



**Maryland Commission
on LGBTQIA+ Affairs**

**Maryland LGBTQIA+ Community
Needs Assessment: Comprehensive
Findings Report**



Conducted in partnership with the University of Maryland Eastern Shore

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Citation Guidelines

To utilize excerpts and data points from this report, please use the following language (APA Style provided):

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Executive Summary

The Maryland LGBTQIA+ Community Needs Assessment provides one of the clearest pictures to date of the experiences, needs, and barriers facing LGBTQIA+ adults across Maryland. Conducted by the Maryland Commission on LGBTQIA+ Affairs in partnership with the University of Maryland Eastern Shore, this assessment reflects the voices of **1,217 LGBTQIA+ Marylanders** who shared their experiences related to community connection, health care, mental health, safety, housing, employment, legal systems, and access to state protections.

The findings reveal significant gaps between Maryland's policy commitments and the lived realities of many LGBTQIA+ residents. Across multiple areas, respondents reported barriers to health care, discrimination, limited access to affirming resources, safety concerns, housing instability, and difficulty navigating systems. These challenges are interconnected and often compound across health, safety, economic stability, housing, identity documentation, and access to information. While many respondents reported positive experiences in some areas, the findings make clear that substantial disparities and unmet needs persist across communities and regions of the state.

Health care access emerged as one of the most urgent areas of concern. More than half of respondents (51.8%) reported experiencing an obstacle or delay in receiving health care in Maryland, and **nearly half (49.3%)** reported avoiding medical care at least some of the time because they expected discrimination in medical settings. Among transgender and gender expansive respondents, this figure rose to **67.9%**. These findings indicate that access is not only about whether services exist, but whether LGBTQIA+ Marylanders, and specifically transgender Marylanders can obtain care that is timely, affordable, respectful, and affirming.

Mental and emotional health findings also point to serious unmet needs. While many respondents rated their mental or emotional health as good or very good, a meaningful share reported fair or poor mental health. **More than 61% of respondents** reported having seriously considered suicide at some point in their lifetime, including **70.7% of transgender and gender expansive respondents**. These results underscore the importance of expanding access to affirming mental health care, crisis support, and community-based prevention strategies.

Safety and hate-motivated incidents remain significant concerns. More than one in four respondents (26.7%) reported being the target of a hate crime while living in Maryland. Hispanic or LatinX respondents reported the highest rate (**36.4%**), followed by transgender and gender expansive respondents (**30.6%**). The data point to the need for stronger prevention, reporting, survivor support, and community-based safety strategies.

The assessment also shows that **access to LGBTQIA+ community resources is uneven across the state**. While **61.8%** of respondents reported that LGBTQIA+ resources were extremely or moderately available to them, only **40.9% of rural respondents** reported similar levels of access. Rural respondents also consistently reported lower levels of community

connection and lower perceptions of community inclusiveness, highlighting significant geographic disparities in access to affirming spaces and support networks.

Employment and economic findings further demonstrate that discrimination continues to affect LGBTQIA+ Marylanders. **Nearly three in ten respondents (28.9%)** reported workplace discrimination based on gender, while **21.5%** reported workplace discrimination based on sexual orientation. Gender-based discrimination was especially high among transgender and gender expansive respondents (**40.5%**). These experiences affect not only workplace inclusion, but also economic security and career advancement.

Housing findings show that while most respondents were currently housed, **16.2%** reported having experienced homelessness at some point in their lives. Lifetime homelessness was especially high among Black respondents (**27.8%**) and transgender and gender expansive respondents (**21.4%**).

The findings also highlight **barriers in navigating state systems**. Nearly one-quarter of respondents reported changing their legal name while living in Maryland, and many described the process as difficult. Respondents also identified barriers related to identity documents and gender marker changes. Maryland's current limitations, including the absence of an "X" gender marker option on birth certificates, continue to affect access to accurate identity documents for some residents.

Finally, the **assessment reveals a significant gap in awareness of rights and protections**. Only **22.9%** of respondents reported being very or extremely familiar with LGBTQIA+ state policies and protections, while **more than 91%** wanted more information. This finding highlights the gap between the existence of legal protections and individuals' ability to understand and access them.

These findings show that while Maryland has made meaningful progress in LGBTQIA+ inclusion, significant gaps remain between policy and lived experience. The data highlight a clear need for sustained state infrastructure, cross-agency coordination, dedicated investment, and stronger partnerships with community-based organizations to ensure LGBTQIA+ Marylanders have awareness and full access to the protections, services, and opportunities intended to support their well-being.

The Commission recommends strengthening Maryland's capacity to implement LGBTQIA+-inclusive policies, including through dedicated infrastructure such as an Office of LGBTQIA+ Affairs, expanded access to affirming care and services, improved navigation of rights and state systems, and stronger prevention and support efforts related to discrimination and hate violence. This assessment provides both evidence and direction for advancing lived equity across the state.

Introduction

The Maryland LGBTQIA+ Community Needs Assessment represents the first comprehensive, statewide needs assessment conducted by the Maryland Commission on LGBTQIA+ Affairs and reflects one of the most extensive efforts to document the lived experiences of LGBTQIA+ Marylanders to date. Conducted in partnership with the University of Maryland Eastern Shore, this assessment was designed to elevate community voices and inform policy, programmatic, and budget decisions across state government.

The assessment was developed as part of the Commission's statutory responsibility to assess challenges facing LGBTQIA+ communities, identify gaps in access and inclusion, and inform the Executive and Legislative branches of State government. At a time of rapidly evolving policy landscapes and growing national attention on LGBTQIA+ issues, the need for accurate, community-informed data has become increasingly important.

While Maryland has made significant progress in advancing LGBTQIA+-inclusive laws and policies, this assessment highlights an important reality: legal protections alone do not ensure equitable access, safety, or well-being in practice.

This report presents findings from a statewide survey of LGBTQIA+ adults living in Maryland, capturing experiences related to health care access, mental health, safety, housing stability, economic opportunity, community connection, and interactions with state systems. The findings reflect the perspectives of more than 1,200 respondents across all regions of the state and a wide range of identities and lived experiences.

This assessment was conducted without dedicated funding and relied on staff capacity, research partnership, and extensive community outreach efforts across the state.

As a community-based, non-probability sample, the results are not intended to represent all LGBTQIA+ Marylanders or estimate statewide population prevalence. Instead, they provide a detailed and community-informed picture of lived experiences, highlighting patterns, disparities, and gaps that can inform more responsive and equitable policy and practice, particularly in areas where LGBTQIA+ data remain limited.

Acknowledgements

The Maryland Commission on LGBTQIA+ Affairs extends its sincere appreciation to the individuals, organizations, and community members who made this assessment possible.

We are deeply grateful to Commissioner Dr. Nicole Hollywood, Principal Investigator, and the University of Maryland Eastern Shore for their research partnership, methodological expertise, and oversight of the Institutional Review Board process, which helped ensure that this assessment was conducted ethically and responsibly.

The Commission also acknowledges the Washington State LGBTQ Commission for sharing its statewide LGBTQIA+ community survey instrument, which informed the development and design of this assessment. The opportunity to build upon prior work and established practices strengthened the scope and implementation of this project.

We extend special thanks to the Commissioners who contributed significant time, expertise, and feedback throughout the development of this assessment, including Lee Blinder, M Pease, Josie Caballero, and Brandon Russell. Their leadership and collaboration helped shape the direction and implementation of this work.

The Commission also thanks Kyle Cavagnini for developing the graphics and visualizations used throughout this report, and interACT Advocates for Intersex Youth for providing guidance and input related to the development of the intersex survey question.

This assessment was conducted without dedicated funding and relied on the commitment of Commission staff, volunteer leadership, research partners, and community organizations that supported outreach and engagement efforts across Maryland. We recognize all the community organizations and partners who took time to share the assessment within their communities and networks. A special thank you to Trans Maryland for their substantial efforts to promote and share the assessment.

Most importantly, we thank the more than 1,200 LGBTQIA+ Marylanders who shared their experiences, perspectives, and stories through this assessment. Their voices are the foundation of this report and are essential to advancing equity, safety, inclusion, and well-being for LGBTQIA+ communities across the state.

Methodology

The design of this survey was informed by the Washington State LGBTQ Commission study, a groundbreaking statewide survey conducted in 2024 to gain a comprehensive understanding of the characteristics and experiences of LGBTQIA+ individuals in Washington State. This pioneering research, funded by the Washington State LGBTQ Commission in partnership with Washington State University, was meticulously designed for LGBTQIA+ Washingtonians. The Washington Commission generously shared their validated instrument and techniques with us, which were utilized during this instrument design process. The results of the Washington study can be reviewed at <https://lgbtq.wa.gov/survey>.

The Maryland Comprehensive LGBTQIA+ Needs Assessment was created by a small sub-committee led by a commissioner who is a long-standing survey methodologist and a director of assessment at a Maryland State university. Permission was acquired from the Washington State LGBTQ Commission to amend the survey instrument. The subcommittee reviewed, edited, amended, and added new questions to the Washington document over several meetings. The instrument was built in the lead researcher's institutionally purchased SurveyMonkey system and included a combination of dichotomous, Likert-scaled, multiple-response, ratio, short-answer, and contingency questions. The instrument underwent two rounds of expert panel review, during which feedback and suggestions were elicited. Following these adjustments, IRB approval was obtained from the University of Maryland Eastern Shore Institutional Review Board under UMES Protocol #09-2025-007.

The survey was administered from October 1 to December 14 of 2025. The subjects were LGBTQIA+ Marylanders recruited via solicitations sent via email to the Commission mailing list and to partner organizations, social media posts, and via flyers distributed at fall Pride events. Informed consent was required before subjects could complete the survey, and participants could opt out or discontinue at any time. Additionally, several qualifying questions were built into the instrument to disqualify individuals who were under 18, not LGBTQIA+, and/or not Maryland residents.

After data collection was concluded, the data was imported to SPSS, where data cleaning was conducted and respondents who did not meet eligibility criteria were excluded, resulting in 1217 usable surveys out of 1280 responses. Additionally, descriptive statistical analyses, including mean, standard deviation, frequency distribution, and confidence interval were calculated. In accordance with the IRB-approved protocol, all identifiable or potentially identifiable information was scrubbed prior to use of this analytic tool. Second, the researchers conducted a human-controlled, manual semantic recoding and categorization process. The results of both methods were compared for similarity and to finalize themes. Quotes are presented alongside relevant sections without demographic information to protect participant privacy.

To explore differences among groups, chi-square tests and ANOVAs were conducted. A chi-square test is a common inferential statistical test used to examine differences between categorical variables (i.e., variables with discrete response options or categories, as compared to variables that are measured on a continuous numeric scale). This test aims to determine whether a difference between observed and expected data is due to chance or to a relationship between the variables. Interpreting chi-square results involves checking the p-value to see if a significant relationship exists, comparing the calculated value against a critical value, and assessing residuals to determine which categories differ significantly. If the significance or p-value alpha level is less than .05 (i.e., $p < .05$), the results are statistically significant, indicating that the variables are associated.

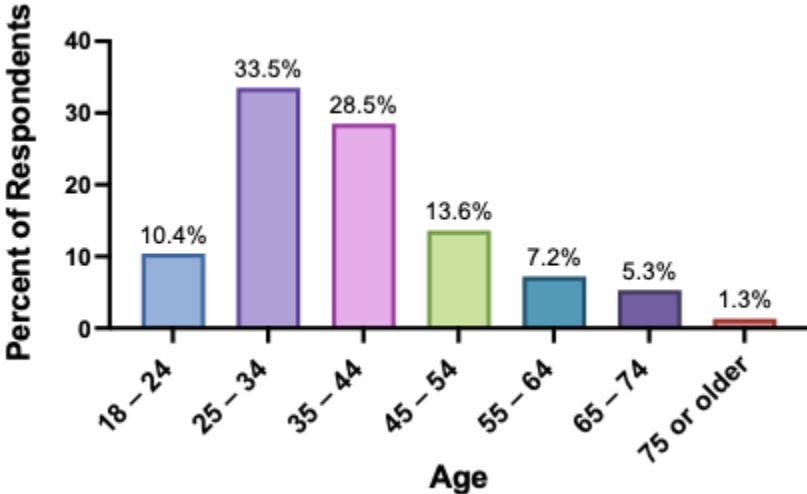
A one-way analysis of variance (one-way ANOVA) is a standard statistical test utilized to determine whether there were any statistically significant differences between the means of independent groups. An ANOVA explores the variance (the spread of the data) to see if the group differences are real or just random noise. The significance of an ANOVA is determined by looking at significance or p value. If the p value is less than .05, the result is considered statistically significant, meaning the differences between group means are unlikely to have occurred by chance.

Results

Participant Characteristics

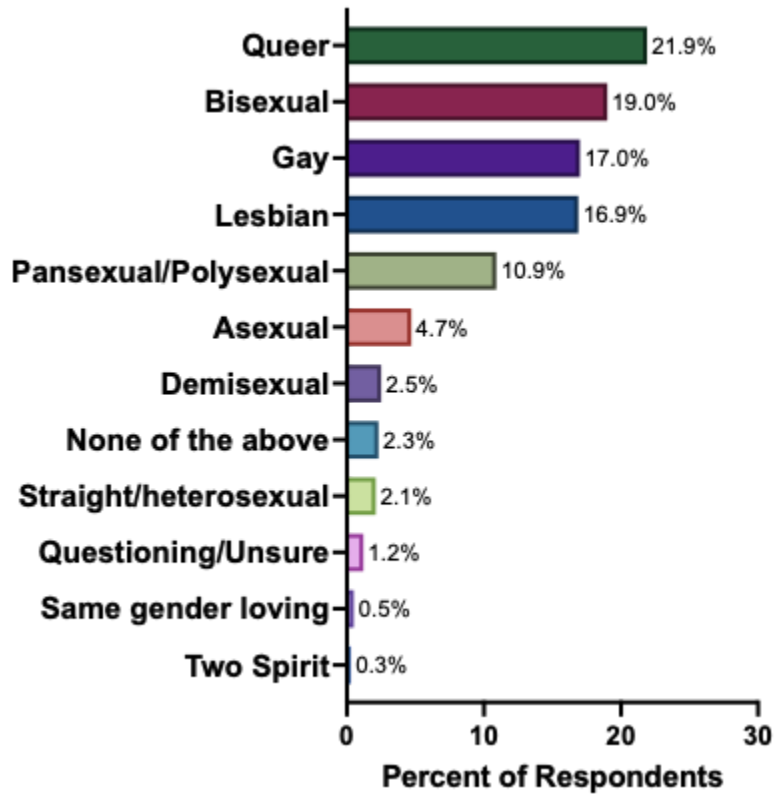
A total of **1,280 surveys were completed**, with **1,217 usable responses included in the analysis**. Participants represented LGBTQIA+ adults living across Maryland and included a broad range of ages, sexual orientations, gender identities, racial and ethnic identities, geographic locations, disability statuses, family structures, and lived experiences. Because the survey used a community-based, non-probability sampling approach, these findings should be understood as a profile of survey respondents rather than a population estimate of all LGBTQIA+ adults in Maryland. As this study was not conducted with dedicated funding and participants were not compensated for their time, it is possible that LGBTQIA+ people who are less connected to community resources or who are not in a position to spend time on uncompensated surveys may be underrepresented. As a result, some findings may underestimate the prevalence or severity of challenges experienced by LGBTQIA+ Marylanders. This approach provides important insight into lived experiences, service gaps, and barriers affecting LGBTQIA+ Marylanders and can help inform more responsive policy, programmatic, and funding decisions.

Age



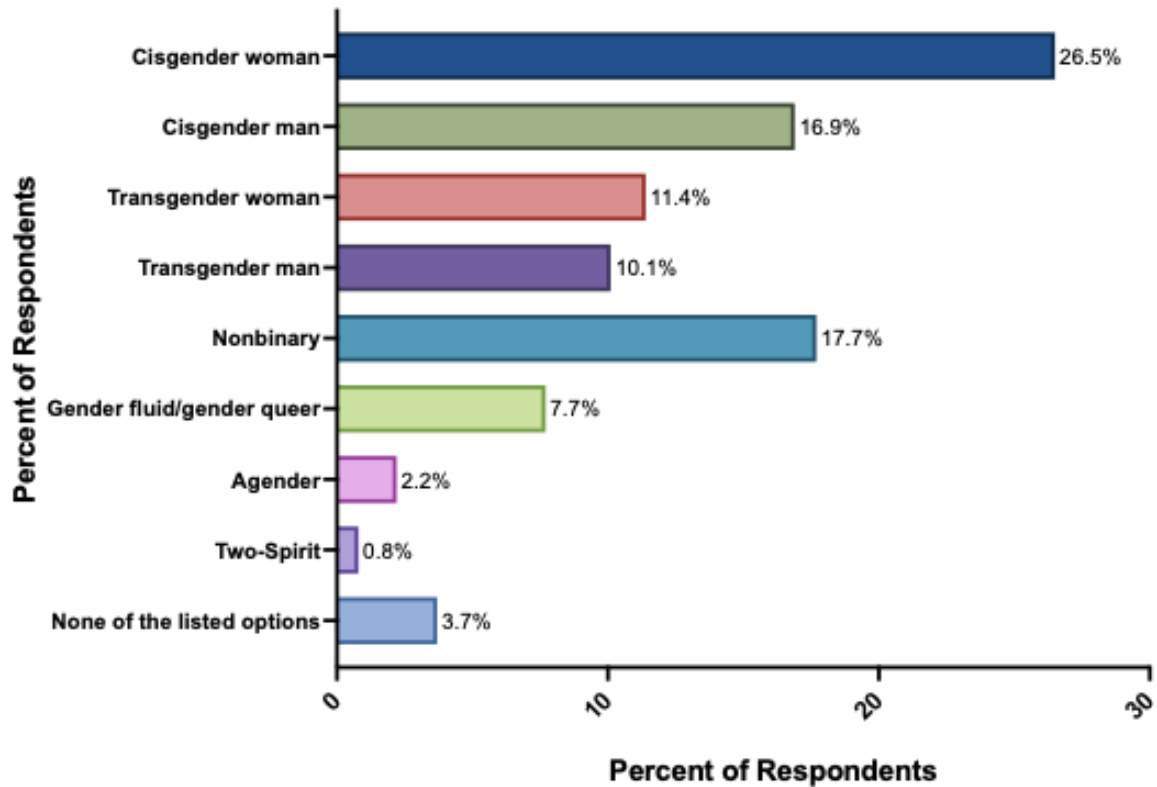
Respondents were primarily adults under age 45. The largest age group was **25 to 34** at **33.5%**, followed by **35 to 44** at **28.5%**. Respondents ages **18 to 24** made up **10.4%** of the sample, while **13.6%** were ages **45 to 54**, **7.2%** were ages **55 to 64**, **5.3%** were ages **65 to 74**, and **1.3%** were age **75 or older**.

Sexual Orientation



Participants reflected a wide range of sexual orientations. The most common responses were **queer** at 21.9%, **bisexual** at 19.0%, **gay** at 17.0%, and **lesbian** at 16.9%. Additional identities included **pansexual or polysexual** at 10.9%, **asexual** at 4.7%, **demisexual** at 2.5%, and other identities or responses at smaller percentages.

Gender Identity

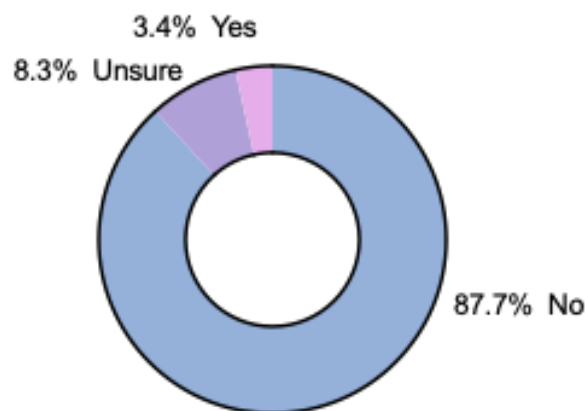


The gender identity distribution also reflected significant diversity. **Cisgender women** made up **26.5%** of respondents and **cisgender men** made up **16.9%**. A large share of respondents identified as transgender, nonbinary, or gender expansive, including **nonbinary** respondents at **17.7%**, **transgender women** at **11.4%**, **transgender men** at **10.1%**, and **gender fluid or genderqueer** respondents at **7.7%**. Smaller shares identified as **agender** at **2.2%**, **Two-Spirit** at **0.8%**, unsure at **2.1%**, or indicated that none of the listed options reflected their gender identity at **3.7%**.

Variations in Sex Characteristics

Respondents were asked whether they have variations in sex anatomy, reproductive organs, chromosomes, or hormone function, sometimes described as differences in sex development or intersex traits. A small share of respondents (**3.4%**) indicated that they have such variations, while **8.3%** reported being unsure and **87.7%** reported that they do not.

