



# Building LGBTQ+ Families: the Price of Parenthood

*December 2019*



## INTRODUCTION

Becoming a parent is expensive, regardless of who you are, where you live, or how many adults will be raising the child(ren). Costs include child care, health care, food, clothing, and education, and in the United States it is estimated that the average cost of raising one child for the first eighteen years of life is over \$230,000.<sup>1</sup>

**For LGBTQ+ people, that number can increase significantly when the cost of bringing a child or children into a family is included, whether through adoption, foster care, or assisted reproductive technology.<sup>2</sup>**

For those struggling with fertility challenges or without the anatomy necessary to create a child within the context of their relationships, the initial cost of becoming a parent can be significant. For single parents, those in same-sex relationships, those living with HIV/AIDS, and the transgender community thinking about gender affirmation surgery or medical transition, the cost of bringing a child into the family ranges from a few hundred dollars to hundreds of thousands of dollars, depending on the specific path chosen.

Many of these options are financially inaccessible to the majority of LGBTQ+ people. This report reviews the costs of the different paths to parenthood for LGBTQ+ people, and the aspirations of future LGBTQ+ parents living at different income levels.



Family Equality advances legal and lived equality for LGBTQ+ families, and for those who wish to form them, through building community, changing hearts and minds, and driving policy change.

Family Equality believes every LGBTQ+ person should have the right and opportunity to form and sustain a loving family, regardless of who they are or where they live.

Learn more at [familyequality.org](https://familyequality.org).

## LGBTQ+ PARENTHOOD ASPIRATIONS

The LGBTQ Family Building Survey, released in January of 2019, revealed that interest in parenthood within the LGBTQ+ community is increasing, and that paths to parenthood for the LGBTQ+ community are diversifying. The Survey revealed that among LGBTQ+ people who are already parents, 73% had used intercourse to form their families.

In comparison, among LGBTQ+ people planning to start or grow their families, only 37% were considering intercourse as a viable option (a significant majority of whom — 71% — identify as bisexual). For the majority of LGBTQ+ people planning to have children (63%), methods other than intercourse — which are often expensive — are the preferred method for becoming parents.<sup>3</sup>

**73%** OF LGBTQ+ PEOPLE WHO ARE ALREADY PARENTS USED INTERCOURSE TO FORM THEIR FAMILIES.

AMONG LGBTQ+ PEOPLE PLANNING TO START OR GROW THEIR FAMILIES ONLY

**37%**

ARE CONSIDERING INTERCOURSE AS A VIABLE OPTION.

**63%** OF LGBTQ+ PEOPLE PLANNING TO HAVE CHILDREN INTEND TO PURSUE FOSTER-TO-ADOPT, ADOPTION, OR ASSISTED REPRODUCTIVE TECHNOLOGY, WITH ADDITIONAL COSTS


## COMPARING THE COSTS OF LGBTQ+ PATHS TO PARENTHOOD

There are many paths LGBTQ+ people can consider when growing a family, from foster care and adoption to at-home insemination, platonic co-parenting arrangements, in vitro fertilization, and surrogacy. Each of these paths has costs associated, in addition to legal requirements to secure parental rights, making them more or less accessible to those with different levels of household income and societal privilege.


The federal adoption tax credit does help offset significant costs for adoptions, but only after the adoption is completed, requiring access to cash or credit before starting the process. Insurance coverage and employer-offered benefits can play a significant


role in making some paths to parenthood more affordable than others, but at this time in the United States, LGBTQ+ inclusive insurance policies and LGBTQ+ family-friendly employers are the exception rather than the rule. Surrogacy — the most expensive path to parenthood — is rarely covered by health insurance. Most LGBTQ+ individuals will learn that their health insurance plan does not cover the cost of fertility treatments at all, and, if they do, the individual or family unit must prove that they have been “trying” to conceive for 6-12 months before coverage begins. This stipulation in the policy results in high monthly expenses for some and creates an impossible barrier for others.


