

“We Never Give Up the Fight”:

A Report of the National LGBTQ+ Women’s Community Survey

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Dedication



for Urvashi Vaid, founder of this project
and fierce fighter for our lives
and for all LGBTQ+ women everywhere.

ACKNOWLEDGEMENTS

This study is a labor of love carried out by so many, most importantly by the more than 8,000+ LGBTQ+ women who took the time to answer as many as 170 questions about their lives. Their responses created a data set of unprecedented breadth and magnitude.

The project sprang from ideas and values embedded in Urvashi Vaid's social justice think tank and action lab, Justice Work, in partnership with Dr. Jaime M. Grant. Justice Work continues to manage this project under the leadership of Dr. Carla A. Sutherland, a co-creator of the survey. The crucial labor of our volunteer advisory committee grounded us in the communities and realities we hoped to illuminate. We are immensely grateful for and to: A. Sparks, Alice Y. Hom, Alok Vaid-Menon, Alyce Emory, Amelie Zurn, the Honorable Andrea Jenkins, Bianca D. M. Wilson, Cathy Cohen, Coya White Hat-Artichoker, Dean Spade, Ignacio Rivera, Dr. Imani Woody, Jack Harrison-Quintana, Juan Battle, Loraine Hutchins, M.V. Lee Badgett, Mandy Carter, Mary Anne Adams, Sandra Nathan, Sandy James, Suzanne Goldberg, and Tonia Poteat.

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The LGBTQ+ Scholars of Color network gave us early thinking and advice that helped us develop our survey instrument. A series of open meetings with our partner organizations shaped our thinking and added important dimensions to the questionnaire (see methodology).

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Thank you to our donors: The Laughing Gull Foundation, the Arcus Foundation, Grindr4Equality, the Billie Jean King Leadership Initiative, Wellspring Philanthropic Fund, the Ford Foundation, the Collaborative for Gender and Reproductive Equity, the Palette Fund, the Rising Fund, the Field Hamilton Fund, Linda Ketner, Dee Mosbacher, the Masto Foundation, the Ms. Foundation, the Astraea Lesbian Foundation for Justice, donors of the Horizons Foundation, The New York Women's Foundation, The Freeman Foundation, and the Johnson Family Foundation.

Thank you to our 120 community partner organizations that supported the development of our survey questionnaire and distributed links to the survey to their community members.

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FOREWORD

By Dr. Bianca D.M. Wilson

The National LGBTQ+ Women's Community Survey is in many ways a response to mounting attacks on bodily autonomy, economic opportunity, and sexual rights in the U.S. Research that demonstrates economic struggles and other disparities among all LGBTQ people that are often highlighted in advocacy efforts are statistically driven by the realities of queer women, and yet we are often diminished in that discourse. It is problematic to use research on queer women's high rates of disparities to drive investment and funding in LGBTQ policy and services work and yet not center us as we shape those policies and services.

Urvashi Vaid understood this deeply. Our conversations about her vision to initiate this project indicated that she saw clearly that women's issues were LGBTQ issues and if lesbian, bisexual, and all queer women were not an explicit part of the LGBTQ+ equity policy agenda, that agenda would not be developed in ways that benefited us.

The National LGBTQ+ Women's Community Survey is resistance in action to this ongoing trend and was built from a legacy of previous efforts to call attention to the needs, concerns, and lives of lesbians and a range of women who identify their sexuality and/or gender outside of a cisheteronormative framework. After percolating the idea in the late 1970's, Caitlyn Ryan, Judy Bradford, and Esther Rothblum conducted the first ever such survey in the U.S.- the National Lesbian Health Care Survey (NLHCS, 1984-1985). They fought to produce this national study of lesbian and bisexual women's health because there was "very little information about how lesbians conceptualized health. [They] were also interested in how stigma affected health, mental health, self-care, and access to care." (Ryan & Bradford, 1999, p. 92). Their work on the NLHCS paved the road for the next four decades of attempts at increasing national attention to LGB women's health and wellbeing through large-scale surveys. These efforts included the Institute of Medicine report on Lesbian Health and then national research focused on lesbian and bisexual women, including the Black Women's Relationship Project, the Chicago Health and Life Experiences of Women (CHLEW) Project, the National Longitudinal Lesbian Family Study, and many more conducted at local levels. These efforts typically found support in the health funding sector and highlighted key health concerns for lesbians and bisexual women, such as high cancer rates and barriers to healthcare access.

Much of the earlier research on lesbian and bisexual women was focused on those who were or were assumed to be cisgender women. The current National LGBTQ+ Women's Community Survey broadens this understanding of queer women's communities to include all those identifying with a girl or woman identity at some point in their lives who stand outside a cisheteronormative framework. This expansive definition included, for example, many people who identify as lesbian, bisexual, or queer transgender women; transgender men whose politics and lives are women-centered; and nonbinary lesbians. To that end, we must also look to pioneering large scale survey studies that were focused on transgender and nonbinary (whether trans identified or not)

communities, such as the national Transgender Discrimination Survey (NTDS, 2011) and the United States Transgender Survey (USTS, 2015) as important foundations for this current project.

While these examples of foundational work demonstrate there is a strong history of LGBTQ women's research, the examples are too few and far between compared to the number of studies focused on gay and bisexual cis (presumed) men. I've personally and professionally tried to resist this ongoing exclusion and aimed to push back on the lack of focus on queer women's communities. Typically, my research and social service work has focused on women (mostly cisgender, but not all) who identify as LBQ+. LBQ+ women have received some of the lowest levels of LGBTQ-related funding, in part because HIV risk could not be deployed as an organizing and motivating issue for most of this community. For me this resistance has included volunteering and working with youth at Affinity Community Services in Chicago, one of the longest standing Black lesbian and bisexual women's social services organizations in the United States. An intentional focus on queer women has also led to co-coordinating with many inspiring and determined colleagues in Chicago in the late 1990s to organize the first ever queer women-focused health education fair in the city, the Women who Love Women Health Festival. Professionally, this commitment to LBQ+ women's rights and health took shape in my earlier scholarship examining Black lesbian sexual culture – a topic inspired by pressure from lesbian/dyke communities questioning the lack of attention to queer women's sexual health needs and the heightened awareness of negative impact of the narrow focus on HIV and STI risks in LGBTQ health settings.

Since those days of work on LBQ+ women's health, my research has shifted to include a direct focus on systems and structures of oppression that impact wellbeing. When looking at this research we see a disconnect between the level of attention to the needs of queer women and the levels of disparities experienced. For example, while many of us engaged in LGBTQ+ policy and equity work make overall statements such as “LGBT people are overrepresented among those who are incarcerated,” the reality is that the overrepresentation is driven by sexual minority cis girls and women, as well as high incarceration rates among trans women. Similarly, when advocates talk about LGBTQ people experiencing more poverty, what they are really citing are data demonstrating the ways LBQ+ women and trans women across sexual orientation identities experience particularly high rates of poverty.

The need for more efforts to highlight the data on LBQ+ women were clear – if we didn't push this issue, then responses to LGBTQ+ equity issues would take a generalized approach. Generalized approaches have a way of translating to strategies that help those in more dominant groups, such as cisgender White men. In response, in 2021, my colleagues (Lee Badgett and others) and I published the first ever comprehensive report on lesbian, bisexual, and queer women that was inclusive of trans and cis women and covered nearly a dozen domains of indicators of health and wellbeing ranging from mental health, physical health, socioeconomic status, reproductive concerns, criminalization, and system involvement. This report demonstrated that the national population of LBQ women experience several disparities, with women of color often bearing the higher burden. Our report also demonstrated that the impact of the intersection of sexual minority status and woman identities were not uniform across various topics and in outcomes. We

found that LBQ women experience very high rates of mental health concerns but at similar levels to that of gay and bisexual men, highlighting the significance of the sexual minoritized experience in the U.S. across gender. And yet when we looked at poverty, we saw that women in general, whether bisexual, lesbian, or straight, experience higher rates of poverty compared to men, indicating that economics remain a highly gendered experience. This comprehensive report, on which Urvashi Vaid served as part of the advisory team, was a significant step in centralizing the experiences of queer women in LGBTQ+ social justice work. Yet, it was admittedly limited by the available national population data.

The National LGBTQ+ Women's Community Survey is our chance to define further what we want to know about queer women's experiences that fall outside the limited framing of existing federally-sponsored health and economic large-scale surveys that may ask questions about sexual orientation and gender identity, but at their core are focused on a white cisgender heterosexual men's experience. I say that they focus on a white cisgender heterosexual men's experience at their core because of the absence of variables that define a minoritized and oppressed experienced in the U.S. related to race, sexuality and/or gender. The qualitative work my colleagues and I have conducted over the years showed the importance of asking questions about family formation, sexual agency, intimate partner violence, fat politics and disability, racialized sexism, gender expectations in relationship to criminalization, impact of gender expression in the workplace, and many other issues important specifically to LGBTQ+ women. This project builds on this earlier work by exploring many of these topics with a large-scale community survey that provides the opportunity to use numerical data points and stories to communicate effectively to policymakers.

Research on LGBTQ+ women plays a vital role in providing visibility, promoting understanding, and addressing the unique needs and challenges faced by the distinct and overlapping communities under this umbrella. The significance of the potential for data to drive social change cannot be overstated. Data serves as a powerful tool that enables individuals, organizations, and policymakers to understand and address societal issues effectively. It allows policymakers and organizations to understand the scale and scope of social problems, identify root causes, and assess the impact of potential interventions. By collecting and analyzing data across different demographic groups, socioeconomic backgrounds, and geographic regions, researchers and advocates can identify patterns and trends that highlight disparities in areas such as education, healthcare, employment, and access to resources. Data-driven stories, infographics, and visualizations are effective tools for communicating complex social issues in a digestible and relatable manner, increasing public engagement and fostering support for social change initiatives. Data allows for the evaluation and measurement of social change efforts. We will not know whether policy and service interventions designed to improve the lives of the multiple communities in which LGBTQ+ women exist have worked if we aren't tracking their impact at these intersections. Finally, data-driven collaborations promote collective problem-solving and enable stakeholders to leverage each other's expertise and resources, leading to more comprehensive and impactful social change efforts.

We can all recognize that the enterprise of empiricism and science has often not served the interests of marginalized and oppressed people. Yet good policy reflects an understanding of the lives of the people it intends to impact and an assessment of who may be unintentionally affected. Those of us committed to systematic research, whether from a community, consultancy, or university base, can help to provide that needed information. The legacy of empirical research on the diverse lives, experiences and needs of LGBTQ+ women is advanced by projects like the National LGBTQ+ Women's Community Survey. As we move forward, LGBTQ+ policy work drawing from the data on queer women's health and wellbeing has a renewed opportunity to better reflect the policy priorities most important to us and with the potential for the greatest impact.

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Further Reading

Bradford J, Ryan C, & Rothblum ED. (1994). National Lesbian Health Care Survey: implications for mental health care. *J Consult Clin Psychol*. Apr;62(2):228-42. doi: 10.1037//0022-006x.62.2.228. PMID: 8201059.

Nanette Gartrell (2021) Overview of the 35-year U.S. National Longitudinal Lesbian Family Study and Its 92% Retention Rate, *Journal of GLBT Family Studies*, 17:3, 197-213, DOI: [10.1080/1550428X.2020.1861573](https://doi.org/10.1080/1550428X.2020.1861573)

Grant, Jaime M., Mottet, Lisa A., Tanis, Justin, Harrison, Jack, Herman, Jody L., Keisling, Mara. (2015). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: National Gay and Lesbian Task Force; National Center for Transgender Equality.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

Institute of Medicine (US) Committee on Lesbian Health Research Priorities. *Lesbian Health: Current Assessment and Directions for the Future*. Solarz AL, editor. Washington (DC): National Academies Press (US); 1999. PMID: 20669421.

Kilbride, E. (2023) "This Is Why We Became Activists": Violence Against Lesbian, Bisexual, and Queer Women and Nonbinary People. Human Rights Watch. https://www.hrw.org/sites/default/files/media_2023/02/global_lbq0223_web.pdf

Mays, V. M., & Cochran, S. D. (1988), *The Black women's relationship project: A national survey of Black lesbians*. In M. Shemoff & W. A. Scott (Eds.), *The sourcebook on lesbian and gay healthcare* (2nd ed.) (pp. 54-62), Washington, DC: National Gay and Lesbian Health Foundation.

Razzano, L. A., Matthews, A., & Hughes, T. L. (2002). Utilization of mental health services: A comparison of lesbian and heterosexual women. *Journal of Gay & Lesbian Social Services*, 14(1), 51-66. LBQ funding report

Ryan, C., & Bradford, J. (1993). The National Lesbian Health Care Survey: An overview. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (pp. 541-556). Columbia University Press. (Reprinted in modified form from M. Shernoff et al (Eds.), "The Sourcebook on Lesbian/Gay Healthcare," Washington, DC: National Lesbian and Gay Health Foundation, 1988, pp. 30-40)

Ryan, C., & Bradford, J. (1999). Conducting the National Lesbian Health Care Survey: First of Its Kind. *Journal of the Gay and Lesbian Medical Association* 3, 91-97. <https://doi.org/10.1023/A:1022240011658>

Saleh, L and Sood, N, (2020). *Vibrant Yet Under-Resourced: The State of Lesbian, Bisexual, and Queer Movements*. New York and Amsterdam: Astraea Lesbian Foundation for Justice and Mama Cash.

Wilson, B.D.M, Gordon, A.R., Mallory, C., Choi, S.K., Badgett, M.V.L., & LBQ Women's Report Team. (2021). *Health and Socioeconomic Well-Being of LBQ Women in the U.S.* Williams Institute, Los Angeles.

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INTRODUCTION

While popular culture often pits LGBTQ+ women against each other, this survey is a testament to how queer and trans women show up for each other because our lives and our fates are intertwined. We make our lives with and among each other, and we are subject to the same discriminatory forces in US society that oppress people based on gender and sexuality. For those of us who are BIPOC, disabled, and poor, our oppression and marginalization are compounded.¹

This project germinated in 2019, when a multiracial group of veteran researchers, organizers, and advocates across the LGBTQ+ spectrum discussed the persistence of racialized sexism in U.S. society and in the LGBTQ+ movement—and how we experience this playing out in movement agendas and in our lives. While we had countless stories to tell about our struggles and the ways we've addressed them within our own communities, we lacked comprehensive data that accounts for our crucial realities and analyses of how experiences of discrimination and violence add up in our lives.

Over 18 months, we created an exhaustive questionnaire filled with every query no one has ever bothered to ask us. We created grids to map our complex identities and describe the shape and contour of our families. We traversed the ground we felt was important—from economic, religious, and political life to social and sexual practices. We went over territories that have been relatively well-researched, such as health and education, while placing that data in a much more complex and nuanced context of identity than previous research has attempted.

We—LGBTQ+ women who partner with womxn—are struggling. We are worn down by the burdens imposed by a superstructure of violence and exhausted by the dismissal of our realities within our own movements. Over and over again, we hear platitudes about the ways LGBTQ+ women have shown up—as leaders in our movement organizations, as caregivers throughout the AIDS crisis and beyond, as brilliant theorists, artists, and donors to our cause. Yet, where is the commitment to our needs?

It's time for more than empty praise. It's time to shift our movement agendas. It's time, as Audre Lorde said in the '70s, when she defined herself as a Black Lesbian Poet Mother Warrior, to prioritize policies that start with those most impacted by anti-LGBTQ+ animus rather than tack us onto the bad end of limited advocacy efforts or create a soundbite.

We offer this report as a starting place. Researchers, advocates, everyday community members in the fight for justice—here are your numbers. Disturbing. Comprehensive. For us, by us. Take these up. Make change. Fight with us, and for us.

¹ Throughout the report, we use the term BIPOC to refer to Black, Indigenous, and People of Color in the study. BIPOC is a term that centers the massacre of Indigenous people and the enslavement of Black people as fundamental to the racialization and oppression of all people of color in the US, including Latinx, API, Middle Eastern, and Multiracial people. This term is often used by queer and trans organizers fighting for justice.

METHODOLOGY

About The Survey

This study was co-created by a team of LGBTQ+ women and their allies, born of frustration at the lack of analysis about how racism, misogyny, and other structures of violence combine to impact women who partner with women across the lifespan. In 2019, veteran LGBTQ+ movement leader Urvashi Vaid and researcher/activist Jaime M. Grant built a team of scholars, activists, advocates, and strategists to mount this first-ever national survey of LGBTQ+ women who partner with women to uncover and illuminate these realities. Throughout this process, Johanna Sanders served as a key thinker, organizer, and community-builder.

We agreed on several foundational values and aims which grew our methodology:

1. We wanted to bring the unique needs of LGBTQ+ women into view, to dislodge underlying and often invisible sexist and racist values that drive LGBTQ+ movement priorities and reinforced the overarching racist, sexist, queer- and transphobic superstructure of our society.
2. We wanted the survey to tell the stories of anyone who had been perceived as, identified as, or lived their lives as women partnering with women, even if this was a relatively short period, because we believe that misogyny's punishment and reward systems impact all of us who move in the world as girls and women, regardless of when we find ourselves on the path.
3. We chose to study *women partnering with women*, specifically, because we wondered what the scaffolding of discrimination and violence that impacts *all women* would look like among women who centered women in their lives.
4. We believe that women of color feminist theory and tools provide the most powerful and appropriate way to consider our situations and our lives, and that the architecture of the project—its principals and accountability team, its questionnaire, our methods of collecting data, and our reports—would reflect that belief.

Feminist of Color Methodologies

Accordingly, project founders built an advisory committee constituted of a majority of women of color and people of all genders, including cis gay and trans men actively fighting for LGBTQ+ women's lives in their work. We invited LGBTQ+ service and advocacy organizations to join us as partners (see lgbtqwomensurvey.org).

Dr. Juan Battle on the advisory team recruited graduate students from The City University of New York to survey existing federal questions that included LGBTQ+ women. Graduate students at Columbia University's Mailman School of Public Health created a literature review and an annotated bibliography of existing studies of LGBTQ+ women. Intern Rebeca Fomich built a formative database of over 800 LGBTQ and women's organizations and was instrumental in reaching out to partner organizations around the country and working on our social media.

Through the help of advisory member Dr. Tonia Poteat, we enlisted the expertise of Dr. Ali Alyasah Sewell at Emory University, an award-winning non-binary sociologist who had founded the Race and Policing project there. They recruited graduate students Mickey Fitzpatrick, who supported the team during the creation of the survey instrument, and Clark Brinson, who became a key member of the team throughout the fielding and analysis stage.

Over the course of 18 months, we built a 170-question, original survey instrument collaboratively, drawing on our advisory committee and the expertise of scholars and activists in the work. In January 2019, we held an in-person workshop at the National LGBTQ+ Task Force's Creating Change conference to begin generating questions. During this period, we enlisted the expertise of Dr. Carla Sutherland to serve as project strategist and coordinator.

Soon after the Creating Change workshop, our world contracted due to the COVID-19 pandemic and our plans for in-person community-building around the survey evaporated. We spent months refining our questionnaire in online collaborative spaces, fielding the study in June 2020.

Throughout this period, we struggled. We struggled, it turns out, with every issue that our respondents identified as impacting the community in the survey. On a parallel course, within the advisory committee, members suffered the disproportionate losses of the pandemic—illness and death among immediate and extended family and catastrophic losses among staff and community members. The high level of disability within the team and committee meant many of us lived in isolation for months on end as we fielded the study.

Our team had multiple "diagnoses" going on at any given time and life-threatening illness among more than one of us. Together, we leaned into the truth that queer and trans women—and all women of color—have been living and working by for... centuries. We took up the practice of "making a way out of no way." We carried on in the best ways we could, centering care for one another and deep respect for our brilliance, persistence, and multiplicity of burdens.

And here we are. We are excited to share our formative processes and data methodology as a creative leap forward in community-accountable research on LGBTQ+ women who partner with women.

Inclusion and Exclusion

To qualify for the study, respondents either currently identified or have identified as a woman, and center their social, emotional, sexual, and/or familial life on women. All respondents are over 18 years old, provided a U.S. zip code, and completed the survey in either English or Spanish using the internet and a computer.

We excluded any respondent who did not meet that criteria and any whose responses to our demographic questions were illegible, inconsistent, or hostile.

Our ambition to cover every topic of importance to LGBTQ+ women may have compromised the accessibility of the project. More than 8,000 people who have or do identify as LGBTQ+ women and partner with women took the survey, but only 5,000 were able to complete the questionnaire. We note that a survey of European lesbians taken in the same period also had a very high drop off rate (38%), and we fold the stresses of the pandemic into this mix of factors.

Black and Latinx women and women living on limited incomes dropped off at high rates (as high as 44%). Here, our desire for a “comprehensive” survey in the midst of a global health emergency impacted race and class representation in our respondent community and our results. In the end, 27% of our respondents in our final sample were BIPOC-identified.

We stayed in the field for a very long time in an effort to improve BIPOC participation (June 2020–September 2021). So, amazingly, this sample is a report from LGBTQ+ women who partner with women while living in the thick of the COVID pandemic. In that sense, this study is truly one-of-a-kind due to its number of participants, depth, breadth, national scope, and historic fielding period.

Building the Questionnaire

We spent 18 months generating questions for the study collaboratively. While the core survey team had the biggest impact on the development of questions, we sought community input at several junctures.

In January 2019, we held an in-person workshop at the National LGBTQ+ Task Force’s Creating Change conference to begin generating questions. We held two Zoom workshops with representatives of our 120 partner organizations. We invited the U.S. Scholars of Color Network to present questions and data collection strategies.

Members of the project's advisory committee gave extensive feedback on our original roster of 250 questions, helping to cull the questionnaire in length by identifying areas of inquiry that seemed the most pressing. Project advisors also helped pose novel questions (e.g., asking respondents what, in their opinion, drove different experiences of discrimination: Sexism? Anti-LGBTQ bias? Racism? Anti-fat bias?). We envisioned that this depth and nuance would distinguish the study from others.

We did not test our questions. We drew on question stems and substantive domains of inquiry developed in the 2011 National Transgender Discrimination Survey (NTDS). Many of these have been tested repeatedly in other studies and replicated all over the world.

The language of the NTDS (2011) is aimed at people who had graduated high school or had "some college." Using these question stems as a guide, we attempted to maintain accessible language throughout the survey. Medical terms, legal terms, and some common LGBTQ+ community terms can skew language into less accessible territories for respondents.

Community Engagement Strategies

Everyone connected to the project reached into our existing networks to invite respondents.

We created small business cards with QR codes to the survey and passed them out in the limited number of in-person gatherings we attended and left stacks of them at LGBTQ+ businesses.

Throughout the fielding period, we offered small subgrants to members of the advisory committee who serve BIPOC community members to produce small events to gather and encourage potential respondents. In the end, these gatherings largely took place via Zoom. In May and June 2021, we attended Black Pride events in Atlanta and D.C. and some of the other Black prides across the South.

For over a year, we engaged Adah-Duval Pittman-Delancey, as an organizer in BIPOC and Southern LGBTQ+ women's communities to create strategic, community-conscious messaging on our website and social media—#WeOutHere—and to engage small BIPOC community events producers to create gatherings for potential respondents. These activities increased BIPOC engagement with the study.

We encouraged our 150 partners to drop the link to the survey in their newsletters and weekly mailings to constituents, and many did, repeatedly over many months.

We gave keynotes at key sites of LGBTQ+ community organizing around health and employment equity—Centerlink, GLMA, and Out and Equal—to build interest and engagement.

Cathy Renna, communications director at the National LGBTQ Task Force, worked with us on national media strategy, and we got op-eds in *The Advocate* and *Yahoo Finance*, as well as several articles in LGBTQ+ women's magazines, including *Curve* and *Queer Forty*.

Renna also secured a partnership with Rivendell Media group, who worked with their LGBTQ+ small press clients to place free banner ads about the survey in small LGBTQ+ publications all over the country.

We did not have funding for ads or a major campaign, and we were not embedded in an organization with an existing list.

Sampling Methodology

Throughout the fielding phase, we observed the development of the respondent community closely and adjusted our strategies accordingly. Our goal was to gather a sample that reflected our community in terms of race, gender, sexuality, income/class, education, and geography. Other categories of experience we observed and endeavored to engage included LGBTQ+ women caught in criminal punishment systems, displaced people, and the unemployed.

As noted above, we were more successful in realizing some of these aspirations than others (see Chapter 1, *A Portrait of Our Respondents*). For much of the fielding period, the team met weekly or biweekly, observing the growth of the respondent community and adjusting our engagement strategies to fill gaps as the sample developed. In the end, we gathered a large sample that presents the experiences of a broad swath of our community. And, it is important to note, this is not a population-based study and our results cannot be generalized to apply to all LGBTQ+ women.

Survey Hosting and Data Cleaning

Emory University approved our Institutional Review (IRB), ensuring the full consent and safety of our participants. Emory engaged the Qualtrics platform for the survey, and a team there built the container for our 170 questions and all resulting data. We collected no personal data on any respondents, ensuring the anonymity of all participants.

In cleaning the data, we excluded respondents who did not (and had never) identified as women, who did not offer a U.S. zip code, and did not state an age of over 18. We discarded duplicates. We eliminated respondents whose write-in responses were hostile to women and/or anti-LGBTQ. We eliminated respondents whose answers about their gender and sexuality were inconsistent or "gibberish."

In deciding how to report on the data for the purposes of this report, we chose to examine the 5,002 respondents who completed more than 90% of the questions that pertained to them. We did this for the sake of consistency and improving our ability to compare experiences of people across different identities and demographics.

In Sum

This report describes the experiences of our 5,002 respondents as articulated by their answers to 110-170 questions about their lives. We present frequencies here—the number of people who answered a question, or the number who chose a response from a list of multiple options. We did not weight the sample to correct for demographic shortcomings. We did not perform regression analyses to establish causal relationships or statistical significance.

What we have gathered here is the largest and highly representative multi-issue, comprehensive data repository on the life experiences of LGBTQ+ women who partner with women in the U.S., and we present a vast array of findings here. This report is descriptive and covers important ground, but it is absolutely not exhaustive. We have great hopes that researchers will imagine the rich possibilities that our findings gesture toward and do deeper, more complex analysis with this data set for years to come. We have even higher hopes that advocates will take up these numbers and fight for the changes our findings demand.

HOW TO USE THIS REPORT

This report is the culmination of the largest-ever national survey of 5,002 LGBTQ+ women who partner or have partnered with women in the U.S., including trans and bisexual women, as well as those who don't have a fixed or binary gender but have identified as women at some point in their lives. We wrote it to help movement builders, community members, and policymakers fight for a world worthy of LGBTQ+ women.

Through the many hours they spent answering more than a hundred and fifty questions, survey participants offer us a nuanced portrait of their lives in their families; at school; navigating their communities; finding work; creating relationships, partnerships, and families; caring for the people they love; pursuing education; securing housing and health care; surviving policing and incarceration; voting and volunteering; engaging in spiritual and religious traditions; playing sports and enjoying their social and sexual lives; struggling and thriving.

Take a look at our major conclusions, then go to the chapters that matter most to you and check out our findings. So many aspects of our lives are interwoven with others—start where your passion for LGBTQ+ women's lives leads you and go from there.

We offer our insights as catalysts to do more and better. We hope readers will get excited about directions for future research and funding. We hope advocates will rethink priorities and strategies. We hope that students, advocates, and researchers will make deeper dives into this massive database to question more, explain more, and find important relationships between and among the various experiences and outcomes described here.

Our charge to all comers: Keep going! LGBTQ+ women deserve all our best efforts.

EXECUTIVE SUMMARY

This report analyzes the responses of 5,002 LGBTQ+ women who answered 110–170 questions in a national community survey fielded from June 2021–June 2022. While more than 8,000 respondents engaged with the survey, these 5,002 women answered all, or nearly all, of the questions posed.

Study principals wondered: When LGBTQ+ women partner or make family with other LGBTQ+ women, how do the burdens of misogyny and other structures of violence add up in our lives? In what specific areas do we struggle? What strategies best support us in building the lives we want, regardless? How and under what circumstances are we thriving?

Accordingly, we looked at many crucial domains that create or foreclose possibilities in the lives of LGBTQ+ women who partner with women, including identity, education, housing, economic security, employment, health and health access, disability, policing and incarceration, family and parenting, sociality and community, sex and sexual practices, religious upbringing and religious life, aging, political and civic engagement, and interpersonal violence.

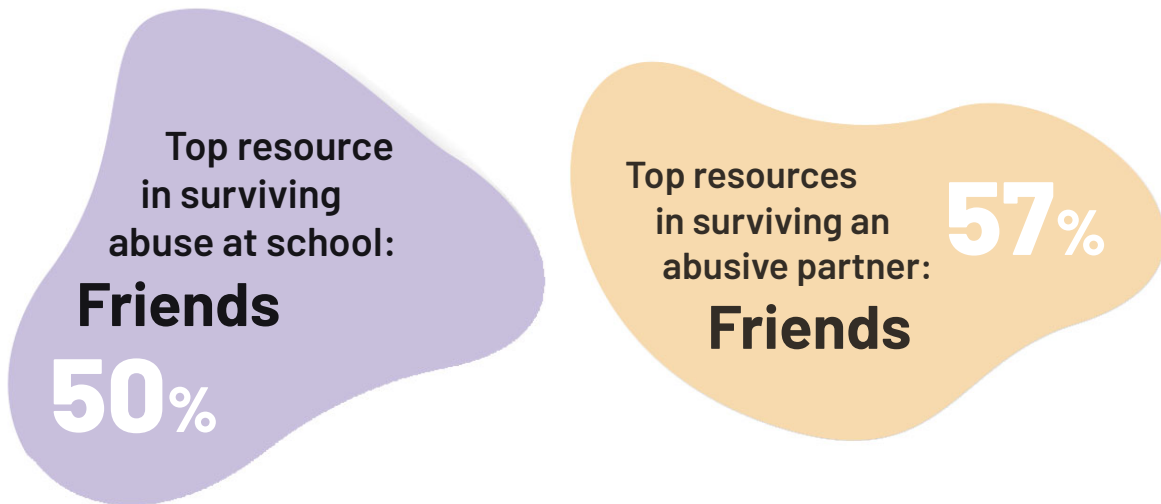


META FINDINGS

In this pilot release of data, we examine seven of these critical arenas: gender and sexuality across the lifespan; education; disability; experiences of violence; religious upbringing and religious life; sexual practices, joy, and resilience; and policy priorities. Chapters covering the remaining domains will be released over the next several months.