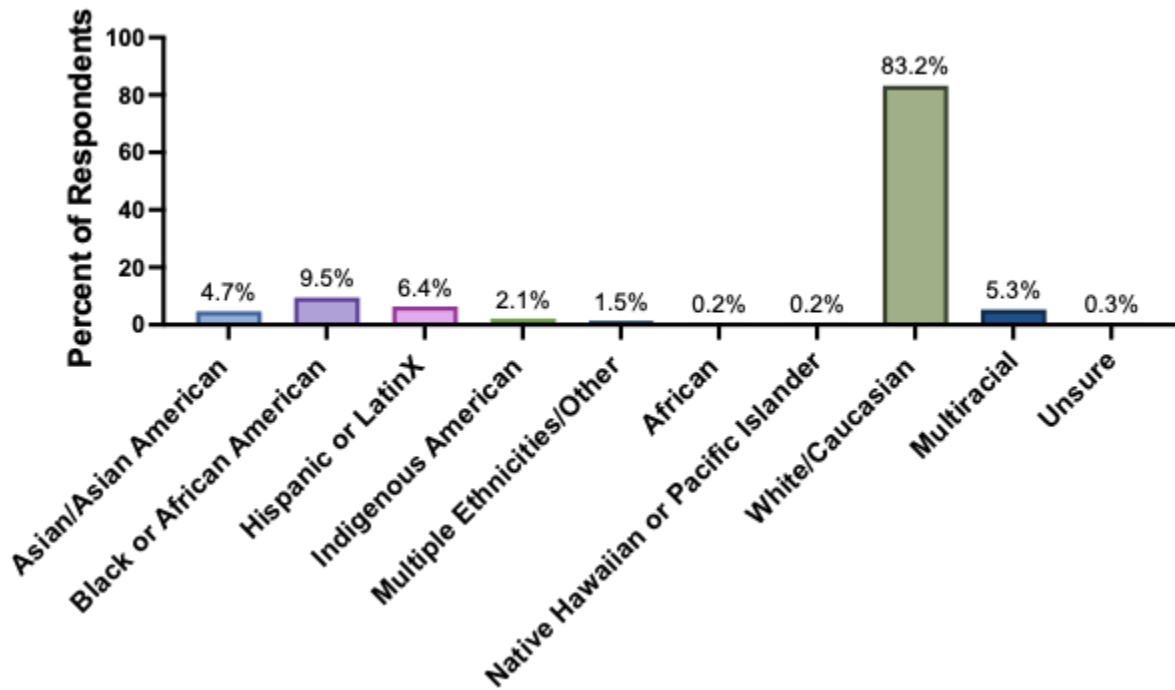
Do you have variations in sex anatomy, reproductive organs, chromosomes, and/or hormone function, such as differences in sex development, intersex traits, or sometimes by specific medical terms (e.g., Klinefelter Syndrome)?



These findings reflect the presence of individuals with variations in sex characteristics within the sample. It is important to note that not all individuals with these variations use the term “intersex” to describe themselves. The proportion of respondents who reported being unsure may reflect a range of factors, such as differences in terminology, varying levels of awareness, or access to information; however, the survey did not assess the reasons for this response.

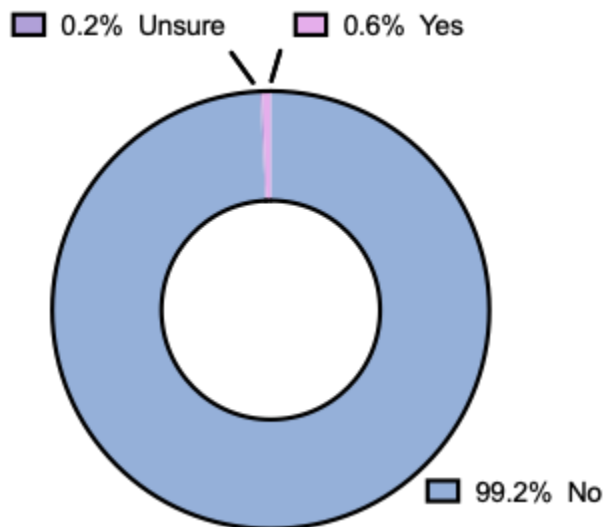
Variations in sex characteristics are often associated with stigma and may present challenges related to medical care, disclosure, and access to accurate information. This question was developed with input from [interACT Advocates for Intersex Youth](#). For additional information on intersex experiences and resources, readers may consult materials from interACT and similar organizations.

Race/Ethnicity



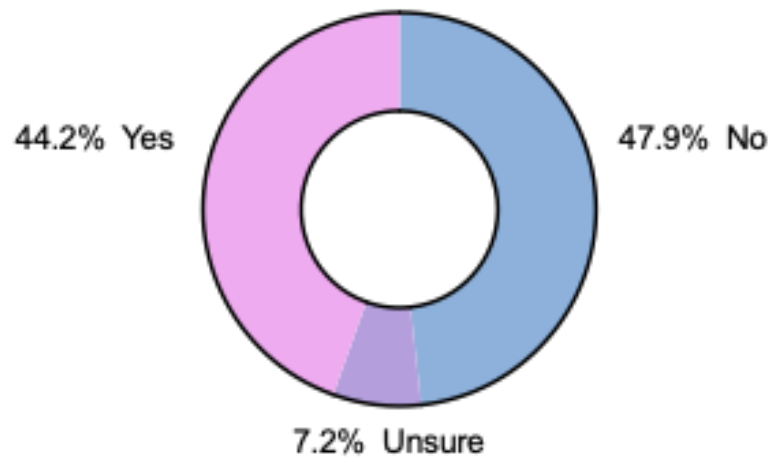
Most respondents identified as **White or Caucasian** at **83.2%**. Respondents also identified as **Black or African American** at **9.5%**, **Hispanic or Latinx** at **6.4%**, **multiracial** at **5.3%**, **Asian or Asian American** at **4.7%**, **Indigenous American** at **2.1%**, **multiple ethnicities or other** at **1.5%**, **African** at **0.2%**, and **Native Hawaiian or Pacific Islander** at **0.2%**. A small share, **0.6%**, reported being an enrolled member of a Native American nation or tribe.

Enrolled member of a Native American nation or tribe?



Disability Status

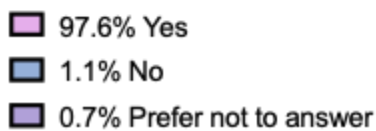
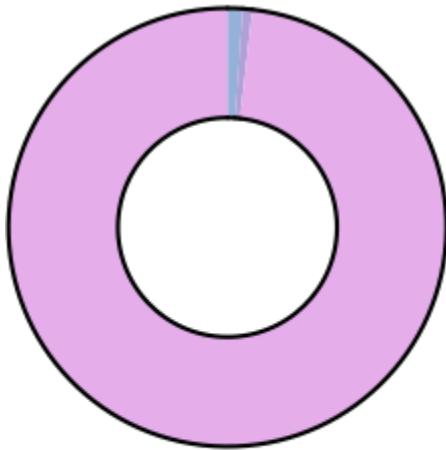
Do you live with a disability?



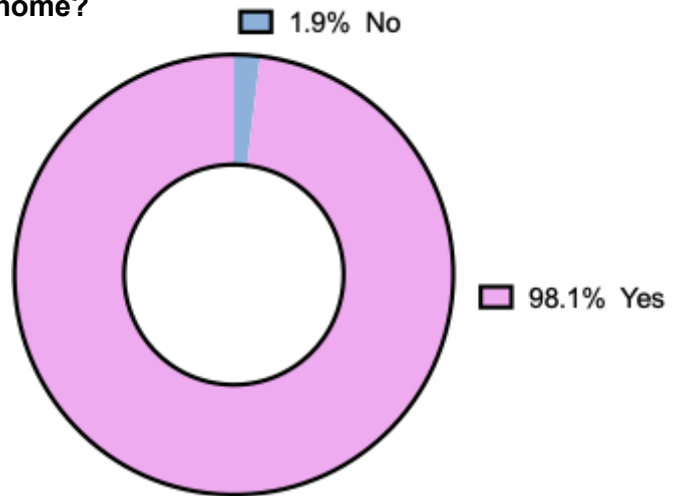
More than two in five respondents (**44.2%**) indicated that they live with a disability, while **7.2%** reported being unsure. This finding highlights the importance of considering disability as a key dimension of identity within the LGBTQIA+ community. Disability status may shape experiences related to health care access, employment, housing, and exposure to discrimination.

Citizenship and Language

Are you a citizen of the United States?



Is English the primary language in your home?



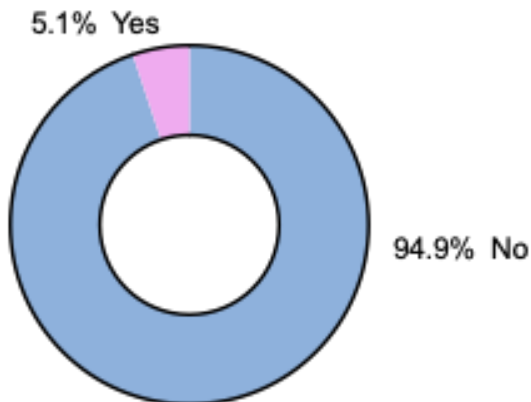
98.1% Yes

1.9% No

Most respondents reported being U.S. citizens (**97.6%**) and indicated that English is the primary language spoken in their home. These findings suggest that the sample is largely composed of individuals who may not face language-related barriers in accessing services, though experiences may vary for those who speak other languages at home.

Military Status

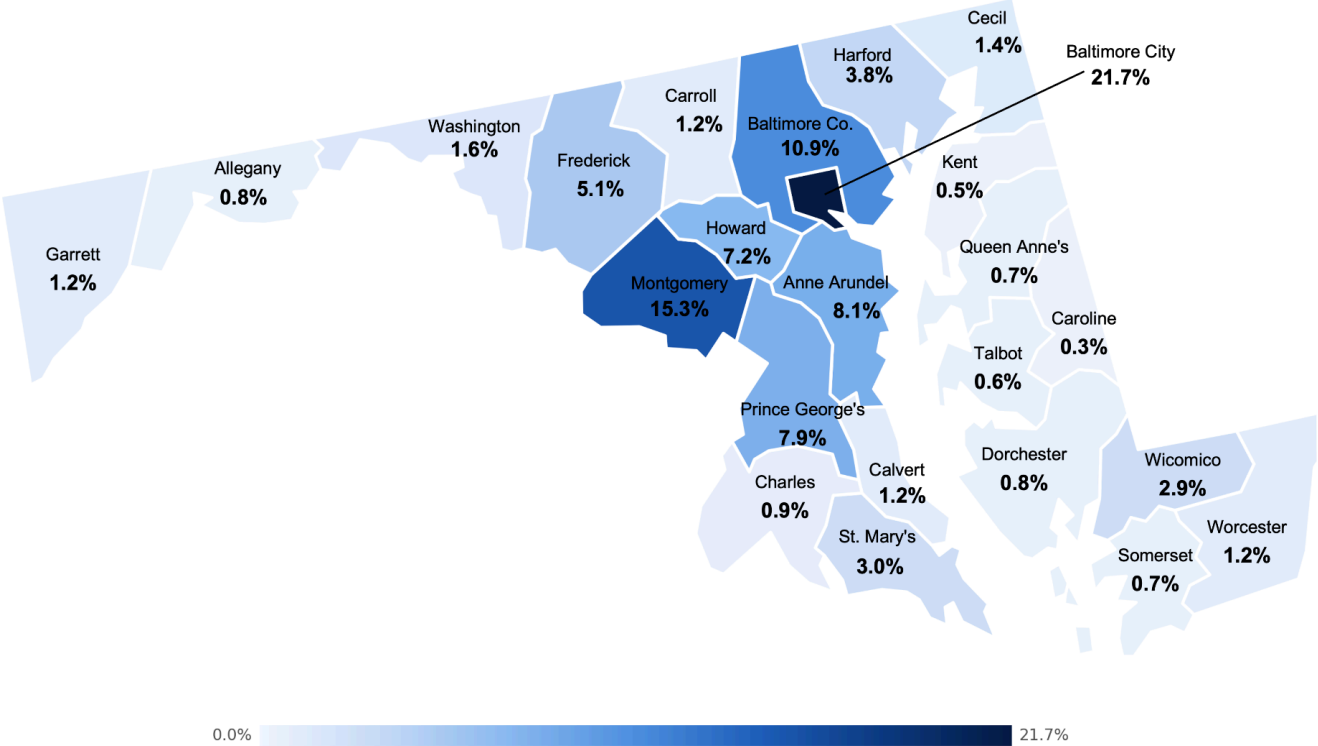
Have you ever served in the United States military?



5.1% Yes

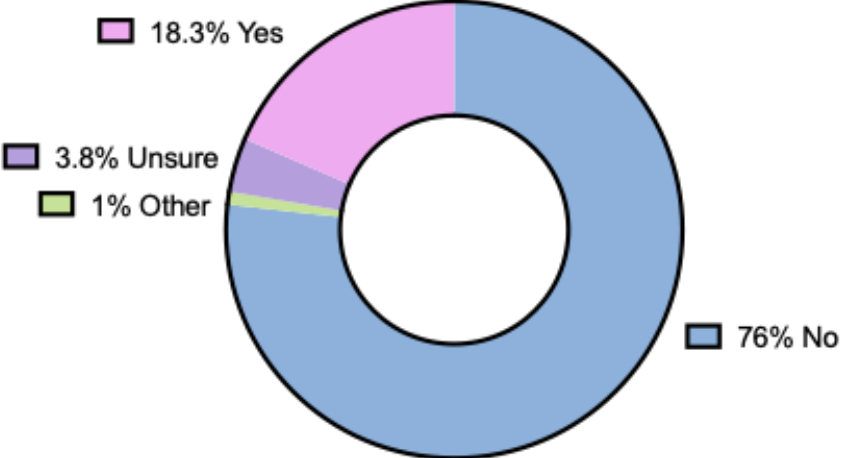
94.9% No

Geographic Distribution and County Representation

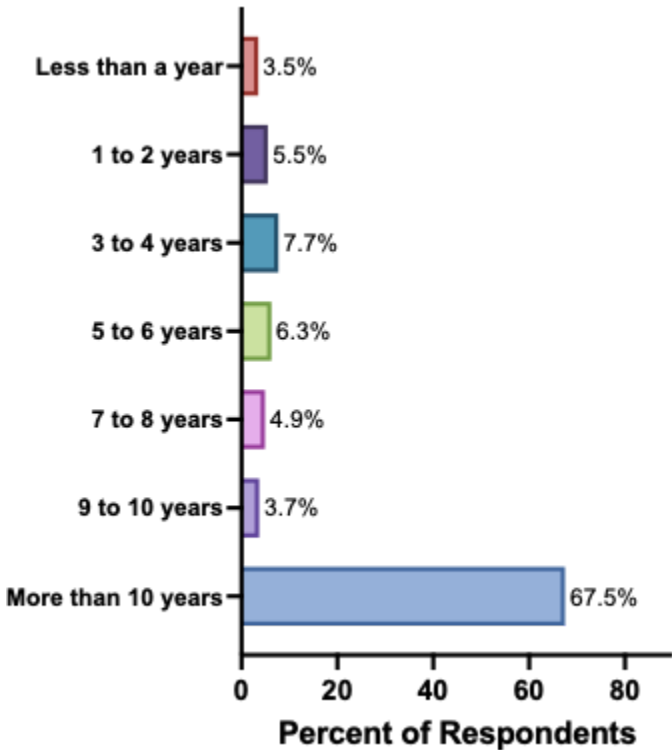


The sample included respondents across all Maryland jurisdictions. The largest shares were from **Baltimore City** at **21.7%**, **Montgomery County** at **15.3%**, **Baltimore County** at **10.9%**, **Anne Arundel County** at **8.1%**, **Prince George's County** at **7.9%**, **Howard County** at **7.2%**, and **Frederick County** at **5.1%**. Respondents from smaller and rural jurisdictions were also represented, including counties on the Eastern Shore, in Southern Maryland, and in Western Maryland. Nearly one in five respondents, **18.3%**, described where they live as rural.

Do you live in a rural area (that is, an area not immediately surrounding a city; a small town generally surrounded by open land)?



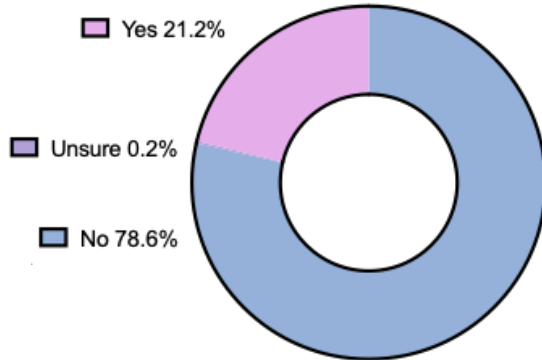
Length of Residence in Maryland



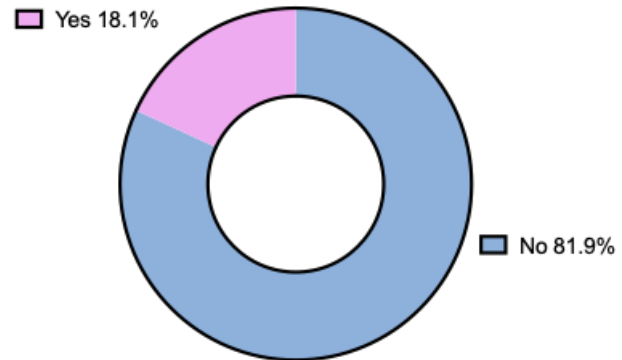
Respondents were largely long-term Maryland residents. More than two-thirds, **67.5%**, reported living in Maryland for **more than 10 years**. Smaller shares had lived in Maryland for shorter periods, including **7.7%** for three to four years, **6.3%** for five to six years, **5.5%** for one to two years, and **3.5%** for less than one year.

Household and Family Structure

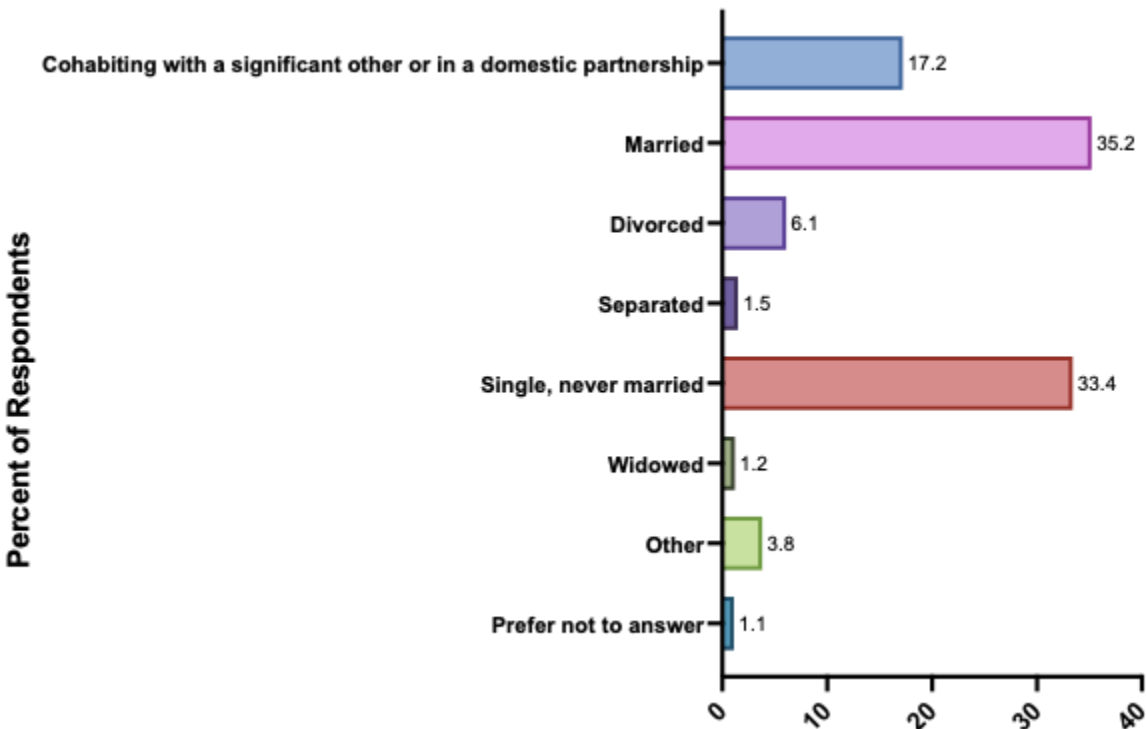
Are you a parent?



Are there any children currently living in your home?

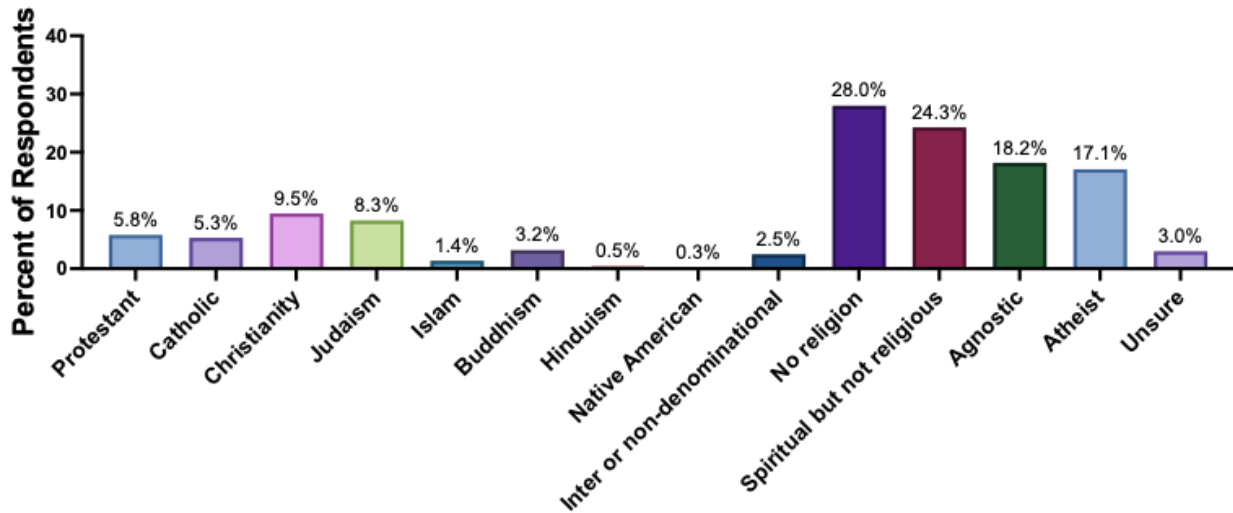


Which of the following best describes your current relationship status?



Family and household characteristics also varied. **21.1%** of respondents reported being parents, and **18.0%** reported that children were currently living in their home. In terms of relationship status, **35.2%** were married, **33.4%** were single and never married, **17.2%** were cohabiting with a significant other or in a domestic partnership, **6.1%** were divorced, **1.5%** were separated, and **1.2%** were widowed.