In the following section, the full range of potential costs to becoming an LGBTQ+ parent are summarized. Depending on any individual LGBTQ+ person's relationships, anatomy, health, and personal choices, becoming a parent will involve **a combination of one or more of the processes listed below**, and finding a way to bear the associated costs. *Note that the costs listed in the following section are approximate, and can vary significantly by region and provider. The legal availability of these options also varies from state to state.*

-  **FOSTER-TO-ADOPT**  
**\$0 – \$2,600**

Adopting through the foster care system can generally be accomplished for under \$2,600, and often entirely for free, as these adoptions are completed through the public child welfare system.
-  **DOMESTIC ADOPTION**  
**\$20k – \$45k**

The cost of adopting an infant domestically, either through an adoption agency or with the help of an independent attorney, ranges from \$20,000 to \$45,000.
-  **INTERNATIONAL ADOPTION**  
**\$25k – \$70k**

Adopting internationally, one of the most legally challenging options for LGBTQ+ people, has varying costs depending on the birth country of the child. Often, these costs range from \$35,000 to \$70,000.
-  **ANONYMOUS DONOR SPERM**  
**\$300 – \$1,500 / vial**

Purchasing sperm through a sperm bank ranges from \$300 to \$1,500 per 0.5 cc vial, and purchasing more than one vial per monthly cycle is often recommended to increase the likelihood of achieving pregnancy.
-  **KNOWN DONOR SPERM**  
**\$25 – \$300**

Using a known donor can be very affordable if the sperm collection and insemination occurs in the home unassisted. Optional testing of the donor's sperm to assess fertility and screen for sexually transmitted infections may cost between \$25 and \$300.



## IN VITRO FERTILIZATION (IVF)

**\$13.5k - \$21k +**

On average, an initial IVF cycle with fresh (as opposed to frozen) eggs costs between \$12,000 and \$15,000, plus an additional \$1,500 to \$6,000 for medications. Subsequent attempts that include Frozen Embryo Transfers (FET) average between \$4,000 and \$7,000 per cycle. If an egg donor is needed, costs can increase by \$25,000 to \$30,000.



## RECIPROCAL IN VITRO FERTILIZATION (R-IVF)

**\$15k - \$23k**

This version of IVF, where the eggs from one partner are fertilized and transferred to the uterus of another partner, has the same baseline cost of \$12,000 to \$15,000 for the procedure as traditional IVF. For R-IVF, however, because both partners need medication to prepare their bodies, medication costs can add \$3,000 to \$8,000 per cycle.



## INTRAUTERINE INSEMINATION (IUI)

**\$250 - \$4k**

This method of conception, where sperm is placed through a catheter into the uterus, can be performed at home by a midwife or in a doctor's office. It ranges from \$250 to \$4,000 per attempt.



## GESTATIONAL SURROGACY

**\$60k - \$150k +**

Gestational surrogacy, where the individual carrying the pregnancy is not also the egg donor, ranges from \$60,000 to \$150,000 or more. It is important to note that gestational surrogacy is not available in every state. The costs of gestational surrogacy can increase dramatically if the surrogate experiences medical complications during pregnancy, delivery, or postpartum.



## TRADITIONAL SURROGACY

***Highly variable***

The cost of traditional surrogacy, where the individual carrying the pregnancy is also the egg donor, varies dramatically based on method of conception used (home insemination versus office insemination), the medical costs of the surrogate, and the legal fees associated with establishing parentage. The fees for traditional surrogacy tend to be lower than for gestational surrogacy, as IVF is typically not required. In the case of compassionate traditional surrogacy, the surrogate is not compensated for the pregnancy resulting in even lower total costs but even greater need for legal assistance to ensure parental rights are assigned as intended. It is important to note that compensated traditional surrogacy, or the contracts involved, are often not legal or enforceable in some states.



## EGG OR SPERM FREEZING

***\$250 – \$1,500 (sperm)***

***\$7k – \$12k (egg)***

***+ \$175 – \$750 / year***

For transgender individuals who choose to preserve their fertility by freezing eggs or sperm prior to transitioning medically, the costs can be steep because insurance rarely covers this type of fertility preservation. The average costs for sperm freezing are \$250 to \$1,500 per specimen, with annual storage fees of \$175 to \$750 per year. Egg freezing is substantially more expensive, as the egg retrieval process is more medically invasive. A single cycle of egg retrieval and freezing will cost, on average, \$7,000 to \$12,000, with storage fees of \$350 to \$700 per year.