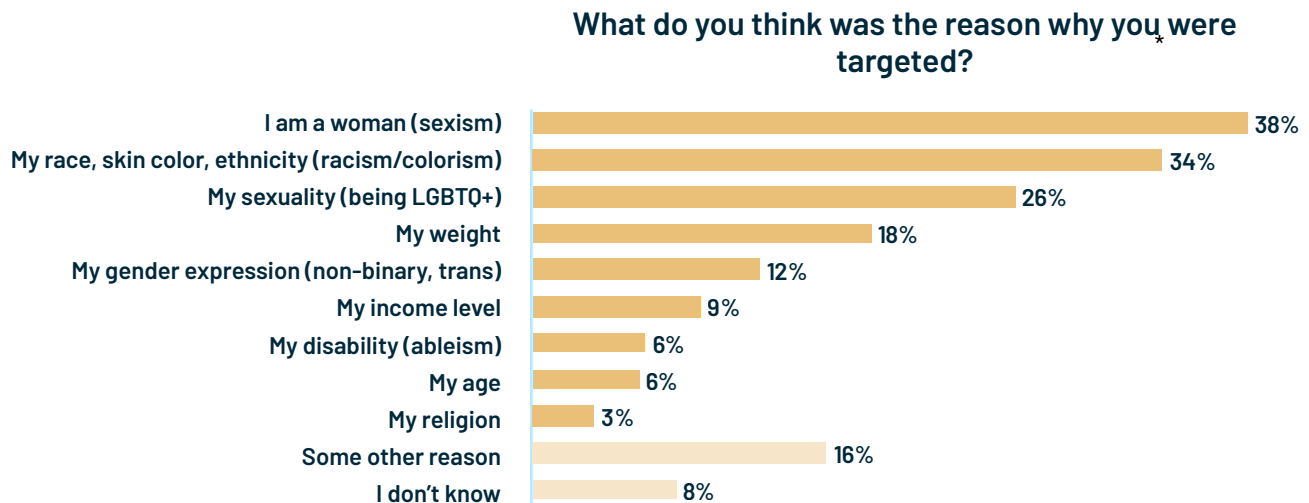
+ INSTITUTIONS FAIL US, BUT WE SAVE US

Institutions often fail us; queer friendships, family, and our allies save us.



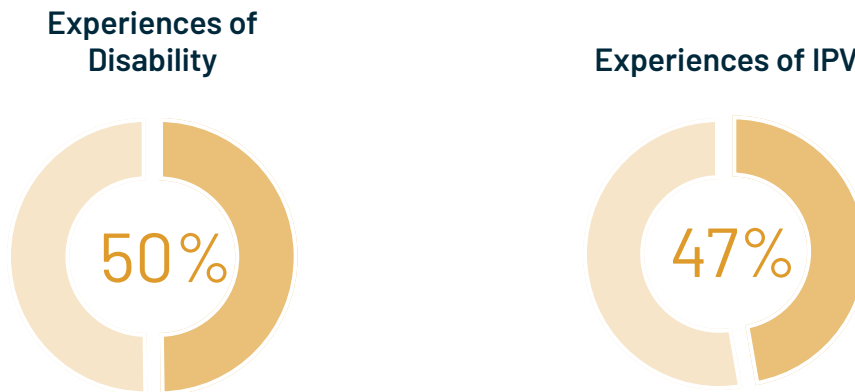
+ VARIED DRIVERS OF DISCRIMINATION AND VIOLENCE

Naming what they believe to be the key drivers of discrimination and violence against them, respondents pointed most often to sexism (38%), racism (34%), anti-LGBTQ+ animus (26%), and being targeted due to their weight (18%).



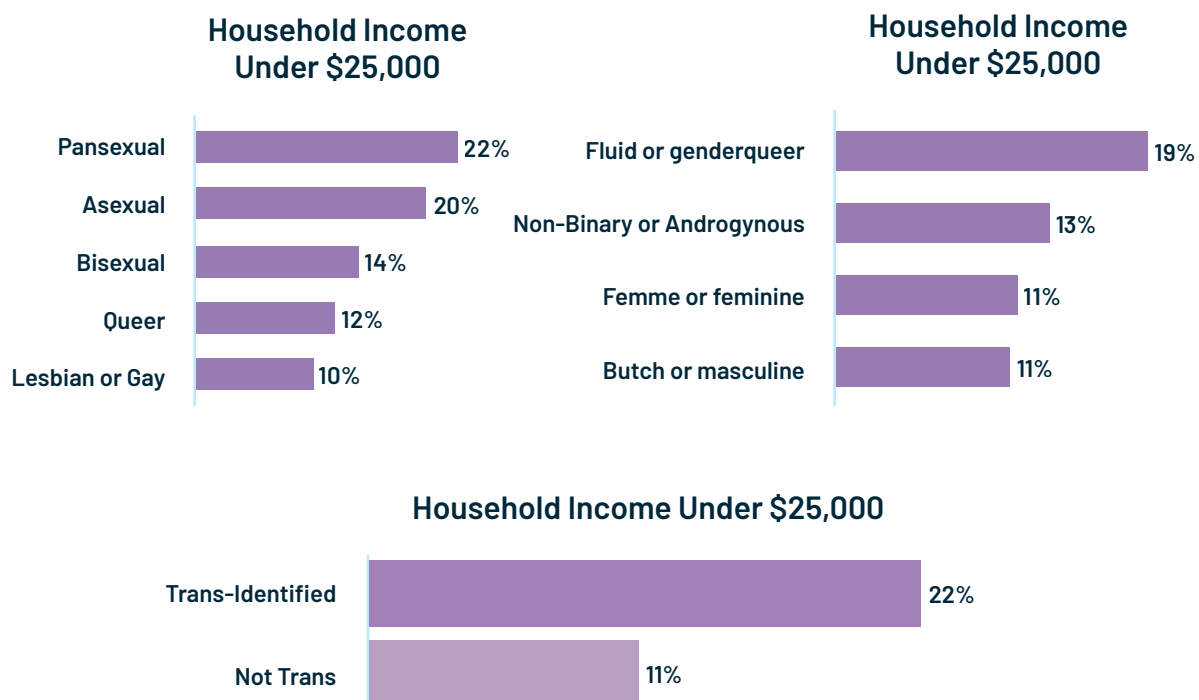
+ HIGH RATES OF DISABILITY AND INTERPERSONAL VIOLENCE

LGBTQ+ women in the study endure very high rates of disability (50%) and exposure to intimate partner violence (47%). Their experiences of this then multiply in their partnerships with other LGBTQ+ women.



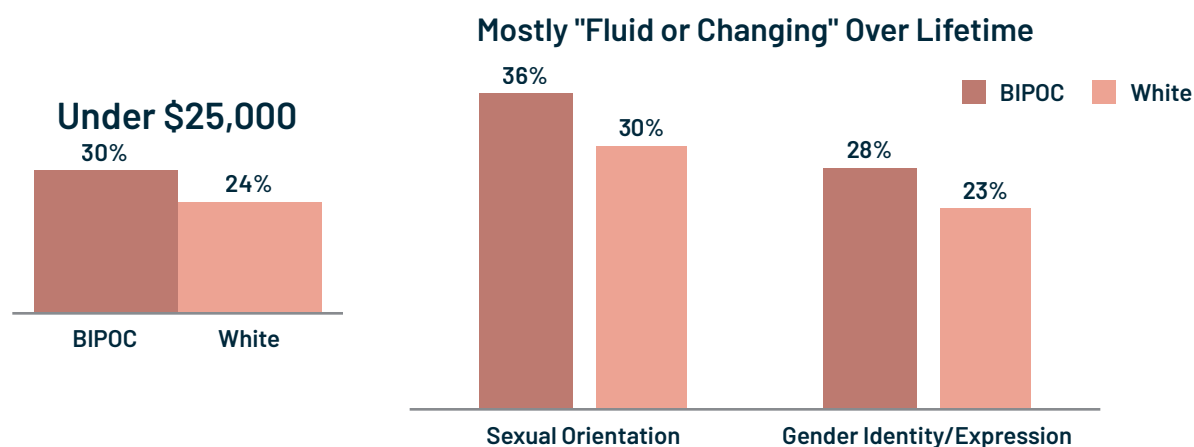
+ FLUIDITY AND ECONOMIC PRECARITY

Gender fluid, pansexual, and trans-identified respondents often experienced more social and economic precarity than their peers in the study whose gender and sexuality is not fluid or changing over the course of their lives.



+ HIGHER POVERTY AND FLUIDITY AMONG BIPOC RESPONDENTS

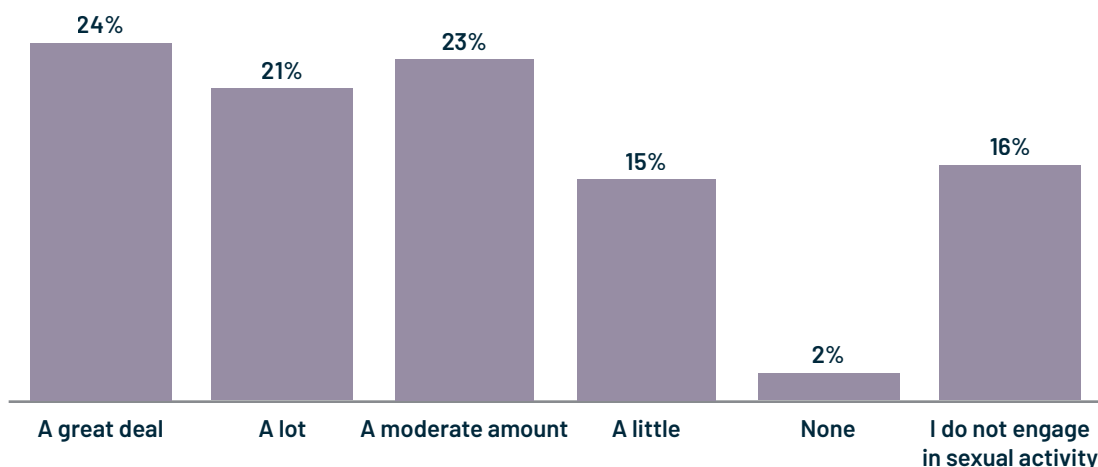
BIPOC women reported fluid and changing genders and sexualities more often than their white peers in the study, thus bearing multilayered vulnerabilities due to the combined effects of racism and sexism alongside that fluidity.



+ MORE SEX, MORE JOY

Respondents are having sex more often (84%) than people in the general population (74%).¹ Nearly 1 in 2 study participants reported that their sexual life gives them a great deal (24%) or a lot (21%) of joy and pleasure.

How much joy and pleasure does your sexual life give you?



+ OUR FAVORITE THINGS

In naming their three favorite things about being an LGBTQ+ woman, embodied self-determination and the joy of living and loving in community with queers and especially other LGBTQ+ women were paramount.

Our Favorite Things:

Embodied Self-Determination
Joy in Queer Community
Loving LGBTQ+ Women

+ POLICY FOCUS ON HEALTHCARE, CLIMATE AND REPRODUCTIVE RIGHTS

By far, respondents' top three policy priorities were Universal Healthcare, Environment/Climate Justice, and Reproductive Rights, Access, and Care.



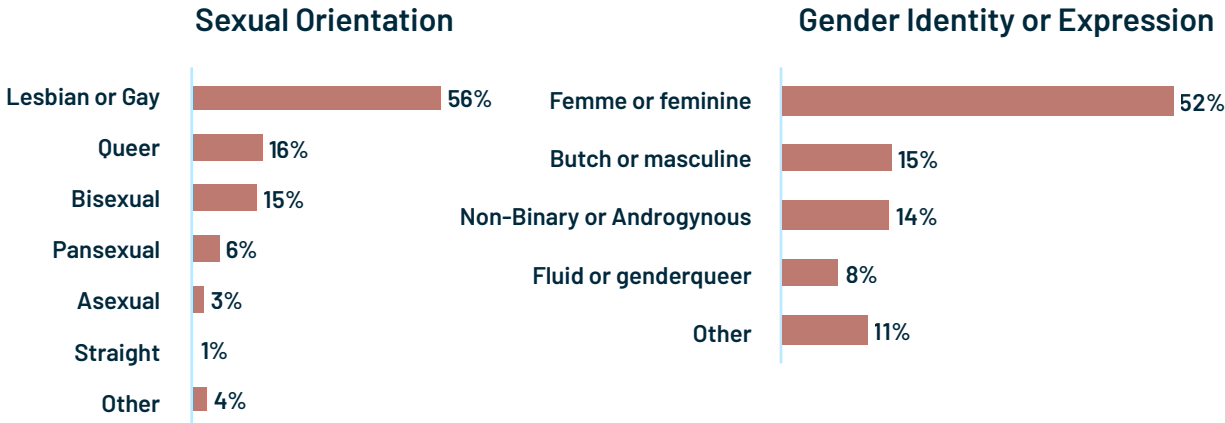
Our Top Policy Priorities:

Universal Healthcare
Environment/Climate Justice
Reproductive Rights,
Access, and Care

A Portrait of Our Respondents: Demographics

Of the 5,002 people in the study, they were largely assigned female at birth (94%) and have identified or do identify as women.

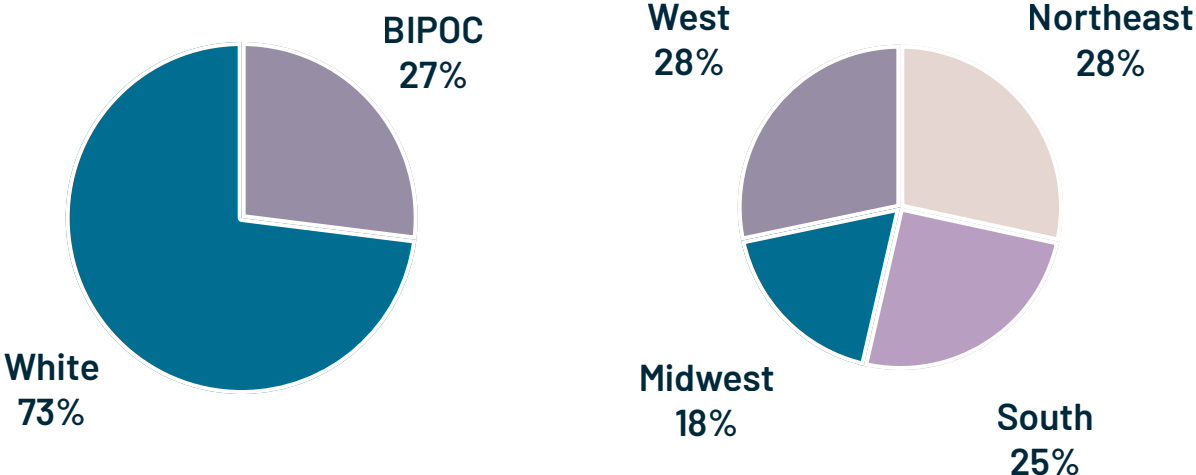
A majority identify on the femme or feminine spectrum in terms of gender (52%), while 15% identify on the butch or masculine spectrum, 14% identify as non-binary/androgynous, and 8% as genderqueer/fluid. Fifteen percent (15%) of respondents identify as transgender.



Respondents identify largely as lesbian or gay (56%), with 16% identifying as queer, 15% reporting bisexual identity, 6% pansexual, and 3% asexual.

Study participants are between 18 and 93 years of age, 73% white and 27% BIPOC.²

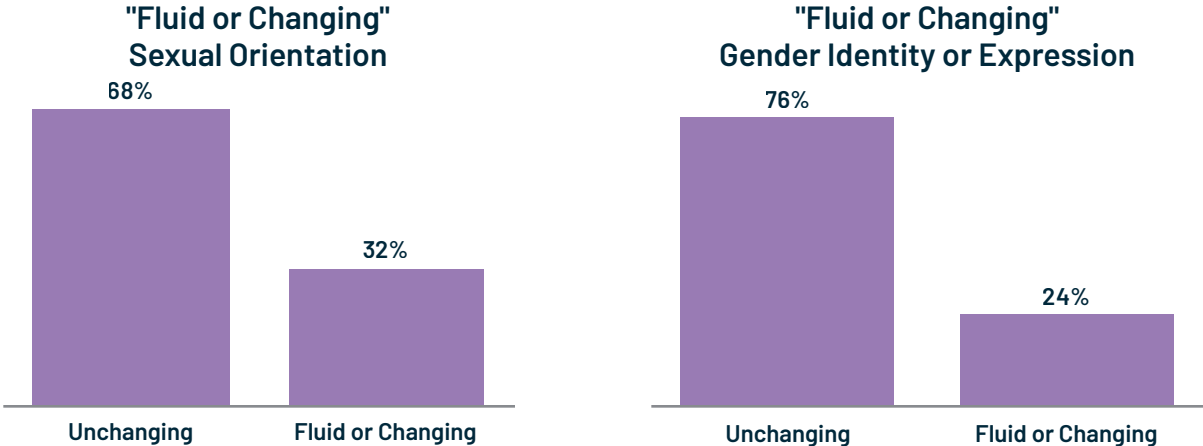
They live all over the US, with 29% in the Northeast, 25% in the South, 18% in the Midwest, and 28% in the West.



Gender and Sexuality

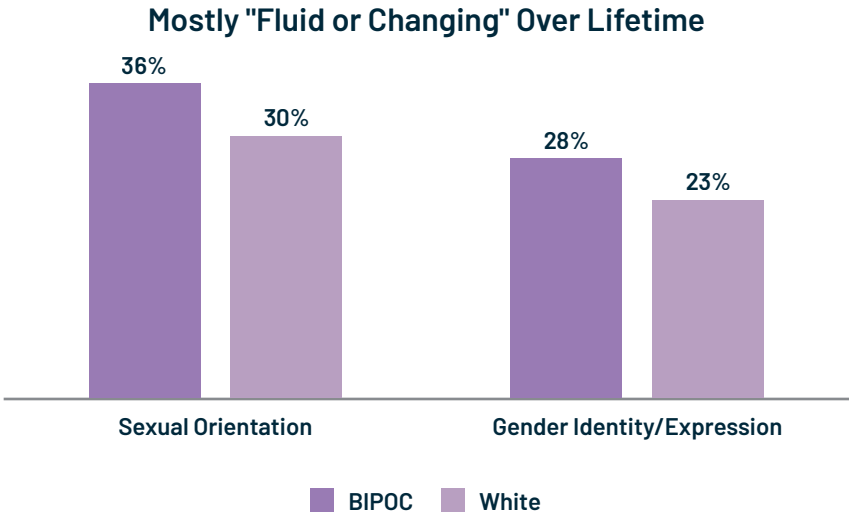
Forty one percent (41%) of study participants described their gender as “complex” and 41% described their sexuality as “complex.”

Respondents reported their sexuality as “fluid or changing” (32%) more often than they reported their gender as “fluid or changing” (24%).



Respondents who reported “fluid or changing” genders and sexualities were living on lower incomes more often than those who did not.

BIPOC LGBTQ+ women more often reported a “fluid and changing” sexuality than their white peers (36% vs. 30%) and “fluid and changing” genders more often as well (28% vs. 23%).



Education

Respondents held graduate degrees at more than twice the rate of the general population; they have extensive experience in our nation’s educational institutions.

Harassment and abuse at school was pervasive for study participants, with verbal harassment (65%), bullying (50%), and sexual harassment (31%) reported most often.

On average, respondents reported surviving 2.5 forms of abuse *at school*, including physical (16%) and sexual assault (13%).

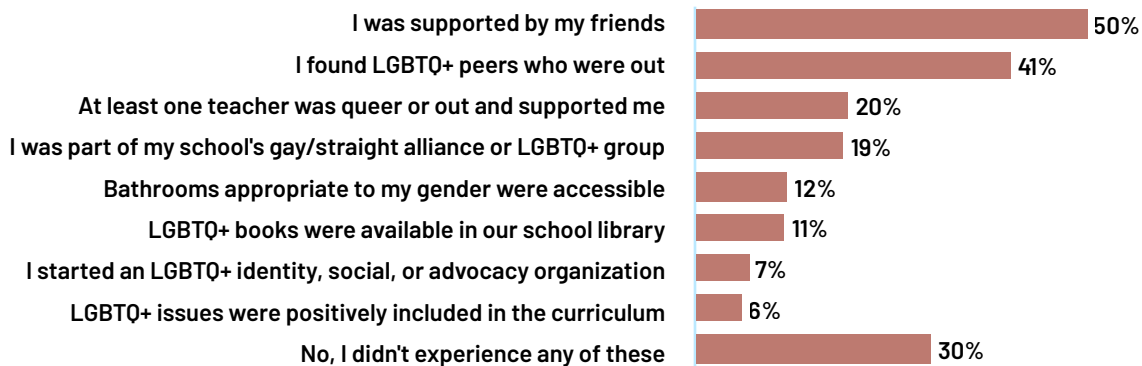
When reporting on sources of support in K-12 and higher education, respondents said: “I was supported by my friends” most often (50%) and “I found LGBTQ peers who were out” (41%).

Thirty percent (30%) of respondents who expressed an LGBTQ+ identity while in a learning environment said they had no experience of positive support at school—not from a teacher, book, social club, or pro-LGBTQ curriculum.

Harassment and Abuse at School



Positive Supports at School

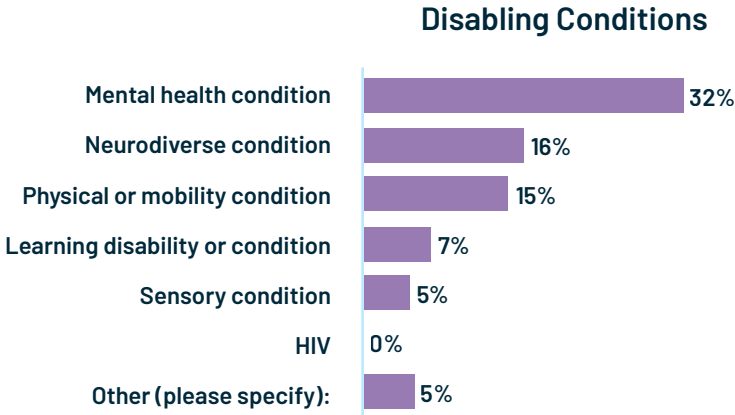


Disability

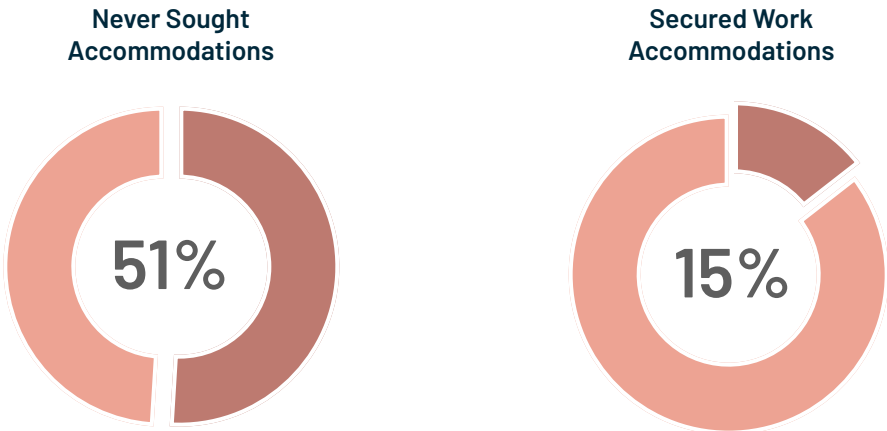
Disability is a fact of life for LGBTQ+ women who partner with women.

Half of respondents in the study (50%) are living with at least one disabling condition.³ Given that study participants are centering their social, emotional, and familial lives on LGBTQ+ women, *many are navigating multiply disabled households.*

Disabling mental health conditions were most common (32%).



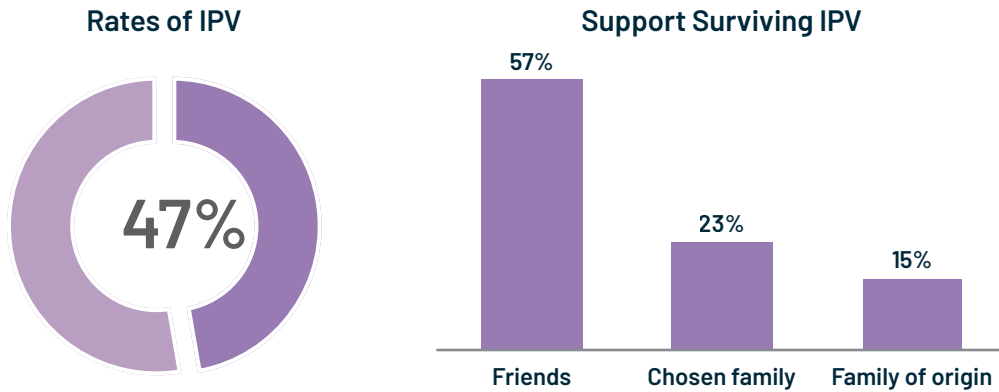
LGBTQ+ women are accessing workplace accommodations (15%) and government benefits (9%) at a tiny fraction of the level at which we are experiencing disability.



N=2372

Intimate Partner Violence

Forty-seven percent (47%) of respondents had experienced intimate partner violence—emotional, physical, or sexual. By contrast, 1 in 3 women in the general population experience IPV.



Respondents reported that their friends, by far (57%), have been their best resource and support in surviving IPV.⁴

Only 20% of respondents experiencing emotional or physical violence sought institutional support. Among survivors interacting with police, 54% found that the police were “not helpful at all.”

54%

The Police Were
“Not Helpful At All”
With Intimate
Partner Violence

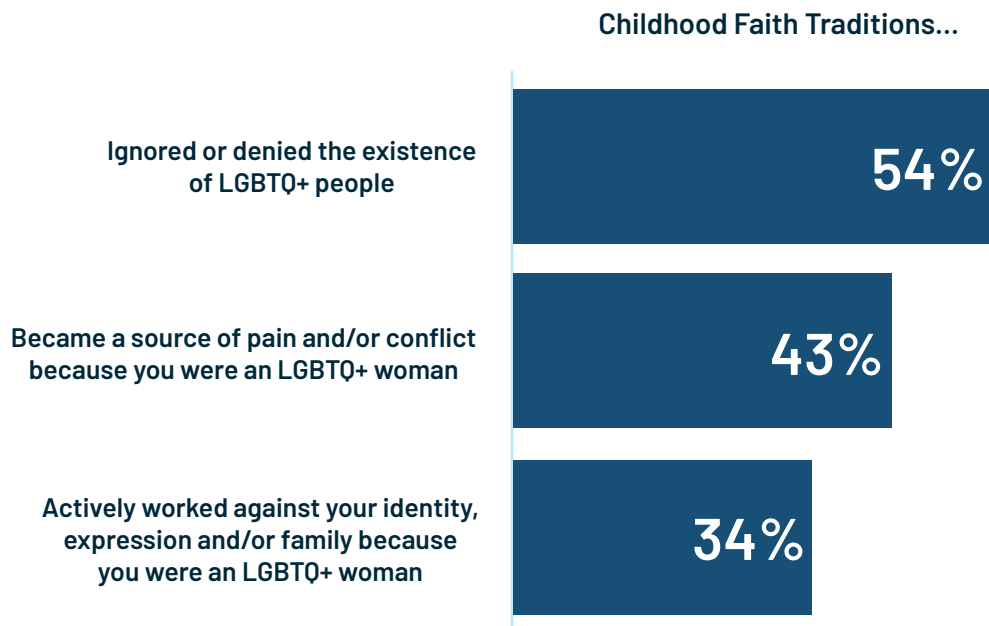
Religious Upbringing and Religious Life

A vast majority of respondents were raised in Christian faith traditions (77%), with Catholic (28%), Baptist (9%), and United Methodist (6%) reported most often.

Respondents' top three *current religious identifications* were spiritual, no affiliation (22%), agnostic (21%), and atheist (18%).

Study participants often reported that their childhood faith traditions either ignored or denied the existence of LGBTQ+ people (54%) or became a source of conflict or pain (43%).

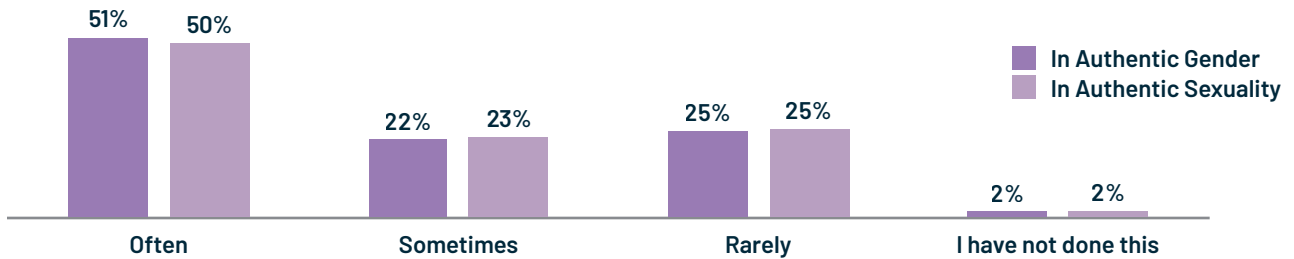
More than 1 in 3 or 34% of respondents reported family members drawing on childhood faith traditions or adopted religious doctrine to justify verbal or emotional abuse against them.



Sexual Practices, Joy, and Resilience

Respondents are having sex more often (84%) than people in the general population (74%). Moreover, 73% reported being in their “authentic” sexuality and gender “sometimes” or “often” when engaging in sex.