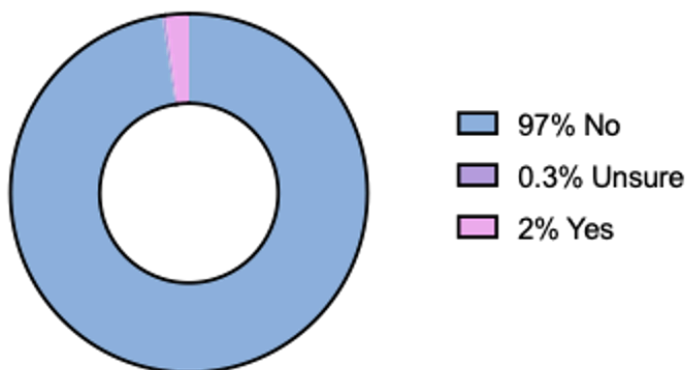
Religion and Spirituality



Respondents reported a range of religious identities and affiliations, including those who identify with organized religions as well as those who identify as atheist, agnostic, spiritual, or not affiliated with any religion. This distribution reflects the diversity of religious and nonreligious identities among LGBTQIA+ Marylanders and provides additional context for understanding experiences related to community, belonging, and access to affirming spaces.

Incarceration History

Have you ever been incarcerated in Maryland (either found guilty of committing a crime and sentenced to time in prison or held in pretrial confinement)?



Overview of Participant Characteristics Findings

Taken together, these participant characteristics show that the survey reached a diverse cross-section of LGBTQIA+ Marylanders, including people across age groups, regions, gender identities, sexual orientations, family structures, and disability statuses. At the same time, the demographic profile should be interpreted with appropriate caution. As a community-based, non-probability sample, the respondent pool is not statistically representative of all LGBTQIA+ Marylanders, and some communities may be underrepresented.

This assessment was conducted without dedicated funding, which limited the scope of outreach, translation, targeted recruitment, and follow-up strategies that are often necessary to reach more representative and harder-to-reach populations. Future research would benefit from sustained investment to support expanded sampling methods, including targeted and probability-based approaches, as well as deeper engagement with underrepresented communities. Strengthening these efforts will improve the state's ability to generate more representative data and, in turn, inform more precise, equitable, and responsive policy and program decisions.

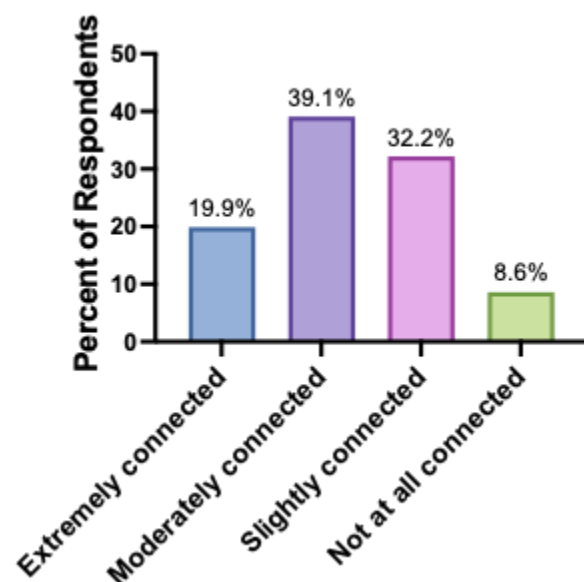
Despite these limitations, the findings provide a detailed and community-informed picture of the experiences of LGBTQIA+ Marylanders who participated in the assessment and offer a strong foundation for understanding the needs, strengths, and disparities explored in the sections that follow.

Community Connectedness, Access to Resources, and Policy Awareness

Connection to community, access to affirming resources, and awareness of rights and protections are key factors shaping the well-being of LGBTQIA+ individuals. Together, these elements influence opportunities for social support, access to services, and the ability to navigate systems safely and effectively. This section examines respondents' experiences with community connectedness, availability of LGBTQIA+ resources, and openness about their identities, offering insight into how these factors vary across the sample.

Community Connectedness

To what extent do you feel connected to an LGBTQIA+ community (or communities) in MD?



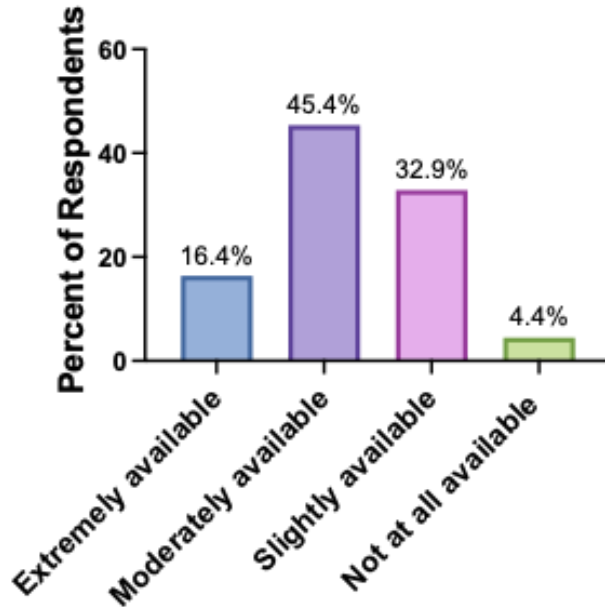
“We feel generally safe, but it’s super hard to find community and our neighborhood is not very diverse at all, especially when it comes to LGBTQIA identities.”

Respondents reported a range of experiences related to their sense of connection to the LGBTQIA+ community in Maryland. Approximately **19.9%** of respondents indicated that they feel *extremely connected*, while **39.1%** reported feeling *moderately connected*. Many respondents reported lower levels of connection, with **32.2%** feeling *slightly connected* and **8.6%** reporting that they are *not at all connected*.

Overall, the results show that while many respondents experience some level of connection to the LGBTQIA+ community, a significant portion report limited or no connection. This variation points to uneven access to community networks and may reflect differences in geography, identity, or access to affirming spaces and opportunities for engagement.

Access to Resources

Which best describes how available LGBTQIA+ resources are to you in MD (for example, LGBTQIA+ centers, support groups, social groups)?



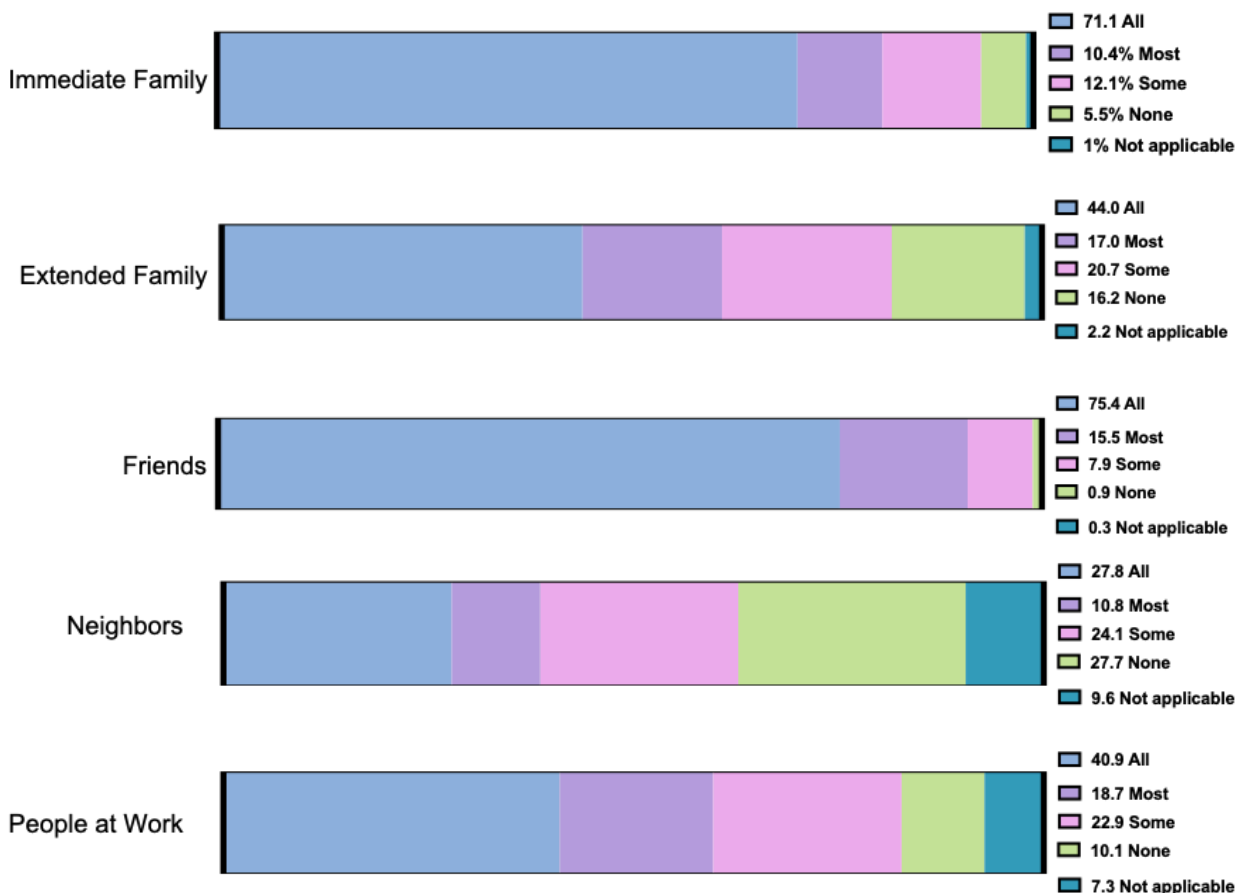
Respondents also reported varying levels of access to LGBTQIA+ resources, such as community centers, support groups, and social organizations. Only **16.4%** of respondents indicated that resources are *extremely available* to them, while **45.4%** reported that resources are *moderately available*. In contrast, **32.9%** reported that resources are *slightly available*, and **4.4%** reported that resources are *not at all available*.

While many respondents have some access to LGBTQIA+ resources, a substantial portion experience limited availability. Differences in access may reflect geographic disparities, particularly between urban and rural areas, as well as variation in the distribution of affirming services across the state.

“There needs to be more resources in PG county. There are a lot of LGBTQ+ folks living here, but everyone ends up going to Baltimore or DC for community resources.”

Openness About LGBTQIA+ Identity (“Outness”)

Are you out to:



Respondents reported varying levels of openness about their LGBTQIA+ identity across different areas of their lives. A majority of respondents (**70.7%**) indicated that they are open to *all* people in their lives, while smaller shares reported being open to *most* (**10.4%**) or *some* (**12.0%**) individuals. A smaller proportion (**5.4%**) reported that they are not open about their identity to anyone.

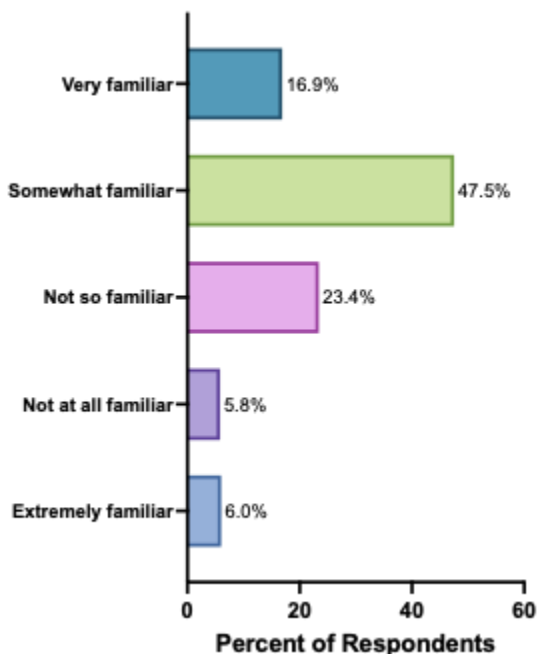
Levels of openness varied depending on the social context. Respondents were most likely to report being open with **friends**, where **74.6%** indicated they are open to all. In contrast, openness was lower in other settings, including **work or school environments** (40.6% open to all) and **neighborhood contexts** (27.5% open to all), where larger shares reported being open to only some or no individuals.

These patterns suggest that while many LGBTQIA+ Marylanders feel comfortable being open in certain areas of their lives, openness is not consistent across all settings. Differences in openness may reflect perceived levels of safety, acceptance, and potential risk, particularly in workplace, educational, or community environments.

Familiarity with State Policies and Legal Protections

Understanding the extent to which LGBTQIA+ Marylanders are familiar with state policies and legal protections is critical for assessing how effectively these protections function in practice. Awareness of rights and available safeguards plays a key role in individuals' ability to navigate systems, seek support, and respond to discrimination. This section examines respondents' self-reported familiarity with these policies and their interest in learning more.

How familiar are you with the state policies and legal protections for LGBTQIA+ Marylanders?



Respondents reported varying levels of familiarity with state policies and legal protections. A majority indicated at least some awareness, with **47.5%** reporting they are somewhat familiar and **16.9%** reporting they are very familiar. At the same time, a substantial portion reported limited familiarity, including **23.4%** who are not so familiar and **5.8%** who are not at all familiar. Only **6.0%** of respondents indicated that they are extremely familiar.

Overall, these findings suggest that while many LGBTQIA+ Marylanders have a general awareness of state-level protections, relatively few report a high level of familiarity. This gap may limit individuals' ability to fully understand, access, or utilize available protections when navigating systems such as health care, housing, or employment.

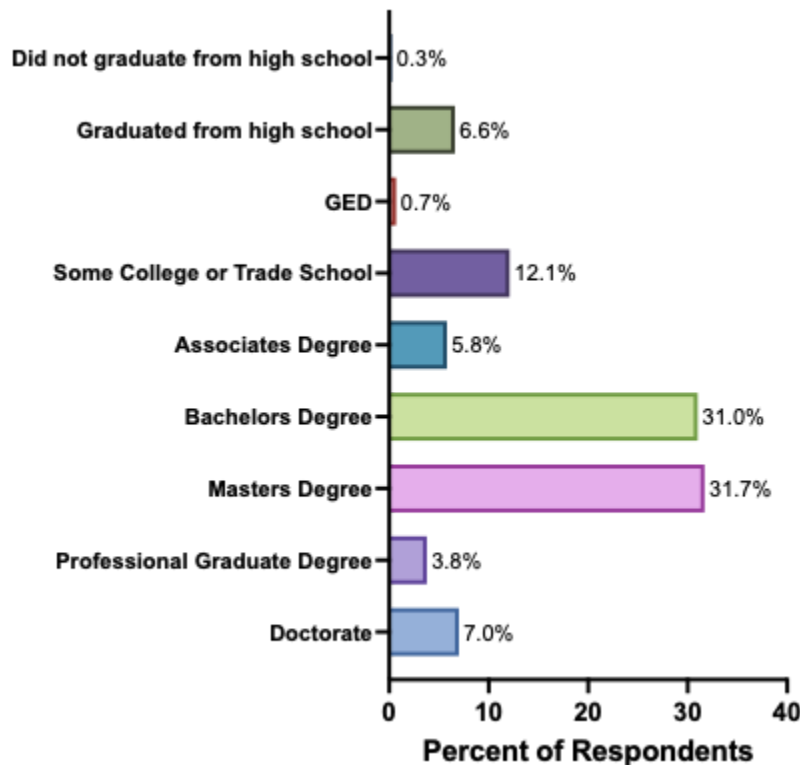
Consistent with this, an overwhelming majority of respondents (**91.2%**) indicated that they would like to learn more about policies and legal protections that impact LGBTQIA+ Marylanders. This strong interest highlights an opportunity for expanded education, outreach, and communication to ensure that existing protections are not only in place, but also accessible, understood, and effectively utilized.

Education, Employment, and Economic Experiences

Education, employment, and economic stability are closely connected to overall well-being and opportunity. For LGBTQIA+ individuals, these areas are often shaped not only by access to education and employment but also by experiences of inclusion, discrimination, and structural barriers. This section examines respondents' educational attainment, employment status, income, and experiences related to career advancement, offering insight into economic conditions and disparities within the sample.

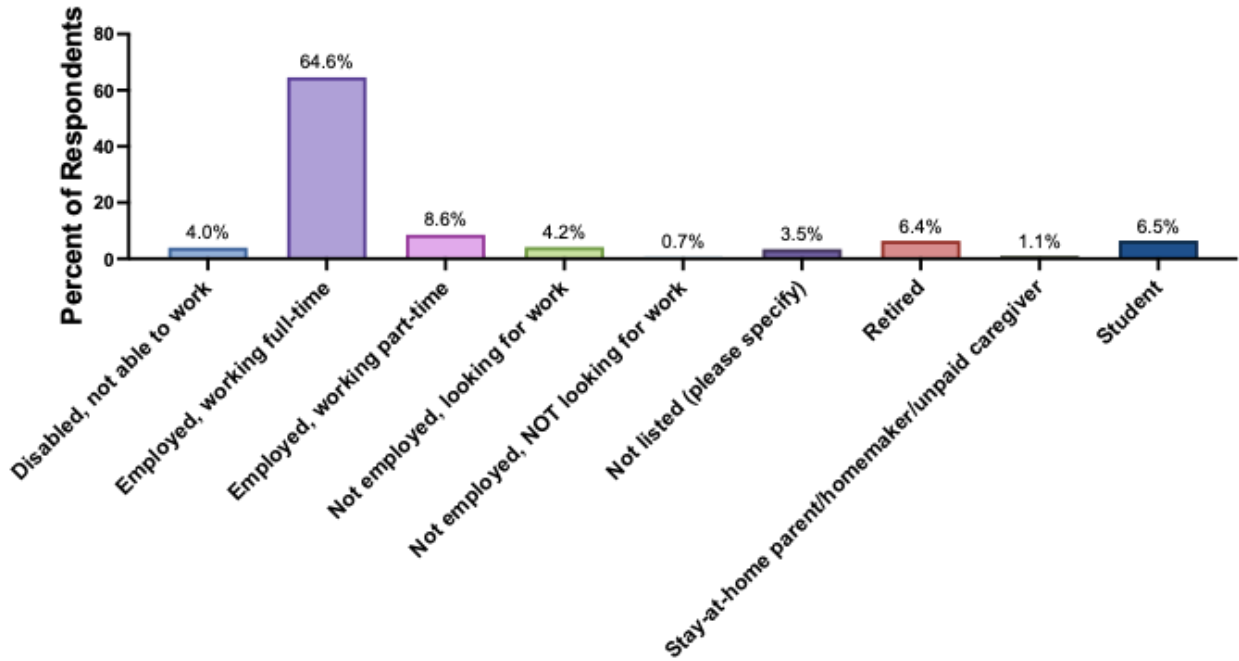
Educational Attainment

Highest level of education



Respondents reported relatively high levels of educational attainment. The largest shares of respondents reported holding a **Master's degree (31.7%)** or a **Bachelor's degree (31.0%)**, while **12.1%** reported completing *some college or trade school*. Smaller shares reported **Doctoral degrees (7.0%)**, **professional graduate degrees (3.8%)**, or an **Associate's degree (5.8%)**. A limited number of respondents reported a high school diploma (**6.6%**), GED (**0.7%**), or not graduating from high school (**0.3%**).

Employment Status

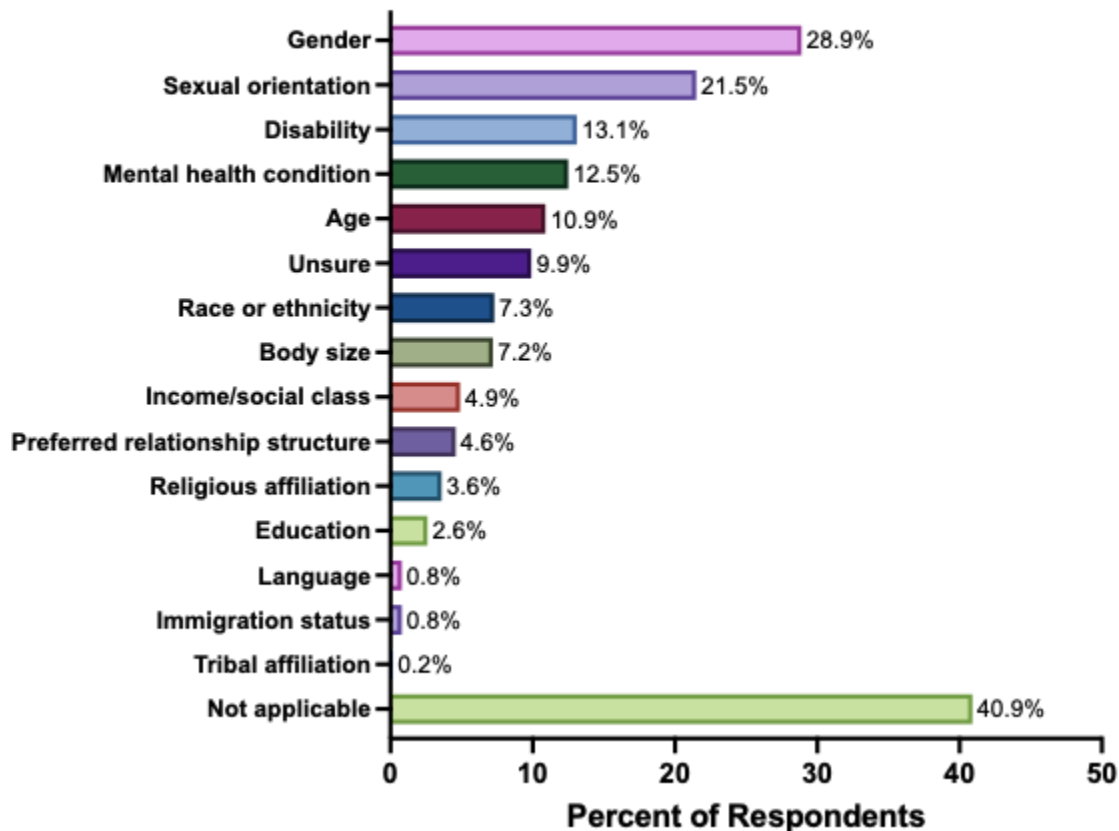


Most respondents reported being employed, with **64.6%** working full-time and **8.6%** working part-time. Additional respondents identified as **students (6.5%)**, **retired (6.4%)**, or **not employed and looking for work (4.2%)**, while smaller shares reported being **disabled and not able to work (4.0%)** or not employed and not seeking work (**0.7%**).