 **INTERCOURSE OUTSIDE OF A RELATIONSHIP WITH THE INTENTION OF ACHIEVING PREGNANCY**

**\$0 – \$350**

LGBTQ+ people often rely on methods outside of traditional heteronormative ideas about how families are structured. These may include intercourse outside of a relationship with the intention of achieving pregnancy. This may or may not result in a co-parenting arrangement between the intended parents and the biological parents. The costs associated with this path are generally minimal and may include testing for sexually transmitted infections (\$25 to \$350), and the cost of establishing legal parentage (see below).

 **ESTABLISHING LEGAL PARENTAGE**

**\$100 – \$3,000**

Becoming a parent using one or more of the methods listed above often also requires legal fees of \$100 to \$3,000 to help establish parentage, either by terminating the rights of a donor or securing rights for a non-biological parent. Some LGBTQ+ parents choose to complete a step- or second-parent adoption to secure legal parental rights of the non-biological parent of the child(ren). The costs for this type of adoption vary depending on the requirements of the state, but often range between \$250 and \$3,000. In some states, the home study can be waived (a saving of \$1,000 to \$2,000), and forms can be filed without the assistance of an attorney (an average saving of \$1,000).

## **ADDITIONAL RESOURCES**

For more information about the costs detailed above and suggestions to make those costs more affordable, visit Family Equality's Path 2 Parenthood Resource Library at [familyequality.org/p2p](http://familyequality.org/p2p)

## IMPORTANT: LEGAL PARENTAGE

It should be noted that many LGBTQ+ parents don't secure legal parentage by obtaining a court-ordered adoption, for a variety of reasons. It is also important to note that while a birth certificate can serve as an indication of parentage, is not necessarily proof of parentage that can be upheld in a court of law, especially a court of law outside of the state where the birth certificate was issued. In the absence of court-ordered parental recognition,

the unrecognized parent may be at risk of losing custody in a divorce proceeding, being denied the ability to advocate for the child in a medical emergency, or many other undesirable outcomes. While choosing if, when, and how to secure legal parental rights is a personal decision that must be made by each family unit in a way that works for them financially, emotionally, and legally, **Family Equality strongly recommends that every LGBTQ+ parent secure legal rights to their children in order to protect their family against unforeseen circumstances.**

As the long, complex list of options presented above makes clear, LGBTQ+ people are faced with a challenging array of choices when deciding to have children. Decisions about how much additional cost an LGBTQ+ person or people in a relationship can afford are closely tied to factors including employment status, access to credit, and health insurance coverage — all areas in which LGBTQ+ people often face discrimination.

Geography also plays a significant role. Many of these options, including IVF, in-office IUI, and surrogacy, require a significant number of appointments to monitor ovulation and egg growth prior to achieving pregnancy. For many LGBTQ+ people living outside of metropolitan areas,<sup>4</sup> the simple cost of repeated travel to the nearest LGBTQ+ affirming fertility clinic, and associated missed income from taking time off of work to make the trip, may be cost-prohibitive.

**“Decisions about how much additional cost an LGBTQ+ person or people in a relationship can afford are closely tied to factors including employment status, access to credit, and health insurance coverage — all areas in which LGBTQ+ people often face discrimination.”**



**The three vignettes presented below are loosely based on actual journeys of LGBTQ+ individuals, and highlight the complexity of different paths to parenthood.**

**To welcome a child into the home, it is often necessary for individuals to choose multiple options from the menu of family building.**

## TONYA AND LUKE

Tonya, a film editor, and Luke, a musician, live in Los Angeles and wanted to have a biological child. Luke is a transgender man who knew from a young age that he wanted to be a parent. Prior to transitioning, his parents helped him afford the cost of freezing his eggs (\$11,000 for the procedure, plus \$400 per year to store the eggs for the last 10 years).

Deciding the time was right to become parents, they recently paid to have the eggs thawed, fertilized with Tonya's brother's sperm, and the resulting embryo transferred to Tonya's uterus, incurring costs for a frozen embryo transfer of \$6,000 plus \$1,500 in medications to prepare Tonya.

The first attempt did not result in a pregnancy, so they tried two more times. On the third try, the transfer was successful and resulted in a healthy pregnancy. They worked with a lawyer to ensure that Tonya's brother's parental rights were terminated, and that both Tonya and Luke have legal parental rights of their child, incurring legal fees of \$2,500.

