

2. Add up item scores and divide by the total number of the answered items.
Anxiety Score= ITEMS 1-10/10
DSM IV Depression Score= ITEMS 11-25/15
TOTAL Score = ITEMS 1-25/25

Individuals with scores on anxiety and/or depression and/or total greater than 1.75 are considered symptomatic.
Note: ≥ 1.75 is now considered a scientifically valid cut-off point.

Semi-Structured Interview

Opening Questions
1) Can you tell me a little about your story?
2) How would you describe or characterize the LGBTQ+ community in the Pensacola area?
3) What are some of your concerns about living in Pensacola as part of the LGBTQ+ population?
4) What are some places you consider to be accepting of the LGBTQ+ people?

Safety
5) What are some places you feel safe? How about unsafe? Why?
   a) How would you describe a safe space? How about an unsafe space?
6) How do you feel expressing your sexual and/or gender identity in Pensacola?
   a) UWF?

Discrimination
7) Have you or someone you know experienced discrimination in the LGBTQ+ community based on gender identity or sexual orientation? Can you describe what happened?
8) *Based on survey:* How is the perception of the overall pop in Pensacola about LGBTQ+ population?
9) Have you or someone you know who is a member of the LGBTQ+ community been in an abusive relationship? Can you describe it?
10) *Based on survey* - For the ones you checked yes, can you describe what happened?
11) Have you or someone you know experience discrimination within the community? Explain
12) How about based on ethnicity or race? Can you speak more on that? What happened?
13) Do you think these experiences affect personal feelings of safety? How so?

Health
14) Do you feel that individuals within the Pensacola LGBTQ+ community commonly experience emotional distress, such as forms of depression or anxiety? Why do you think that is?
15) Are there any places in Pensacola that make you feel anxious? Why? What happened?
16) How would you describe your experience with sex education?
   a) How has this affected how your views on sex in your personal life?
      i) Have things changed since then?
   b) If you wanted to design your own sex-ed class, what would you include within the discussion?
      i) What do you believe would be most helpful for individuals within the LGBTQ+ community?
17) Do you think discussing sexual education for LGBTQ+ people is stigmatized? How so? Why do you think that?
18) Do you think STIs are a concern within the LGBTQ+ community? How so? Why?

Social Support
19) How is your support system in Pensacola? Do you have close family or friends that are able to help you?
   a) Can you describe your relationship with your family and friends?
20) *If part of religious organization* - How do you feel expressing your identity in your religious organization?
21) *Survey* - Questions about social organizations

Closing Questions
22) What are some thing you like about living in Pensacola as part of the LGBTQ+ population?
23) Is there something you think is important for us to know, or something that you would like to see our work to focus on?