73% of respondents “often” or “sometimes” have consensual sex in their authentic gender or sexuality



Forty-five percent of respondents, almost 1 in 2, reported that their sexual life gives them a great deal (24%) or a lot (21%) of joy and pleasure.

Low libido or lack of desire was reported as respondents’ biggest barrier to pleasure, followed by body shame/internalized fatphobia; depression and anxiety; and being unable to locate appropriate partners.

In naming their three favorite things about being an LGBTQ+ woman, **embodied self-determination** and **the joy of living and loving in community with queers and especially other LGBTQ+ women** were paramount.

Policy Priorities

Respondents were given the option to write in three top areas for policy advocacy. By far, they declared as their very top priorities:

45%
Universal
Healthcare

37%
Environment/
Climate Justice

36%
Reproductive Rights,
Access, and Care

Conclusion

Universal healthcare, environment/climate justice, and reproductive rights, access and care are crucial issues for LGBTQ+ women. To address our needs, LGBTQ+ movement organizations must prioritize them. With these priorities, LGBTQ+ women are sending a clear message to women's and LGBTQ+ movements: we situate our well-being within a larger world, ergo justice for LGBTQ+ women can only be achieved in context.

The burdens of violence and discrimination that LGBTQ+ women carry—driven by sexism, racism, anti-LGBTQ+ bias, and fatphobia—go largely unrecognized and unaddressed within and beyond the LGBTQ+ movement, and among mainstream institutions that purport to serve us.

Sexism, as an animating structure of violence in LGBTQ+ women's lives in the U.S.—a system of punishment and reward that glorifies a version of white supremacist femininity—is driving so much violence across our LGBTQ+ communities and against BIPOC communities seeking justice.⁴

The LGBTQ+ movement has lost this thread: Racialized sexism undergirds the violence against us and imperils our planet; dismantling it is a core project of LGBTQ+ liberation.⁵

LGBTQ+ women's friendships are foundational to our health, well-being, and economic security. This largely ignored, crucial safety net deserves attention: The pressures on our friendships given the level of violence and social and economic precarity we experience is enormous.

Our communities would benefit from growing the capacity to sustain friendships by creating opportunities for building connections, tools for resolving conflicts, and cost-free avenues for collective healing. LGBTQ+ women's friendships are perhaps our least appreciated and yet most impactful resource and refuge.

Institutions are failing us. Whether the education system in this country, or the religious traditions we grew up in, or government and community safety nets when we are in need, respondents report that they are struggling against these institutions to create the lives they envision and deserve.⁶

The fight for LGBTQ+ women's lives and families must not only fight for service and benefits; it must re-think these structures on a fundamental level so that we are not merely elbowing our way into institutions that ultimately only confer poverty and control. For example, our finding on police being "not helpful at all" as crisis responders for members of our community demands creative dismantling of policing structures and radical reallocation of resources into programs that actual serve and care for us.⁷

Despite these challenges, LGBTQ+ women who partner with women are making a way out of no way, every day. Respondents' descriptions of their complex genders and sexualities reveal a joyful and anarchic project of self and community creation. Their descriptions of sexual practices and intimacies tell a story of finding pleasure in spite of it all; their claiming of thousands of favorite things about being an LGBTQ+ women—all of these add up to breathtaking lives of our own choosing; to resistance, community, and joy.

Q. 6.7 What are three of your favorite things about being an LGBTQ+ woman?

A. Respondent Z:

**Women are strong and hot.
Queerness means always growing.
We never give up the fight.**

ENDNOTES

1 In 2021, 26% of Americans claimed they hadn't had sex in the past year. (General Social Survey, Data Explorer, 2021). In this study, 16% report "not engaging in sexual activity at all." Our measure is not a yearly measure; accordingly, it is not precisely comparable to the GSS. This data point plus several additional questions in the chapter on Sexual Practices, Pleasure, and Joy lead us to this conclusion.

2 BIPOC is an umbrella term for Black, Indigenous and People of Color in the US. The term foregrounds the enslavement of Black people and the displacement of and genocidal violence against Indigenous people as foundational to structural racism in the US, while denoting that all people of color are targeted by the system.

3 In *Disability is Not a Dirty Word*, scholar/activist Anjali Forber-Pratt claims disability as an identity around which community and activism forms while informing and energizing social justice movements. We use "disabling conditions" throughout this report to emphasize that structures of discrimination are themselves disabling, and to examine how our respondents are surviving and thriving under these conditions.

4 [National Coalition Against Domestic Violence](#)

5 The Combahee River Collective Black Feminist Statement, 1977; *Homophobia: A Weapon of Sexism*, Suzanne Pharr, 1988.

6 [Pod Mapping](#) is a friendship and safety network building exercise that has been developed by BIPOC queer feminist anti-violence and disability justice activists.

Great resources on repair, friendship and justice: *Fumbling Toward Repair*, Kaba and Hassan; *Emergent Strategy*, and *We Will Not Cancel Us*, adrienne maree brown

7 [Mutual Aid](#) is an example of this kind of rethinking.

A PORTRAIT OF OUR RESPONDENTS

This chapter presents a portrait of the community that responded to our call to take the National LGBTQ+ Women’s Community Survey. Who are the 5,002 women who completed up to 170 questions about their lives? Here is a close look at them.

+ NAMING OURSELVES

Q. What term did you or do you use to describe yourself as a woman? If your preferred term is not listed, write in one that fits you.

WOMEN, WOMYN, WOMEN+, WOMXN, WIMMIN and OTHER (please specify):

With this opening question, the study team signaled our values for the survey project as a whole: We believe in LGBTQ+ women’s right to name ourselves and drive research for and about us.

We knew that across many eras, LGBTQ+ women have created new spellings of the term woman as a push back on the patriarchal constraints of “womanhood.” Even with many possible options, some respondents chose to write in their own unique construction via the “Other (please specify)” option.

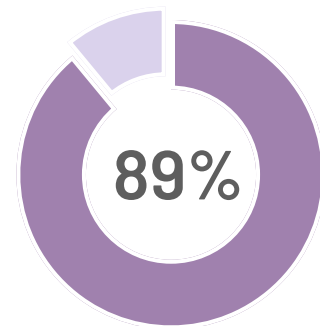
Accordingly, from the outset of the research project, we provided a way for participants to create their personal version of “woman.” Following question one, this chosen term populated all of the individual respondent’s questions throughout the survey.

While 89% of respondents prefer to be called “woman,” a small percentage of survey participants prefer other terms like Womyn (3%), Womxn (1.6%), Woman+ (1.6%), and Wimmin (0.13%).

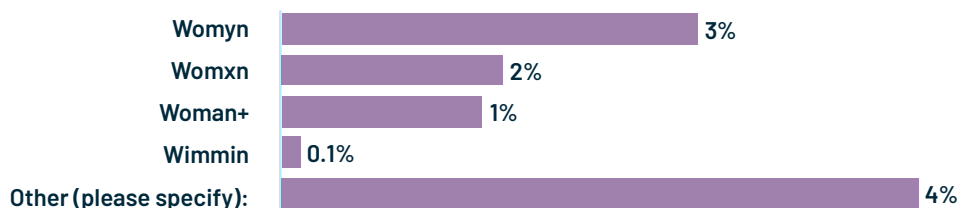
Moreover, 4.6% of the respondent community chose “Other (please specify)” with a wide range of identifiers in this section, including:

no language really felt right *demigirl* *person* *genderqueer* *femme*
human *agender* *afab* *dyke* *demiwoman* *girlflux*

Woman is the most common term our participants use to describe themselves.



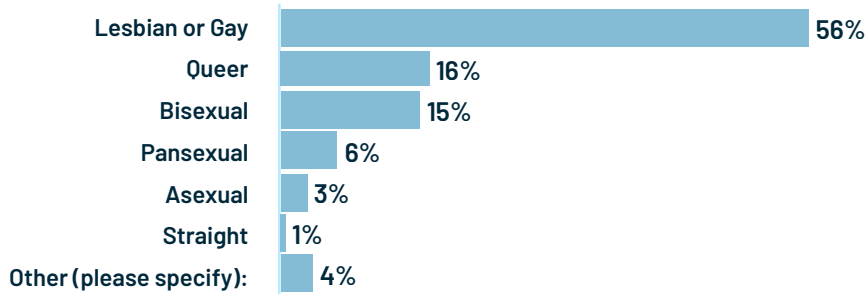
Most Common Alternative Terms



+ SEXUALITY

Q. What best describes your sexuality or sexual orientation today?

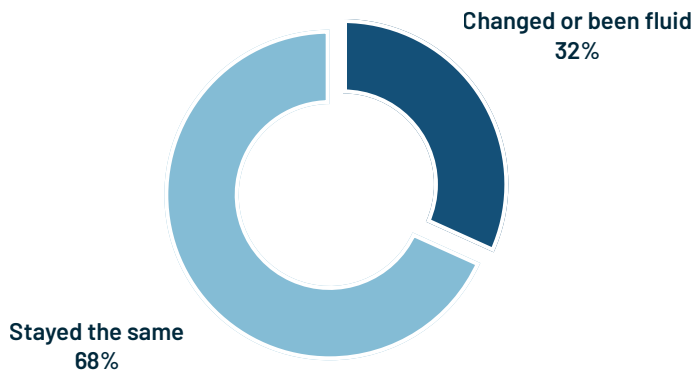
Respondents identify as lesbian or gay (56%) much more often than LGBTQ+ women in random sample surveys of LGBTQ+ people.



In existing national and statewide population-based samples of LGBTQ+ people, bi-identified respondents (58%) are more common than lesbian- or gay-identified people (34.6%).¹

By contrast, 37% of our respondent population identifies as bisexual (15%), pansexual (6%), or queer (16%).

Almost 1 in 3 said their sexual orientation has changed or been fluid.



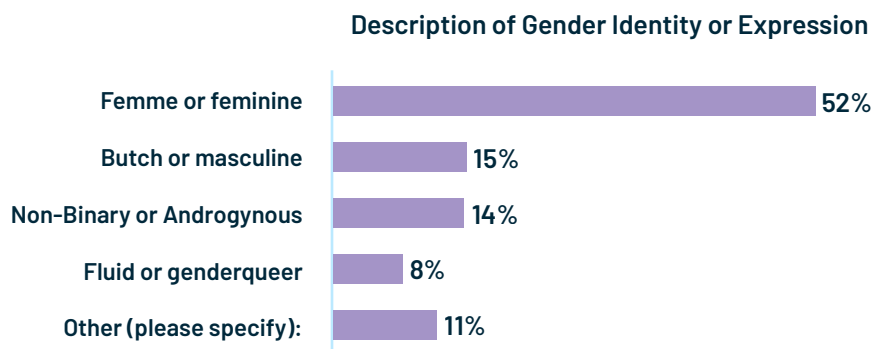
It's possible that our call for respondents – **“women [who] want to share their experiences of centering women in their emotional, familial, sexual, and personal lives”** – was more compelling for lesbian-identified respondents than LGBTQ+ women of other sexual orientations.

About 32% of respondents said their sexuality was changing or fluid over the course of their lives and provided more detail about that fluidity (see Chapter 2, Gender and Sexuality Across the Lifespan).

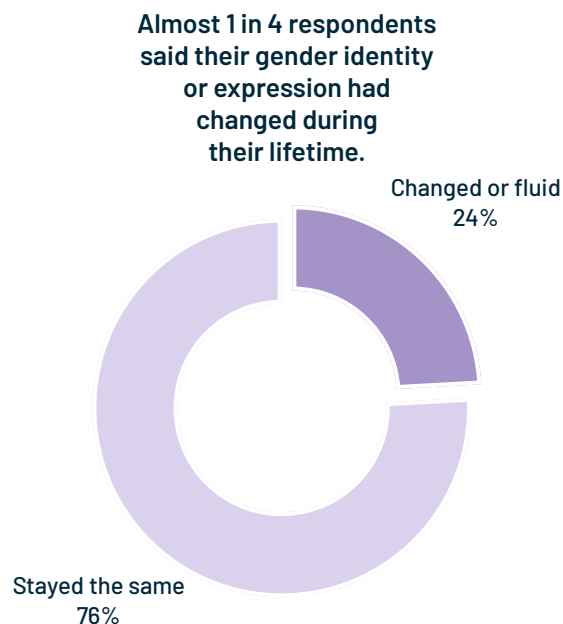
+ GENDER

Q. What best describes your gender identity or expression, today?

Fifty-two percent (52%) of respondents describe their gender as on the feminine spectrum. It's possible that our survey invitation to "women who want to share their experiences of centering women" is a description more aligned with how femme LGBTQ+ women see themselves than with the self-perceptions of butch or masculine spectrum and non-binary or genderfluid LGBTQ+ respondents.



Twenty-four percent (24%) of respondents said their gender was changing or fluid over their lives and gave us more detail on their gender identity and expression (see Chapter 2, Gender and Sexuality Across the Lifespan).



Trans-Identified Respondents

Transgender respondents identified less often as femme/on the feminine spectrum or butch/on the masculine spectrum than the full sample, and more often as non-binary or androgynous and fluid or genderqueer. They chose “Other (please specify)” at the same rate as their non-trans-identified counterparts in the study.

One of our opening questions invited respondents to provide detail on the trajectory of their identity as LGBTQ+ women (i.e., whether they identified currently or in the past as women, or not currently but in the past).

**Current or Past Identification as a Woman
among Trans-Identified Respondents**



Seven hundred and forty-four (744) respondents identified as transgender in a list of identifiers provided in Q.3.7a when they responded affirmatively to the question: “Gender is complex, if you’d like to provide more detail, click yes.”

Of these respondents, 59% have identified as women in the past (but not currently) and generally rest on the masculine gender spectrum offered in our core gender question. A much smaller number (26%) identify as women currently (but not in the past) and generally rest on the feminine spectrum. One hundred and eleven respondents (15%) who identify as women currently and in the past largely checked identifiers for trans and non-binary or genderfluid when provided a list of complex identifiers.

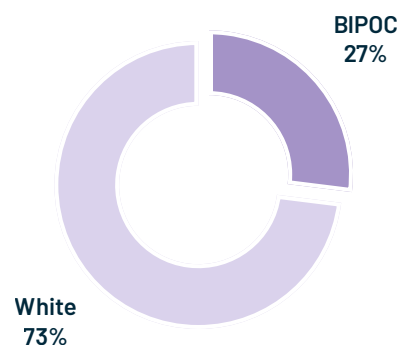
+ RACE AND ETHNICITY

Q: Which of the following describes you? Check all that apply.

BIPOC LGBTQ+ women make up 27% of our respondent community.

In the U.S. general population, people who are white (alone, and not Hispanic or Latino) make up almost 60% of the population, and BIPOC people 40%.²

While the representation of BIPOC women in this respondent community is considerably higher than many community-based studies of LGBTQ+ women (Autostraddle’s 2019 Survey of Politics sample was 14% BIPOC; the widely cited 2011 National Transgender Discrimination Survey sample was 24% BIPOC) and most academy-based studies of LGBTQ+ women (Georgia State University’s 2018 Study of LGBT Southerners was 17% BIPOC), the length of the survey may have been a barrier to completion for BIPOC women. Among 3,000+ potential respondents who “dropped off” or failed to complete the roster of questions, 44% of them were BIPOC-identified.



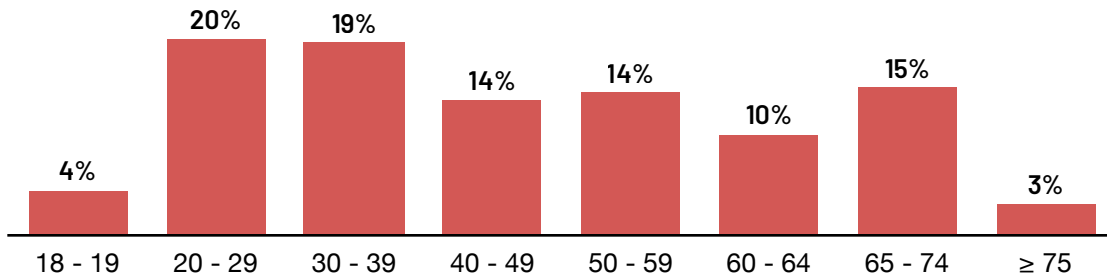
Ethnic and Racial Identities of BIPOC Respondents



² See Census quickfacts on the general population: <https://www.census.gov/quickfacts/fact/table/US#>

+ AGE

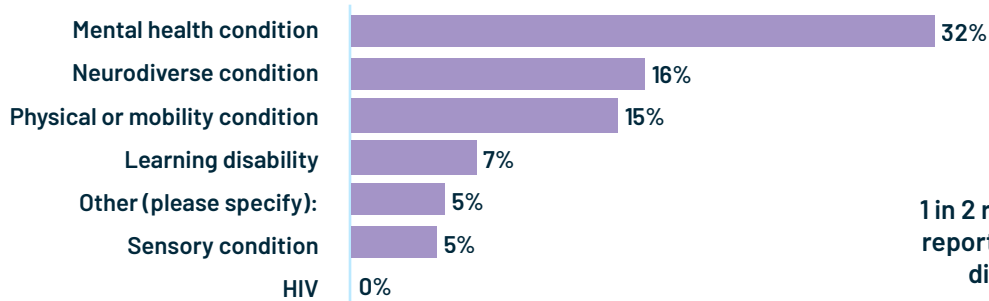
Respondents in the study range from age 18 to 93. Compared to the average age of the general population (38.6), our sample had an average age of 45.2.



+ DISABILITY

Fifty percent (50%) of study participants report living with some kind of disability, with an average of 1.3 disabilities per respondent experiencing a disabling condition. By far, the most common form of disability pertained to a mental health condition (32%), with neurodiverse conditions being second most common (16.3%) and physical or mobility conditions third (15%).

The following were the most common disabilities:



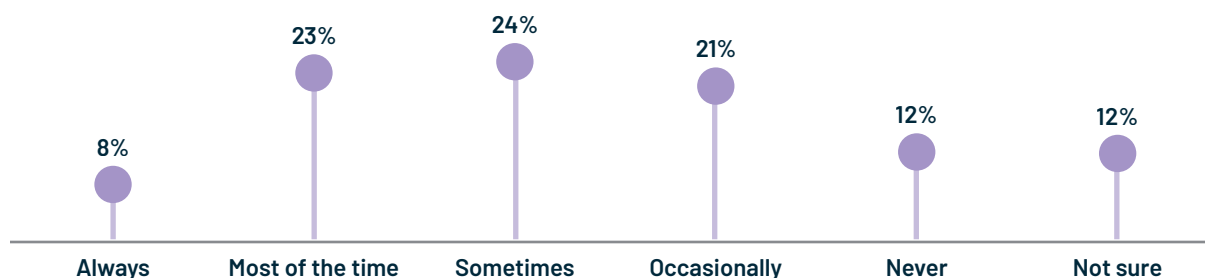
1 in 2 respondents reported having a disability.



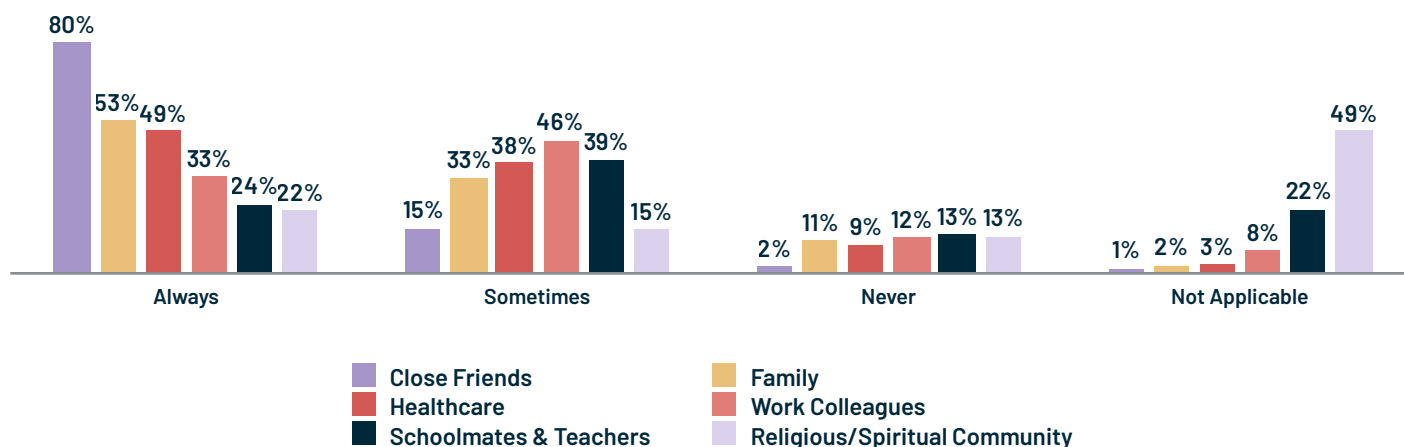
+ OUTNESS

Q. How often do people see you as LGBTQ+ even if you don't tell them?

Thirty-one percent (31%) of respondents note that they are “most of the time” or “always” perceived as LGBTQ+ whether or not they choose to come out.



Q. Who and how often do you tell people you are LGBTQ+?



Study participants “always” tell their close friends that they are LGBTQ+ 80% of the time, with “sometimes” plus “always” adding up to 95%. In the chapters that follow, friends figure significantly into the well-being of our study participants.

“Family” is the next most common place of high trust with respondents, as they report “always” disclosing LGBTQ+ identity at 53%. “Sometimes” and “always” add up to family disclosures of identity at 86%.

Health professionals also score high with disclosure, with an “always” percentage of 49%, which is about 5% lower than family (53%).

Health professionals’ “sometimes” disclosure confidence comes in higher than family (38% vs. 33%) for a stronger combined “always” plus “sometimes” tally than the “family” category, at 87%. These high disclosure rates for health professionals may or may not signal trust; health conditions and routine health care needs may create mandates for disclosure.

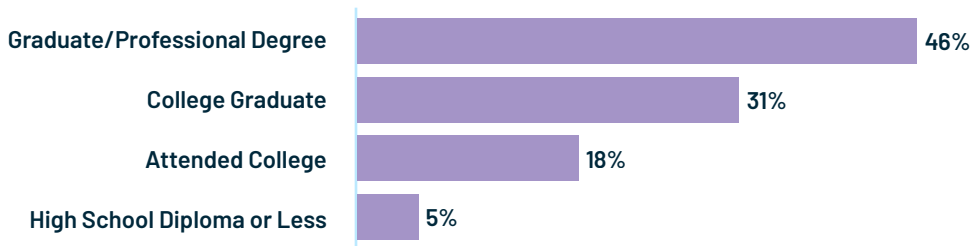
Work colleagues score a bit lower than health professionals with a “sometimes” plus “always” percentage of 79%.

Religious communities as a place of disclosing LGBTQ+ identity is “not applicable” at a high rate of 49%.

+ EDUCATION

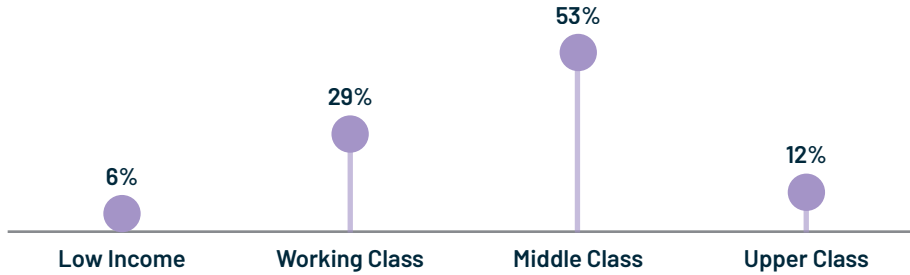
Q. What is the highest degree of education you have completed?

Study respondents are very highly educated. While higher education consistently provides protective benefits in such arenas as preventing exposure to violence and securing home ownership for the general population, this did not hold true for our respondents (see Chapter 3, Education).



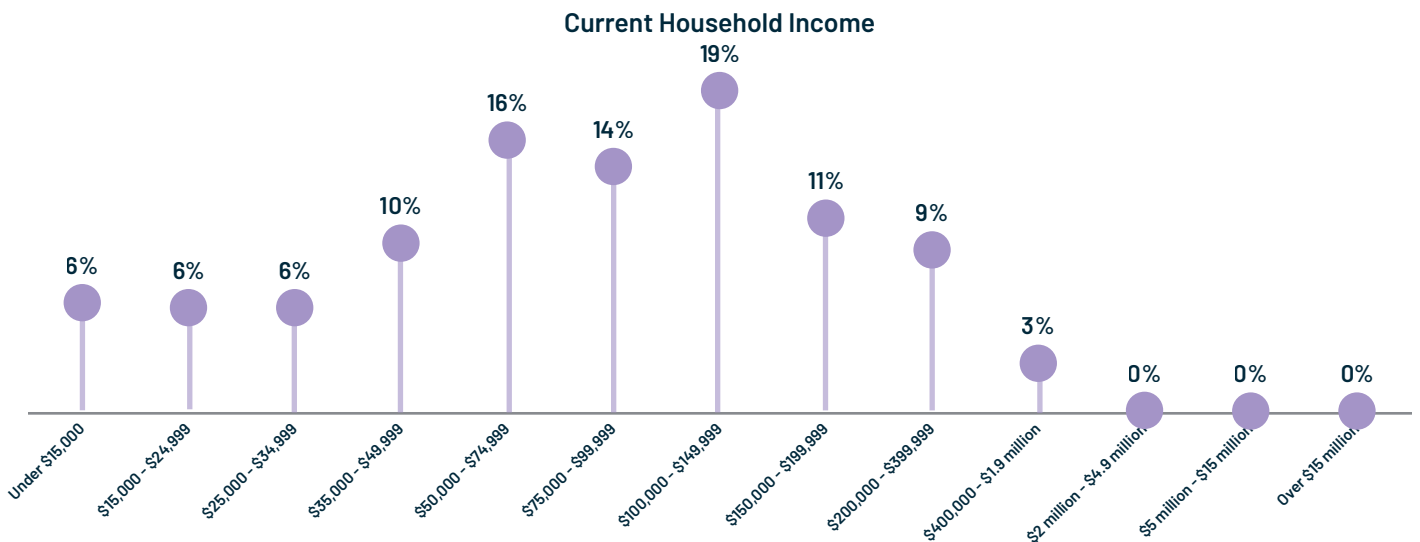
+ CLASS OF ORIGIN

In an effort to examine issues of vulnerability to violence, access to resources, and social mobility among LGBTQ+ women, we recorded the class-of-origin of our respondents. The sample strongly represents women who grew up middle class (53%). Working class and poor women (combined at nearly 35%) are also well-represented.



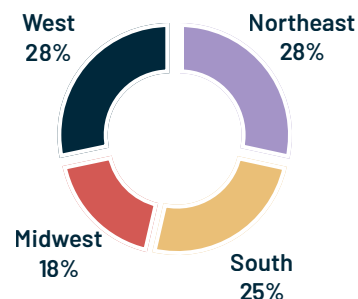
+ INCOME

Respondents' personal income levels skew a bit higher than samples of the general population. While higher income is customarily associated with better health outcomes and greater financial assets, our respondents do not share these benefits at the level of their counterparts in the general population (see Health and Housing findings, forthcoming).



+ GEOGRAPHY

Respondents hail from all over the U.S., and like many LGBTQ+ samples are over-represented in the Northeast and the West, where a strong net of pro-LGBTQ+ policies and laws undergirds vibrant LGBTQ+ communities. Nonetheless, our Midwest sample (18%) is very close to the regional distribution for the general population (20.6%), and our Southern sample (25%) is more representative than many LGBTQ+ academic and community-based national samples.



+ RELATIONSHIPS

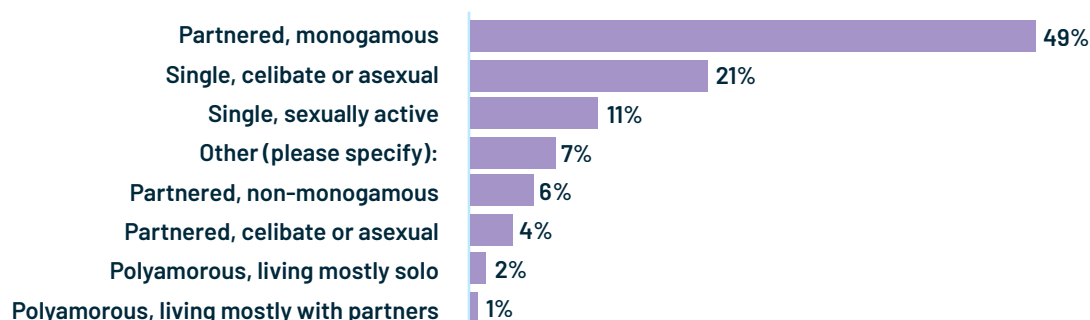
Q. Which relationship type currently describes you best?

Nearly half the sample (49%) describes themselves as currently **partnered and monogamous**.

Single and celibate or asexual was the second most common current relationship choice at 21%. The strong representation of elders in our sample seems to have had an effect on the popularity of “single and celibate or asexual.” In the write-ins for this question, many respondents noted that they identify as asexual “now” due to being “older.”³

Single and sexually active came in third, with 11% of respondents choosing this descriptor. Altogether, 32% of the sample identifies as single in some fashion.

Despite a growing body of literature driven by LGBTQ+ women (see Easton and Hardy, *The Ethical Slut* and Taormino, *Opening Up*), and lively conversation within the community, only 6% of respondents describe themselves as Partnered/Open/Ethically Non-Monogamous and 1.5% as solo polyamorous.⁴



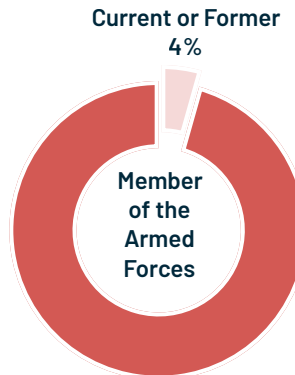
³ Our construction of options in this section is inelegant at best. Celibacy is a practice. Asexuality is an identity. Many asexual people are not celibate. Many celibate people are not asexual. We think the construction of this question made it hard for some people to find an answer appropriate to them.