Their total costs amounted to \$40,000. Thankfully, Tonya works for a progressive company that offers its employees supplemental insurance policies that cover fertility procedures. The three rounds of frozen embryo transfers were covered by this policy saving Tonya and Luke \$22,500 in out-of-pocket expenses. Since Luke's parents paid for the costs of his egg freezing and storage (\$15,000 total), the direct costs to Tonya and Luke were only the legal fees of \$2,500. Had Tonya's employer not offered the supplemental insurance, this path to parenthood would not have been feasible for Tonya and Luke.



## KEVIN AND JOE



Kevin, a teacher, and Joe, a construction worker, live in San Antonio, TX. With an annual household income of \$60,000, they knew that surrogacy was not an option for them. Instead, they decided to pursue adoption through the foster care system. They called three different agencies near them, but were turned away at each one because of their same-sex relationship. They spent more time researching agencies online, and eventually found one in Austin that worked with LGBTQ+ prospective parents.

They drove to Austin to meet with an intake worker; a three-hour round trip. Within three months, they became certified foster parents, and four months later, they received a call that a sibling set of three children needed a home. They welcomed an infant, a two-year-old, and five-year-old into their home. After eighteen

months, the children were all cleared for adoption, the birth parents' parental rights were terminated, and Kevin and Joe became the proud parents of the three siblings. Their total costs were \$1,100 in court fees.

## RACHEL AND KIM

Rachel, a social worker, and Kim, an artist, live in Birmingham, AL. Rachel wanted to carry their baby. Neither of them had insurance that would offset the costs of fertility medications or in-office intrauterine insemination (IUI). After finding a sperm donor they liked from a cryobank, they realized they can only afford to buy two vials and try to inseminate Rachel at home. Unfortunately, neither attempt was successful, and Rachel and Kim then took a few months off to reassess their plan.

During that time, Neil, a close male friend shared that he would be interested in coparenting with Kim and Rachel. He donated sperm, and they hired a midwife to do an at-home intrauterine insemination. After two attempts, Rachel was pregnant. During the pregnancy, Rachel, Kim, and Neil consulted with an attorney to explore whether all three of them could be legal parents of the child, and learned that while this is possible in some states, it is not currently an option in Alabama. They agreed that since Rachel and Kim would serve as primary parents and caregivers, particularly during the child's early years, it was more important to secure their rights as legal parents, so they worked with the attorney to terminate Neil's parental rights, and to secure a court-ordered adoption for Kim.

Neil continues to be an active co-parent, but because of the limitations of Alabama law, currently has no legal parental rights to the child. The total cost of their journey was \$4,600 (\$2,000 for sperm from the cryobank, \$600 for the midwife's services, and \$2,000 in legal fees).

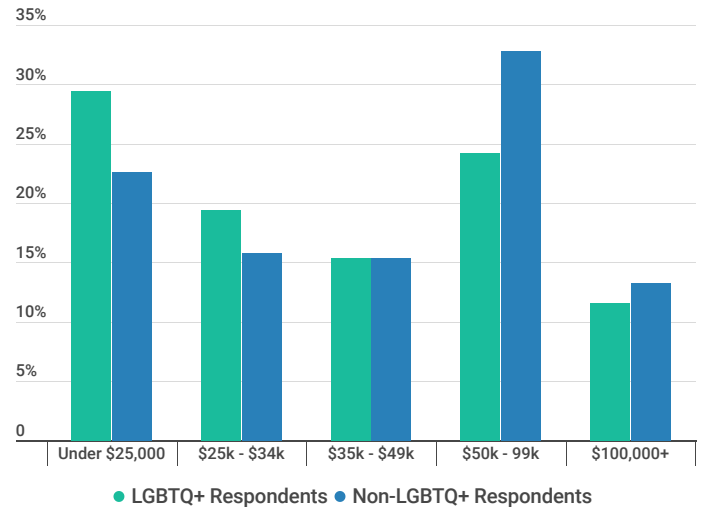


# INCOME DISPARITIES IN THE LGBTQ+ COMMUNITY

Numerous previous research studies have shown that members of the LGBTQ+ community are more likely to live at or below the poverty line than their non-LGBTQ+ peers,<sup>5</sup> and the 2018 LGBTQ Family Building Survey again confirmed that disparity. A disproportionate number of LGBTQ+ individuals report household income of under \$35,000 per year, and LGBTQ+ people are underrepresented in households earning over \$50,000 per year.