“I’m job hunting and keep thinking my gender is an obstacle, as well as my disabilities.”

Workplace Discrimination

Have you experienced discrimination (that is, unfair or prejudicial treatment) in the workplace in MD based on any of the following identities or characteristics?



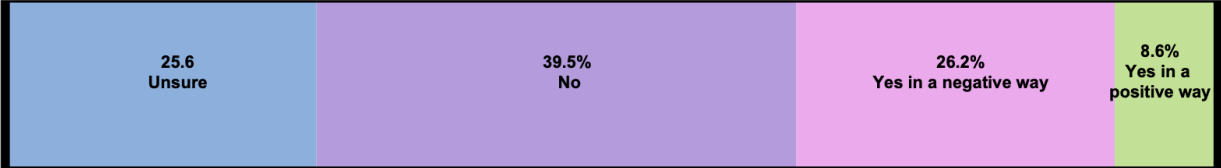
Respondents reported experiencing discrimination in the workplace based on a range of identities and characteristics. The most frequently reported forms of discrimination were based on **gender (28.9%)** and **sexual orientation (21.5%)**. Additional respondents reported discrimination based on **disability (13.1%)**, **mental health condition (12.5%)**, **age (10.9%)**, and **race or ethnicity (7.3%)**. Other reported bases of discrimination included **income or social class (4.9%)**, **body size (7.2%)**, **preferred relationship structure (4.6%)**, and **religious affiliation (3.6%)**, as well as smaller shares reporting discrimination based on **language, immigration status, education, and tribal affiliation**.

These experiences indicate that workplace discrimination remains a significant concern for LGBTQIA+ Marylanders and often occurs across multiple, intersecting identities. The range of reported experiences underscores the importance of inclusive workplace policies and practices that address both sexual orientation and gender identity, as well as other dimensions of identity.

“Disappointed with how often management in the workplace ignores microaggressions toward LGBTQ+ persons by other management.”

Career Advancement and LGBTQIA+ Identity

Do you believe your LGBTQIA+ identity has affected your career advancement opportunities?



Most respondents reported being employed, with **64.6%** working full-time and **8.6%** working part-time. Additional respondents identified as **students (6.5%)**, **retired (6.4%)**, or **not employed and looking for work (4.2%)**, while smaller shares reported being **disabled and not able to work (4.0%)** or not employed and not seeking work (**0.7%**).

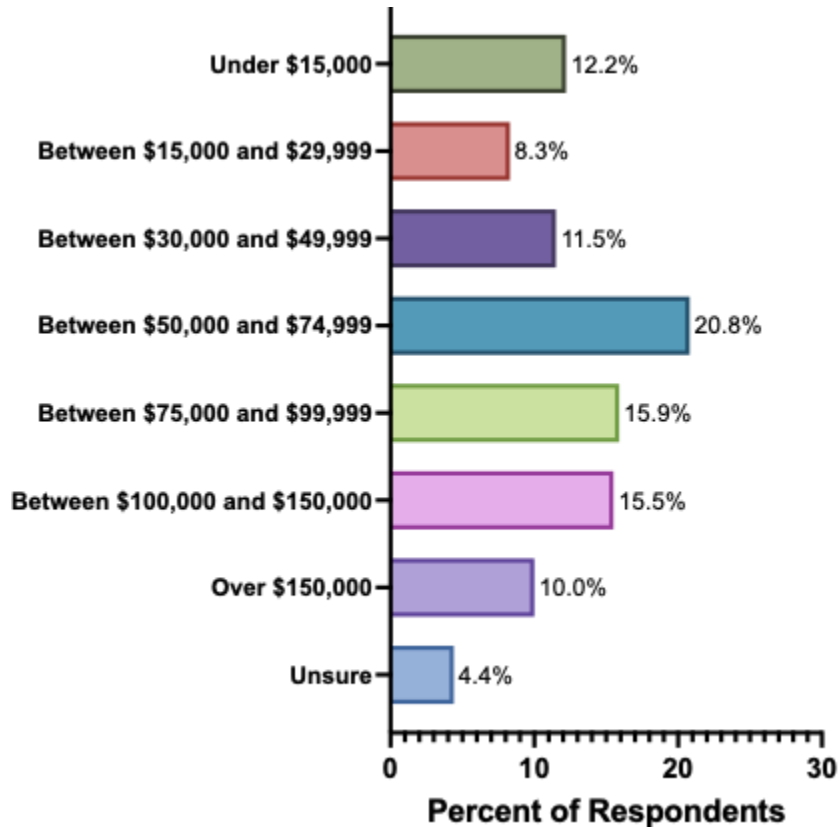
While many respondents do not perceive an impact of their LGBTQIA+ identity on career advancement, a significant portion report negative effects, pointing to ongoing concerns related to workplace inclusion and equity.

“Since I am not out at work, I haven’t experienced discrimination there, but concerns over potential discrimination especially while looking for a new job, have prevented me from coming out.”

Income and Economic Stability

Annual Individual Income

What is your gross annual individual income?

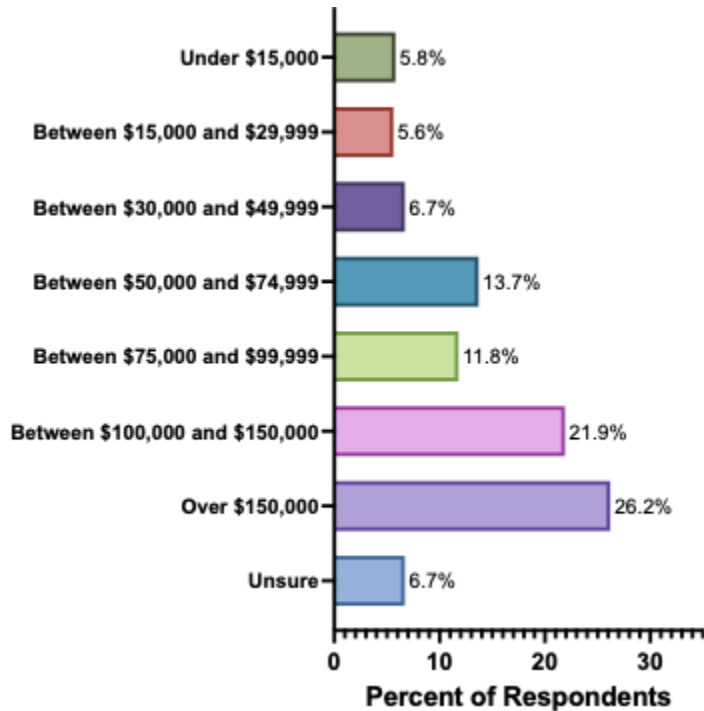


Respondents reported a wide range of individual income levels. At the individual level, **12.2%** reported earning less than **\$15,000** annually, which falls below the **2026 federal poverty guideline for a one-person household in Maryland: \$15,960**.¹ The largest share of respondents, **20.8%**, reported incomes between **\$50,000 and \$74,999**. Additional respondents reported incomes between **\$75,000 and \$99,999 (15.9%)**, **\$100,000 and \$150,000 (15.5%)**, and over **\$150,000 (10.0%)**.

¹ Office of the Assistant Secretary for Planning and Evaluation. (2026). *2026 poverty guidelines: 48 contiguous states (all states except Alaska and Hawaii)*. U.S. Department of Health and Human Services <https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf>

Annual Household Income

What is your gross annual household income?



The Massachusetts Institute of Technology (MIT) Living Wage Calculator estimates that a single adult with no children in Maryland needs **\$53,949 before taxes** to meet basic needs without room for savings, leisure experiences, or emergencies,² with higher amounts needed for households with children. In this survey, at least **18.1%** of respondents reported household incomes below **\$50,000**, with additional respondents in the **\$50,000 to \$74,999** income range who may also fall below this benchmark.

Household income distributions were varied overall. Smaller shares of respondents reported household incomes under **\$15,000 (5.8%)**, between **\$15,000 and \$29,999 (5.6%)**, and between **\$30,000 and \$49,999 (6.7%)**. At the higher end of the income distribution, **21.9%** reported household incomes between **\$100,000 and \$150,000**, and **26.2%** reported household incomes over **\$150,000**.

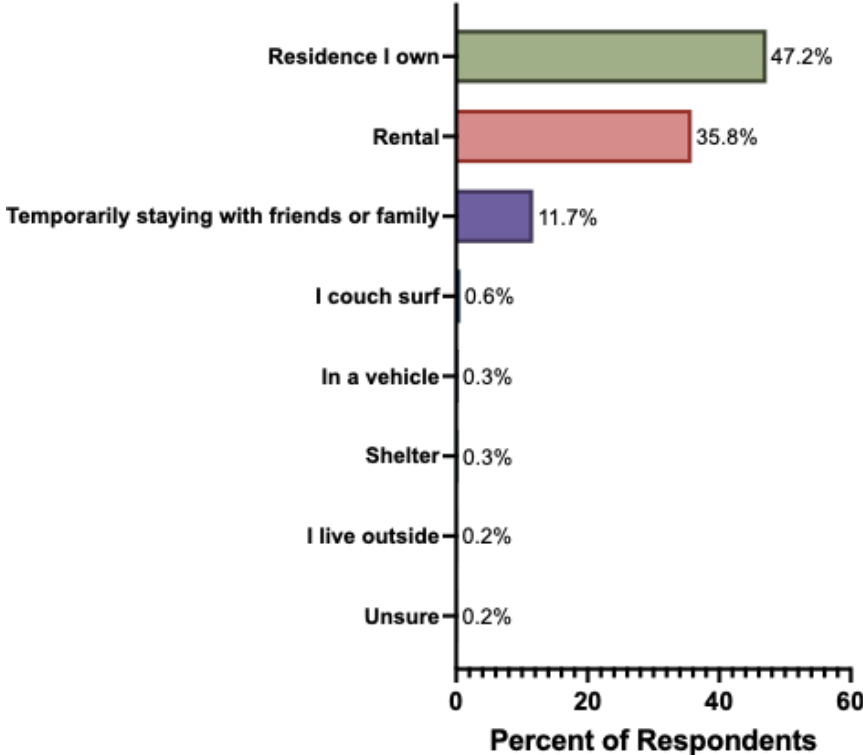
Despite representation across income levels, a meaningful portion of respondents reported household incomes that may fall below what is needed for economic stability in Maryland.

² Living wage data sourced from the Living Wage Institute via <https://livingwage.mit.edu/states/24>. Accessed on June 2, 2026.

Housing and Housing Stability

Stable, safe, and affordable housing is a key determinant of health, well-being, and economic security. For LGBTQIA+ individuals, housing experiences may be shaped by factors such as income, discrimination, family dynamics, and access to supportive environments. This section examines respondents' housing status and experiences with housing instability, including homelessness, to better understand patterns of stability and risk within the sample.

Housing Status



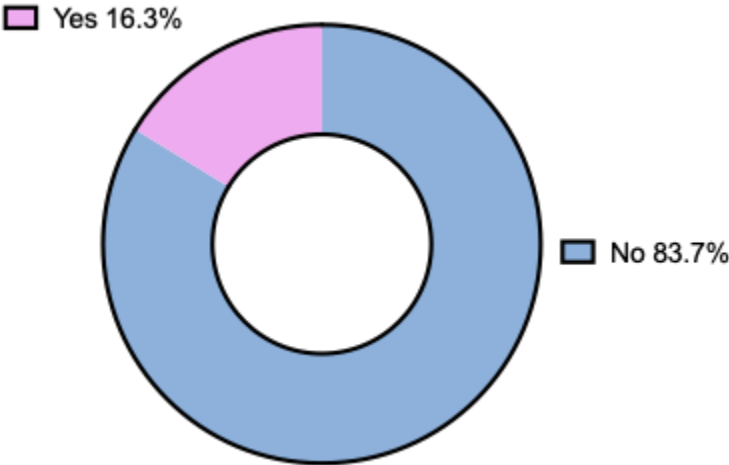
Respondents reported a range of current housing situations. Nearly half (**47.2%**) indicated that they live in a residence they own, while **35.8%** reported renting. Additional respondents reported less stable housing arrangements, including **11.7%** who are temporarily staying with friends or family. Very small shares reported living in a shelter, in a vehicle, outside, or in other unstable conditions.

The results show while many respondents experience stable housing, a notable portion rely on temporary or less secure arrangements, which may reflect economic pressures, family rejection, or other structural factors.

“Maryland is very LGBTQ+ friendly and we’re grateful to live here! One complaint is housing is too expensive for everyone and we need a lot more of it!”

Experiences of Housing Instability

Have you ever experienced homelessness?



Respondents were also asked about their experiences with homelessness. Approximately **16.2%** reported that they have experienced homelessness at some point in their lives, while **83.5%** reported that they have not.

This finding indicates that a meaningful share of respondents have experienced housing instability, which is associated with increased risk for adverse health, economic, and safety outcomes. Experiences of homelessness may be influenced by a range of factors, including income, access to supportive networks, and discrimination.

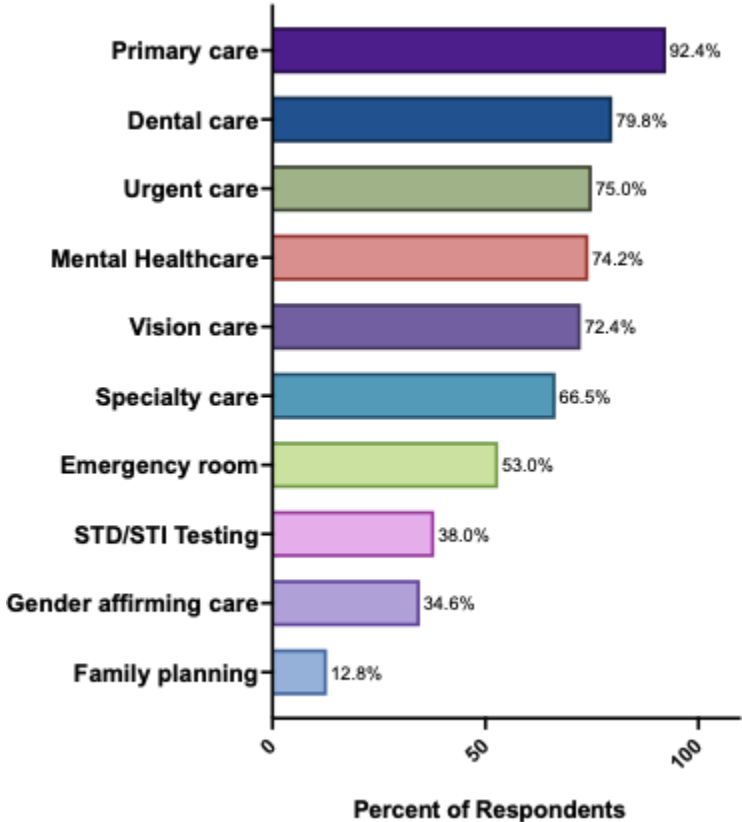
“Our community is supporting a massive influx of LGBTQIA+ families from unwelcome states and regions. We're doing this through opening our homes and mutual aid and it is running us into the ground. We need structural support for relocating, homeless, and disabled queer folks.”

Health and Health Care Experiences

Access to timely, affordable, and affirming health care is a critical component of overall well-being. For LGBTQIA+ individuals, health outcomes are often shaped not only by access to services, but also by experiences of discrimination, barriers to care, and concerns about safety within medical settings. This section examines respondents' use of health care, barriers to access, experiences within medical settings, and overall mental and emotional health.

Health Care Utilization

What medical treatment have you sought in Maryland?



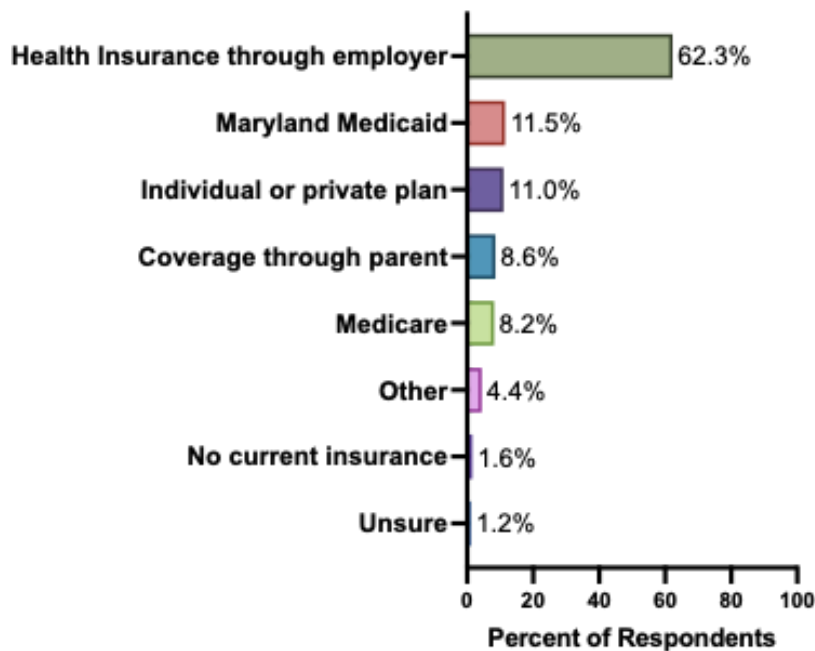
Most respondents reported accessing at least one form of health care while living in Maryland. The most commonly used services included **primary care (92.4%)**, **dental care (79.8%)**, **urgent care (75.0%)**, **mental health care (74.2%)**, and **vision care (72.4%)**. A majority also reported accessing **specialty care (66.5%)**, while smaller shares reported using **emergency room services (53.0%)**, **STD/STI testing (38.0%)**, and **gender-affirming care (34.6%)**.

Health Insurance Coverage

Most respondents reported having some form of health insurance coverage. The majority (62.3%) indicated they receive insurance through an employer, while smaller shares reported coverage through **Maryland Medicaid (11.5%)**, **Medicare (8.2%)**, **a parent's plan (8.6%)**, or an **individual or private plan (11.0%)**. A small proportion (1.6%) reported having no current insurance coverage.

This variation reflects that most respondents have some level of insurance coverage, although the type of coverage may influence access to specific services.

Which of the following best describes your primary health insurance coverage?



“I have federal health insurance [which] has removed [coverage] and discriminated heavily against trans women.”

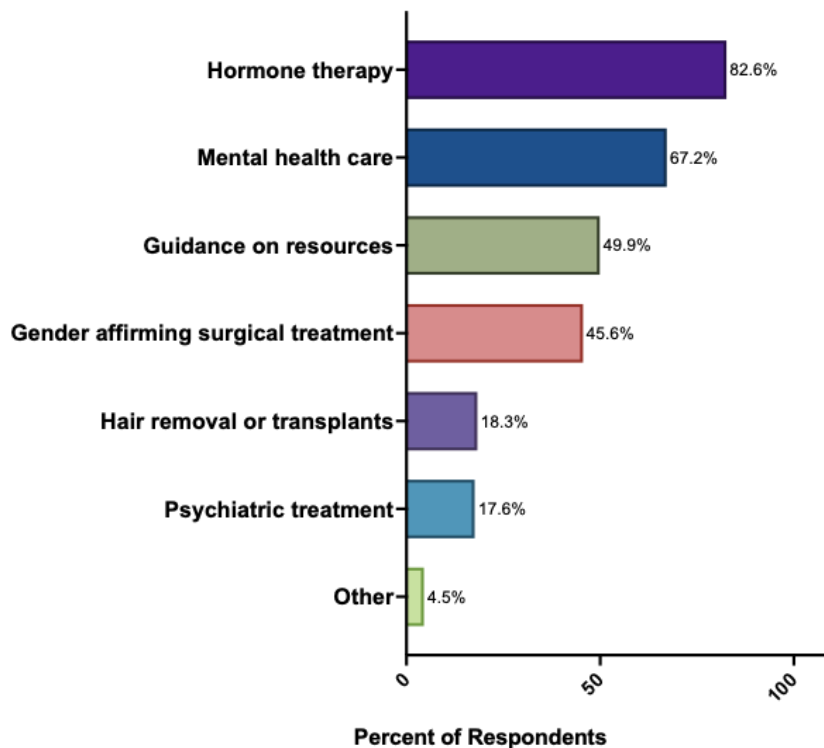
Gender-Affirming Care

A smaller share of respondents (**34.6%**) reported accessing gender-affirming care while living in Maryland. Among those who sought this care, respondents reported accessing a range of services, including **hormone therapy**, **mental health care**, **guidance on resources**, and **gender-affirming surgical treatment**.

While **34.6%** of respondents reported accessing gender-affirming care, more than half of respondents (**approximately 53.6%**) identified as transgender, nonbinary, or otherwise gender expansive.

It is important to note that not all transgender or gender-expansive individuals seek or require gender-affirming medical care. At the same time, this difference suggests that a portion of respondents who may benefit from these services have not accessed them. Differences in access may reflect variation in individual needs, as well as barriers related to cost, provider availability, insurance coverage, and other structural factors.

If you have sought gender-affirming care in Maryland, which treatment(s) have you accessed in Maryland?