⁴ 2012 study based on the 2012 National Survey of Sexual Health and Behavior <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5958351/> Open Relationships, Nonconsensual Nonmonogamy, and Monogamy Among U.S. Adults: Findings from the 2012 National Survey of Sexual Health and Behavior Ethan Czuy Levine, 1 Debby Herbenick, 2 Omar Martinez, 3 Tsung-Chieh Fu, 2 and Brian Dodge 2 In this study 4% of the general population engages in consensual, open relationships. Gay men 33%; bisexuals 15%; lesbian 5%.

+ MILITARY SERVICE

Q. Have you ever been or are you now a member of the armed forces?

A little over 200 of our respondents or 4% have been or are currently engaged in military service. This number surely underrepresents LGBTQ+ women's involvement in the military, past and present.

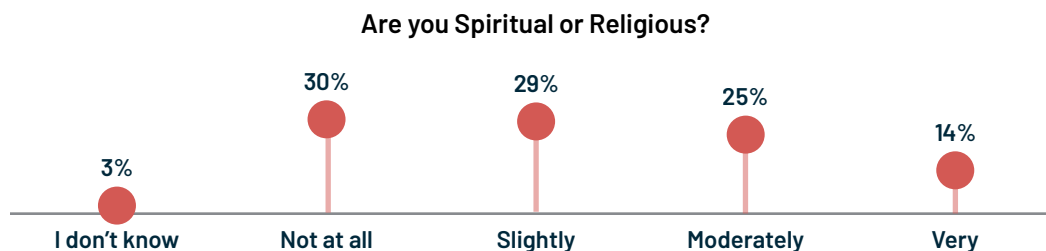


+ RELIGION

Q. How religious or spiritual do you consider yourself to be?

Fifty-nine percent (59%) of respondents see themselves as "slightly" or "not" religious or spiritual, while 39% consider themselves "moderately" or "very" religious.

By contrast, 65% of respondents in a random sample collected by Pew Research in 2020 reported religion as "somewhat" or "very" important in their lives, with 41% indicating "very."⁵



⁵ About four-in-ten of those who attend religious services at least once a week (39%) favor same-sex marriage, compared with 66% who attend once or twice a month or a few times a year, and three-quarters who say they seldom or never attend. www.pewresearch.org/religion/fact-sheet/changing-attitudes-on-gay-marriage/ – May 2019

The National Institutes of Health on impacts of family rejection. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4706071/>

When Out in Church Means Out of Church: Religious Rejection in Christian LGBT Youth <https://psycnet.apa.org/record/2014-29089-002>

High religiosity is associated with anti-LGBTQ voting patterns and family rejection, so it's possible this fact of religious life in the U.S. has impacted our respondents' religious and spiritual lives (see chapter 5: Religious Upbringing, Religious Life).

This vibrant respondent community answered 100-170 questions. In the chapters that follow, their extensive reporting tells multiple, overlapping stories about the joys and resilience, as well as the challenges and struggles, that LGBTQ+ women who partner with women face.



1

CHAPTER ONE

GENDER AND SEXUALITY OVER THE LIFESPAN: THIS IS HOW WE DO IT

Major Findings

- **Forty one percent (41%) of study participants described their gender as “complex” and 41% also described their sexuality as “complex.” The respondents in each of these categories did not necessarily overlap.**
- **Respondents report their sexuality as “fluid or changing” more often (32%) than their gender as “fluid or changing” (24%).**
- **Respondents who reported that their gender or sexuality was “complex” or “fluid” were living on lower incomes more often than those who did not.**
- **BIPOC LGBTQ+ women more often report a “fluid and changing” sexuality (36%) than their white peers (30%) and “fluid and changing” genders more often (28%) as well (24%).**
- **In their LGBTQ pasts, respondents identified most often (in descending order) as: bisexual, lesbian and queer.**
- **In their LGBTQ present, respondents identify most often (in descending order) as: queer, lesbian and bisexual.**
- **The study found more people identifying as butch currently (207) than in the past (180), providing a counterpoint to a “disappearing butches” narrative often deployed by anti-trans gender fundamentalists.**

This chapter reports on the myriad ways our respondents describe and live out their genders and sexualities. While many participants checked off an identifier from a standard or typical list of genders and sexualities and moved on to other questions in the study, 41% of respondents gave further descriptors of their “complex” genders and sexualities, accepting our invitation to provide more detail.

Further, on a different question, 32% of respondents reported that they experienced their sexuality as “fluid or changing” and accepted our invitation to describe their sexuality “currently” and “in the past.” A little later in this segment of the survey, 24% of respondents reported their gender as “fluid or changing” and provided more specificity about their gendered pasts and presents.

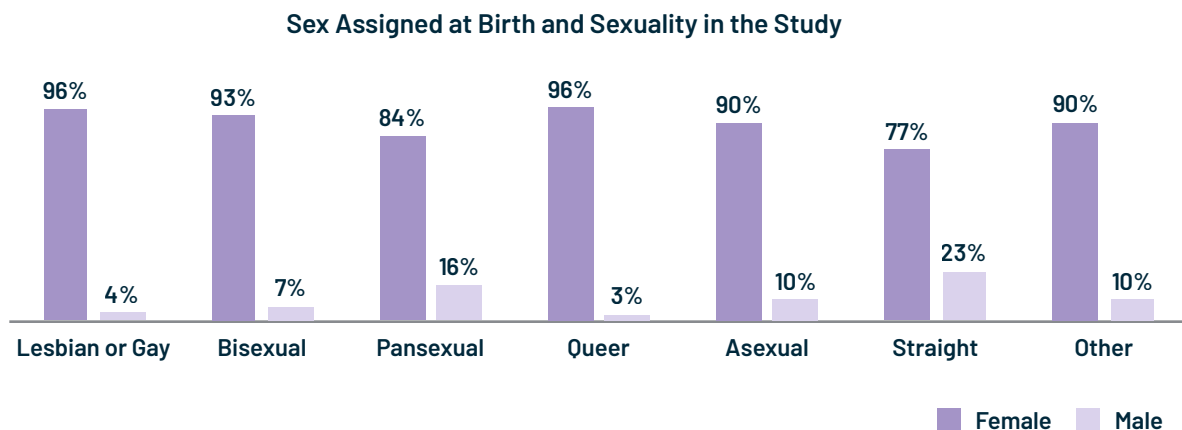
Respondents also described shifts in their identities over decades of their lives.

What follows is a snapshot of the complexity with which LGBTQ+ women who partner with women experience and embody their genders and sexualities over the lifespan.

SURVEY QUESTIONS AND ANALYSIS

Q. What sex was checked off on your original birth certificate?

The study welcomed all LGBTQ+ people who have in the past or currently identify as women; responses to this question indicate that a supermajority of our respondents was assigned female at birth (94%), while 5.4% respondents report being assigned male. When we looked at sex assigned at birth and the sexualities people identified with, people assigned female at birth most often identified as lesbian, queer and bisexual; while people in the study who were assigned male at birth most often identified as straight and pansexual.



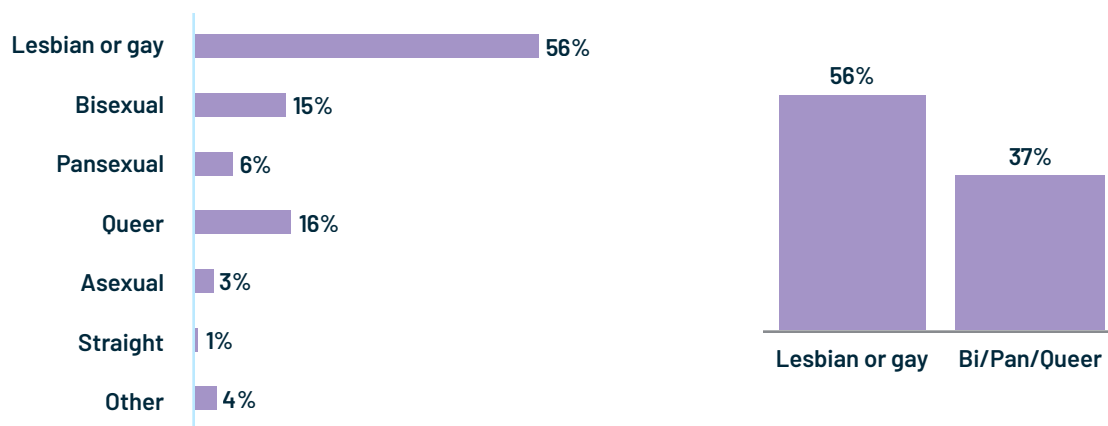
N = 4993

A few (12) respondents responded to this question by checking “another sex” with write-ins such as: None of Your Goddamn Business, Intersex and Moog (member of the opposite gender). It’s notable that some respondents found this question invasive and objected to it. These objections can be described as follows:

1. **Mind your own business.** There is increasing understanding in the community that sex assigned at birth is an organizing and regulatory mechanism of the state that hurts all women.
2. **Intersex.** States and localities record intersex people as M or F per doctor’s individual decisions. Our respondents indicate that in some cases, other designations have been made.
3. **This question harms trans women in particular.** “I paid the state of California \$500 to become legally assigned female at birth. Consider the ways that sex assigned at birth is weaponized against trans women before asking this, thanks.”

Q. What best describes your sexuality or sexual orientation today?

A majority of respondents in the study (56%) identified as “lesbian or gay.” In population-based studies, bi women make up a higher percentage of respondents than lesbians.¹ The study call for respondents: **for women who want to share their experiences of centering women in their sexual, emotional, familial and social lives** appears to have attracted a highly lesbian/gay identified sample. Bi, Pan and Queer women who have sex with women but may not partner or center their lives on women may have opted out.

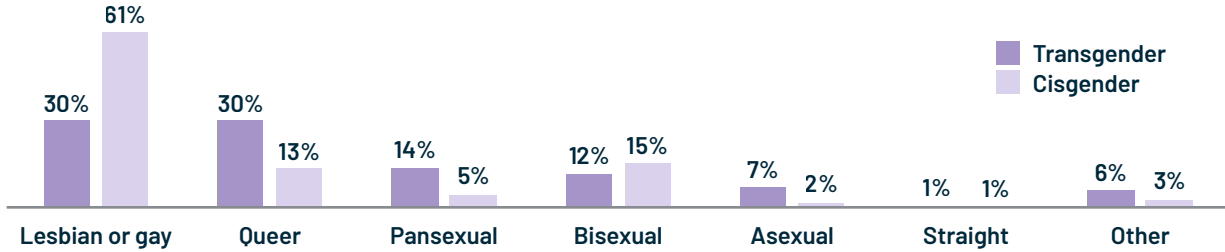


N = 4995

¹ <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>

Trans respondents' sexual orientations were distributed more evenly across sexual orientations than respondents in the study who did not identify as trans, with roughly the same percentage of trans respondents identifying as queer or lesbian.

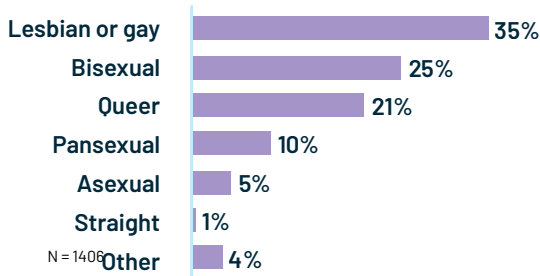
Trans-identified respondents and sexual orientation



N = 744; 4251

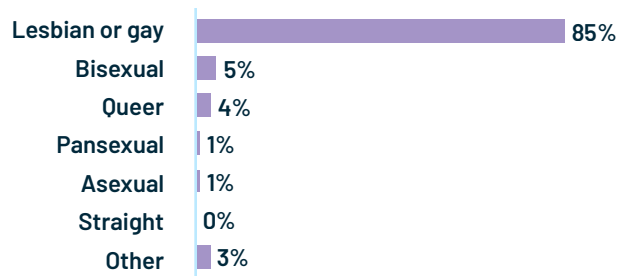
Respondents' most popular identifiers varied in magnitude across age.

Ages 20 - 29

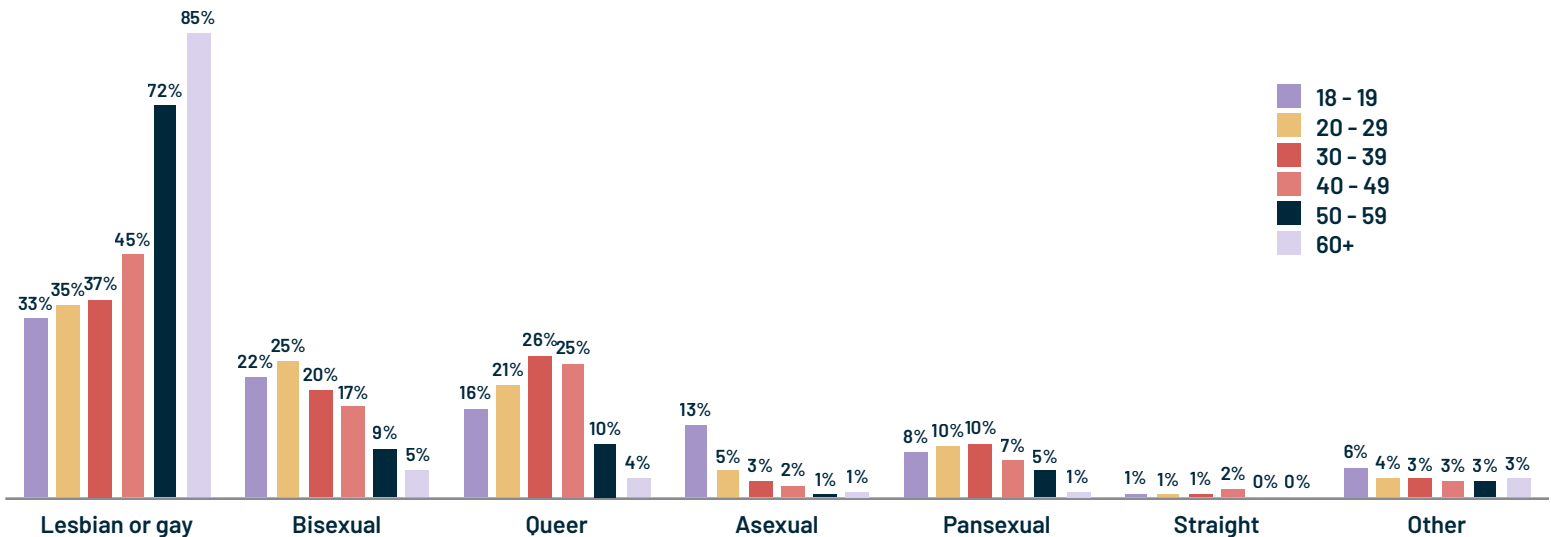


N = 1406

Ages 60+



Looking at age in more detail, we can see that lesbian is an identity much more often claimed among older respondents, and yet it was the most popular identity among 18-19-year-olds as well.



N = 4995

In this question, the *other, please specify* category is full of responses that report on a multiplicity of identities, which are offered in the question that follows this one, but respondents do not know this at this point in their survey journey. Responses included: asexual queer panromantic, biromantic asexual, unsure, and unlabeled. Demisexual was the most common write-in response.

Q. Sexuality is complex. If you'd like to provide more detail, click yes.

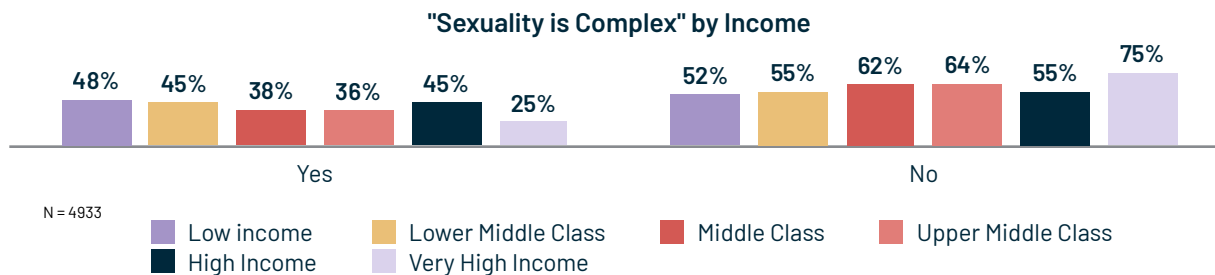
Slightly more than 41% of our respondents chose to fill out the long list of identifiers we offered to describe their "complex" sexuality; this is an important finding given that public policy debates on LGBTQ+ women tend to create rigid categories and either/or "boxes" for women. This question, combined with the question on fluidity/stasis around sexuality, suggests that many LGBTQ+ women who partner with women inhabit or construct more of a matrix of identities across the lifespan rather than settle on a sole identifier.

Here is how the 41% Identified, in descending order:

- Lesbian
- Queer
- Bisexual
- Gay
- Pansexual
- Same Gender Loving
- Asexual
- Demisexual
- Trans attracted
- Other, please specify
- Aromantic
- Gold Star
- Bi Dyke
- Greysexual
- T4T
- Omnisexual
- Fag
- Trans Dyke
- Stone
- Trans Fag

Other notes of interest on this question: People who said *Sexuality is complex* were represented more often in lower income categories than people who chose not to provide more detail on the sexuality, who had a much higher concentration of respondents in the middle class, upper middle class, high income and very high-income categories (64% vs 36%).

People in the study who experience their sexuality as complex are earning less than those who don't.



While one might expect genderqueer and nonbinary people to consider sexuality “complex”, femmes also reported their sexuality as complex at rates that mirrored that of their nonbinary peers in the study.



When we look at the question through the lens of gender, more than 40% of femme/feminine spectrum, non-binary/androgynous-identified, and genderfluid/genderqueer respondents all reported their sexuality as “complex”.

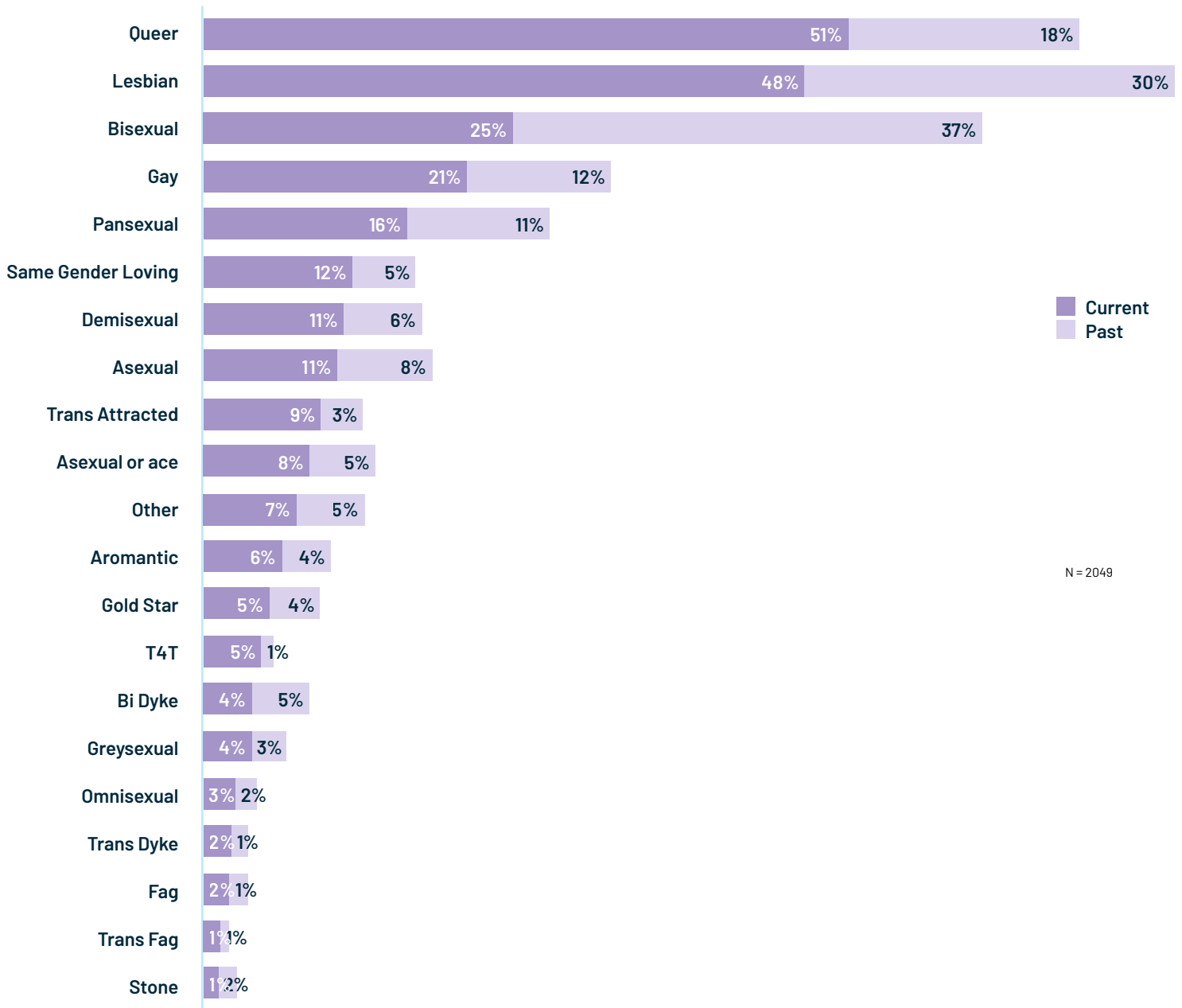
Q. Tell us more about your sexual orientation in the present and in the past:

In the past, respondents were most often bisexual, lesbian, and queer.

Presently, respondents are most often queer, lesbian, and bisexual.

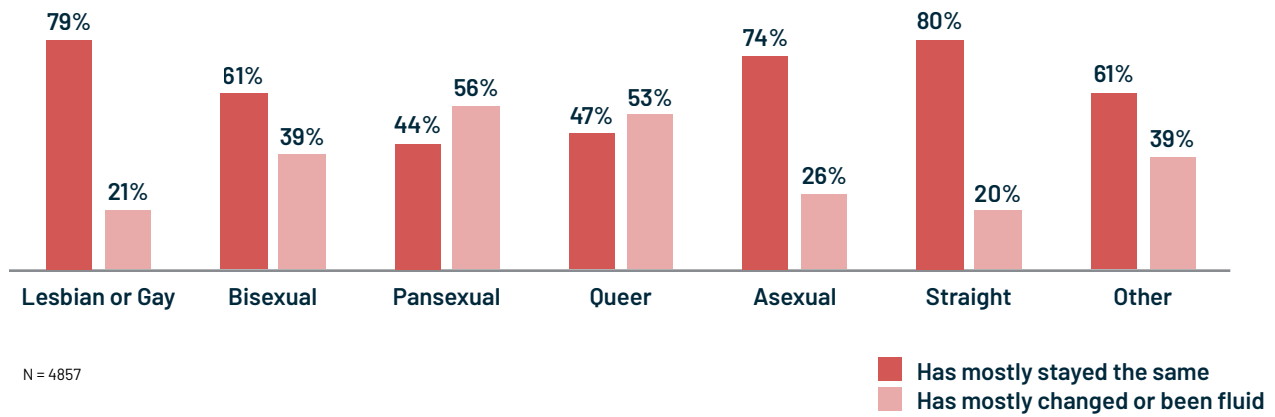
We did not offer heterosexual as a possible response, so this question reports only on queer pasts and presents. Our question on sexuality over the lifespan (which follows) also tracks heterosexual identification over time.

"Sexuality is Complex" Detail: LGBTQ+ Identifiers Past and Present

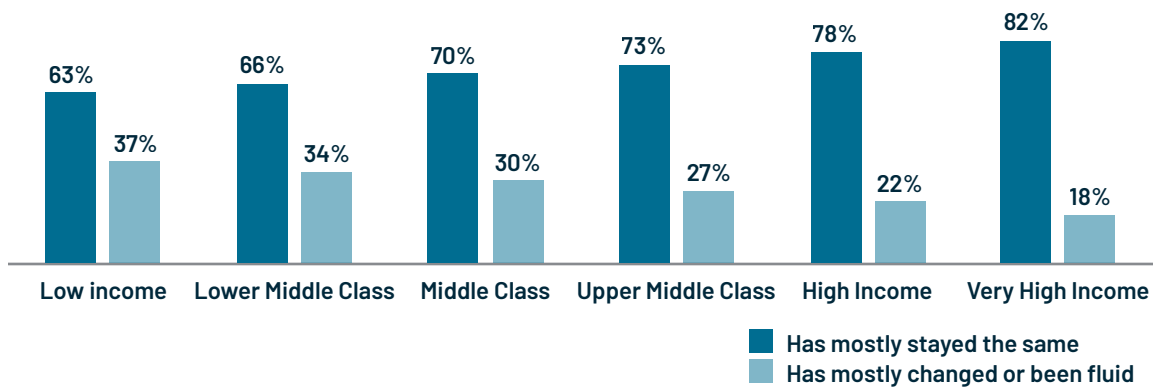


Q. Has your sexuality been mostly the same over the course of your lifetime? Or has it changed or been fluid?

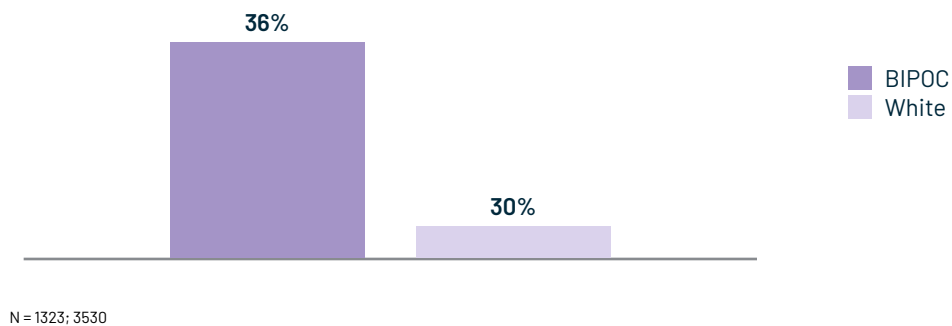
We presented respondents with a table in which they could track their identities over the decades of their lives. Nearly 32% of the sample chose to do so, noting that their sexual orientation had “mostly changed or been fluid” over the course of their lives. Pansexual (56%) and Queer (53%) respondents reported the highest rates of “fluidity” around their sexuality.



People in the study’s two lower income categories experienced their sexuality as “fluid or changing” at nearly twice the rates of those living in the high and very high-income categories. This is an important finding for scholars, advocates and service providers – LGBTQ+ women with fluid and changing sexualities may have less economic security than those whose sexuality is more fixed.



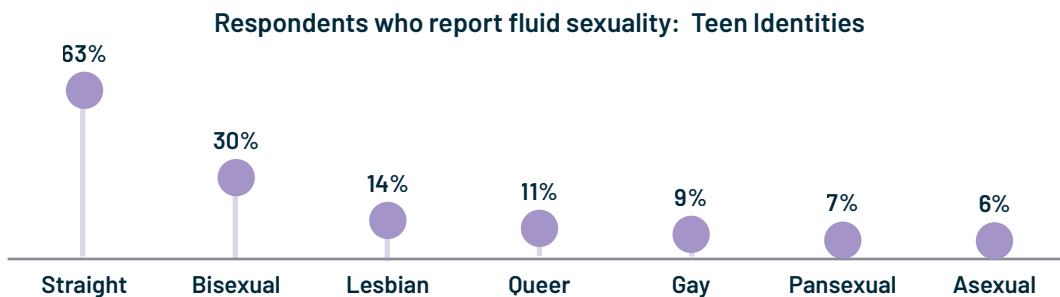
Mostly "Fluid or Changing" sexuality over Lifetime



Q. How have you expressed your sexual orientation over your lifetime?

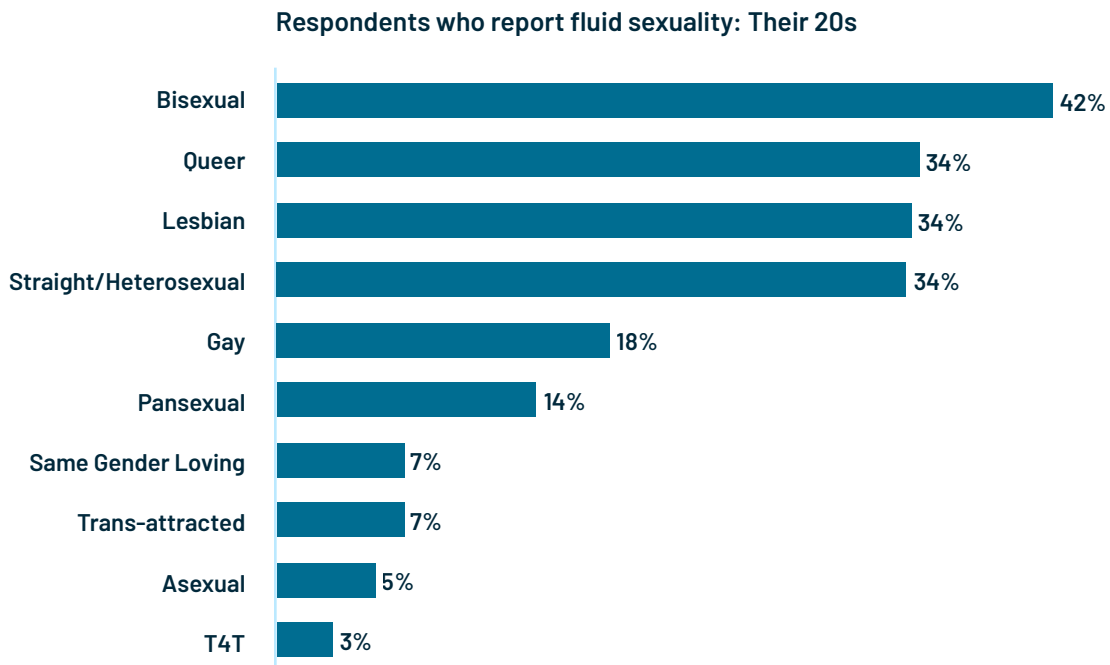
Looking at the 1,542 respondents who described their sexual orientation as being mostly fluid or having changed over their lifetime, here are the flows of identities reported across the decades of their lives.