In the 2018 LGBTQ Family Building Survey’s nationally-representative survey, 29% of all LGBTQ+ respondents reported an annual household income under \$25,000 — below the level identified as the poverty threshold for a family of four by the U.S. Census Bureau in 2018.<sup>6</sup> This is seven percentage points higher than the non-LGBTQ+ population, and as Figure 1 illustrates, LGBTQ+ people are underrepresented in higher household income brackets as well. A March 2019 analysis of Gallup polling data conducted by the Williams Institute shows similar findings, reporting

FIGURE 1: HOUSEHOLD INCOME OF LGBTQ+ RESPONDENTS COMPARED TO NON-LGBTQ+ RESPONDENTS



that 25% of all LGBTQ+ respondents have an annual household incomes below \$24,000.<sup>7</sup>

This disparity grows when looking at communities of color, women, and transgender or gender nonconforming (GNC) populations. **Black LGBTQ+ people, female LGBTQ+ people, and trans/GNC LGBTQ+ people are the most likely to have an annual household income under \$25,000, and the Black and trans/GNC LGBTQ+ populations are the least likely to have an annual household income over \$100,000 (Figure 2).**

FIGURE 2: PERCENT OF POPULATION WITH ANNUAL HOUSEHOLD INCOME BELOW \$25,000

Black LGBTQ+ Individuals with a Household Income Below \$25K



Female LGBTQ+ Individuals with a Household Income Below \$25K



Latinx LGBTQ+ Individuals with a Household Income Below \$25K



Trans/GNC LGBTQ+ Individuals with a Household Income Below \$25K



White LGBTQ+ Individuals with a Household Income Below \$25K



Male LGBTQ+ Individuals with a Household Income Below \$25K



All LGBTQ+ Individuals with a Household Income Below \$25K



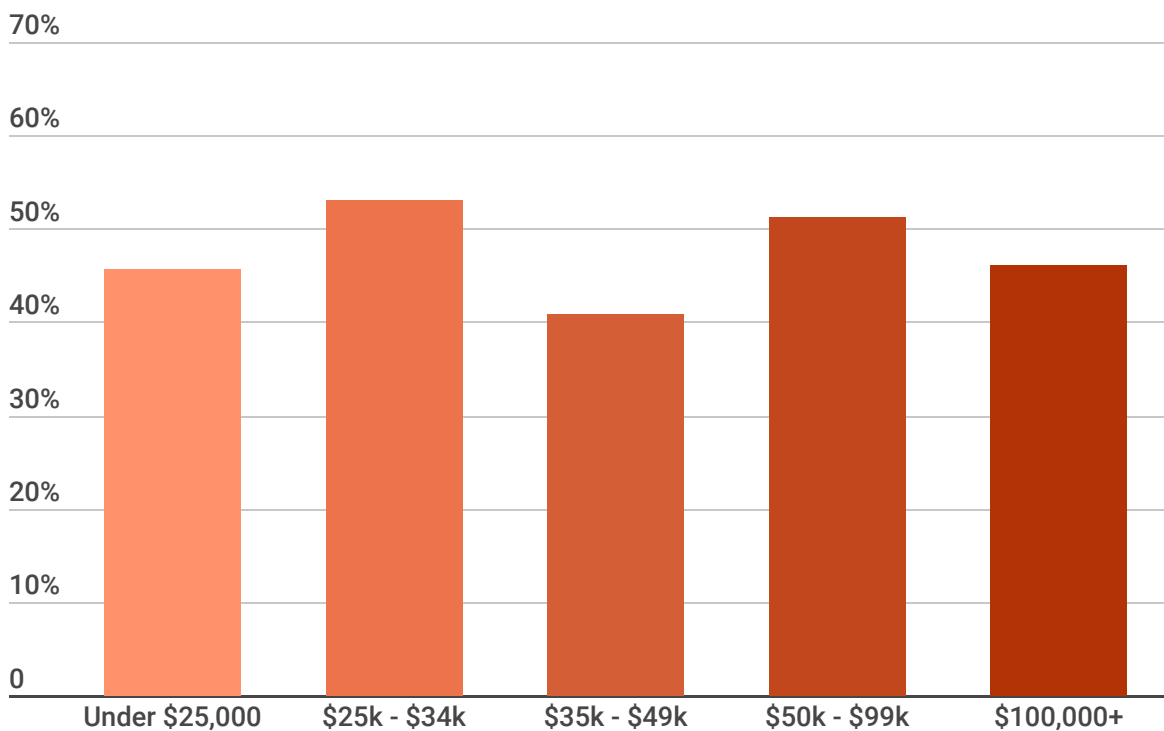
# LGBTQ+ PARENTHOOD ASPIRATIONS AND INCOME STATUS

Despite the wide disparities in household income, data from the 2018 LGBTQ Family Building Survey demonstrates that the dream of becoming a parent in the LGBTQ+ community is consistent across household