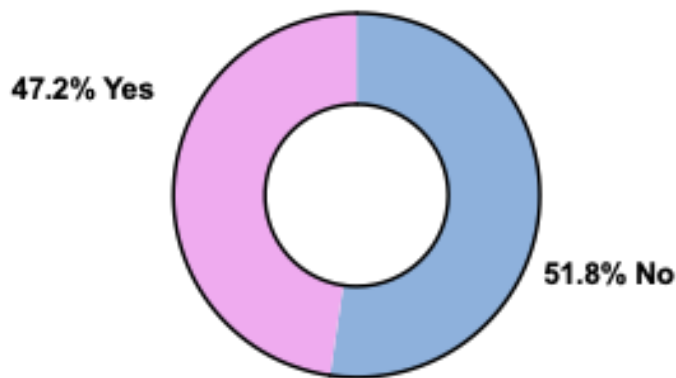
Barriers to Health Care Access and Utilization

While many respondents reported accessing a range of health care services, access was not consistent across all types of care. Respondents described a range of barriers that affected their ability to obtain timely and appropriate services, including delays in care, challenges related to insurance coverage, and concerns about discrimination in medical settings. This section examines these barriers and their impact on health care access and utilization.

Obstacles and Delays in Care

Despite high levels of utilization, many respondents reported challenges accessing care. Nearly half (47.2%) indicated that they have experienced an obstacle or delay in receiving health care in Maryland.

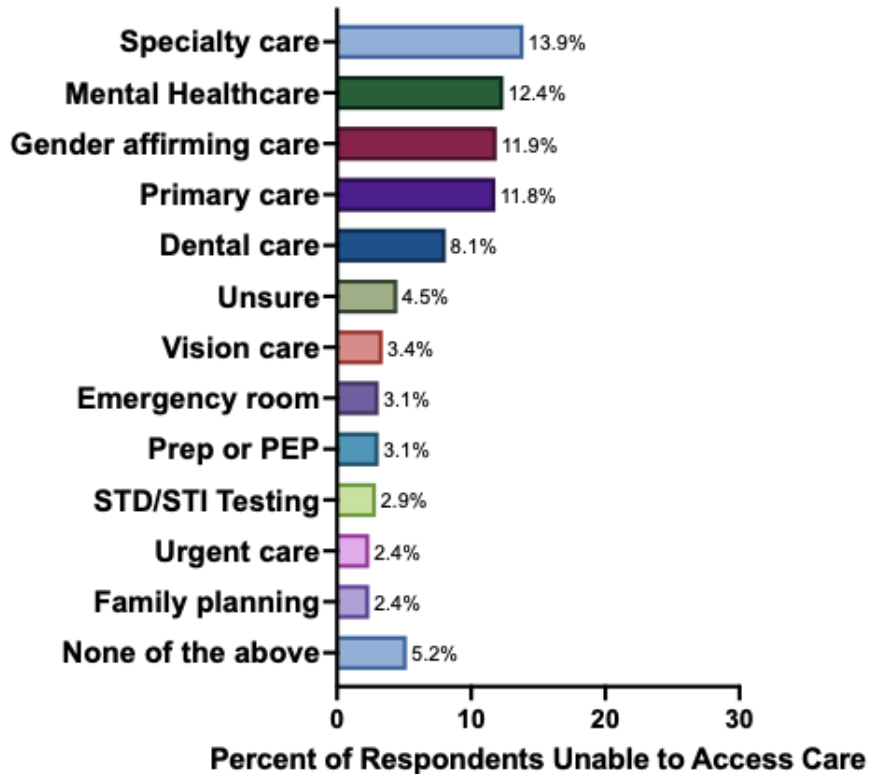
Have you ever faced an obstacle or delay in receiving health care in Maryland?



“It is difficult to find nearby gender affirming care for me, most places are in DC or Baltimore or other cities that are a bit too far to visit consistently.”

Accessibility Challenges Across Types of Care

Which types of medical care that you have tried to use but have been unable to access while living in Maryland?



When asked about specific types of care they were unable to access, respondents most frequently reported barriers to **specialty care (13.9%)**, **mental health care (12.4%)**, and **gender-affirming care (11.9%)**, as well as **primary care (11.8%)**.

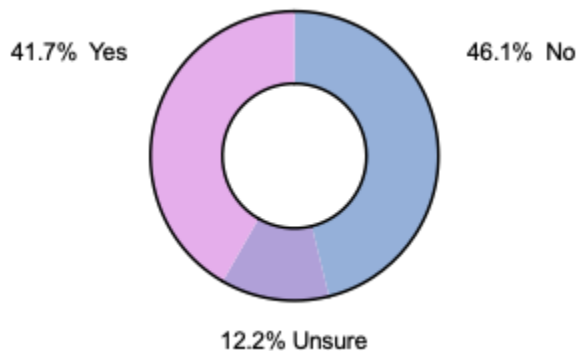
These responses highlight that while many respondents are able to access care, significant gaps remain, particularly in areas that are critical for ongoing and specialized health needs.

“As a transplant I find it hard to find community, and also find the healthcare system much less centralized and therefore harder to navigate”

Insurance Coverage and Barriers to Gender-Affirming Care

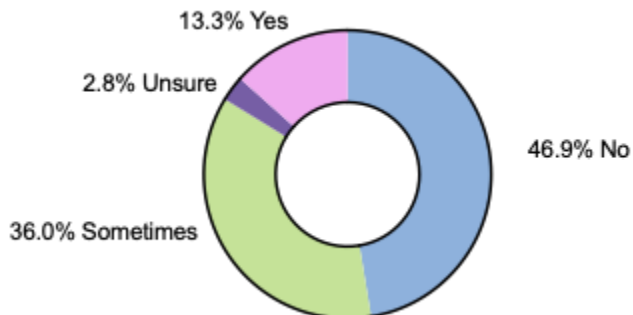
Among respondents for whom the question was applicable, **41.7%** reported experiencing barriers to obtaining insurance coverage for gender-affirming treatment, while **46.1%** reported no barriers and **12.2%** were unsure. These findings indicate that even among those seeking gender-affirming care, insurance coverage may present a significant barrier to access.

While living in MD, have you encountered barriers to obtaining insurance coverage for gender-affirming treatment?



Avoidance of Care Due to Anticipated Discrimination

Do you tend to avoid obtaining medical care because you expect to experience discrimination (that is, unfair or prejudicial treatment) in medical settings?



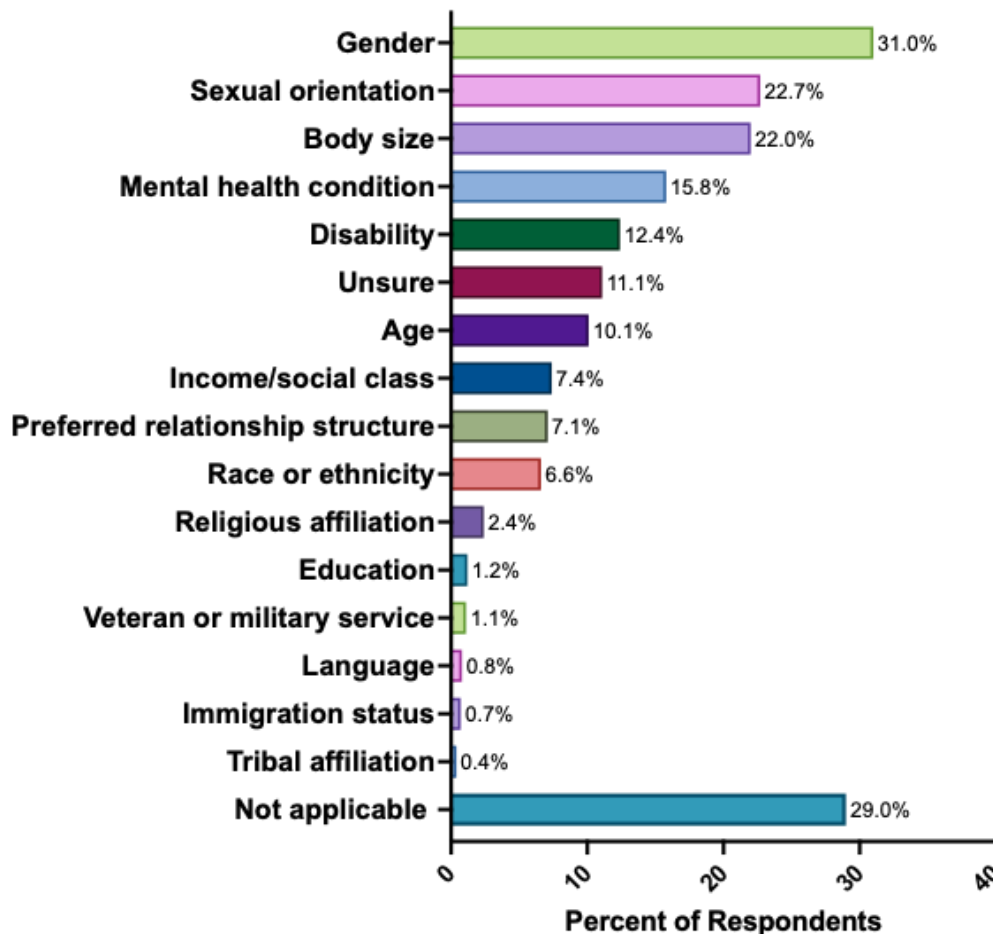
Respondents also reported avoiding health care due to concerns about discrimination. While **46.9%** indicated that they do not avoid care for this reason, nearly half of respondents (**49.3%**) reported avoiding care *sometimes* or *always* avoid care due to anticipated discrimination. Concerns about discrimination may act as a barrier to care, even when services are technically available.

Experiences of Discrimination in Health Care Settings

Respondents reported experiencing discrimination in medical settings based on a range of identities and characteristics. The most frequently reported forms of discrimination were based on **gender** and **sexual orientation**, followed by **body size**, **mental health condition**, and **disability**. Additional respondents reported discrimination based on **age**, **race or ethnicity**, and other characteristics.

These patterns suggest that experiences within health care settings are shaped by multiple, intersecting identities and may influence both access to and quality of care.

Do you feel that you have experienced discrimination in a medical setting in Maryland based on the following identities or characteristics?



“Gender affirming care is more difficult to access despite being a generally LGBTQIA+ friendly state. I’ve had a lot of issues with my providers.”

Mental and Emotional Health

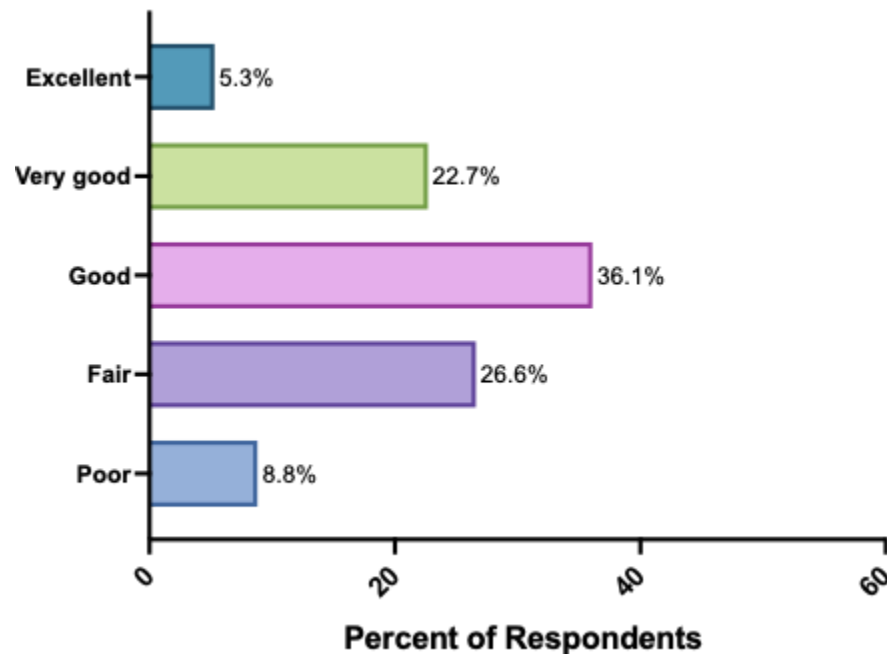
Content Note and Support Resources:

This section includes findings related to mental health, including suicidal ideation. These topics may be difficult to read. If you or someone you know needs support, the following resources are available:

- Veterans Crisis Line (988 + Press 1 or text 838255)
- The Trevor Project (866-488-7386 | text 678678)
- Trans Lifeline (877-565-8860)
- SAGE Lifeline (877-360-5428)
- GLBT National Hotline (888-843-4564)

In general, how would you rate your overall mental or emotional health?

Respondents reported a range of mental and emotional health outcomes. While many respondents described their mental health as **good (36.1%)** or **very good (22.7%)**, a substantial portion reported lower ratings, including **fair (26.6%)** and **poor (8.8%)**. Only **5.3%** of respondents reported their mental health as excellent.

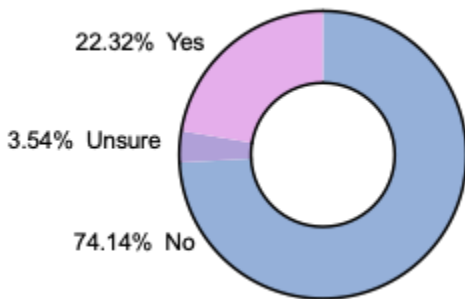


Thoughts of Suicide and Related Experiences

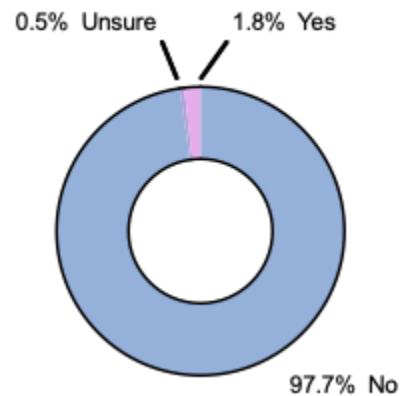
Respondents also reported elevated rates of suicidal ideation. Approximately **22.1%** indicated that they had seriously considered attempting suicide in the past 12 months, and **61.3%** reported having seriously considered suicide at some point in their lifetime.

A smaller share of respondents reported suicide attempts. **1.8%** indicated that they had attempted suicide in the past 12 months, while **25.7%** reported having attempted suicide at some point in their lifetime. Significant mental health challenges within the sample and underscore the importance of accessible, affirming mental health services and crisis support.

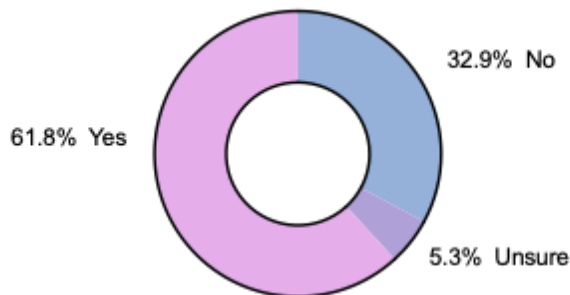
At any time in the past 12 months, did you seriously think about trying to kill yourself?



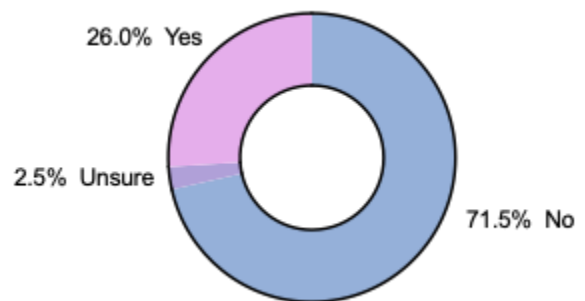
During the past 12 months, did you try to kill yourself?



At any time in your life, have you seriously thought about trying to kill yourself?



At any time in your life, did you try to kill yourself?



“The biggest barrier to accessing mental healthcare is the low reimbursement rates for therapists — more advocacy is needed with insurance companies to raise rates, so that more therapists will accept insurance.”

Safety, Discrimination, and Community Climate

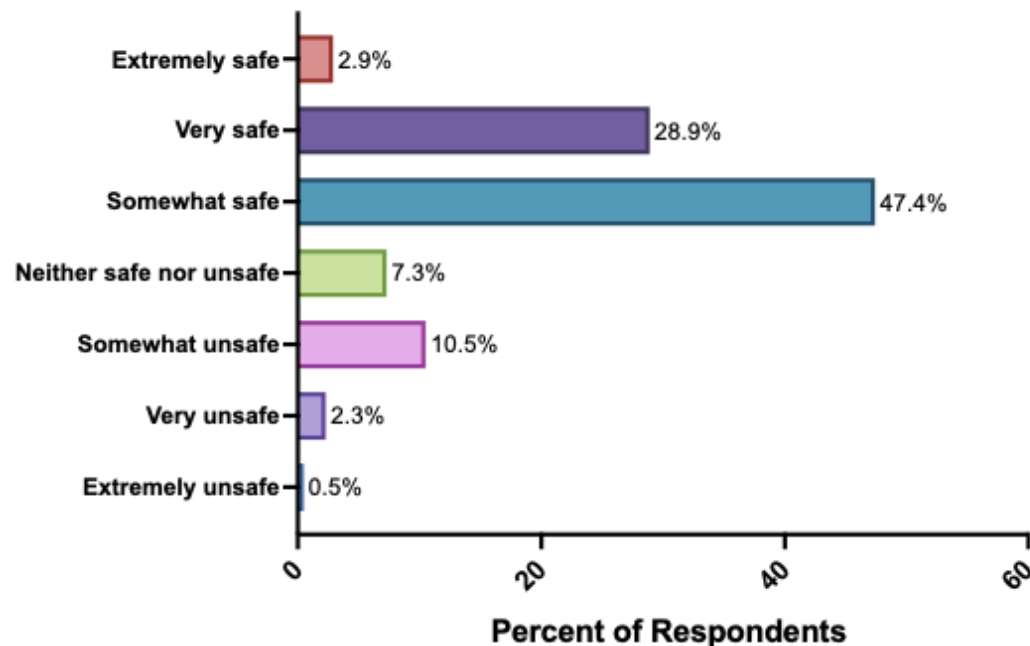
Perceptions of safety and experiences of discrimination are central to understanding the lived experiences of LGBTQIA+ individuals. While legal protections play an important role, day-to-day experiences of safety, bias, and violence shape overall well-being and access to community life. This section examines respondents' perceptions of safety in Maryland, as well as their experiences with discrimination and hate-motivated incidents.

Perceptions of Safety

Respondents reported a range of perceptions regarding their safety as LGBTQIA+ individuals in Maryland. While a majority reported feeling at least somewhat safe, including **47.4%** who feel *somewhat safe* and **28.9%** who feel *very safe*, smaller shares reported higher levels of safety (**2.9%** *extremely safe*).

At the same time, a notable portion of respondents reported feeling unsafe, including **10.5%** who feel *somewhat unsafe*, **2.3%** who feel *very unsafe*, and **0.5%** who feel *extremely unsafe*. An additional **7.3%** reported feeling neither safe nor unsafe. Despite many respondents reporting a general sense of safety, perceptions of safety were not uniform, and a meaningful share continue to report uncertainty or concern.

How safe do you feel as an LGBTQIA+ person in the state of Maryland?

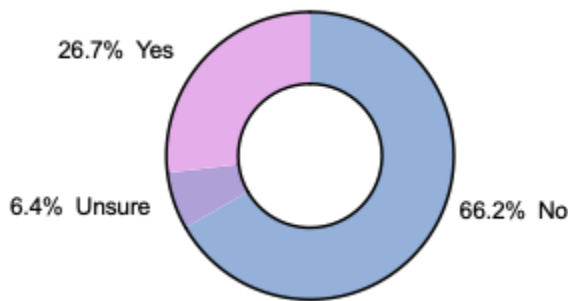


“Even with the protections that exist in Maryland, threats from the federal government are impacting how safe I feel being a trans person in Maryland”

Experiences of Hate-Motivated Incidents

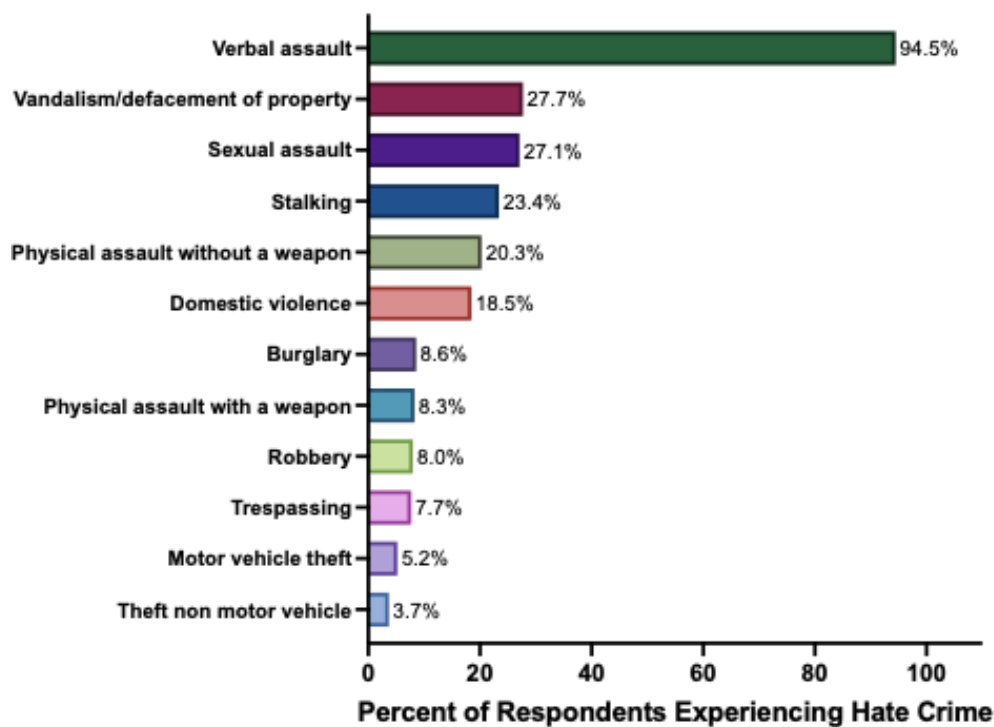
Respondents were asked whether they had ever been the target of a hate crime while living in Maryland. Approximately **26.7%** reported that they have experienced a hate-motivated incident, while **66.2%** reported that they have not and **6.4%** were unsure.