In their teens, respondents identified as straight at twice to ten times the rate of any other identity.



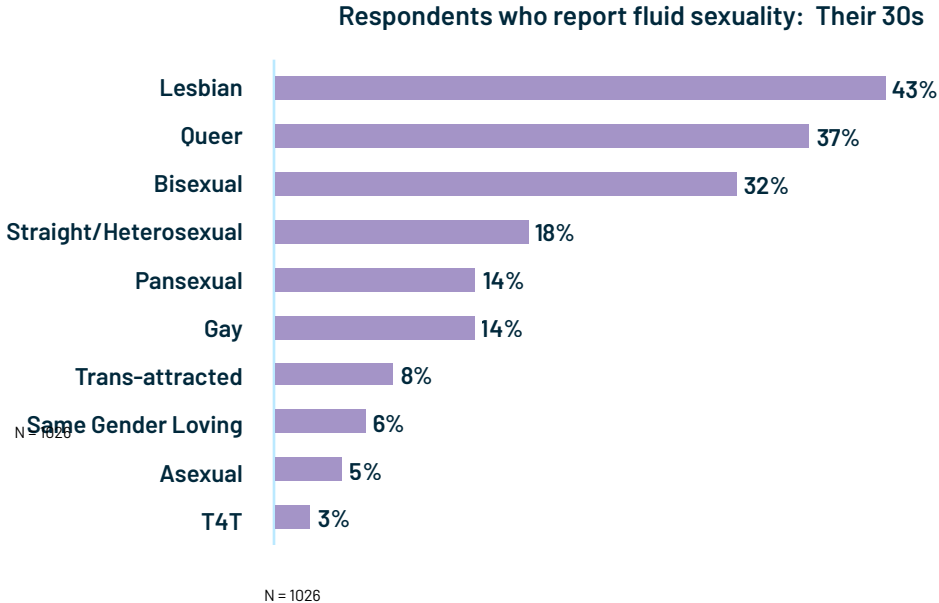
N = 1542

In their 20s, straight identification drops precipitously for our respondents, bi identity grows by a third, becoming predominant. In this decade, queer identity also surges, and lesbian doubles.

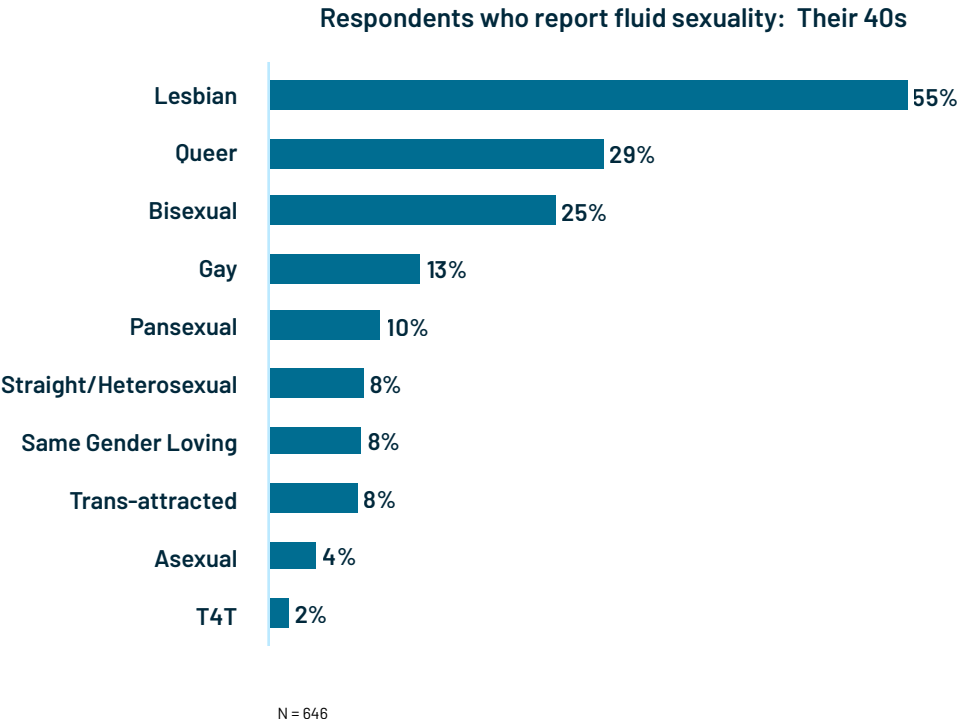


N = 1444

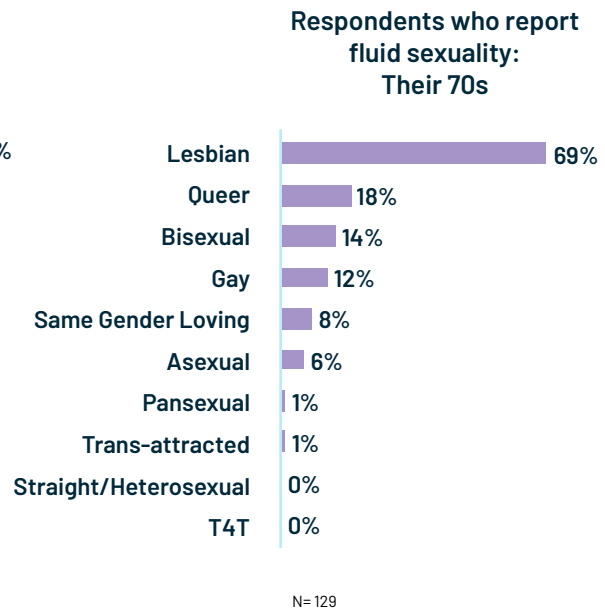
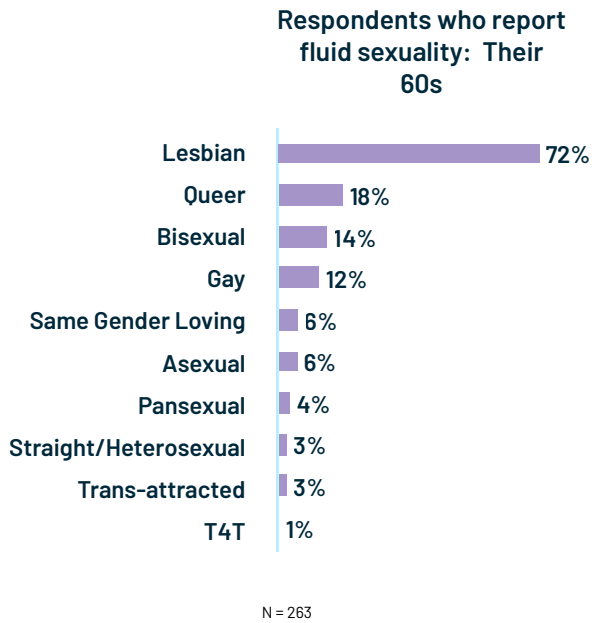
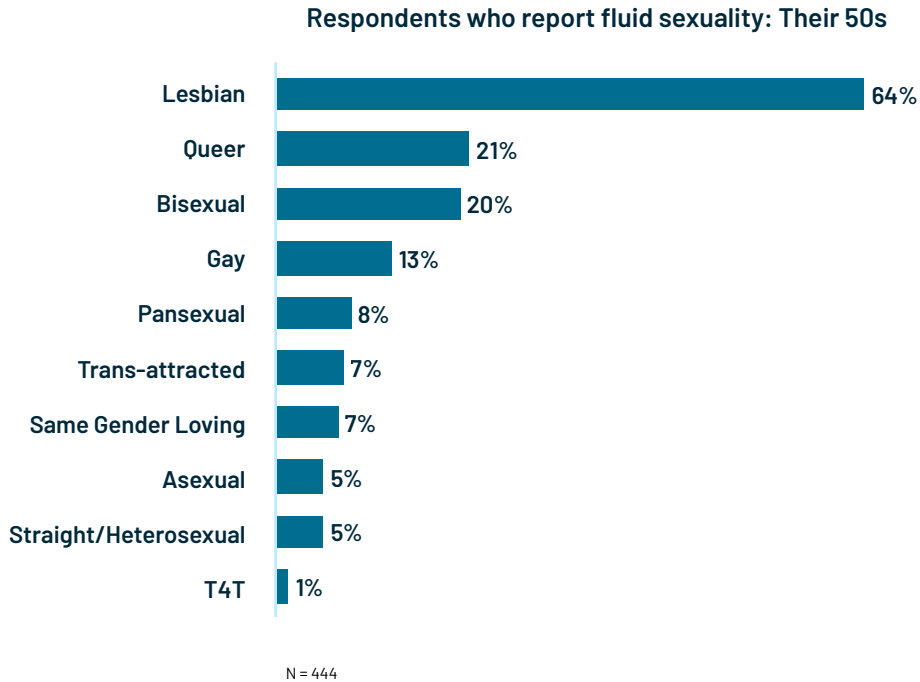
In their 30s, respondents report another steep drop off around heterosexual identity, while lesbian identity grows, and bi identification drops by 10%. Queer identity also has an uptick in the 30s.



In their 40s, straight drops out of top 4 identifiers for our respondents; gay identity emerges along with pansexuality close behind.

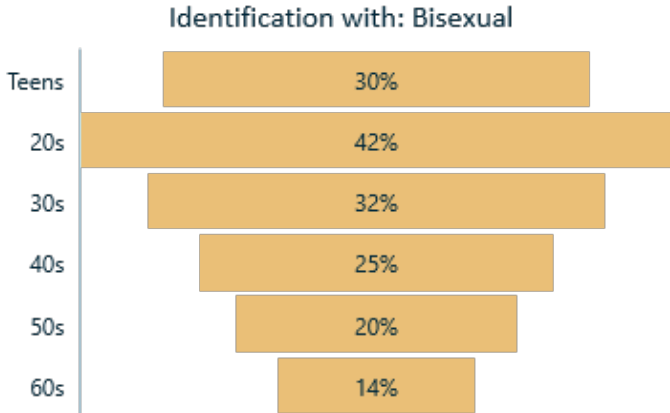
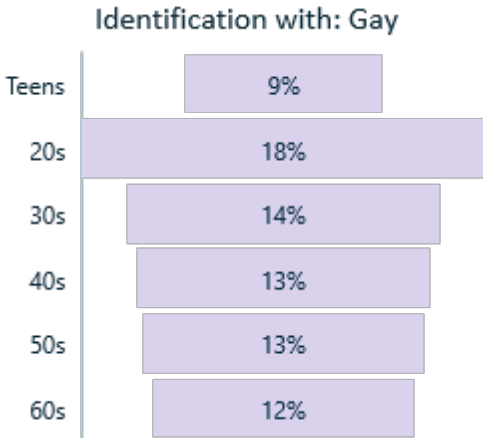
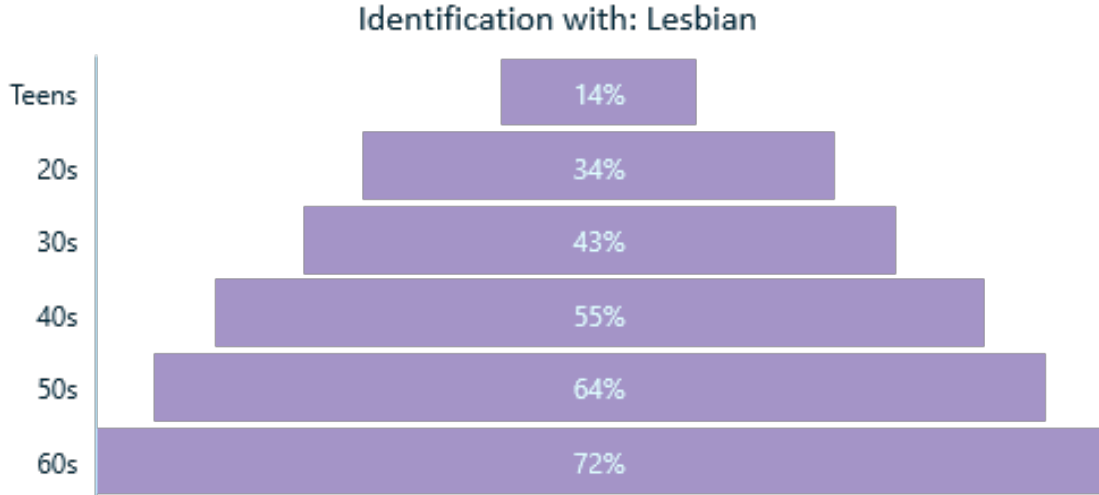


In their 50s, our sample identifies as Lesbian, Queer, Bi and Gay, a descending order of magnitude that holds in their reports on their sexuality over the following 3 decades.

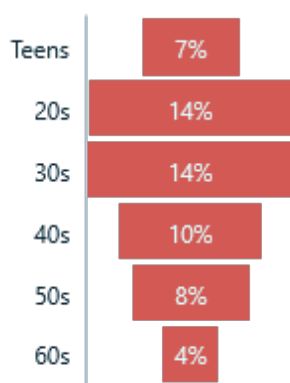


These identity flows are of course not universal or generalizable. They reflect the experiences of this highly feminine spectrum and lesbian-identified group. These flows may be partly attributed to developmental milestones for LGBTQ+ young people growing up in an environment that enforces heterosexuality (see Rich, *Compulsory Heterosexuality and Lesbian Existence*). They also are certainly shaped by the socio-political context in which our respondents are forming themselves, and the possibilities that LGBTQ+ movement gains and communities are forging for respondents as they mature.

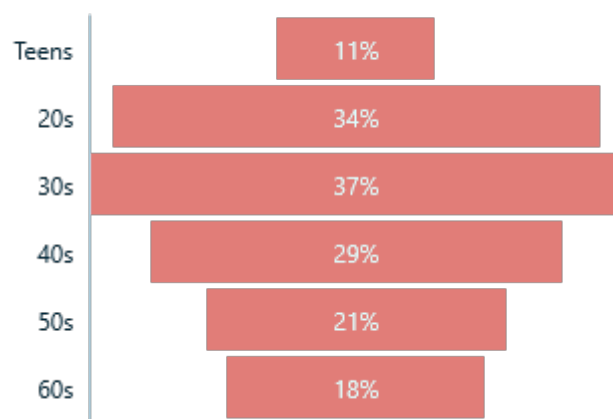
Another interesting way to look at this: for lesbian-identified respondents who reported their sexuality as “complex,” here are their most frequent identifiers, ranked, per decade.



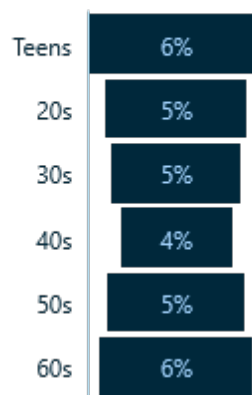
Identification with:
Pansexual



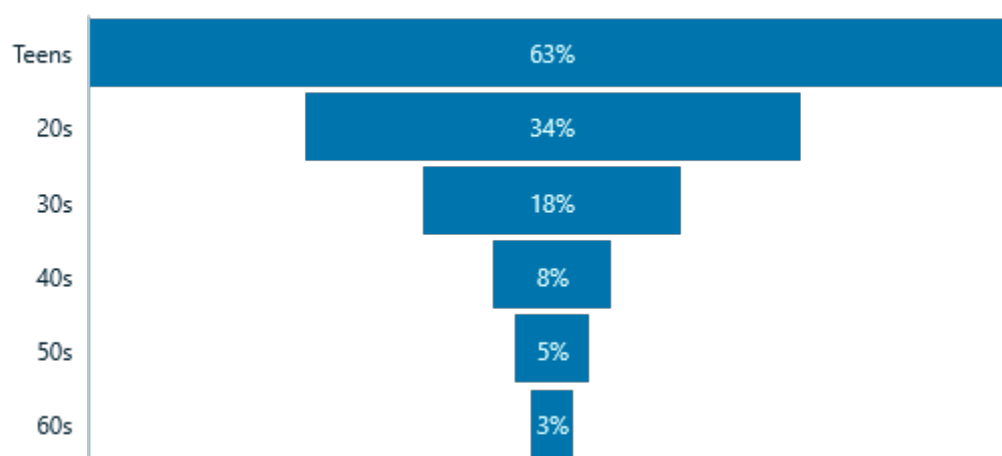
Identification with: Queer

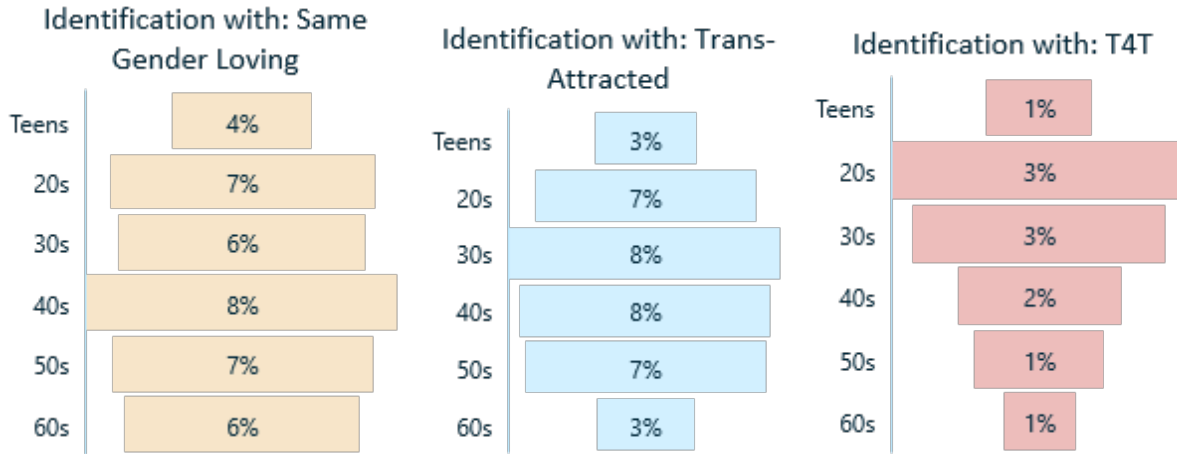


Identification with:
Asexual



Identification with: Straight





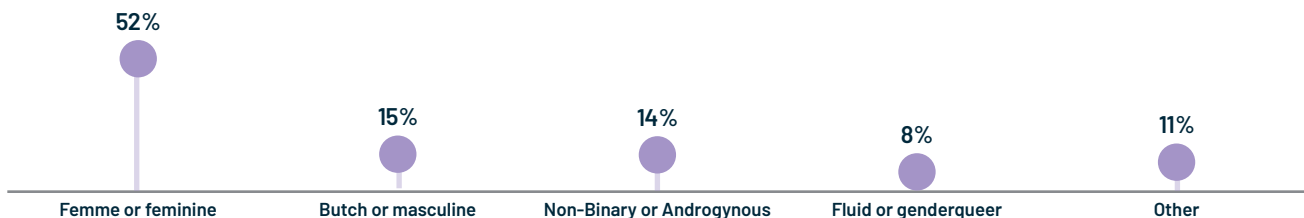
When we look at trans-identified respondents across these decades, their top three identifiers in their teens mirror that of lesbians in the study: straight, bi and lesbian. From there, lesbian and trans-identified respondents' experiences of their sexuality vary widely.

While we can't identify what specific set of forces are supporting or constraining any individual's formative journey in the study, we can observe that LGBTQ+ women's sexuality is complex, expansive, and often fluid over the life span. This is true, regardless of which letter in the LGBTQ+ alphabet soup our respondents currently claim as their own.

This question's complex snapshot of women who partner with women across the lifespan suggests that LGBTQ+ women's sexuality, identities, and intimacies are multifaceted and under construction, throughout our lives.

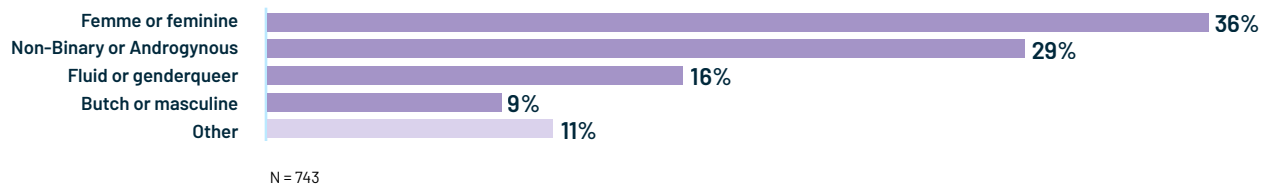
Q. What best describes your gender identity or expression, today?

Fifty two percent (52%) of our respondents identify along the femme or feminine spectrum while 15% identify as butch or masculine, 14% identify as non-binary or androgynous, and 8% identify as fluid or genderqueer.



Trans-identified respondents' gender identities and expressions, like their sexual orientations, were distributed more evenly across gender identities than those chosen by people in the study who did not identify as trans.

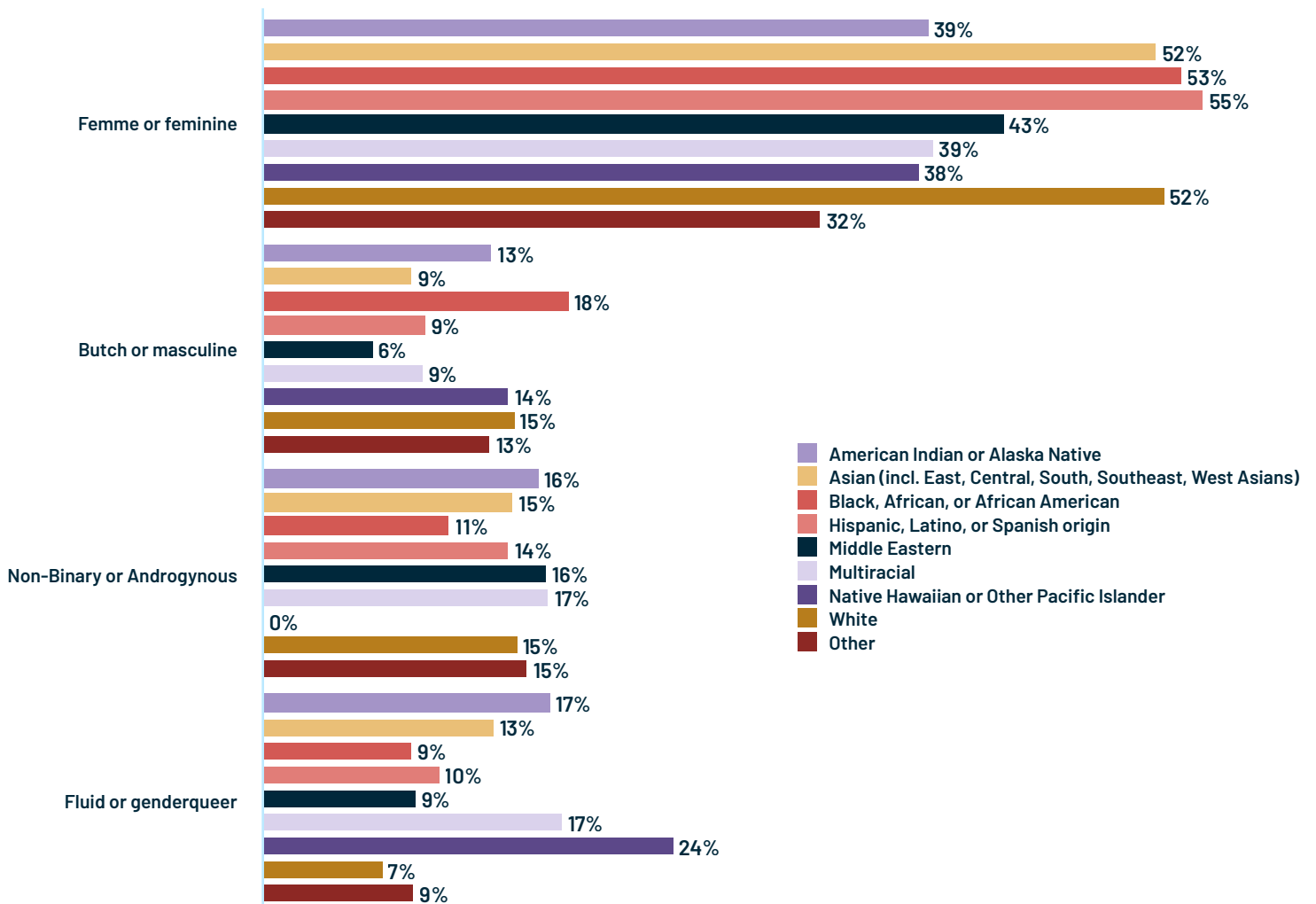
Trans-identified respondents' gender identities and expressions



When looking at the sample via the lens of racial identities, American Indian/Alaska Native respondents had the lowest representation of femmes across multiple racial categories (39%), and Latinx respondents the highest (55%).

Black respondents had the highest representation of Butch/masculine respondents (18%), and Middle Eastern respondents the lowest (6%).

Native Hawaiian/Pacific Islanders identified as fluid or genderqueer at the highest rate (24%) of any racial cohort in the study.² **Patterns of Gender Identity Across Racial Categories.**



² Our race demographics question is a check all that apply, so that one response does not equal one person. Accordingly, these frequencies present patterns of identity across racial categories.

Eleven percent (11%) of study participants chose to provide more detail about their gender identities or expressions by choosing *other, please specify*. Their write-ins present a wildly various and interesting list of identifiers that present a portrait of humor, resistance, and joy in the project of self-determining queer genders under patriarchy. Here are a few highlights:

Sexy

Futch

I reject the premise

Gender is for suckers Just Am

Just a regular lady who expresses a variety

All over the map, dyke, jock

Fa'afafine

Stem Very corporate, "excu-dyke"

Powder Puff Butch

Gender needs to go back to an ugly place

from whence it came

I am not interested in this

Genderfree

Demigirl nerd

Gender doesn't exist

REALDYKE Depends!