income levels. **Regardless of annual household income, 45-53% of LGBTQ+ millennials are planning to become parents for the first time or add another child to their family, with a variance of only eight percentage points across income levels. This reveals that the desire to have children exists independent of financial security: *Those making less than \$25,000 a year are considering becoming parents at very similar rates as those making over \$100,000.***

FIGURE 3: LGBTQ+ MILLENNIAL PARENTHOOD ASPIRATIONS BY INCOME

Percentage of LGBTQ+ Millennials planning to become a parent for the first time or to add a child to their family



## METHODOLOGY

Research was conducted via an online omnibus survey tool with census balancing in place to provide a nationally representative sample. This report presents the findings of this survey, conducted between July 11-18, 2018, among a sample of 500 adults who identify as LGBTQ, are ages 18+, comprising 237 men, 253 women, and 10 other, and 1,004 adults ages 18+ who identify as non-LGBTQ

comprising of 488 men and 516 women.

Respondents for this survey were selected from among those who have volunteered to participate in online surveys and polls. All sample surveys and polls may be subject to multiple sources of error, including, but not limited to sampling error, coverage error, error associated with nonresponse, and error associated with question wording and response options.

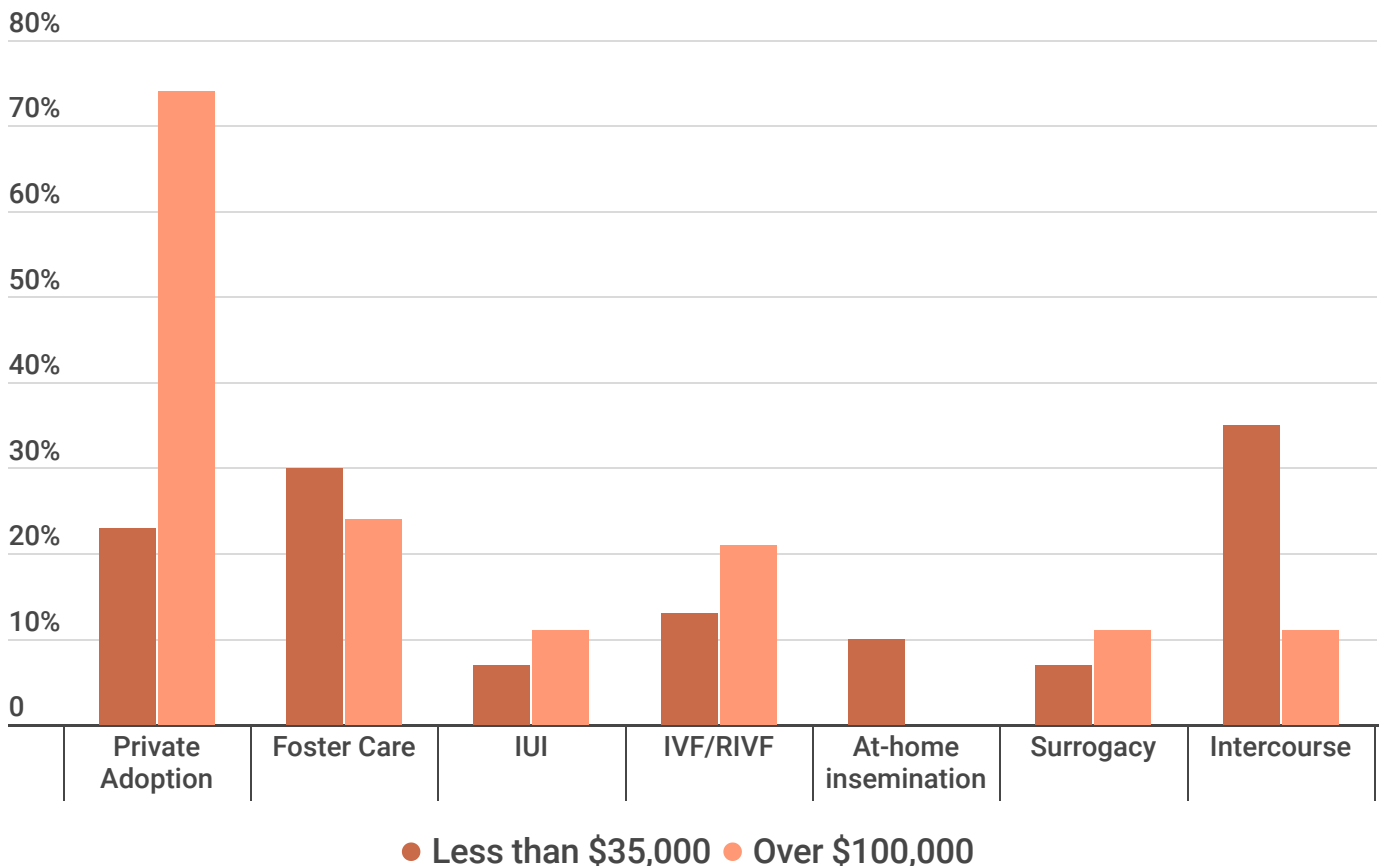
## PATHS TO PARENTHOOD BY HOUSEHOLD INCOME