While living in MD, have you ever been a target of a hate crime?



Among those who reported experiencing a hate-motivated incident, the most commonly reported forms included **verbal assault**, followed by **vandalism or defacement of property**, and **sexual assault**. Respondents also reported experiences of **physical assault**, **domestic violence**, and other forms of harm. A significant portion of respondents have experienced hate-motivated harm, with verbal harassment being the most common form. The range of reported incidents highlights the varied ways in which hate-motivated behavior is experienced.

Which hate crimes have you experienced while living in MD, regardless of whether you reported the crime or not?



“My little pride flags I placed in the [alley] garden were taken down and brought to my front door by an unknown neighbor. Not safe enough to hang little flags yet.”

Legal Identity Documents and Administrative Barriers

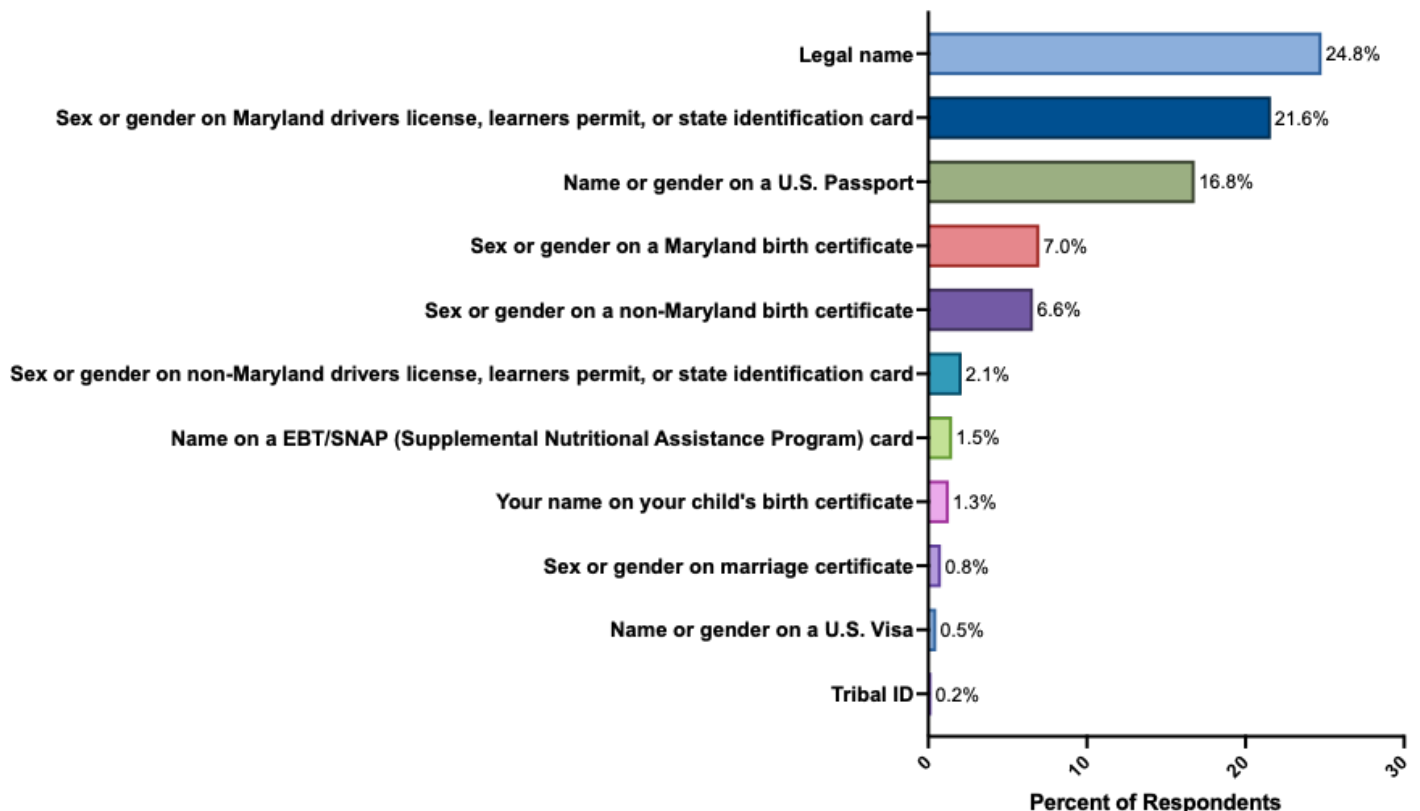
Legal recognition of name and gender is an important aspect of identity, safety, and access to services for many LGBTQIA+ individuals. Processes such as updating identification documents or legal names can affect individuals' ability to navigate systems including employment, health care, housing, and travel. This section examines respondents' experiences with gender-affirming legal processes in Maryland, including attempts to update legal documents and perceptions of the difficulty of these processes.

Engagement with Legal Changes

Respondents reported a range of experiences with attempting to change legal name and gender markers while living in Maryland. Approximately **66.7%** of respondents indicated that they had not attempted to change any of the listed documents.

Among those who did pursue changes, the most commonly reported updates included **legal name changes (24.8%)**, changes to **Maryland driver's licenses or state identification (21.6%)**, and updates to **U.S. passports (16.8%)**. Smaller shares reported attempting to change gender markers on **Maryland birth certificates (7.0%)** or **non-Maryland birth certificates (6.6%)**, with very small percentages reporting changes to other documents.

Have you changed or attempted to change any of the following while living in MD?



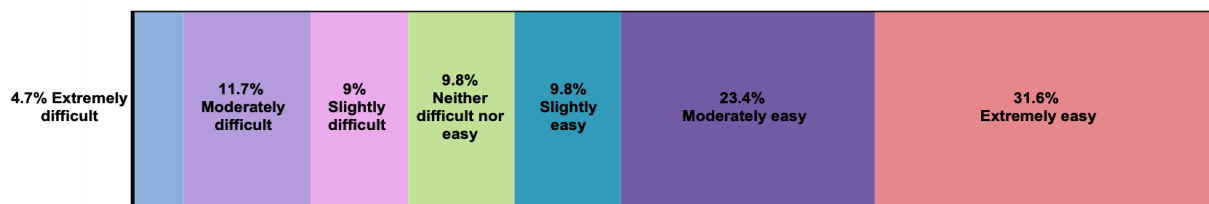
To further contextualize these findings with data from the 2023 Maryland Trans Survey,³ a majority of trans adults in Maryland who participated in the study had not yet changed their name wanted to do so (57.1%), 37.1% had no IDs or records reflecting the name they currently use, and only 14.4% had IDs and records listing their correct gender on all IDs. Data from this needs assessment highlights that such barriers to accurate documents continue to persist and require policy efforts to address.

Experiences Navigating Legal Processes

Overall, experiences with gender-affirming legal processes varied considerably among respondents. While some respondents are able to navigate these systems with relative ease, others encounter barriers that may complicate or delay the process. Reported levels of difficulty, combined with existing policy limitations, suggest that access to legal recognition remains uneven across the sample.

Changes to Maryland Driver's Licences

How was your experience changing your Maryland driver's license, state identification card, or learner's permit?

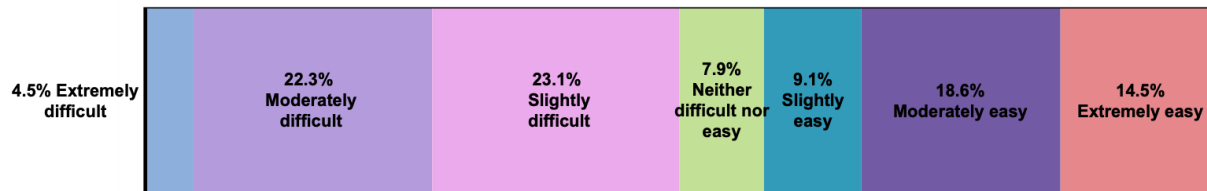


Respondents reported mixed experiences when navigating legal processes to update their name or gender markers. Among those who attempted to change their **Maryland driver's license or state identification**, experiences varied, with respondents reporting both positive and negative experiences across levels of difficulty.

³ Clements, Z. A., Riggle, E. D. B., Pease, M. V., & Galupo, M. P. (2025, January). *Identity documents and trans people in Maryland: Experiences with name and gender markers*. Trans Maryland. <https://doi.org/10.13016/ezko-agvo>

Legal Name Change Through Maryland Courts

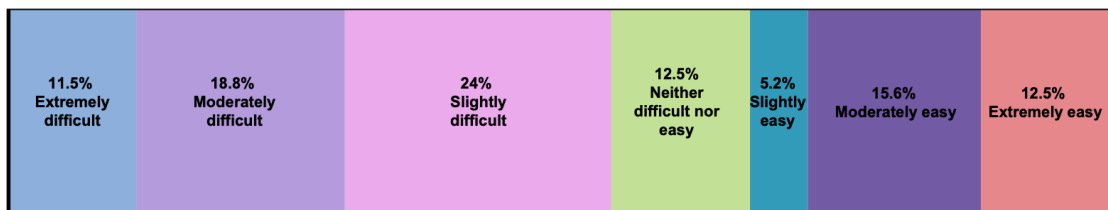
How was your experience changing your legal name through the Maryland court system?



Similarly, respondents who pursued **legal name changes** reported a range of experiences, with some describing the process as easy and others reporting moderate or significant difficulty.

Changes to Maryland Birth Certificates

How was your experience changing the sex or gender on your Maryland birth certificate?



For **birth certificate changes**, responses were more limited due to the smaller number of respondents who engaged in this process. Among those who did, a majority (**54.3%**) reported that the process was at least somewhat difficult, suggesting that this process may present meaningful challenges for individuals seeking to update their legal documents.

Currently, Maryland does not provide an option for an “X” gender marker on birth certificates. This limitation may restrict available options for some individuals and shape their experiences navigating this process.

Intersectional Analysis

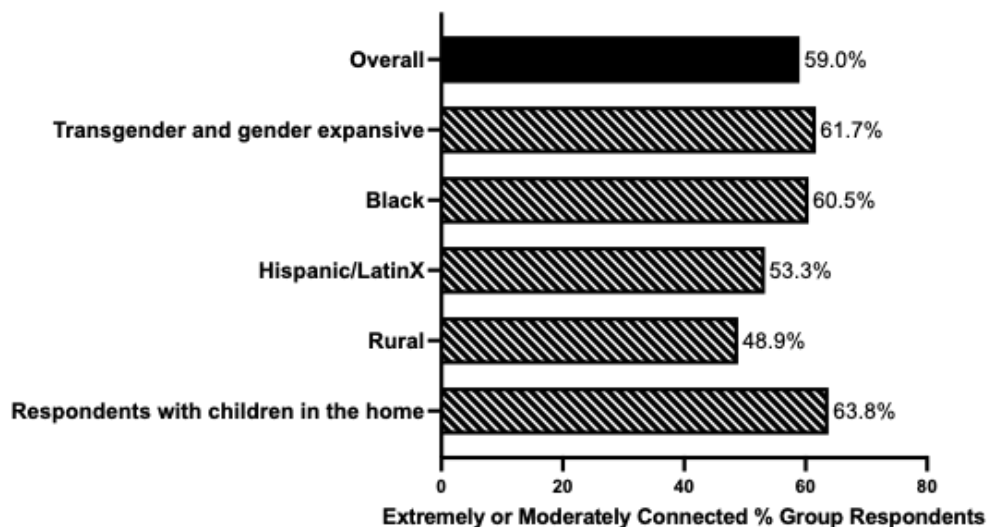
This section examines how experiences vary across different groups within the LGBTQIA+ community in Maryland. Rather than looking at overall results alone, this analysis highlights how factors such as race and ethnicity, gender identity, geographic location, and family structure shape access to community, resources, health care, and safety. These comparisons help identify where disparities exist and which groups may face additional barriers or challenges.

Community Connection

Patterns of community connection varied across groups, with some of the most pronounced differences observed by geographic location and race and ethnicity. Overall, **59.0%** of respondents reported feeling extremely or moderately connected to an LGBTQIA+ community in Maryland.

Respondents living in rural areas reported the lowest levels of connection, with **48.9%** indicating that they feel extremely or moderately connected. Hispanic or LatinX respondents also reported lower levels of connection (**53.3%**) compared to the overall sample. In contrast, transgender and gender expansive respondents (**61.7%**), Black respondents (**60.5%**), and respondents with children in the home (**63.8%**) reported levels of connection at or above the overall average. These patterns highlight geographic isolation and differences in access to culturally relevant or affirming spaces may shape opportunities for connection within LGBTQIA+ communities across Maryland.

To what extent do you feel connected to an LGBTQIA+ community in Maryland?



“There needs to be better outreach and support to those communities in southern, western, and eastern Maryland. The statewide gains have been amazing but for many in those communities, much of the environment has not been elevated.”

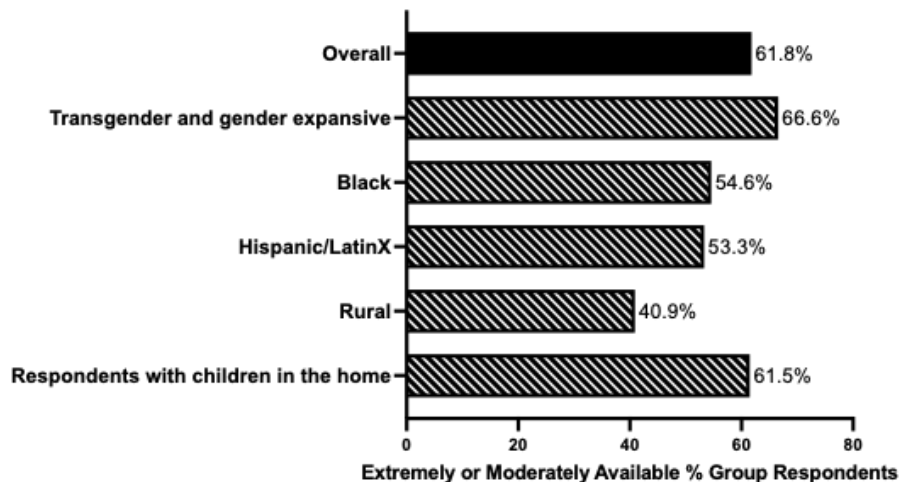
Access to LGBTQIA+ Resources

Patterns of access to LGBTQIA+ resources varied across groups, with some of the most pronounced differences observed by geographic location and race and ethnicity. Overall, **61.8%** of respondents reported that LGBTQIA+ resources are extremely or moderately available to them.

Respondents living in rural areas reported significantly lower levels of resource availability, with **40.9%** indicating that resources are extremely or moderately available. Lower levels of perceived availability were also observed among Black (**54.6%**) and Hispanic or LatinX respondents (**53.3%**) compared to the overall sample.

In contrast, transgender and gender expansive respondents reported higher levels of resource availability (**66.6%**), while respondents with children in the home (**61.5%**) reported levels similar to the overall sample.

How available are LGBTQIA+ resources to you?



This pattern suggests that access to LGBTQIA+ resources is not evenly distributed across the state and may be shaped by geographic, cultural, and structural factors.

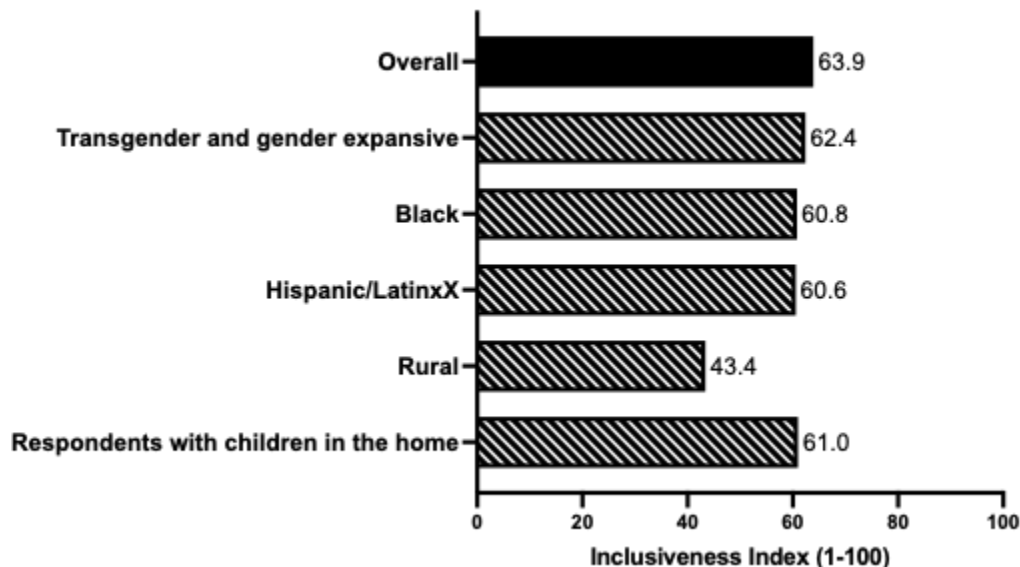
“There are not enough resources for communities living in rural Maryland. In Garrett County, there is open harassment of trans individuals and a lot of hostility.”

Perceived Community Inclusiveness

Perceptions of community inclusiveness varied across groups, with notable differences by geographic location. Overall, respondents reported a mean inclusiveness score of **63.9** on a 100-point scale, suggesting that many perceive their communities as moderately inclusive of LGBTQIA+ people.

Respondents living in rural areas reported substantially lower perceptions of inclusiveness, with a mean score of **43.4**, indicating a significantly less affirming community climate compared to the overall sample. Smaller differences were observed across other groups. Black (**60.8**) and Hispanic or LatinX respondents (**60.6**) reported slightly lower levels of perceived inclusiveness, while transgender and gender expansive respondents (**62.4**) and respondents with children in the home (**61.0**) reported levels closer to the overall average.

How inclusive is your community?



These experiences suggest that perceptions of community inclusiveness are shaped in large part by geographic context, with rural respondents experiencing notably less inclusive environments, while differences across other groups are more modest.

“Rural Eastern Shore is not LGBTQIA+ friendly. I am not openly out in my community due to the derogatory comments I hear community members make about LGBTQIA+ folks.”

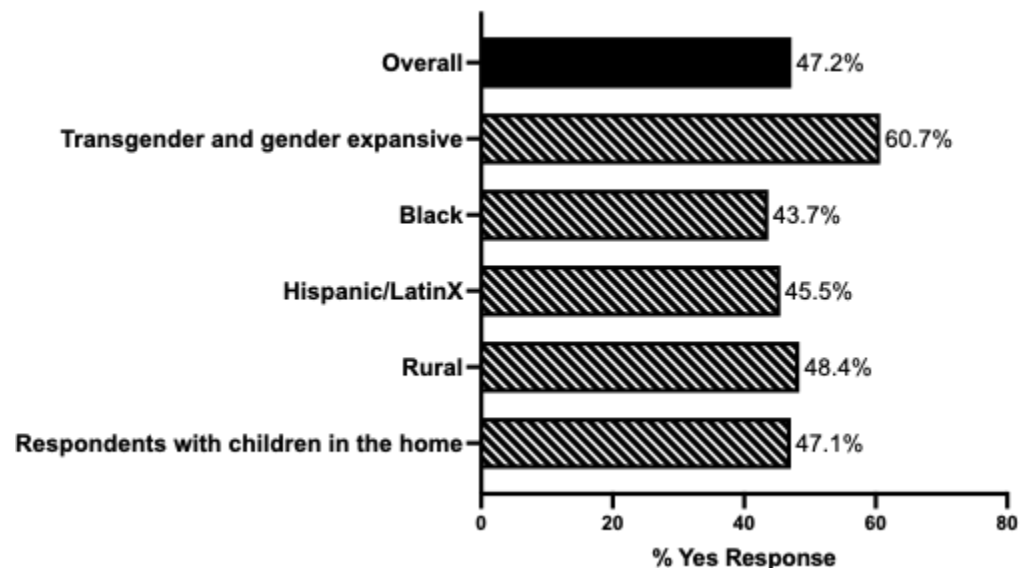
“Need more inclusive POC spaces for LGBTQIA+ community members in MD. Would be nice to not have to travel to DC all the time.”

Obstacles and Delays in Health Care Access

Experiences with obstacles and delays in health care access were widespread across the sample. A majority of respondents (**47.2%**) reported that they have experienced an obstacle or delay in receiving health care in Maryland, indicating that barriers to timely care are common.

Differences across groups were evident. Transgender and gender expansive respondents reported the highest rates (**60.7%**), significantly exceeding the overall sample. Respondents living in rural areas (**48.4%**), Hispanic or LatinX respondents (**45.5%**), Black respondents (**43.7%**), and respondents with children in the home (**47.1%**) also reported high levels of barriers to care.

Have you faced an obstacle or delay in receiving health care?



These findings demonstrate that challenges accessing health care are not limited to a single group, but are experienced broadly across the sample, with particularly elevated barriers among transgender and gender expansive respondents.

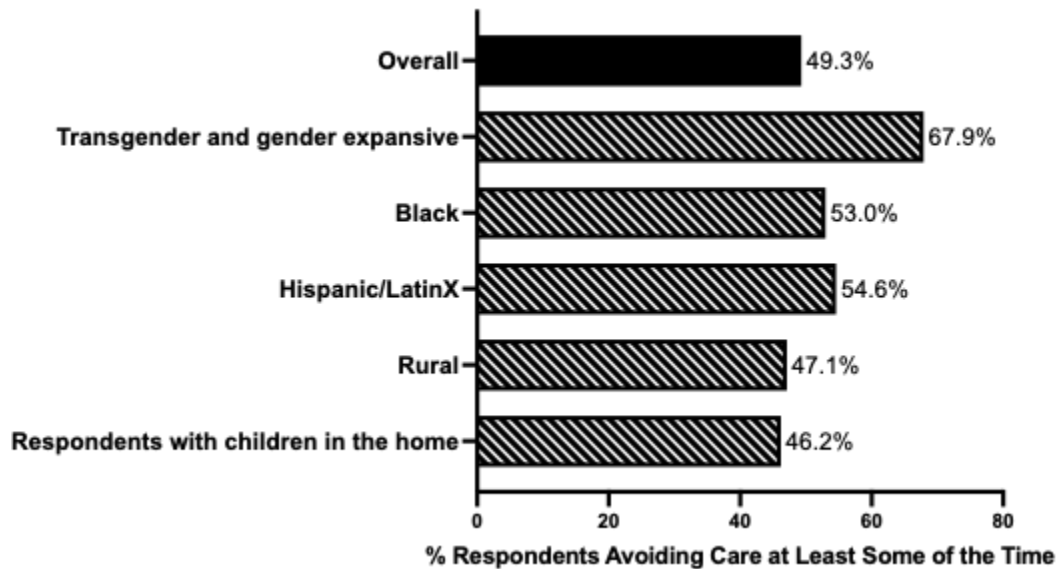
“Not enough trans competent medical and mental health providers.”