Two Spirit

Tomgirl

Autistic, genderqueer, folksy,
solarpunk, whisky, grandpa homebody

I'm a femme contractor

Spontaneous

Mahu wahine

Sporty butch

Chapstick

I have no idea

Femme to Fag Dyke

I am whatever

Queer stone femme

Swishy butch

Transman

Low femme

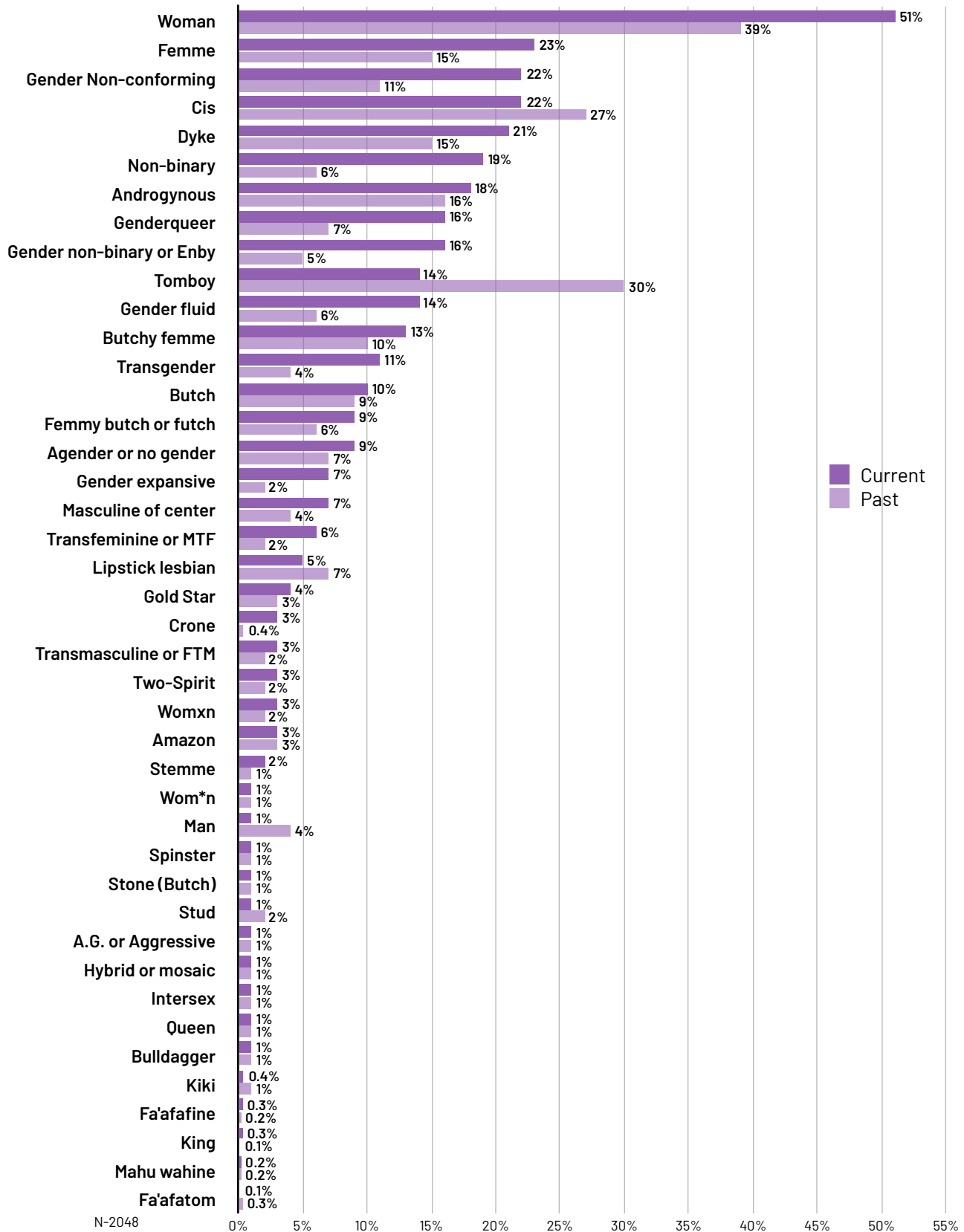
Gender atheist

I don't really fit in any category

Q. Gender is complex: If you'd like to provide more detail, click yes.

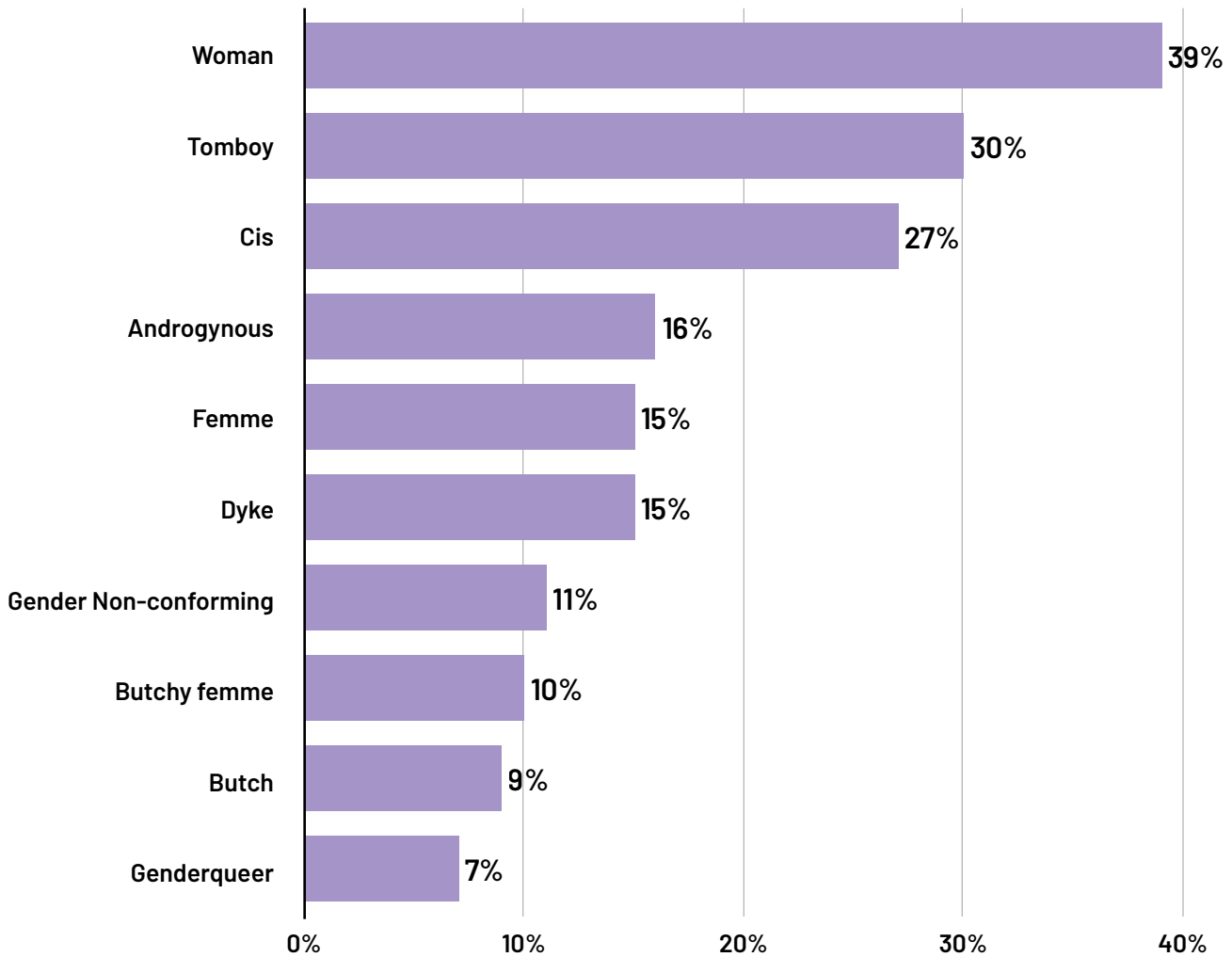
Forty-one percent (41%) of the people who answered this question chose to provide more detail.

Looking at this alongside the respondents who chose to further explain their "complex" sexuality, respondents described their complex gender (41%) and their complex sexuality (41%) at nearly identical rates. And while there is a great deal of overlap here, not everyone who experiences their sexuality complex reports their gender as complex and not everyone who found their gender complex considers their sexuality complex.



Q. Please tell us more about how you describe your gender identity or expression, current and past.

Most common gender descriptors in the past



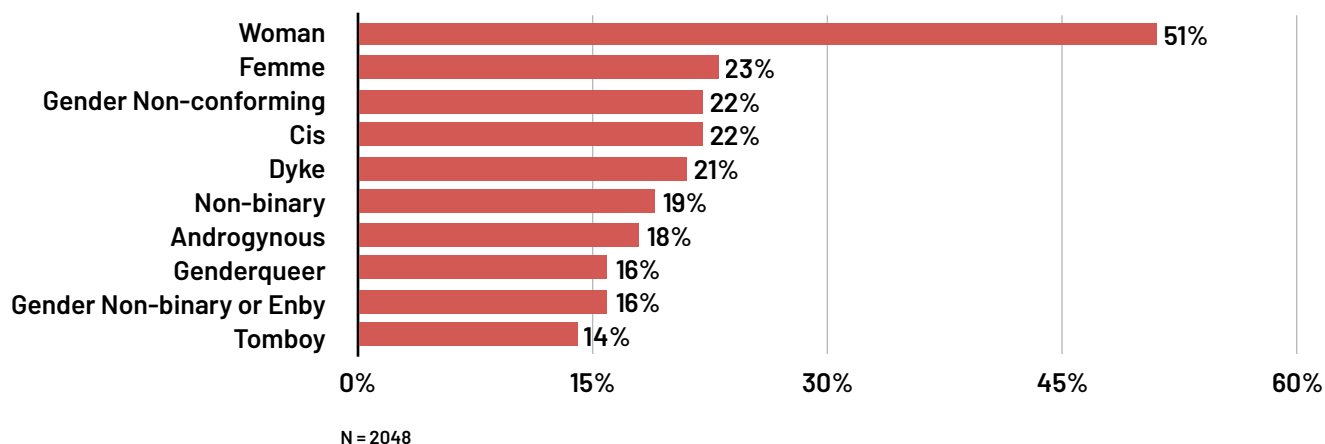
N = 2048

Our respondents' 10 most common past gender descriptors: Woman, tomboy, cis, femme, androgynous, dyke, gender non-conforming, butchy femme, butch, genderqueer

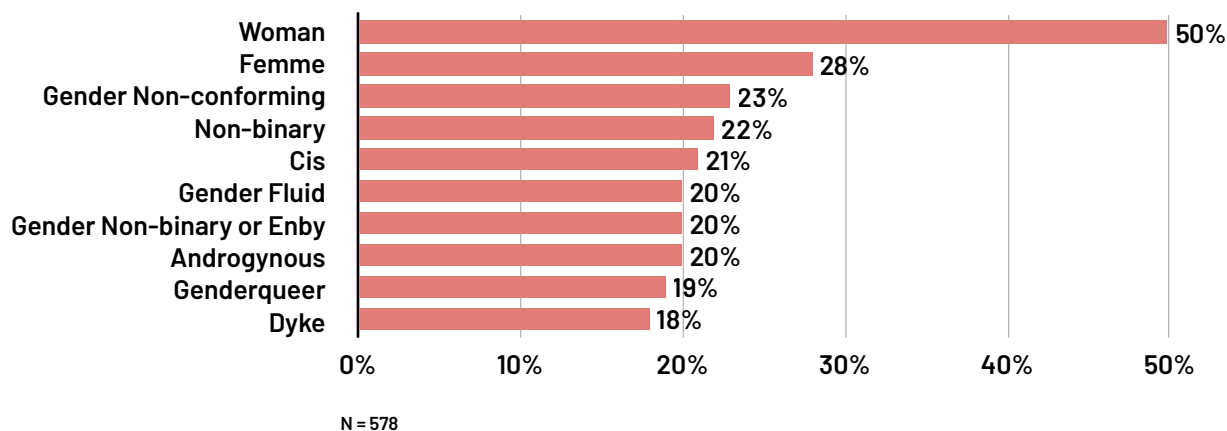
Most common current identifiers for the full sample were: Woman, femme, gender non-conforming, cis, dyke, nonbinary, androgynous, tomboy.

While BIPOC respondents' most common identifiers were somewhat different: Woman, femme, gender non-conforming, nonbinary, cis, genderfluid, gender nonbinary or enby, androgynous, genderqueer, dyke.

Most common current gender identifiers, all respondents



Most common current gender identifiers, BIPOC respondents

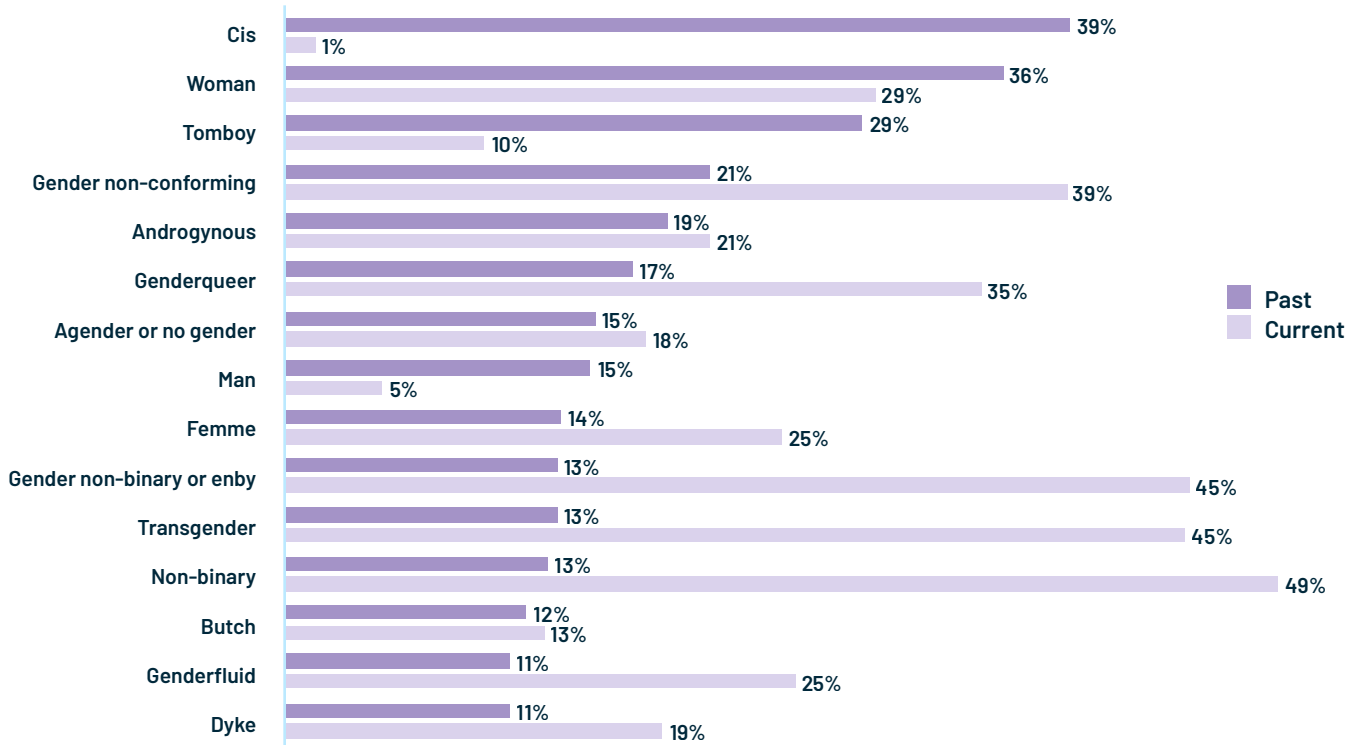


Most common gender identifiers, combining past and current for the full sample: Woman, cis, tomboy, femme, dyke, androgynous, gender non-conforming, nonbinary.

Among all respondents, from their past to current, seven terms remain ascendant, though they move around in popularity. The eighth most popular term shifts: butchy femme drops out and nonbinary emerges as a top 8 identity term.

Trans-identified respondents' top four common past gender identifiers were identical (cis, woman, tomboy, gender non-conforming) to those of people who did not identify as trans in the study, except for the magnitude of cis identification, which was reported as the top past gender identity among trans participants in the study.

Most common past gender identifiers among Trans Respondents



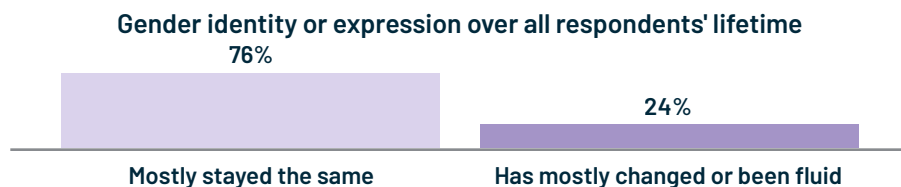
Also notable: Among the 41% who reported their gender as "complex" and "changing", 180 identified as butch in the past and 207 identify as butch currently, providing a counterpoint to an anti-trans narrative that suggests that butch identity is somehow under attack or "disappearing" as trans communities fight for their humanity and rights.

Finally, another interesting identity flow to note: people in the study identified currently as gender queer or fluid or non-binary 2.5 times more often than in the past. If we include androgynous as a nonbinary identity, it's 2.1 times more current than in the past.³

Q. Has your gender identity or expression been mostly the same? Or, has it changed during your lifetime?

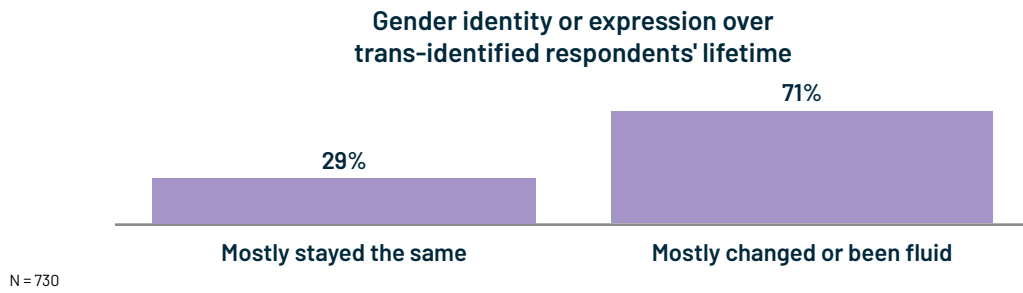
Of the 4,839 people who answered this question, 1168 or 24% responded that their gender has mostly been fluid. This contrasts to the fluidity in sexuality question, where 32% of respondents report fluidity of sexuality over their lifespan.

Respondents report their sexuality to be more fluid than their gender identity or expression.

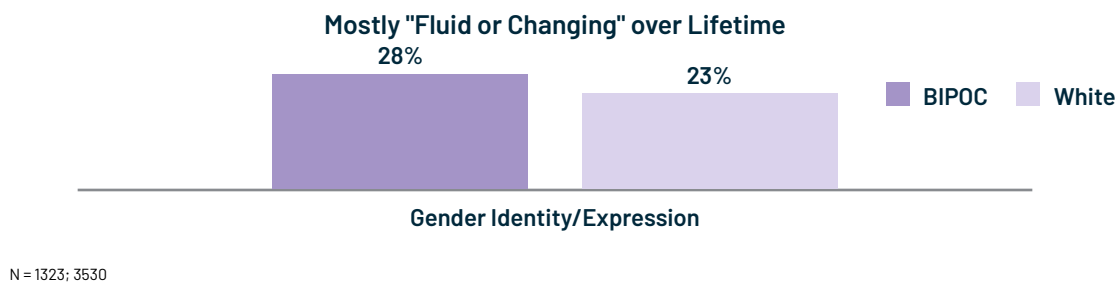


³ Our finding aligns with recent research presented in a Time Magazine article on Gen Z and gender: <https://time.com/6275663/generation-z-gender-identity/>

Trans-identified respondents were 2.4 times as likely to describe their gender identity or expression as having changed or been fluid over their lifetime as respondents in the full sample.



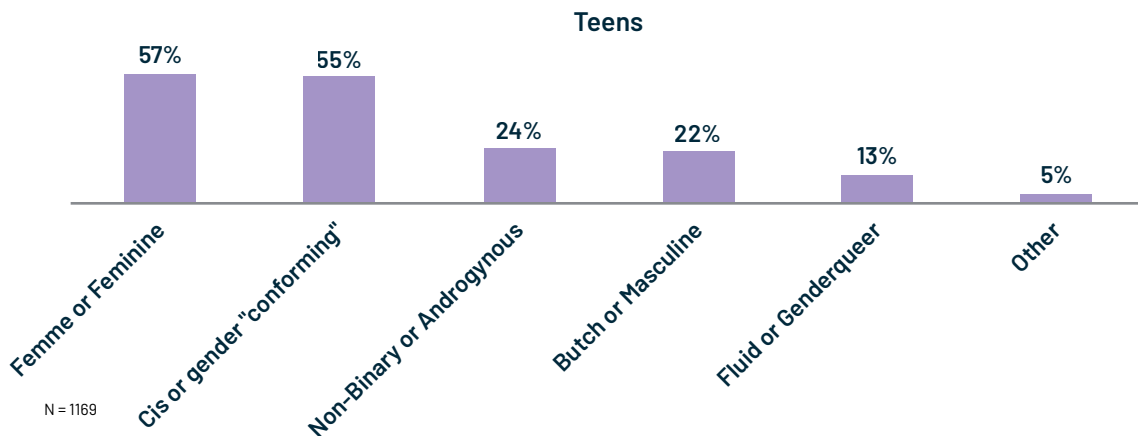
BIPOC respondents reported fluid or changing genders more often than their white counterparts in the study.



Q. How have you expressed your gender identity or expression over the course of your life? Check all that apply.

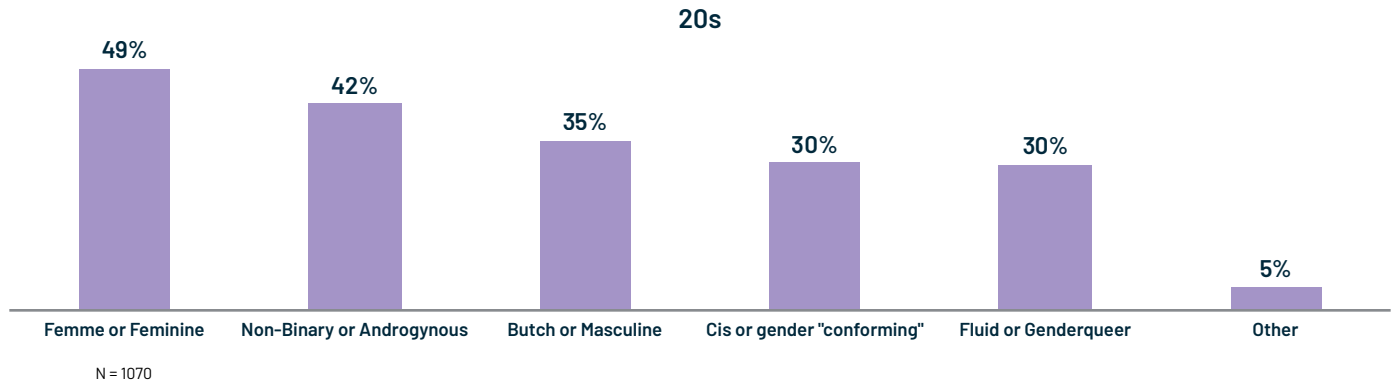
Teens: Femme, Cis, Non-Binary/Androgynous, Butch/Masc, Fluid/GQ

In their teens, our respondents heavily identify as Femme and Cisgender.



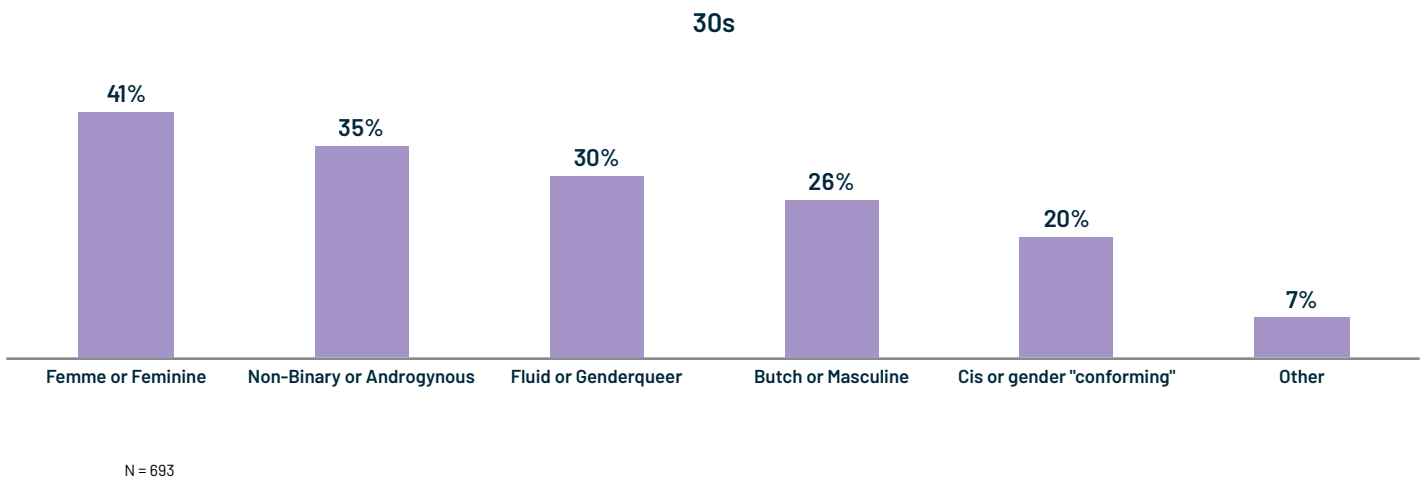
20s: Femme, Non-B/Andro, Butch/Masc, Fluid/GQ, Cis

In their 20s, and over the course of their lives, femme remains an ascendant gender expression for these respondents. Non-Binary/Androgynous emerges as a popular identity and cis drops from the second most common identity to fifth.



30s: Femme, Non-B/Andro, Fluid/GQ, Butch/Masc, Cis

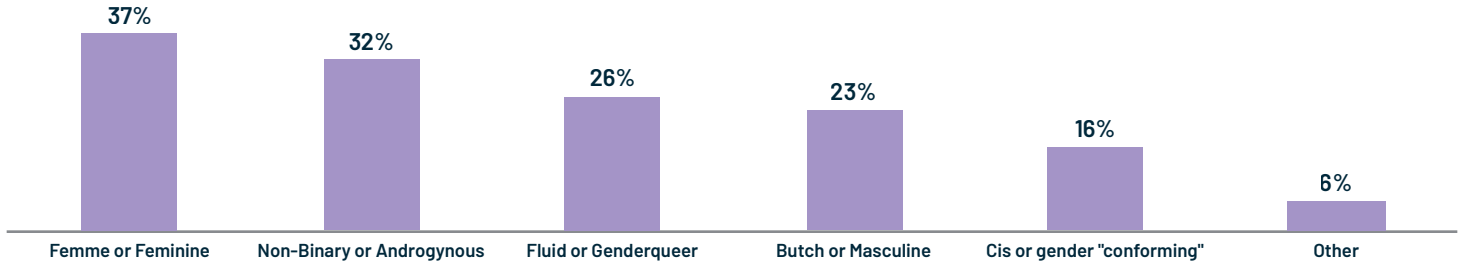
In their 30s, Femme and Non-Binary continue to be the most popular gender expressions for our respondents, but at a lower rate, as fluid/genderqueer, butch/masculine and cis all are taken on with closer frequency to femme and non-binary/androgynous.



40s to 70s: Femme, Non-B/Andro, Fluid/GQ, Butch/Masc, Cis

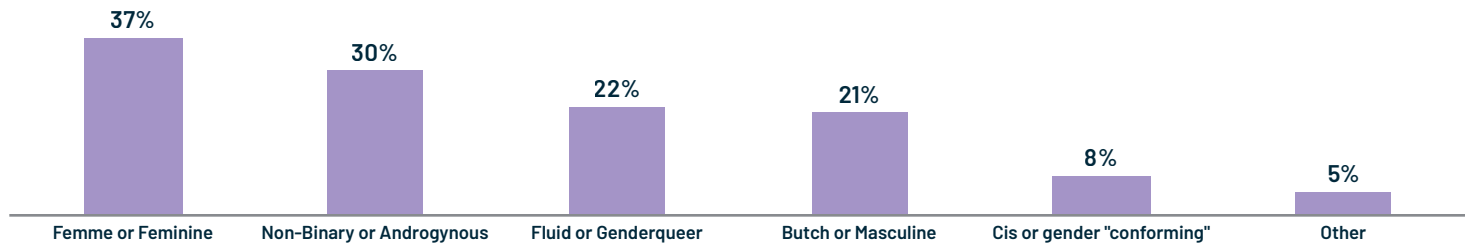
From their 40s to their 70s, study participants' most popular identities and the distribution of their gender expression remains fairly stable.

40s



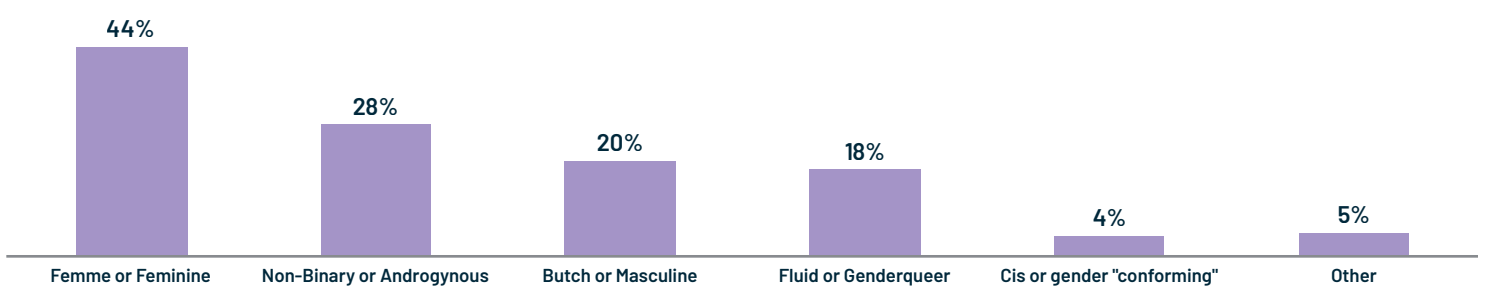
N = 426

50s



N = 262

60s

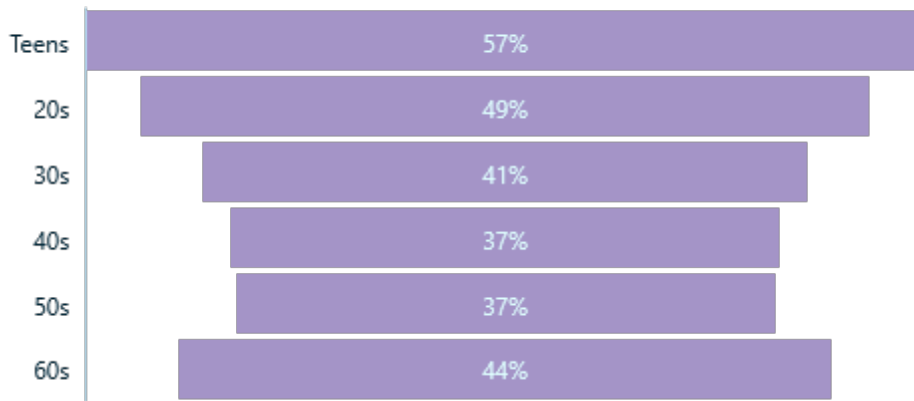


N = 158

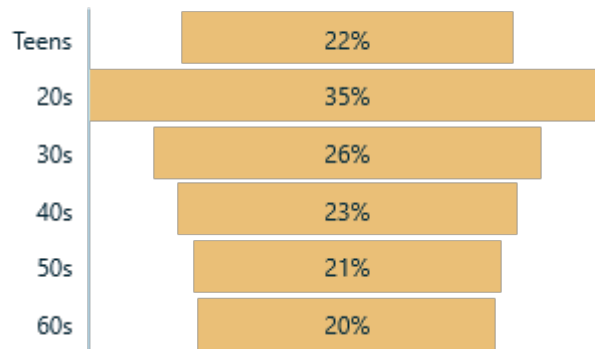
Over the lifespan, then, respondents identified from most to least often as: Femme or Feminine, Non-Binary/Androgynous, Cis, Fluid/Genderqueer, Butch/Masculine.

Femme stays the top category throughout the decades; Cis begins in second and drops to last.