While the desire and intent to have children is not dependent on household income, there are trends that can be seen when examining the paths to parenthood that are being considered by LGBTQ+ individuals in different income brackets. Data from the Family Building Survey reveals that LGBTQ+ households making over \$100,000 annually are considering the full range of paths to parenthood, from surrogacy and private adoption to foster care and IVF. The most popular options under consideration in this income bracket are private adoption (74% are considering), foster care (42%), and IVF or reciprocal IVF (21%). At the other end of the economic spectrum, for LGBTQ+ individuals in households making less than \$25,000 annually, the most commonly

considered paths to parenthood are intercourse (35% are considering), foster care (30%), and adoption (23%). LGBTQ+ people of color, women, and trans/gender non-conforming individuals are over-represented in this lower-income population, and are also those in the LGBTQ+ community most likely to be impacted by systemic racism and systems of oppression, creating additional barriers to parenthood.

The high costs of becoming a parent for many in the LGBTQ+ community combined with the disproportionately low household income of many LGBTQ+ individuals has resulted in the creation and utilization of alternative paths to parenthood for many. Options such as intercourse outside of a relationship to achieve pregnancy, coparenting with multiple partners and/or friends, at-home inseminations with known donors, and blended families are accessible choices for the LGBTQ+ community regardless of income level.

**FIGURE 4: COMPARING PATHS TO PARENTHOOD BEING CONSIDERED BY LGBTQ+ PEOPLE IN LOWER AND UPPER INCOME BRACKETS**



## RECOMMENDATIONS

Family Equality envisions a world where any LGBTQ+ individual who wants to become a parent is able to do so, regardless of race, sexual orientation, gender identity, socio-economic status, religion, national origin, geographic location, and ability status.

The recommendations listed below present a variety of ways to increase access and remove barriers to paths to parenthood for LGBTQ+ individuals. No single organization can affect the entirety of the change needed, but working together with community partners, corporations, legislators, and insurance companies, Family Equality hopes to increase access to a wider range of paths to parenthood for all members of the LGBTQ+ community.

**“Every LGBTQ+ person who wants to become a parent should be able to do so, regardless of race, sexual orientation, gender identity, religion, national origin, geographic location, and ability status.”**

### **1. Eliminate discrimination in adoption and foster care**

Child placing agencies must be prevented from refusing to work with qualified prospective parents due to their sexual orientation, gender identity, religion, marital status, or other characteristics.

**ACTION: Pass the Every Child Deserves a Family Act**

**ACTION: Repeal existing child welfare license to discriminate laws in ten states**

### **2. Establish comprehensive, explicit, nationwide nondiscrimination protections for LGBTQ+ people**

Clear, comprehensive nondiscrimination protections would reduce employment discrimination, access to housing, access to credit and financial services, and help reduce economic insecurity for LGBTQ+ people.

**ACTION: Pass the Equality Act**

### **3. Pass federal legislation to provide paid family leave for all parents**

All parents need the security of paid parental leave to care for new children joining their families, whether through pregnancy, surrogacy, adoption, or foster care.