Avoidance of Medical Care Due to Expected Discrimination

Avoidance of medical care due to anticipated discrimination was widespread across the sample. Nearly half of respondents (**49.3%**) reported avoiding care at least some of the time because they expect to experience discrimination in medical settings.

Differences across groups were pronounced. Transgender and gender expansive respondents reported the highest levels of avoidance (**67.9%**), substantially exceeding the overall sample. Hispanic or LatinX respondents (**54.6%**) and Black respondents (**53.0%**) also reported elevated levels of avoidance, while respondents living in rural areas (**47.1%**) and respondents with children in the home (**46.2%**) reported rates closer to the overall average.

Do you avoid care because you expect discrimination?



The results indicate that anticipated discrimination is not only a concern, but a significant barrier to accessing care. Even when services are available, concerns about how individuals will be treated may prevent them from seeking needed care.

“I have noticed a big problem with fatphobia with gender affirming care providers and access in Maryland.”

“I haven’t sought out gender affirming care in MD (or anywhere) because of the challenges I’ve heard about from friends.”

Mental and Emotional Health

Content Note and Support Resources:

This section includes findings related to mental health, including suicidal ideation. These topics may be difficult to read. If you or someone you know needs support, the following resources are available:

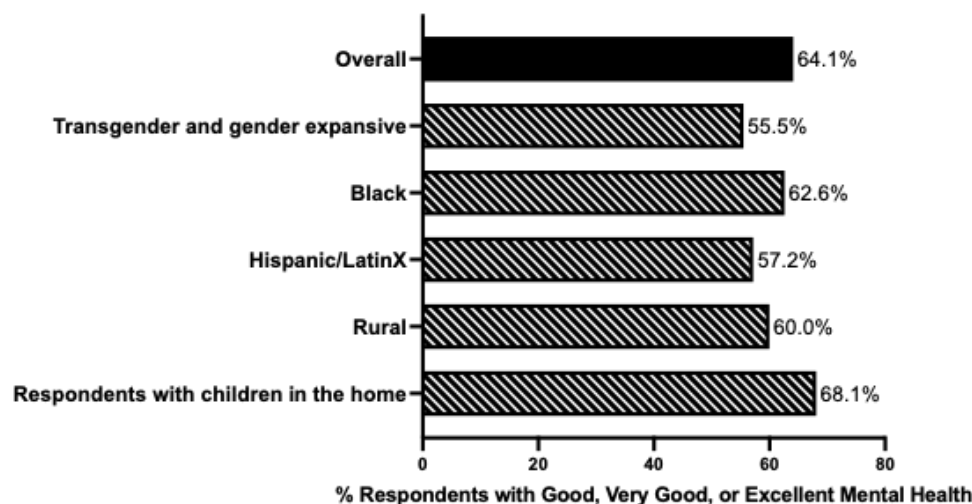
- Veterans Crisis Line (988 + Press 1 or text 838255)
- The Trevor Project (866-488-7386 | text 678678)
- Trans Lifeline (877-565-8860)
- SAGE Lifeline (877-360-5428)
- GLBT National Hotline (888-843-4564)

Respondents reported a range of mental and emotional health experiences. Overall, **64.1%** of respondents rated their mental or emotional health as good, very good, or excellent, while a substantial share reported fair or poor mental health.

Differences emerged across groups. Transgender and gender expansive respondents reported lower levels of positive mental health (**55.5%**) compared to the overall sample, as did Hispanic or LatinX respondents (**57.2%**). Respondents living in rural areas also reported lower levels of positive mental health (**60.0%**), though the difference was less pronounced. In contrast, respondents with children in the home reported higher levels of positive mental health (**68.1%**), while Black respondents reported levels more similar to the overall sample (**62.6%**).

Mental and emotional well-being are not evenly experienced across the sample and may be shaped by a combination of social, economic, and structural factors, including access to care, community connection, and experiences of discrimination.

In general, how would you rate your overall mental and emotional health?



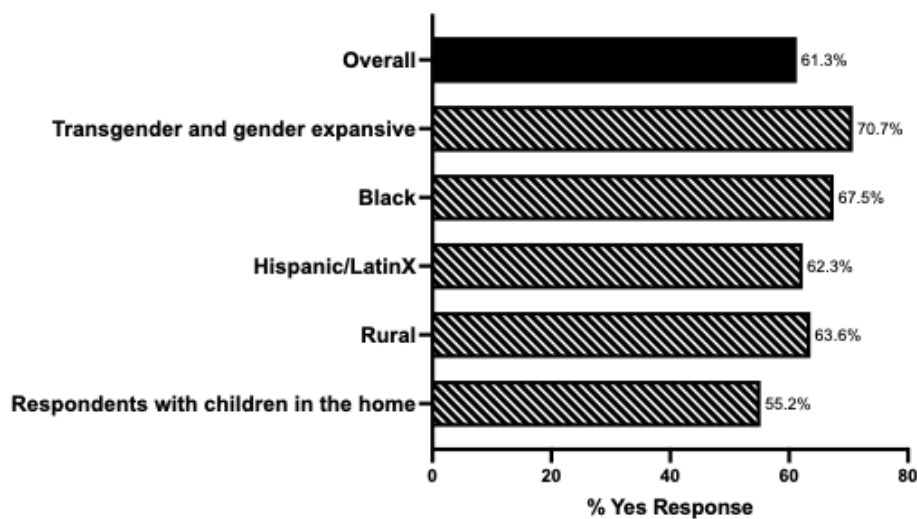
Suicidal Ideation

Past research has consistently found that violence and discrimination are consistently associated with negative mental health outcomes, including suicidal ideation.⁴ A majority of respondents (**61.3%**) reported having seriously thought about trying to kill themselves at some point in their lifetime, indicating a high prevalence of lifetime suicidal ideation among LGBTQIA+ Marylanders.

Differences emerged across groups. Transgender and gender expansive respondents reported the highest levels of lifetime suicidal ideation (**70.7%**), followed by Black respondents (**67.5%**). Hispanic or LatinX respondents (**62.3%**) and respondents living in rural areas (**63.6%**) also reported elevated rates, consistent with the overall pattern. In contrast, respondents with children in the home reported lower, though still meaningful, rates (**55.2%**).

The data suggests that lifetime suicidal ideation is widespread across the sample, with particularly elevated rates among transgender and gender expansive respondents and Black respondents. The prevalence of these experiences underscores the importance of addressing mental health through accessible, affirming, and culturally competent care, as well as broader efforts to reduce structural and social stressors that contribute to suicidality.

At any time in your life, have you seriously thought about trying to kill yourself?



⁴ Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, 51(101579), 101579. <https://doi.org/10.1016/j.copsyc.2023.101579>

Perceptions of Safety in Maryland

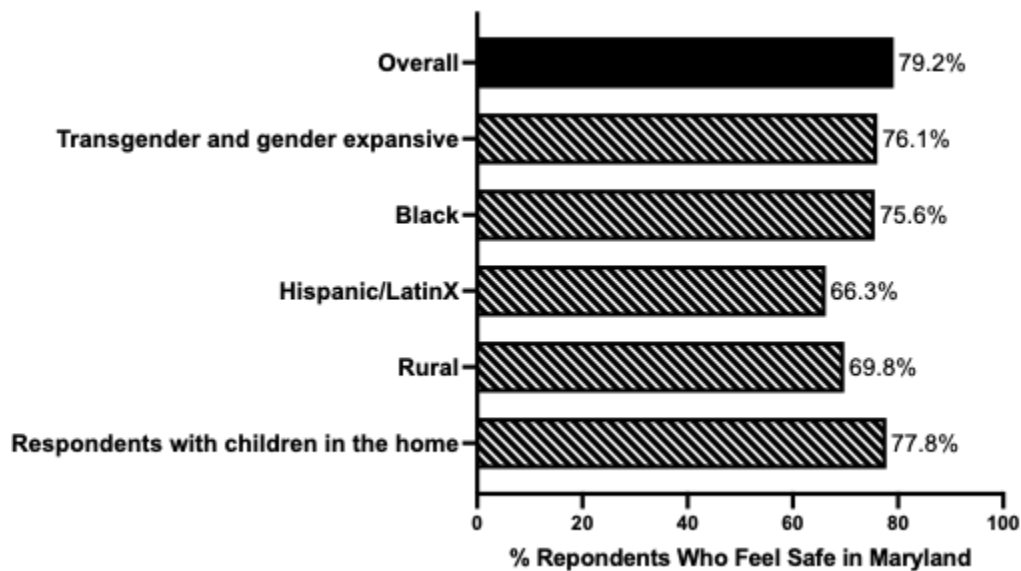
Most respondents reported feeling safe as an LGBTQIA+ person in Maryland, with **79.2%** indicating that they feel somewhat or very safe. This suggests that many LGBTQIA+ Marylanders experience a general sense of safety within the state.

However, perceptions of safety varied across groups. Hispanic or LatinX respondents reported lower levels of safety (**66.3%**), followed by respondents living in rural areas (**69.8%**). Transgender and gender expansive respondents (**76.1%**) and Black respondents (**75.6%**) also reported slightly lower levels of safety compared to the overall sample.

In contrast, respondents with children in the home reported levels of perceived safety more consistent with the overall sample (**77.8%**).

While a majority of respondents reported feeling safe, lower levels of perceived safety among Hispanic or LatinX respondents and those living in rural areas point to uneven experiences across the state.

How safe do you feel as an LGBTQIA+ person in Maryland?



“My experience as a Queer Black Woman significantly impacts my perceptions on safety and community where I live”

“I have some faith that Maryland will protect me as a trans/queer person, compared to other states, but it would help my mental health a lot if I saw this as more of a priority among those in power.”

Hate Crime Experience

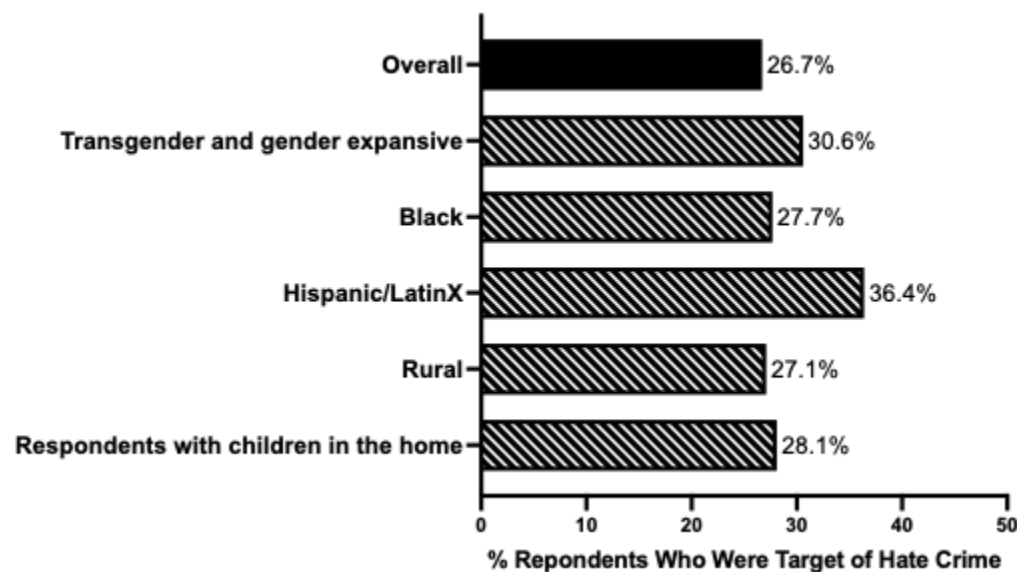
More than one in four respondents (26.7%) reported that they have been the target of a hate crime, indicating that experiences of bias-motivated harm are a significant concern among LGBTQIA+ Marylanders.

Differences emerged across groups. Hispanic or LatinX respondents reported the highest rates of hate crime experiences (36.4%), followed by transgender and gender expansive respondents (30.6%). Black respondents (27.7%) and respondents living in rural areas (27.1%) also reported rates consistent with or slightly above the overall sample.

Respondents with children in the home reported similar rates (28.1%), suggesting that these experiences are not limited to any single demographic group.

Hate crime experiences are present across the sample, with particularly elevated rates among Hispanic or LatinX respondents and transgender and gender expansive respondents. The prevalence of these experiences underscores the importance of continued efforts to prevent bias-motivated violence and to ensure that individuals have access to reporting mechanisms, support services, and legal protections.

Have you been the target of a hate crime?



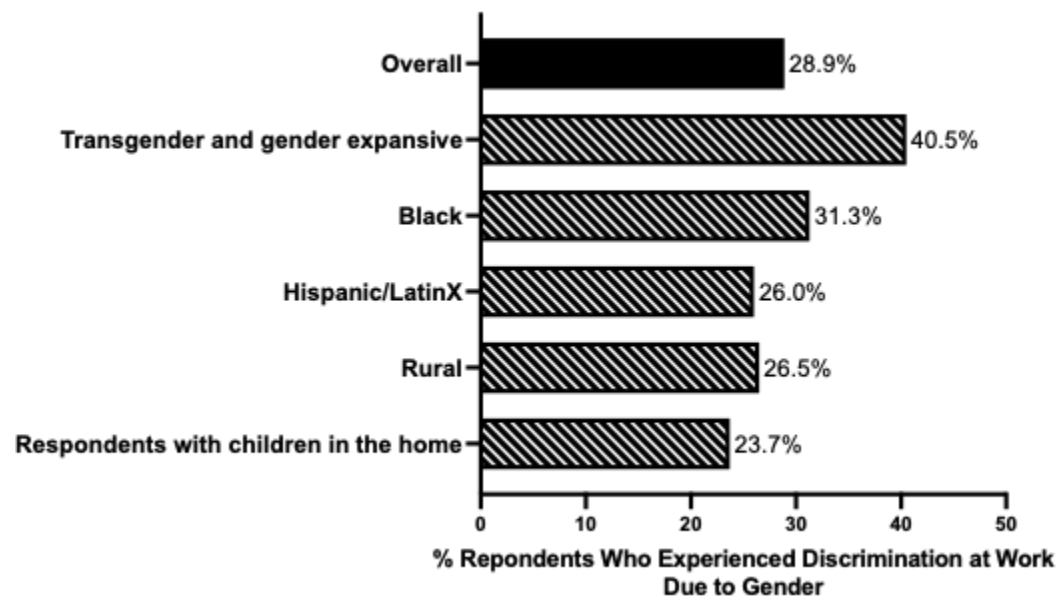
“Despite being a ‘liberal state,’ Maryland still has lots of hatred and violence toward LGBTQIA+ folx. Even in the most progressive of counties, there is rampant discrimination against queer and trans folx, particularly with intersectional identities.”

Workplace Discrimination

Experiences of workplace discrimination remain a significant concern for LGBTQIA+ Marylanders. Respondents reported discrimination based on both gender and sexual orientation, though the prevalence and patterns differed across these dimensions.

Discrimination due to transgender and gender expansive identities were reported more frequently than discrimination based on sexual orientation. Differences across groups were also more pronounced for gender-based discrimination, particularly among transgender and gender expansive respondents.

Have you experienced discrimination at work due to gender?

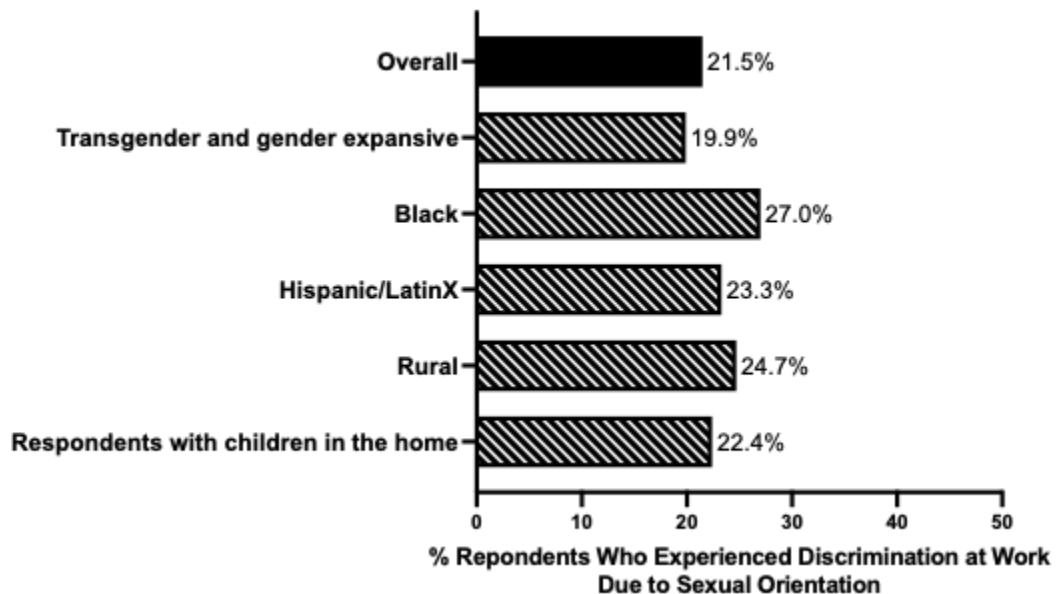


Nearly three in ten respondents (**28.9%**) reported experiencing discrimination at work due to their gender, indicating that workplace discrimination remains a significant concern for LGBTQIA+ Marylanders.

Differences across groups were pronounced. Transgender and gender expansive respondents reported substantially higher rates (**40.5%**), notably exceeding the overall sample. Black respondents also reported elevated rates (**31.3%**), while Hispanic or LatinX respondents (**26.0%**) and respondents living in rural areas (**26.5%**) reported levels closer to the overall average.

Respondents with children in the home reported lower rates (**23.7%**), though nearly one in four still indicated experiencing gender-based discrimination in the workplace.

Have you experienced discrimination at work due to sexual orientation?



Discrimination based on sexual orientation was reported less frequently than gender-based discrimination, with just over one in five respondents (**21.5%**) indicating that they have experienced discrimination at work for this reason.

Patterns across groups were more evenly distributed. Black respondents (**27.0%**) and respondents living in rural areas (**24.7%**) reported somewhat higher rates, while Hispanic or LatinX respondents (**23.3%**) reported levels closer to the overall average. Transgender and gender expansive respondents reported slightly lower rates (**19.9%**) compared to the overall sample.

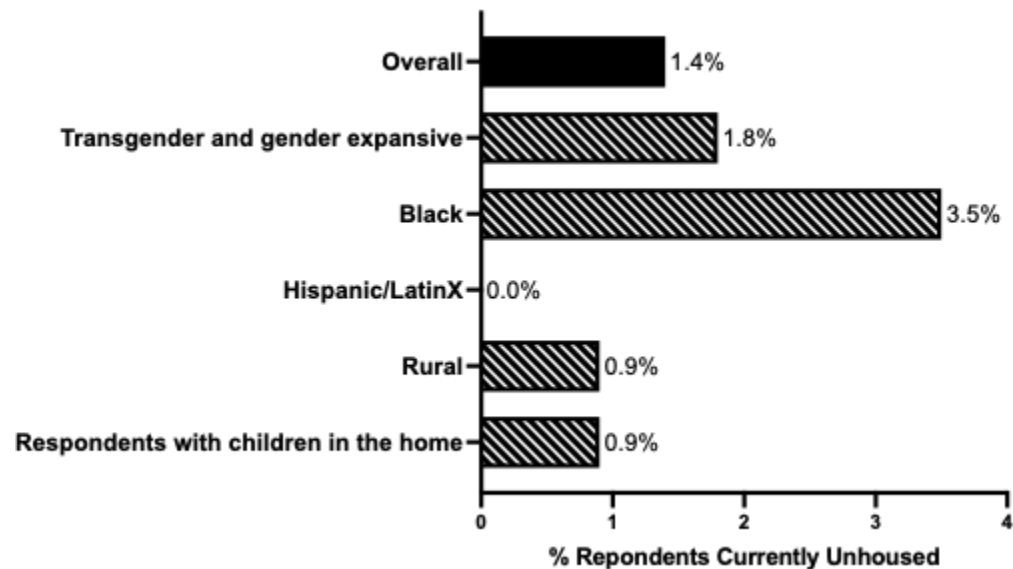
Respondents with children in the home reported similar levels (**22.4%**), indicating that experiences of discrimination based on sexual orientation are present across groups.

“When I come out in a professional setting, sometimes it is not received well or people pause. But coming out publicly with people's responses to sharing I have a wife versus a husband has improved.”

Housing Instability and Homelessness

Housing stability is a key component of overall well-being. This section examines both current housing status and lifetime experiences of homelessness among LGBTQIA+ Marylanders. While relatively few respondents reported being currently unhoused, a larger share reported having experienced homelessness at some point in their lives.

Respondents Currently Unhoused



A small share of respondents (1.4%) reported being currently unhoused, indicating that most respondents in the sample are presently housed.

Differences across groups were modest but notable. Black respondents reported the highest rate of current housing instability (3.5%), followed by transgender and gender expansive respondents (1.8%). Respondents living in rural areas (0.9%) and those with children in the home (0.9%) reported lower rates, while no Hispanic or LatinX respondents in the sample reported being currently unhoused.