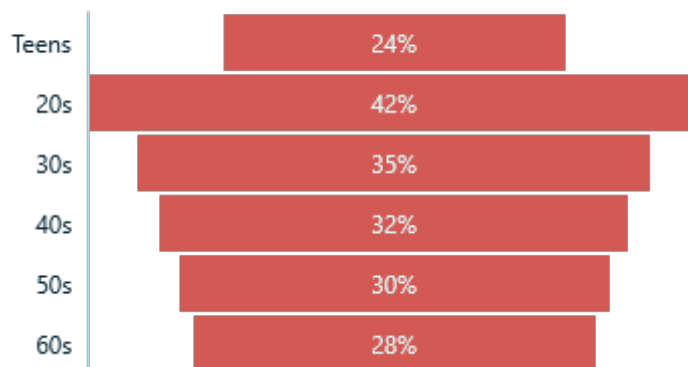
Respondents Identifying as Femme or Feminine across the lifespan



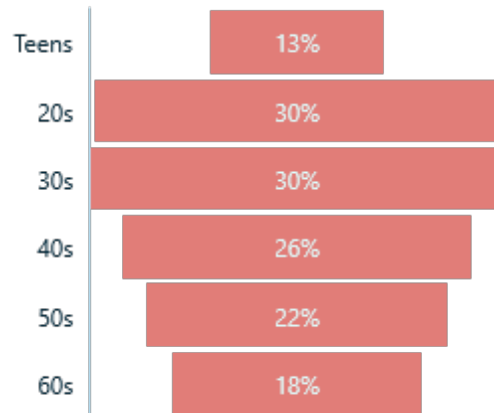
Respondents identifying as Butch or Masculine across the lifespan



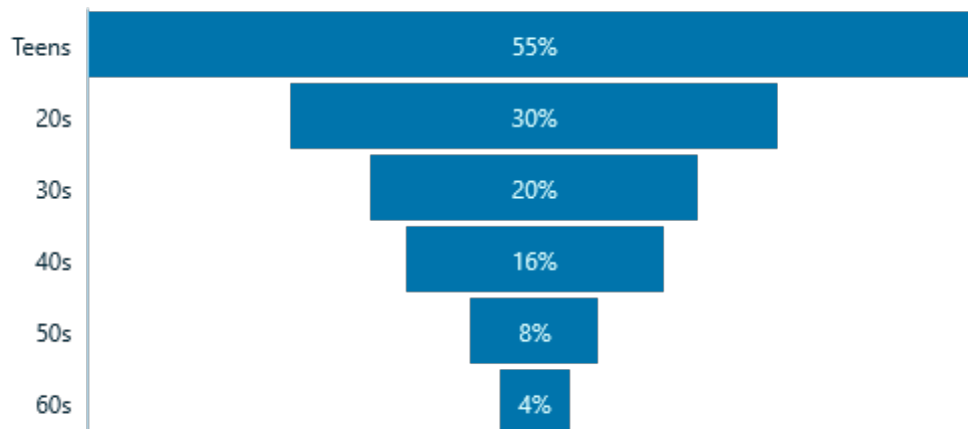
Respondents identifying as Non-Binary or Androgynous across the lifespan



Respondents identifying as Fluid or Genderqueer across the lifespan



Respondents identifying as Cisgender across the lifespan



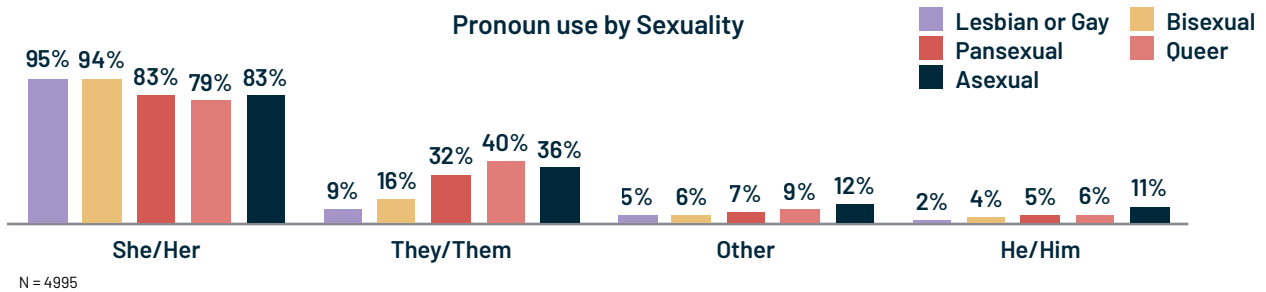
Q. What preferred pronoun do you use?

Ninety percent of respondents in the study report using she/her pronouns.

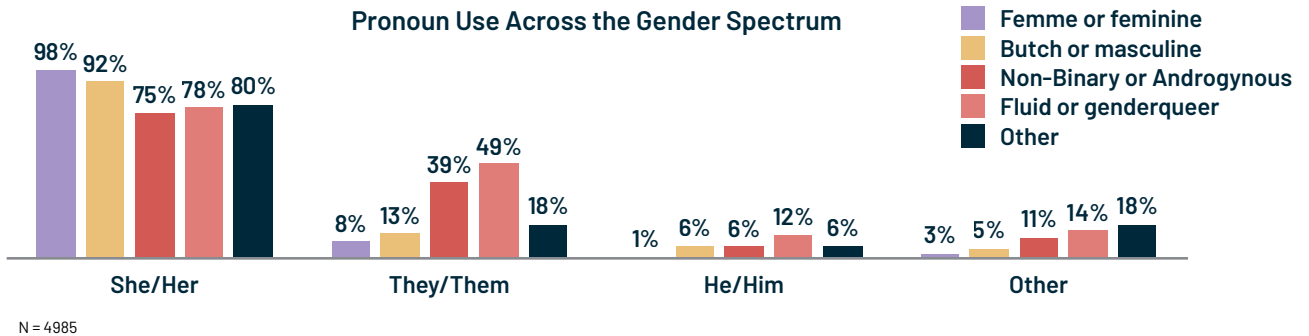
Respondents' pronoun usage percentages add up to more than 100% because they could choose more than one set of pronouns with which to identify themselves.



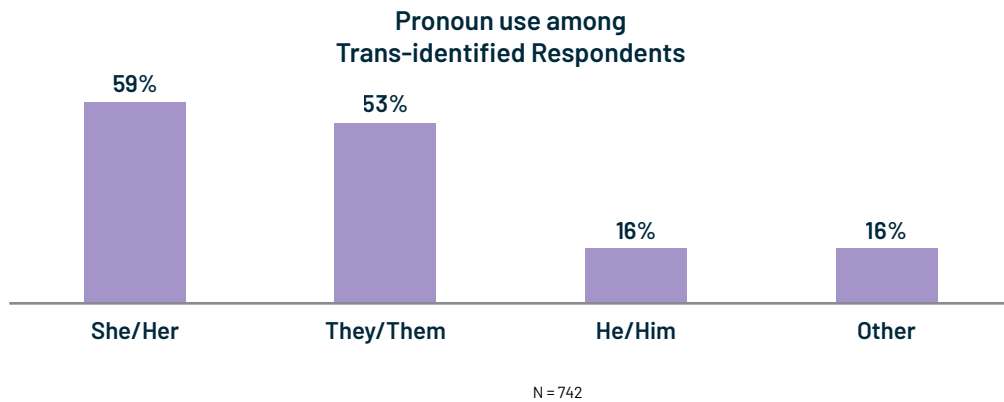
Across sexuality, queer-identified women use she/her the least often (79%). Queer women use they/them the most (40%).



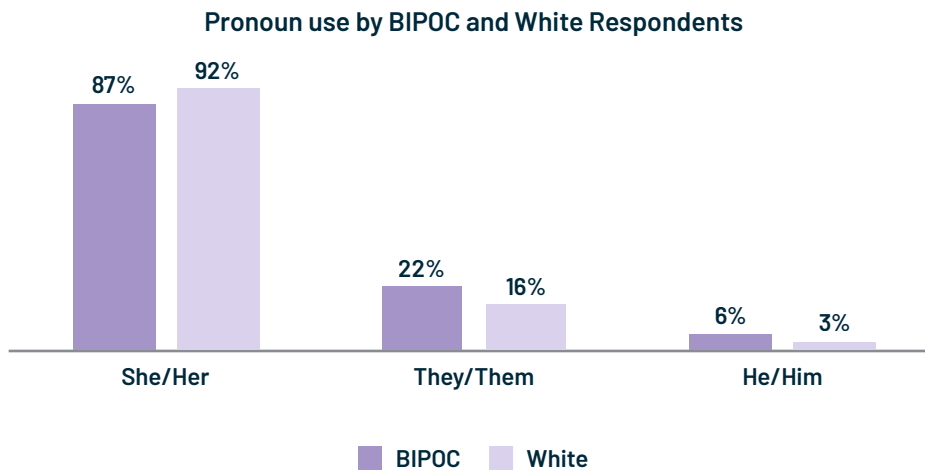
Across the gender spectrum, non-binary respondents use she/her the least (75%). Genderfluid respondents use they/them most often (49%).



More than half of trans-identified respondents report using they/them pronouns.

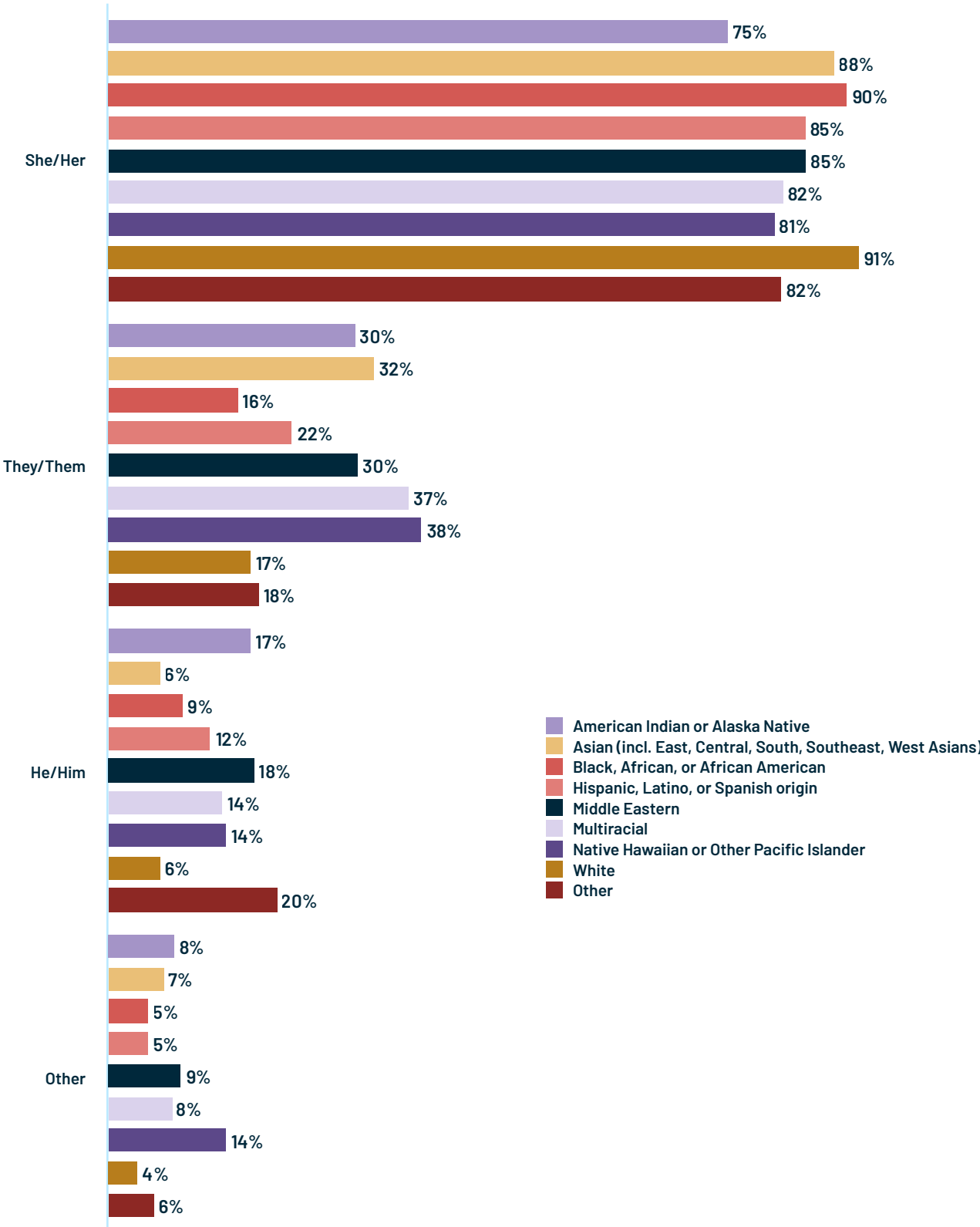


White respondents report using she/her more often than BIPOC women in the study.



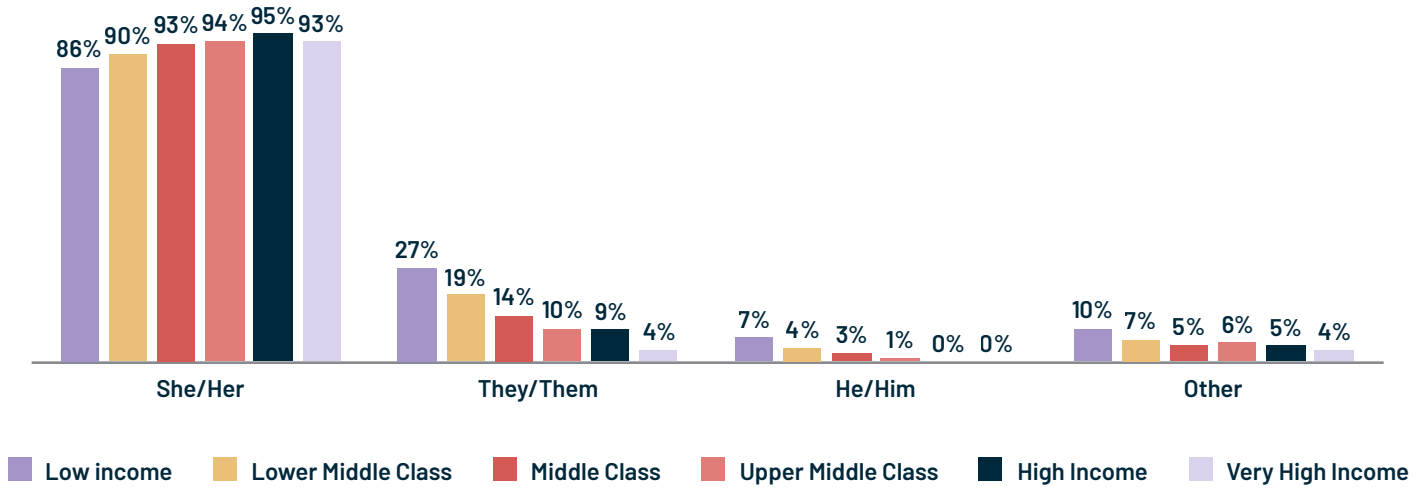
Indigenous/Alaska Native respondents use she/her the least (75%); Multiracial respondents use they/them the most (38%).

Pronoun Use by Race/Ethnicity



Across class, low-income respondents use she/her the least (86%) and they/them the most (27%) relative to their higher income earning peers.

Pronoun Use by Class



N = 4907

Among respondents who chose the write-in option on pronouns, a high percentage wrote in she/they (38%).

Another strong trend in write-ins was some form of: I hate pronouns, I don't engage in this, I can't stand pronouns, etc.

A number of respondents noted that the term "preferred pronoun" is problematic, as though we perceive the user as describing a "favorite" rather than presenting one's truth, and a better construction of the question might be: *What pronoun do you use?*

Alternatively, a number of people said they think that illuminating or emphasizing pronouns outs them or leaves them at risk for exposure in potentially hostile situations, rather than creating an opportunity for authentic interaction.

Community Notes: Moving Forward

Federal surveys that collect data on LGBTQ+ women who partner with women are scant and their identity questions are often blunt instruments. Statewide surveys are also neither widespread nor consistent in the ways in which they record the experiences of LGBTQ+ women, while local/agency/health surveys offer wildly divergent and limited ways for LGBTQ+ women to inhabit the research frames we occasionally find ourselves shoehorned into.

Our thinking in creating complex lists of gender and sexuality identifiers for the National LGBTQ+ Women’s Community Survey – and tracking them over the lifespan – was this: **more is more.**

Sexuality/Orientation Options Offered to Respondents

Aromatic	Asexual	Asexual or ace	Bi Dyke	Bisexual	Demisexual
Fag	Gay	Greysexual	Gold Star	Lesbian	Omnisexual
Pansexual	Queer	Same Gender	Stone	Trans Attracted	Trans Dyke
	Trans Fag	T4T	Other, please		

Gender Identity/Expression Options Offered to Respondents

Agender or no	A.G. or Aggressiv	Amazon	Androgynous	Bulldagger	Butch	Butchy femme	Cis	Crone
Dyke	Fa’afafine	Fa’afatom	Femme	Femmy butch or futch	Gender Expansiv	Gender fluid	Gender non-binary or	Gender non-conforming
Genderqueer	Gold Star	Hybrid or mosaic	Kiki	King	Lipstick Lesbian	Mahu wahine	Man	Masculine of center
Non-binary	Intersex	Queen	Tomboy	Spinster	Stemme	Stone (Butch)	Stud	Transgender
	Transfeminine or MTF	Transmasculine or FTM	Two-Spirit	Woman	Women	Wom*n	Other, please specify:	

More identifiers allow us to stake claims to ourselves and describe our gendered embodiments and sexualities in a world that denies us that right at every corner.

Our process is the opposite of “labeling” – of having some clinical or state-defined “box” foisted upon us. Instead, the LGBTQ+ women’s survey presented an opportunity to describe in our own language our self-creation and the communities of loved ones that we form around us.

We understand our method as presenting a “snapshot” of identifiers that are commonly used in the community at this moment in time, and that these lists would morph and change in future research efforts as LGBTQ+ women create our pathways, social byways, and language within our families and communities.

Complex identifiers also allow us (as researchers and advocates) to granularly observe and engage with our respondent community, taking into account the ways multiple forms of structural violence are playing out on us in the context of our genders and sexualities. Through these identifiers, we can consider what precarities LGBTQ+ women share across identities, and what vulnerabilities adhere to specific gender identities/expressions and sexualities.

For example, our finding that BIPOC women report that their genders and sexuality are “fluid and changing” more often than white women deserves further study and attention within our community and service organizations; so too does the finding that respondents with fluid and changing genders and sexualities are more likely to be living on limited incomes.

So little is known or understood about the breadth and depth of LGBTQ+ women’s identities – how we construct them, live them out, and how they shift (or not) over the course of our lifetimes. Accordingly, in these questions, we have created a unique, rich repository of knowledge about LGBTQ+ women who partner with women in our own language, that can be analyzed across the crucial domains of our lives.

We offer this set of identifiers and store of knowledge as food for thought for other researchers and high-stakes policy makers about the complexity of our lives and how the State and various other institutions impact, constrain, and erase us – all while we insist and persist. All while we create ourselves and the lives we deserve.

We are beyond this violent culture’s limited imaginings, and we insist on our lives beyond the deadening boxes designated for us, and for all women.

2

CHAPTER TWO EDUCATION

Major Findings

Experiences of Abuse

- Harassment and abuse at school were a near-universal experience for our respondents (76%), with verbal harassment (65%), bullying (50%), and sexual harassment (32%) reported most often.
- On average, respondents reported surviving 2.5 forms of abuse at school, including physical (16%) and sexual assault (13%).
- Peers were the most common perpetrators of abuse (71%) in school settings, followed by classroom teachers (17%) and administrators (9%).
- Middle school (50%) edged out high school (47%) as the most abusive school environment.
- Respondents most often identified sexism as a driving motivator of their abusers (38%), followed by racism (34%), anti-LGBTQ+ animus (26%), and being targeted for their weight (18%).

Experiences of Support

- **Thirty percent (30%) of respondents who expressed an LGBTQ+ identity while in a learning environment said they had no experience of positive support at school.**
- When reporting on sources of support in K-12 and higher education, respondents said: "I was supported by my friends" most often (52%), followed by "I found LGBTQ peers who were out" (41%).
- Queer and out LGBT teachers were the third most relied upon source of support (20%).

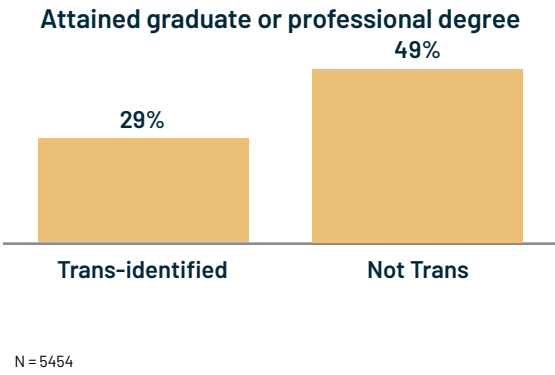
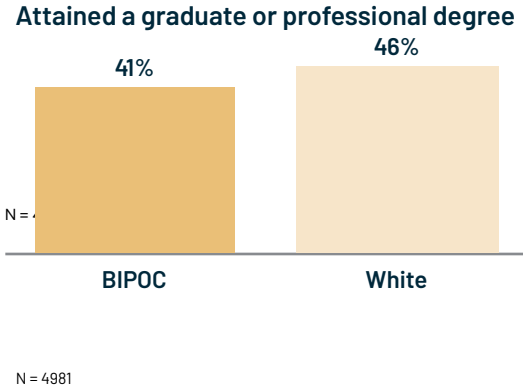
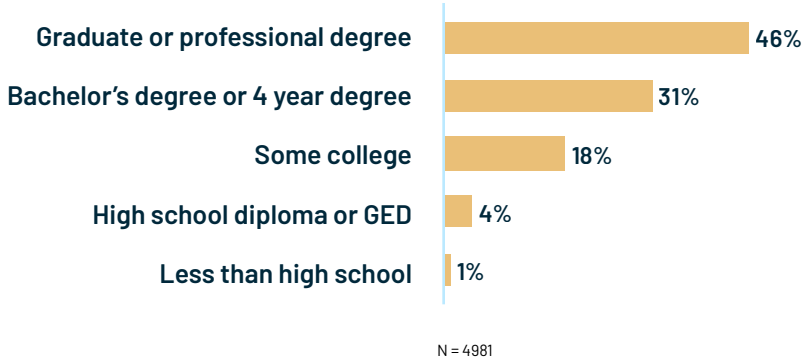
SURVEY QUESTIONS AND ANALYSIS

Q. What is the highest degree of education that you've completed?

Our highly educated respondents obtained graduate degrees at more than twice the rate of the general population¹, despite reporting widespread experiences of abuse across the long span of their educational lives.

Transgender respondents were less likely to achieve a graduate degree despite having higher educational achievement on average.

Given the level of abuse reported, people in the study display what can only be termed a dogged determination to pursue their education.



¹ Census Bureau United States. Census Bureau Releases New Educational Attainment Data. Census Bureau, United States.

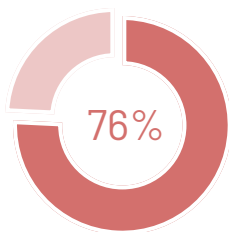
Q. Did you ever experience any of the following while in an educational institution (e.g. elementary school, middle school, high school, college, university, graduate school, etc.)?

Verbal harassment (65%) and bullying (50%) were the most common forms of abuse experienced **while at school**, followed by sexual harassment (32%). These findings align with data gathered by GLSEN and middle and high school-based Gay/Straight Alliances, as well as higher education climate surveys.²

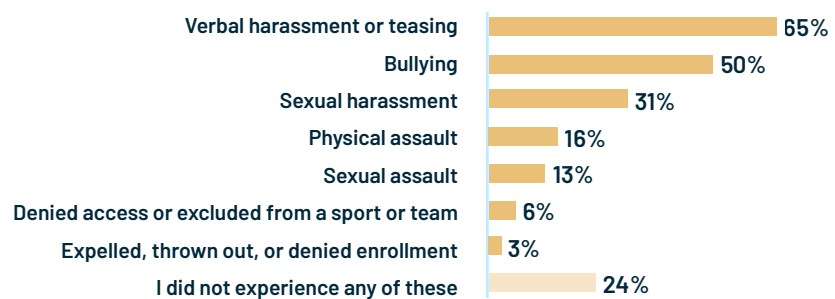
Abuse was pervasive, with study participants experiencing on average than two forms of harassment and/or violence in school, with 16% reporting physical violence and 13% reporting sexual assault.

BIPOC students experienced all forms of abuse at higher rates than their white counterparts in the study, with a considerably higher rate of physical assault (22% vs. 14%) and more than double the rate of expulsion (5% vs. 2%).

3 in 4 respondents report experiencing harassment, discrimination, or violence in educational settings.

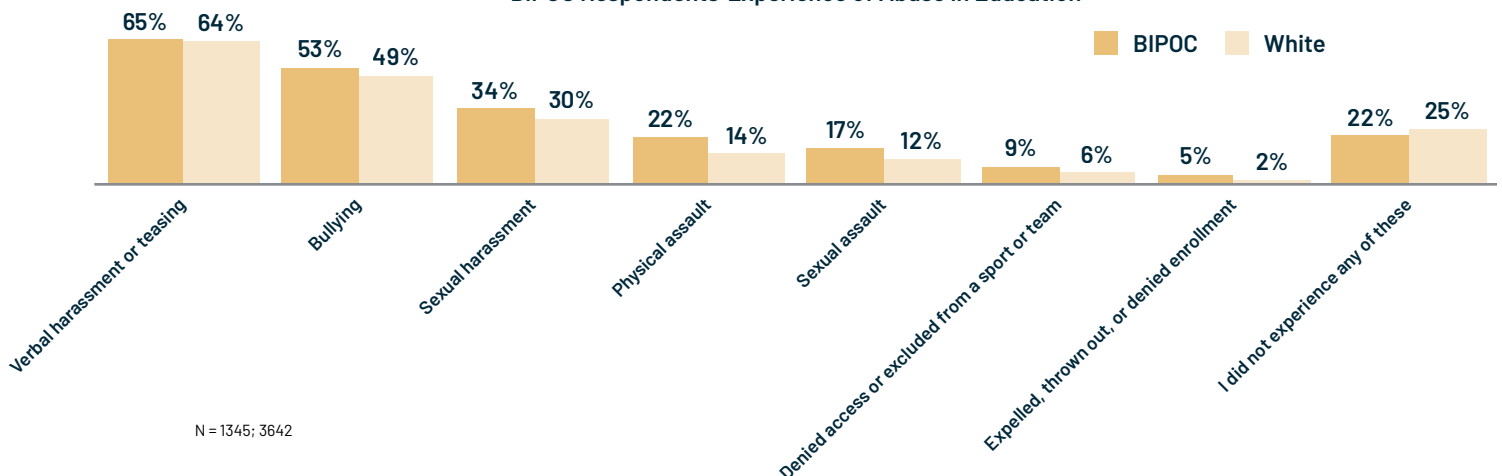


A majority of respondents report verbal harassment or bullying in educational settings.



N = 4995

BIPOC Respondents' Experience of Abuse in Education

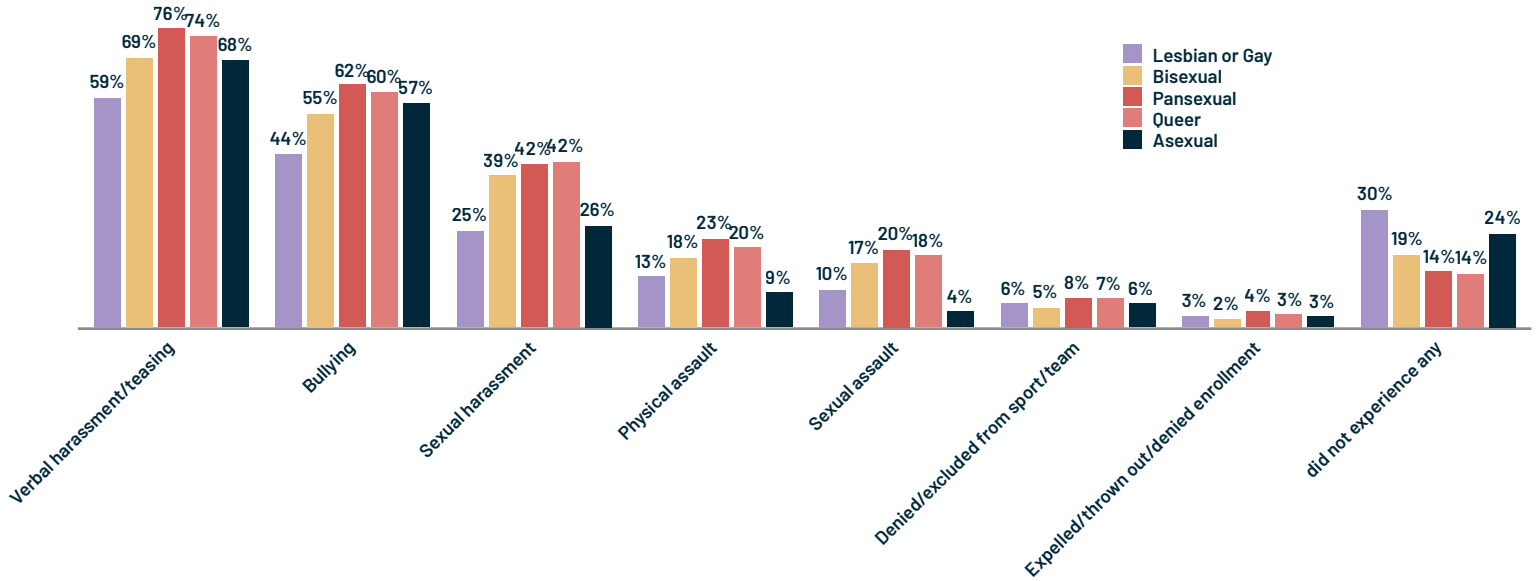


N = 1345; 3642

² Kosciw J, Greytak E, Bartkiewicz M. *The 2021 National School Climate Survey: The Experiences of LGBTQ+ Youth in Our Nation's Schools.*; 2021.

Bisexual, pansexual, and queer students experienced verbal harassment, bullying, sexual harassment, and physical and sexual assault at higher rates than their lesbian and asexual peers at school.