**ACTION: Pass the FAMILY Act**

### **4. Change the Center for Disease Control's definition of infertility**

The CDC definition of infertility should be updated to include all prospective parents who do not have the anatomy needed in the context of their relationship(s) to conceive a child.

## **5. Change health insurance company fertility coverage rules**

Encourage insurance companies to waive the waiting period of 6-12 months of trying to conceive before covering fertility treatments for prospective parents who do not have the anatomy necessary to conceive a child.

## **6. Expand access to employer-provided supplemental health insurance plans for family building**

Encourage employers to meet LGBTQ+ employees' needs by offering supplemental insurance policies that cover adoption, surrogacy, and IVF.

## **7. Protect and expand access to the federal Adoption Tax Credit**

Oppose reductions of the Adoption Tax Credit, and support making the credit refundable so those without a federal tax liability can still take advantage of it.

## **8. Support efforts to expand access to fertility preservation**

Support legislative and industry-led efforts to expand awareness of and access to fertility preservation treatment that is covered by health insurance plans.

## **9. Oppose so-called “personhood” bills that would criminalize fertility treatments**

Some states have passed so-called “personhood” bills that define human life as starting from the moment a sperm fertilizes an egg. These bills could make common fertility treatments and paths to parenthood illegal, such as IVF.

## **10. Ensure all paths to parenthood detailed in this report are legal in every state**

Some state laws still criminalize or provide limited legal protections for some paths to parenthood described in this report. For example, gestational surrogacy remains illegal in some US states.

## **11. Ensure paths to securing legal parentage are available and accessible in every state**

Where necessary, state parentage statutes should be updated to ensure paths to securing legal parentage are available and accessible to LGBTQ+ parents, using language in the Uniform Parentage Act as a model.

## **12. Pass gender neutral updates to state paternity laws**

Update “Voluntary Acknowledgement of Paternity” laws in each state to make them gender neutral laws that provide for “Voluntary Acknowledgement of Parentage.”

## ACKNOWLEDGMENTS

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## LEARN MORE

Visit [www.familyequality.org/price-of-parenthood](http://www.familyequality.org/price-of-parenthood)

## ENDNOTES

- 1 USDA Center for Nutrition Policy and Promotion (2017) *Expenditures on Children by Families, 2015*. [https://fns-prod.azureedge.net/sites/default/files/crc2015\\_March2017\\_0.pdf](https://fns-prod.azureedge.net/sites/default/files/crc2015_March2017_0.pdf) (Accessed: 06/14/2019)
- 2 In this report, we use the acronym LGBTQ+ to capture the wide variety of sexual orientation and gender identities held by those responding to the 2018 LGBTQ Family Building Survey described in the “Methodology” section on Page X. Respondents’ self-identified sexual orientations included lesbian, gay, bisexual, pansexual, and asexual, and respondents’ gender identities included transgender, cisgender, genderqueer, gender non-conforming, gender-fluid, and non-binary.
- 3 Family Equality Council (2019) LGBTQ Family Building Survey. <https://www.familyequality.org/fbs> (Accessed: 06/14/2019)
- 4 Recent data indicate that between 2.9 million and 3.8 million LGBT people—or 15-20% of the total U.S. LGBT population—live in rural areas around the country. Movement Advancement Project. April 2019. Where We Call Home: LGBT People in Rural America. [www.lgbtmap.org/rural-lgbt](http://www.lgbtmap.org/rural-lgbt)
- 5 Williams Institute (2012) *Beyond Stereotypes: Poverty in the LGBT Community*. <https://williamsinstitute.law.ucla.edu/williams-in-the-news/beyond-stereotypes-poverty-in-the-lgbt-community/> (Accessed: 07/15/2019); Lourdes Ashley Hunter, Ashe McGovern, and Carla Sutherland, eds, (2018) *Intersecting Injustice: Addressing LGBTQ Poverty and Economic Justice for All: A National Call to Action*. [https://socialjusticesexuality.com/intersecting\\_injustice/](https://socialjusticesexuality.com/intersecting_injustice/) (Accessed: 07/15/2019)
- 6 United States Census Bureau (2018) *Poverty Thresholds*. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html> (Accessed: 07/15/2019)
- 7 Williams Institute (2019) *LGBT Demographic Data Interactive*. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#economic> (Accessed: 07/15/2019)

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