“As a transgender woman who has been homeless in Maryland for more than a year, I have faced many challenges with safety, housing, mental health, and discrimination. I often feel judged because of my gender identity, my disability, and my immigration experience. I hope Maryland continues to expand support services for LGBTQIA+ people, especially those who are homeless, vulnerable, or recovering from trauma.”

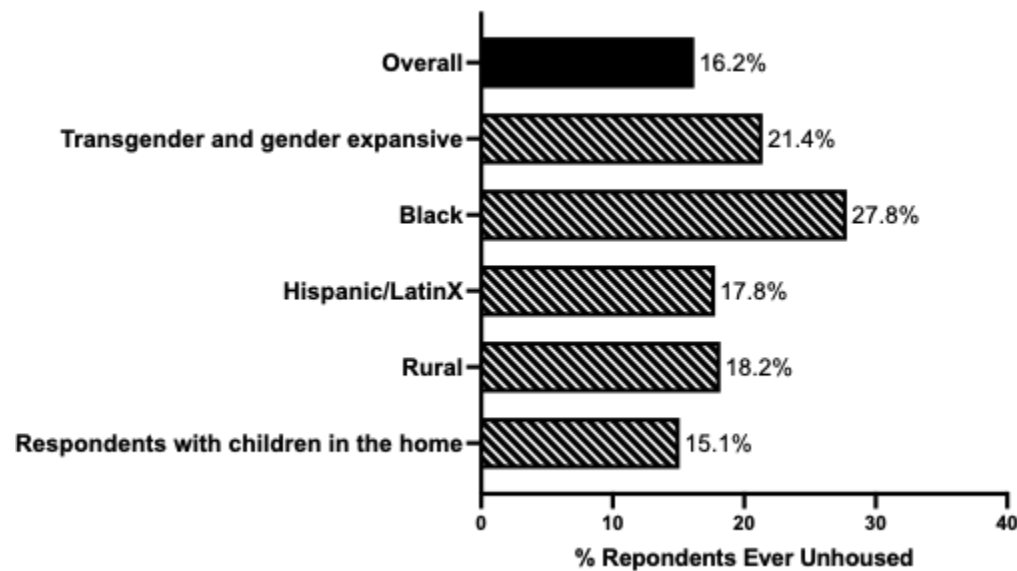
Lifetime Experiences of Homelessness

A substantially larger share of respondents (**16.2%**) reported having experienced homelessness at some point in their lives, highlighting the extent of housing instability within the sample.

Differences across groups were more pronounced. Black respondents reported the highest rate of lifetime homelessness (**27.8%**), followed by transgender and gender expansive respondents (**21.4%**). Hispanic or LatinX respondents (**17.8%**) and respondents living in rural areas (**18.2%**) also reported elevated rates compared to the overall sample.

Respondents with children in the home reported somewhat lower rates (**15.1%**), though experiences of homelessness remained present across all groups.

Have you ever experienced homelessness?



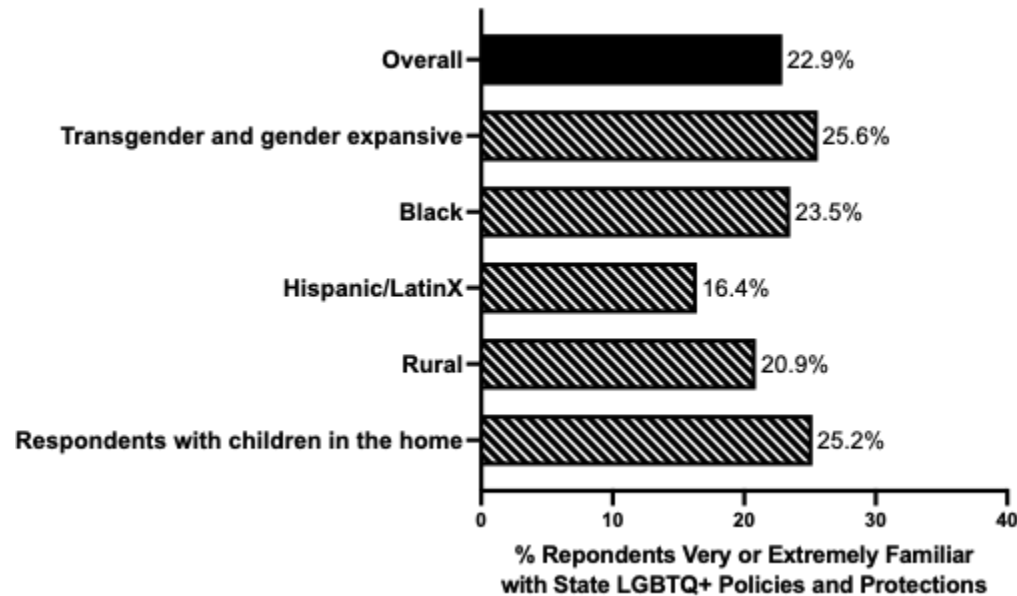
The sample shows that current housing instability is relatively low within the sample, however a significant portion of respondents have experienced homelessness in the past, with disparities across race, gender identity, and geographic location

“The connection between housing insecurity/homelessness, disability, and being queer are worth exploring”

Familiarity with State Policies and Protections

Understanding state policies and legal protections is essential for individuals to effectively access their rights and navigate systems. This section examines respondents' familiarity with LGBTQIA+-related policies and protections in Maryland, focusing on those who report a high level of familiarity.

How familiar are you with LGBTQIA+ policies in Maryland?



Overall, relatively few respondents reported a high level of familiarity with LGBTQIA+ policies and protections, with **22.9%** indicating that they are very or extremely familiar.

Differences across groups were modest. Transgender and gender expansive respondents (**25.6%**) and respondents with children in the home (**25.2%**) reported slightly higher levels of familiarity, while Black respondents (**23.5%**) reported levels similar to the overall sample. Hispanic or LatinX respondents reported the lowest levels of familiarity (**16.4%**), followed by respondents living in rural areas (**20.9%**).

The responses highlight that awareness of LGBTQIA+ policies and protections remains limited across the sample. The relatively low levels of familiarity highlight a gap between the existence of legal protections and the extent to which individuals feel informed about them.

Chi Squares and ANOVAs

Chi-squares were performed to consider the responses of transgender, rural, and disabled respondents against the general population of participants. Chi squares are a common inferential statistical test used to examine the differences between categorical variables. This test aims to determine if a difference between observed data and expected data is due to chance or if it is due to a relationship between the variables.

Interpreting chi-square results involves checking the significance or p-value to see if a significant relationship exists and assessing residuals to determine which categories differ significantly. If the p-value alpha level is less than .05 (e.g. $p < .05$), the results are considered statistically significant, meaning the variables are associated. Additionally, if cells have low expected frequencies, the likelihood ratio statistic may also be considered as it can provide a more appropriate estimate.

Similarly, a one-way analyses of variance (one-way ANOVA) is standard statistical test utilized to determine whether there were any statistically significant differences between the means of independent groups. An ANOVA explores the variance (the spread of the data) to see if the group differences are real or just random noise. The significance of an ANOVA is determined by looking at the significance or p value. If the p value is less than .05, the result is considered statistically significant, meaning the differences between group means are unlikely to have occurred by chance.

Transgender Respondents

For all selected questions, the chi square test of independence revealed a significant association across all gender identity options ($p < .05$) when connection to the LGBTQIA+ community, availability of resources, obstacles to receiving health care, avoidance of healthcare due to anticipated discrimination, lifetime suicidal ideation, lifetime suicide attempts, recent suicide attempts, perceived safety, workplace discrimination, and experience with hate crimes was considered. However, assumptions for the chi-square test were often violated with some cells having low counts suggesting results should be interpreted with caution and causing consideration of the likelihood ratio which in all occurrences was also $p < .05$ which indicates a meaningful difference in experiences and perceptions between transgender and non-transgender respondents.

When one-way ANOVAs were conducted considering only three groups (cisgender individuals, trans or non cisgender individuals, and unsure individuals) the one-way ANOVAs indicated statistically significant differences between the three groups being compared on every outcome measured. Because all p-values were below .05, the null hypothesis of equal group means is rejected for each variable.

ANOVA Results

Connection to LGBTQIA+ Community in Maryland

There was a statistically significant difference between groups in participants' feelings of connection to LGBTQIA+ communities in Maryland, $F(2, 1195) = 10.45, p < .001$. This suggests that group membership was associated with differing levels of community connectedness.

Availability of LGBTQIA+ Resources

Participants differed significantly in perceptions of the availability of LGBTQIA+ resources in Maryland, $F(2, 1185) = 5.60, p = .004$. Although significant, this effect was smaller than many of the others, indicating more modest differences across groups.

Obstacles or Delays in Receiving Health Care

There was a highly significant difference between groups regarding experiences of obstacles or delays in obtaining health care in Maryland, $F(2, 1186) = 60.00, p < .001$. This large F-ratio suggests substantial variation between groups relative to within-group variability.

Avoidance of Medical Care Due to Expected Discrimination

A very strong statistically significant difference emerged for avoidance of medical care because of anticipated discrimination, $F(2, 1187) = 113.10, p < .001$. This was the largest F-value in the analysis, indicating particularly strong differences between the groups on this outcome.

Lifetime Suicidal Ideation

Groups differed significantly on whether participants had ever seriously considered suicide, $F(2, 1189) = 33.26, p < .001$. This finding suggests that suicidal ideation varied meaningfully across the groups.

Lifetime Suicide Attempts

There was also a significant group difference in lifetime suicide attempts, $F(2, 1183) = 33.13, p < .001$. The magnitude of the F-statistic indicates substantial between-group variation.

Suicide Attempts During the Past 12 Months

Participants differed significantly in suicide attempts during the previous 12 months, $F(2, 1190) = 8.64, p < .001$. While statistically significant, this effect was smaller compared with several of the other mental health and discrimination-related outcomes.

Perceived Safety as an LGBTQIA+ Person in Maryland

A significant difference was found in perceptions of safety as an LGBTQIA+ person in Maryland, $F(2, 1195) = 16.60, p < .001$. This indicates that feelings of safety varied across the groups.

Experiences as a Target of a Hate Crime

There was a statistically significant difference between groups in reports of being the target of a hate crime while living in Maryland, $F(2, 1191) = 8.81, p < .001$. This finding suggests unequal exposure to bias-motivated victimization among the groups.

Rural Respondents

When the perceptions of rural respondents were considered, in all but one category (workplace discrimination) significant differences were found between rural and non-rural respondents ($p < .05$) when connection to the LGBTQIA+ community, availability of resources, obstacles to receiving health care, avoidance of healthcare due to anticipated discrimination, lifetime suicidal ideation, lifetime suicide attempts, recent suicide attempts, perceived safety, and experience with hate crimes was considered. However, assumptions for the chi-square test were violated on several occasions suggesting results should be interpreted with caution and causing consideration of the likelihood ratio which in all but one occurrence (workplace discrimination) was also $p < .05$ which indicates a meaningful association.

The one-way ANOVA analyses revealed statistically significant differences among the three groups (rural resident, not a rural resident, and unsure) across several variables, indicating that the grouping variable was associated with meaningful differences in experiences related to LGBTQIA+ community connectedness, availability of resources, lifetime suicide attempts, and perceived safety; however, non significant differences were found when obstacles to receiving health care, avoidance of healthcare due to expected discrimination, lifetime suicidal ideation, recent suicide attempts, and experiences with hate crimes were considered.

Significant ANOVA Results

Connection to LGBTQIA+ Community in Maryland

There was a statistically significant difference between groups in feelings of connection to an LGBTQIA+ community in Maryland, $F(2, 1190) = 6.587, p = .001$. This suggests that levels of community connectedness differed significantly across the groups being compared.

Availability of LGBTQIA+ Resources

A highly significant difference was found regarding perceptions of the availability of LGBTQIA+ resources in Maryland, $F(2, 1181) = 28.322, p < .001$. This was one of the strongest findings in the analysis, indicating substantial differences among groups in how accessible they perceived LGBTQIA+ support resources are to community members.

Lifetime Suicide Attempt

There was a statistically significant difference between groups regarding whether respondents had ever attempted suicide, $F(2, 1181) = 3.617, p = .027$. This finding suggests that lifetime suicide attempt rates differed across the groups examined.

Feelings of Safety as an LGBTQIA+ Person in Maryland

Feelings of safety differed significantly between groups, $F(2, 1190) = 11.461, p < .001$. This indicates meaningful variation among the groups in perceptions of personal safety within Maryland.

Non-Significant ANOVA Results

Obstacles or Delays in Receiving Health Care

No significant differences were found regarding experiences with obstacles or delays in receiving health care in Maryland, $F(2, 1181) = 0.328, p = .720$.

Avoidance of Medical Care Due to Expected Discrimination

There was no significant difference between groups in avoiding medical care because of anticipated discrimination, $F(2, 1184) = 0.119, p = .888$.

Lifetime Suicidal Ideation

Groups did not significantly differ in whether they had seriously considered suicide during their lifetime, $F(2, 1184) = 1.082, p = .339$.

Suicide Attempt During the Past 12 Months

The ANOVA examining suicide attempts during the past year approached significance but did not meet the conventional threshold, $F(2, 1186) = 2.747, p = .065$. This may suggest a trend toward group differences, though the evidence is insufficient to conclude statistical significance.

Experiences as a Target of a Hate Crime

No statistically significant group differences were found regarding experiences of being targeted by a hate crime, $F(2, 1186) = 0.856, p = .425$.

Disabled Respondents

When the perceptions of disabled respondents were considered, in all occurrences significant differences were found between disabled and non-disabled respondents ($p < .05$) when connection to the LGBTQIA+ community, availability of resources, obstacles to receiving health care, avoidance of healthcare due to anticipated discrimination, lifetime suicidal ideation, lifetime suicide attempts, recent suicide attempts, perceived safety, workplace discrimination, and experience with hate crimes was considered. However, assumptions for the chi-square test were violated on several occasions suggesting results should be interpreted with caution and causing consideration of the likelihood ratio which in all occurrences was also $p < .05$ which indicates to be a meaningful difference in experiences and perceptions between disabled and non-disabled respondents.

ANOVA results examined whether statistically significant differences exist between three groups (disabled, not disabled, and unsure) on a range of LGBTQIA+ experiences and wellbeing outcomes in Maryland. Overall, most of the ANOVAs were statistically significant, indicating that the groups differed meaningfully on many social, healthcare, safety, and mental health variables.

ANOVA Results

Community Connection

For the question regarding connection to an LGBTQIA+ community in Maryland, the ANOVA was statistically significant, $F(2, 1205) = 4.020, p = .018$. This indicates that levels of community connection differed significantly across the groups. Although the effect appears modest given the relatively small F statistic, the result suggests that group membership is associated with differing perceptions of belonging and connection within LGBTQIA+ communities.

Obstacles or Delays in Receiving Health Care

A highly significant difference emerged regarding experiences with obstacles or delays in receiving healthcare in Maryland, $F(2, 1197) = 49.095, p < .001$. This large F statistic suggests substantial variation between the groups, indicating that some groups experienced significantly more healthcare barriers than others.

Avoidance of Medical Care Due to Expected Discrimination

The ANOVA for avoiding medical care because of anticipated discrimination was also highly significant, $F(2, 1197) = 52.619, p < .001$. This was one of the strongest findings in the analysis, suggesting pronounced group differences in fear or expectation of discriminatory treatment in medical settings.

Lifetime Suicidal Ideation

For lifetime suicidal ideation (“seriously thought about trying to kill yourself”), the ANOVA was statistically significant, $F(2, 1200) = 48.271, p < .001$. This indicates major differences between groups in experiences of suicidal thoughts across the lifespan.

Lifetime Suicide Attempts

The ANOVA examining lifetime suicide attempts was likewise statistically significant, $F(2, 1193) = 39.333, p < .001$. This suggests that the prevalence or frequency of suicide attempts differed substantially between the groups.

Suicide Attempts in the Past 12 Months

The ANOVA for suicide attempts during the past 12 months was also significant, $F(2, 1200) = 7.275, p < .001$. Although the F statistic is smaller than the previous mental health findings, the result still indicates statistically meaningful group differences in recent suicide attempt experiences.

Perceived Safety as an LGBTQIA+ Person in Maryland

Perceptions of safety in Maryland differed significantly across groups, $F(2, 1204) = 15.000, p < .001$. This suggests that some groups feel significantly less safe as LGBTQIA+ individuals within the state.

Experiences as a Target of a Hate Crime

The ANOVA examining whether respondents had been targets of hate crimes in Maryland was statistically significant, $F(2, 1200) = 22.587, p < .001$. This finding indicates notable differences between groups in experiences of bias-motivated victimization.

Non-Significant ANOVA Results

Availability of LGBTQIA+ Resources

The ANOVA examining perceived availability of LGBTQIA+ resources in Maryland was not statistically significant, $F(2, 1195) = 1.500, p = .223$. This suggests there were no meaningful differences between the groups in how available they perceived LGBTQIA+ resources such as centers, support groups, or social groups to be.

Conclusion and Recommendations

The findings of the Maryland LGBTQIA+ Community Needs Assessment demonstrate that while Maryland has made meaningful progress in advancing LGBTQIA+-inclusive policies and protections, significant gaps remain between policy and lived experience. Across health care, mental health, safety, housing, economic stability, access to community resources, and navigation of state systems, respondents reported barriers that continue to affect the well-being of LGBTQIA+ Marylanders across the state.

These challenges are not isolated. The findings reveal interconnected patterns across systems, where barriers in one area often reinforce or intensify challenges in another. Experiences of discrimination, limited access to affirming services, housing instability, lack of community connection, difficulty navigating identity documents, and concerns about safety collectively shape health outcomes, economic opportunity, and quality of life.

While these challenges affected respondents across identities and regions, the findings also highlight persistent disparities. Transgender and gender expansive respondents consistently reported elevated barriers related to health care access, discrimination, mental health, and workplace experiences. Rural respondents reported lower levels of community connection, resource availability, and community inclusiveness. Black respondents, Hispanic or LatinX respondents, respondents with disabilities, and respondents with multiple marginalized identities also reported disparities across several measures.

At the same time, the assessment highlights the resilience and continued engagement of LGBTQIA+ communities across Maryland. Respondents demonstrated strong interest in community connection, rights education, affirming services, and improved access to resources and support systems. These findings point not only to areas of need, but also to opportunities for meaningful and lasting progress.

Overall, the findings make clear that advancing equity for LGBTQIA+ Marylanders will require more than inclusive laws alone. Sustained progress will depend on implementation, coordination, infrastructure, and long-term investment. The findings also reinforce the importance of collecting community-informed data to guide decision-making and ensure that policies translate into meaningful outcomes in practice.

This assessment also reflects the limitations of conducting a statewide community needs assessment without dedicated funding or sufficient staffing capacity. Limited resources affected the scope of outreach, translation, targeted recruitment, follow-up, and the depth of analysis completed for this report. As a result, these findings should be understood as both a substantial contribution and a foundation for continued research. Additional analysis is needed to better understand differences by disability, age, region, race and ethnicity, family structure, income, veteran status, and other lived experiences represented in the data. Future investment would allow for deeper intersectional and geographic analysis, stronger outreach to underrepresented

communities, and more precise recommendations to guide policy, programming, and resource allocation.

Based on the findings of this assessment, the Maryland Commission on LGBTQIA+ Affairs recommends the following priorities:

1. Establish Dedicated State Infrastructure to Support LGBTQIA+ Marylanders

The findings of this assessment demonstrate the need for sustained statewide coordination and implementation of LGBTQIA+-inclusive policies and practices. Maryland should strengthen its capacity to address LGBTQIA+ issues across agencies through dedicated infrastructure, including consideration of an Office of LGBTQIA+ Affairs to coordinate implementation, education, outreach, and interagency collaboration.

2. Expand Access to Affirming Health and Mental Health Care

The high prevalence of barriers to care, care avoidance due to anticipated discrimination, and poor mental health outcomes highlight the need for expanded access to affirming and culturally competent care. Maryland should continue investing in access to affirming primary care, mental health care, specialty care, and gender-affirming care, particularly in underserved and rural communities.

3. Invest in Community-Based LGBTQIA+ Organizations and Services

Community-based organizations play a critical role in providing affirming services, crisis response, education, advocacy, and community connection. Maryland should increase support for LGBTQIA+-serving organizations and reduce barriers that limit access to funding and partnership opportunities, particularly for smaller and rural organizations.

4. Improve Education and Navigation of Rights, Protections, and State Systems

The findings demonstrate a significant gap between the existence of legal protections and public awareness of those protections. Maryland should improve access to plain-language information, navigation tools, and coordinated education efforts to help LGBTQIA+ Marylanders understand and access their rights and available services.

5. Reduce Barriers Related to Identity Documents and Legal Processes

Respondents identified challenges related to legal name changes, gender marker changes, and identity documentation. Maryland should continue efforts to simplify and modernize these

processes, reduce administrative and financial barriers, and ensure that systems are inclusive of transgender, nonbinary, and intersex individuals.

6. Strengthen Hate Crime Prevention, Reporting, and Survivor Support

The prevalence of reported hate crimes and safety concerns highlights the need for stronger prevention efforts, improved reporting systems, and accessible survivor support services. Maryland should strengthen collaboration between government agencies, community organizations, and service providers to improve prevention, response, and trust in reporting systems.

7. Ensure LGBTQIA+ Needs Are Reflected in State Planning and Budget Priorities

The findings of this assessment demonstrate that many of the challenges facing LGBTQIA+ Marylanders are systemic and cross-cutting. Addressing these issues will require sustained investment and intentional integration of LGBTQIA+ needs into statewide planning, budgeting, and policy implementation efforts.

This assessment provides both evidence and direction. The experiences shared by LGBTQIA+ Marylanders make clear that the next phase of progress requires not only policy commitments, but implementation, accountability, and sustained investment. Maryland has the opportunity to continue building a state where all LGBTQIA+ people can live full, safe, healthy, and authentic lives.

Maryland LGBTQIA+ Community Needs Assessment: Comprehensive Findings Report

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