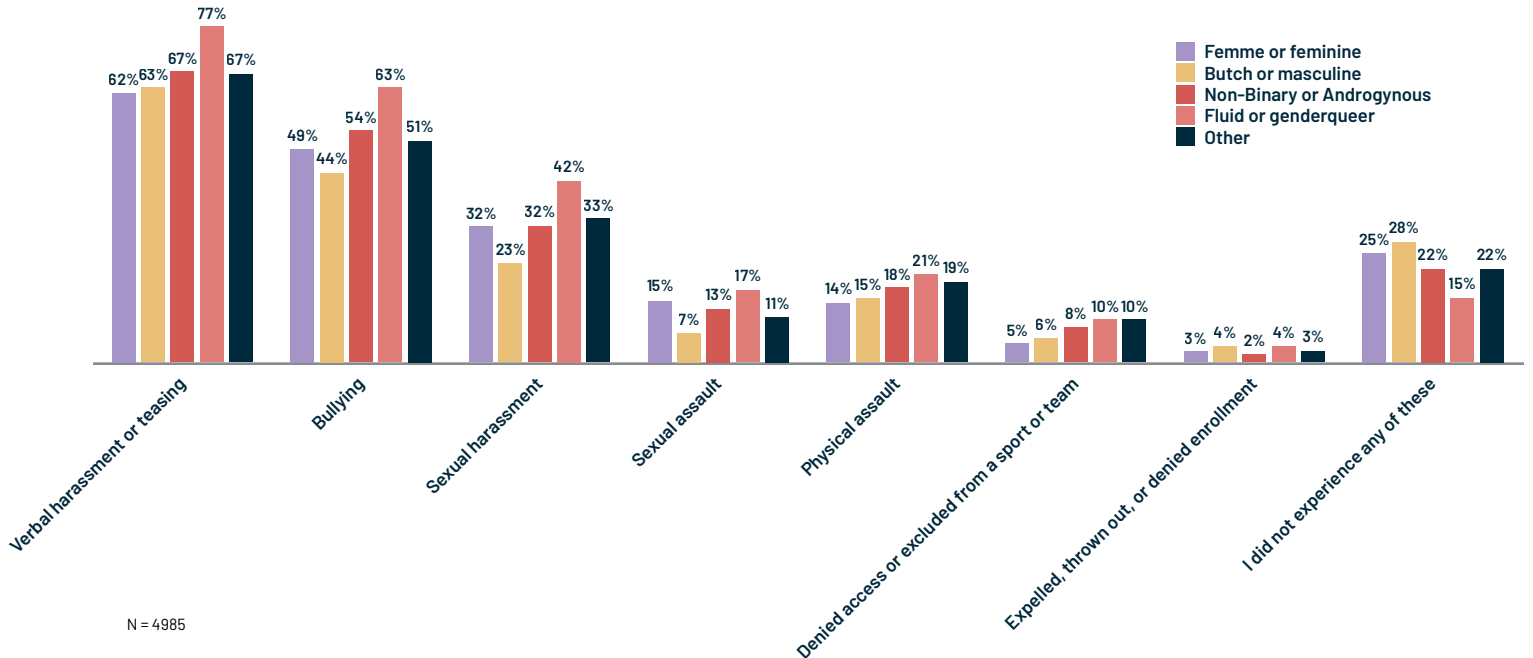
Experiences of Abuse in Education by Sexual Orientation



Fluid/genderqueer respondents experienced all forms of harassment and abuse at school at higher rates than their peers who identified along the masculine or feminine gender spectrum—in some cases, considerably higher.

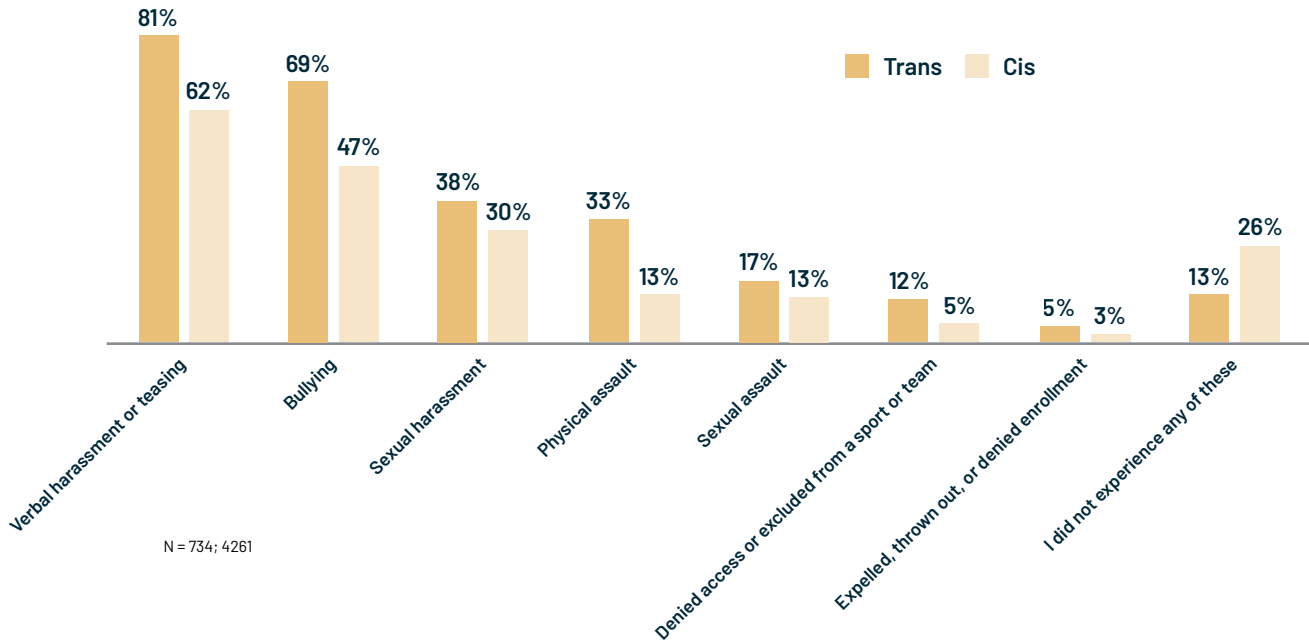
1

Experiences of Abuse in Education by Gender



Trans-identified respondents experienced very high rates of harassment and abuse relative to other cohorts in the study, reporting the highest rates of physical assault in school by far (33%).

Transgender Respondents' Experiences of Abuse in Educational Settings



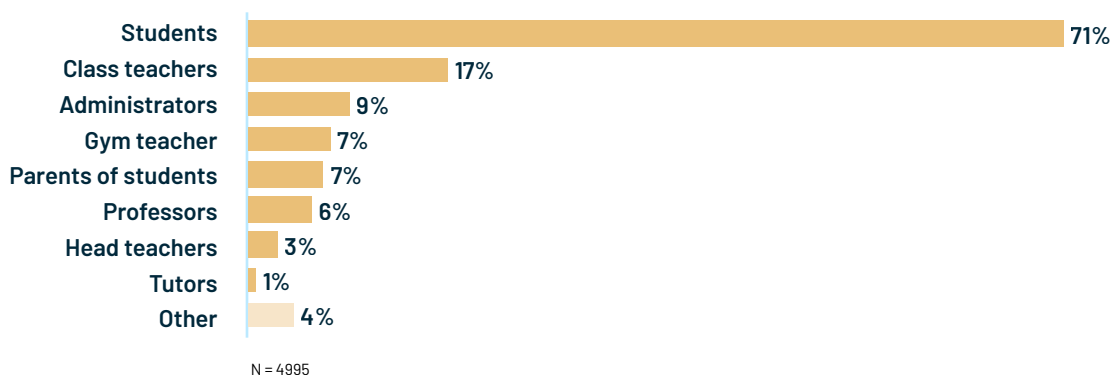
Q. Who did it to you?

While student peers are far and away the most common perpetrators of violence against study participants (71%), it is notable—and outrageous—that 17% of study participants reported abuse by “class teachers” and 9% by “administrators.”

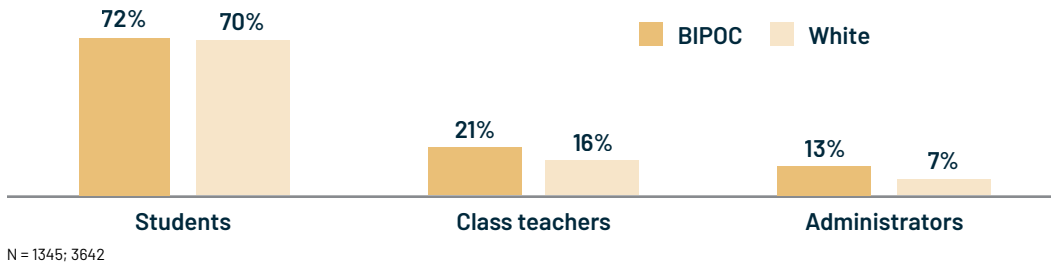
In two national transgender discrimination studies, abuse by administrators and teachers is associated with poorer health outcomes and high rates of self-harm (Grant, 2011; James, 2015).

BIPOC respondents experienced class teacher abuse and administrator abuse at higher rates than their white counterparts in the study, with nearly double the rate of abuse by administrators.

Perpetrators of Abuse in Educational Settings

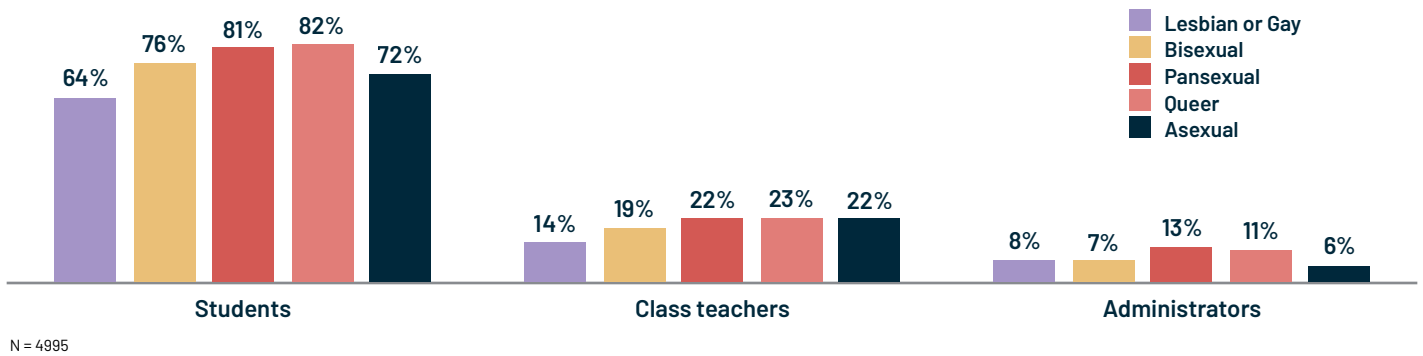


Perpetrators of Abuse Against BIPOC Respondents at School



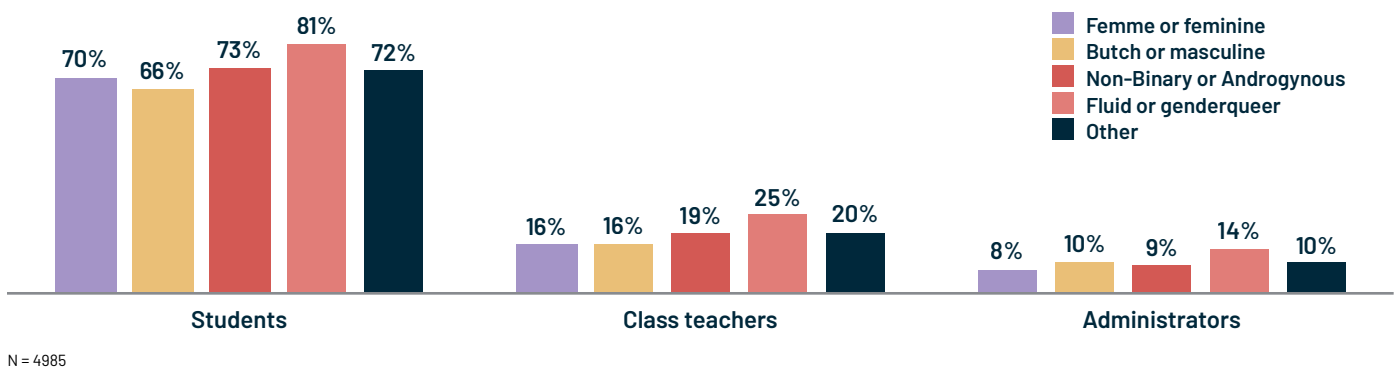
Bi, pan, and queer respondents survived higher levels of student, class teacher, and administrative abuse than their lesbian and gay peers in the study.

Perpetrators of Abuse at School by Sexual Orientation

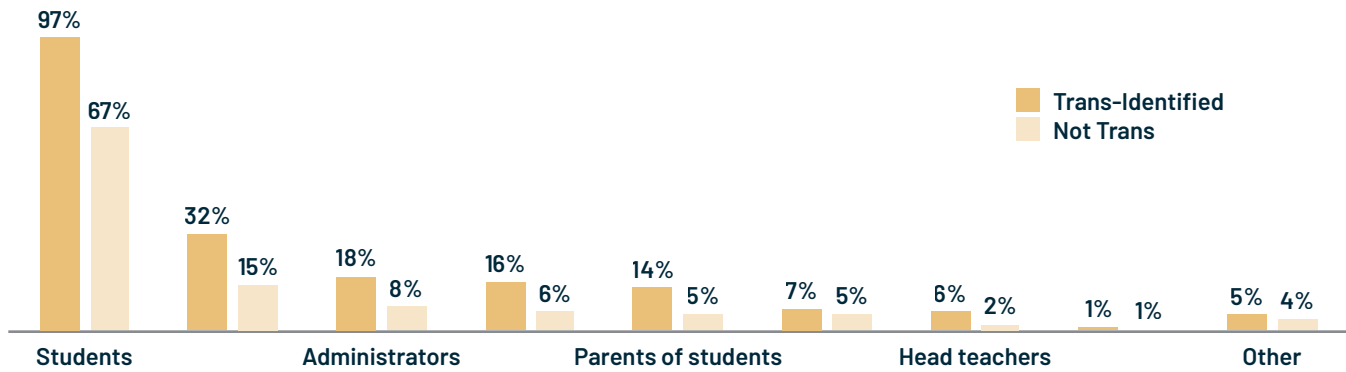


Genderfluid respondents survived higher levels of student, class teacher, and administrative abuse than peers who identified on either the masculine or feminine gender spectrum.

Perpetrators of Abuse at School by Gender



Perpetrators of Abuse Against Trans-Identified Respondents at School



N = 637

Nearly 100% of trans-identified respondents reported abuse by students (97%), with class teacher (32%) and administrative abuse (18%) also far exceeding levels of abuse by counterparts in the study who do not identify as trans.

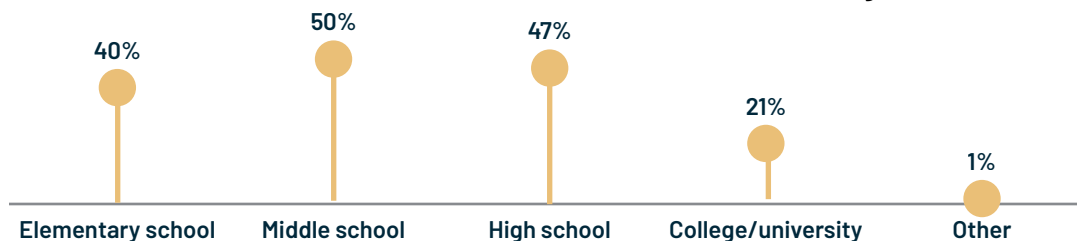
Among the 199 respondents who chose “Other (please specify),” coaches and guidance counselors were the two most prevalent “others,” followed by school staff – including custodians and campus police.

Q. Where did it happen to you?

Aligning with the experience of participants in GLSEN and GSA research³, our respondents found middle school to be the most abusive setting on their educational journey, edging out high school by only three percentage points and elementary school by 10.

However, the harassment and abuse experiences across these three distinct segments of K-12 are so high (54%–68%) that they almost mask a damningly high number in college or higher education (21%).

Abuse of LGBTQ+ Women in Different Educational Settings

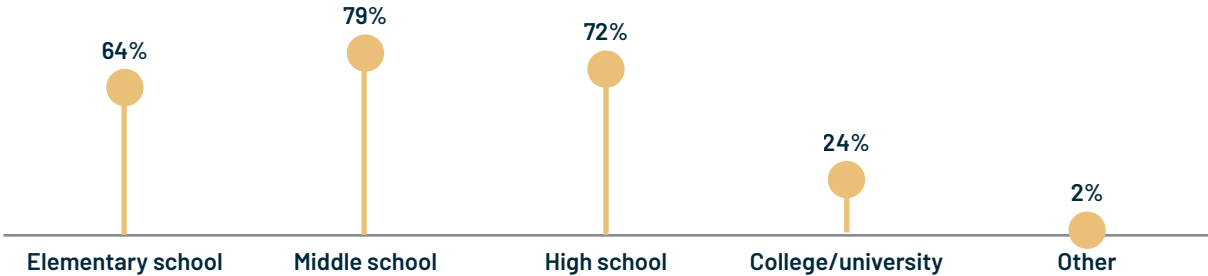


N = 4995

3 GLSEN - www.glsen.org; GSA Network - www.gsanetwork.org

Trans respondents experience a similar pattern of abuse in terms of school settings, though at higher rates compared to people who do not identify as trans in the study.

Trans Respondents' Experience of Abuse in Different Educational Settings



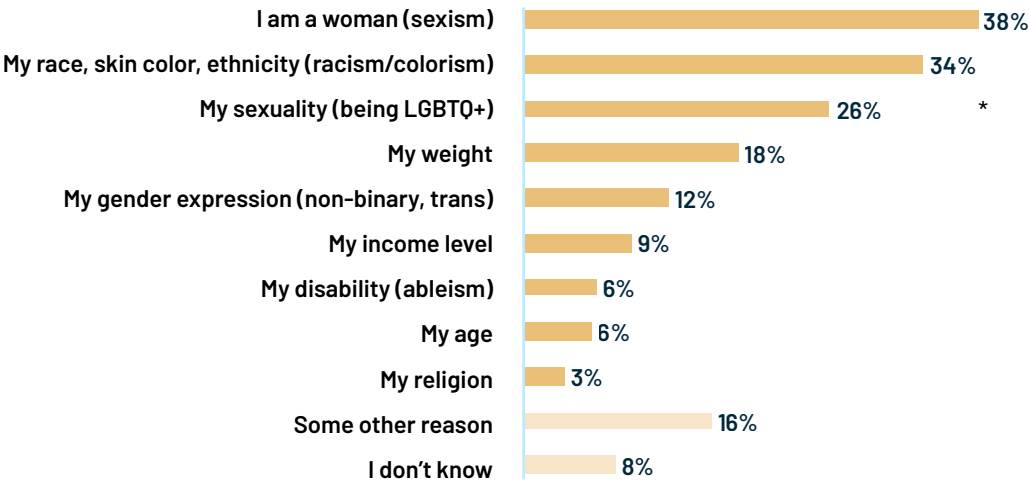
N = 638

That 1 in 5 study participants are surviving harassment in higher education (after significant abuse in K-12) while likely taking on debt and benefiting from a lower levels of family support than their cis and heterosexual peers (12% of the sample has experienced family disownment⁴) speaks to tremendous determination on the part of our respondents to pursue and obtain advanced degrees.

Q. What do you think was the reason why you were targeted?

Respondents named sexism, racism, anti-LGBTQ+ animus, and being targeted for their weight as the top driving forces behind their perpetrators' abuse.

Respondents' Beliefs on Drivers of Abuse



N = 4995

*N=Percent of BIPOC respondents reporting

4 Family of Origin, Family Formation and Relationships chapter, forthcoming.

Among the 788 respondents who wrote in “some other reason” for being targeted for abuse and violence at school, study participants often reported some other level of “queerness,” as in: too smart, quirky, different, tomboy, geek, intellectual. Many respondents reported that their bodies were somehow “wrong”—too small or too big, “big boobs”, body developing too fast or “early” puberty, etc. Additional characteristics reported as drawing the notice of perpetrators included autistic traits, having a gay parent, being “uncool,” and being shy.

These “other reasons,” could also be seen as adhering to the top four driving reasons: Sexism and racism as perpetrators police respondents’ bodies and ambitions. Anti-LGBTQ+ animus as they dole out punishment for stepping into queer gender expressions and claim LGBTQ+ friendships and families. Weight surveillance and punishing judgment as they damn respondents for the “wrongness” of taking up space and for queer, autistic, and other allegedly “uncool” or “inappropriate” embodiments.

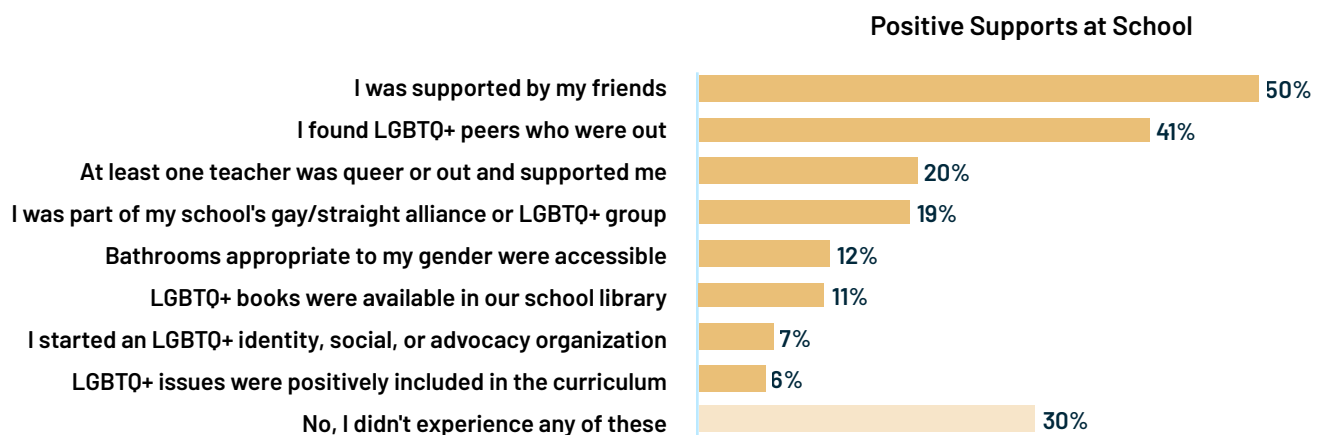
The questions in the study that ask respondents to consider what values or ideologies animate their abusers offer perhaps some of the most interesting, collectivizing data in the survey. While respondents describe and locate themselves across a vast range of genders, sexualities, races, and other identities, they all find themselves suffering under the same retributive ideological systems: sexism, racism, anti-queer and transphobias, and fatphobia.

Far from creating a narrow or particularized “dividing” line of violence against women (as gender fundamentalists claim), sexism instead draws LGBTQ+ women of wildly varied genders, sexualities, and embodiments together under the shared umbrella of queer survivorship.

As we confront racialized sexism in its always evolving, ever-expanding forms, LGBTQ+ women who partner with women also collectively draw on our shared and favorite tools for survival—friends and chosen family (see next question).

Q. As an LGBTQ+ woman, did you ever experience any of the following while at school?

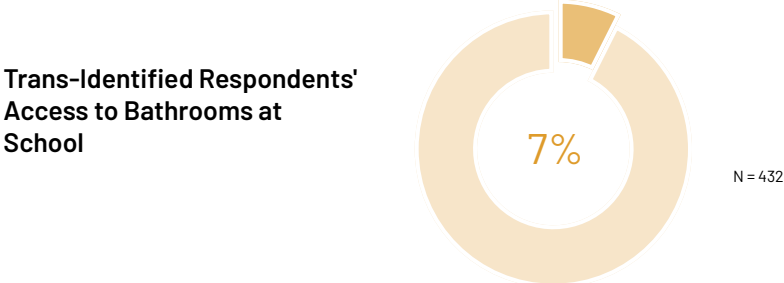
Study participants who were out or visible as LGBTQ+ while in a school setting name **supportive friends (50%) and out peers (41%)** as their most crucial resource, by far. Out teachers (20%) and Gay/Straight Alliances (19%) or other affirming LGBTQ+ groups are the next best relied upon resources for the 2,372 respondents who visibly expressed their LGBTQ+ identity at some point on their educational journey.



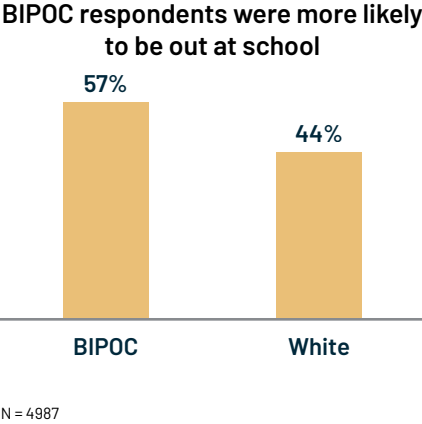
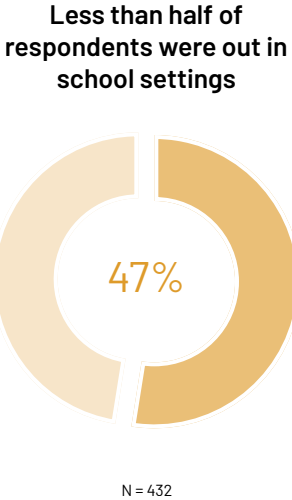
N = 2372

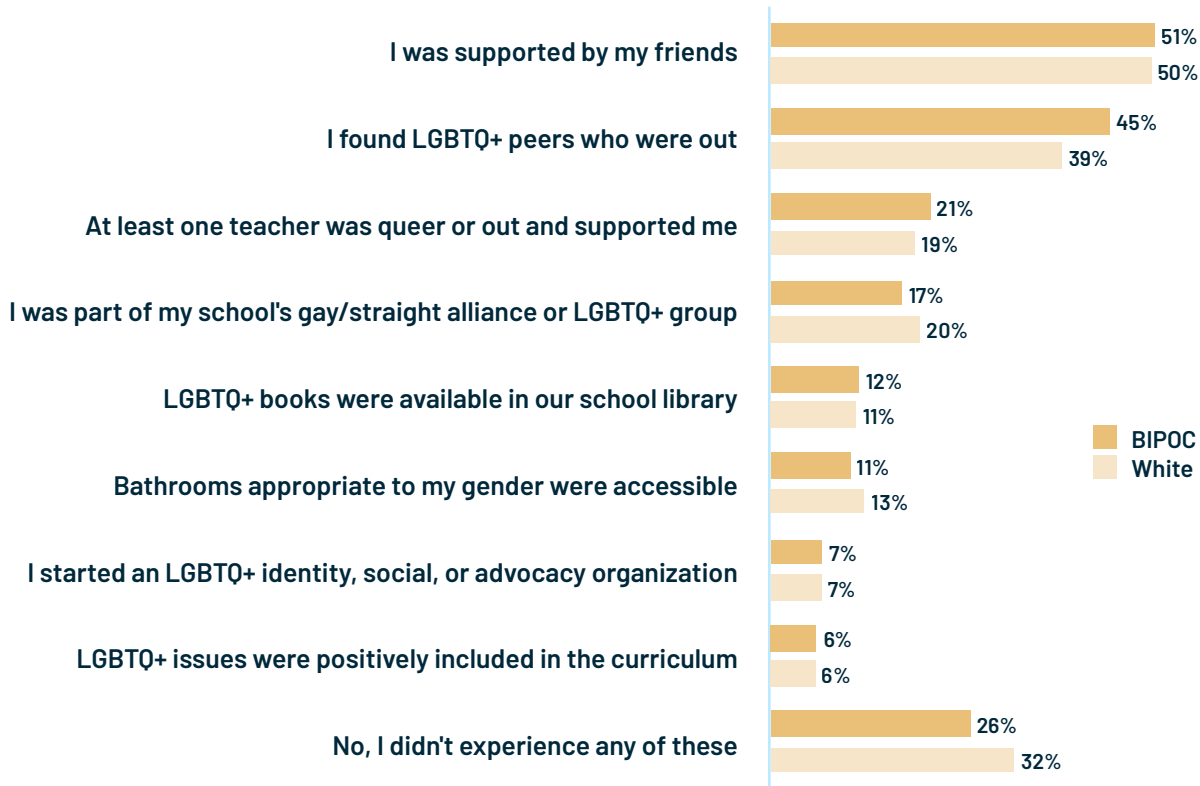
Thirty percent (30%) of those responding to this question experienced **no positive or affirmative experiences** around being LGBTQ+ in school.

Also startling to note: While bathroom accessibility had a relatively low reporting number (12%), affirmative books in the library were reported less often (11%), and affirming curriculum came dead last (6%) in the list of possible supports at school. However, when we looked closely at trans-identified respondents' experience of bathroom access at school, they reported a lower rate of bathroom access than those who did not identify as trans in the study.



While less than half of respondents in the study report being out in school settings, BIPOC respondents reported both higher levels of being out and higher levels of support by friends and out peers than their white counterparts in the study.

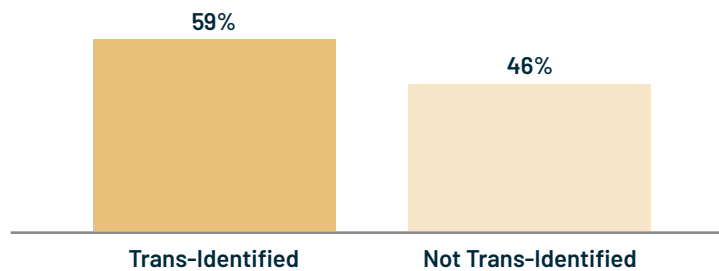




N = 763; 1600

Trans-identified respondents in the study were also out in school settings at higher rates than people in the study who did not identify as trans. The construction of our question does not distinguish between “outness” that is voluntary or self-reported and those who are out/visible as LGBTQ+ because they have been “outed” by others.

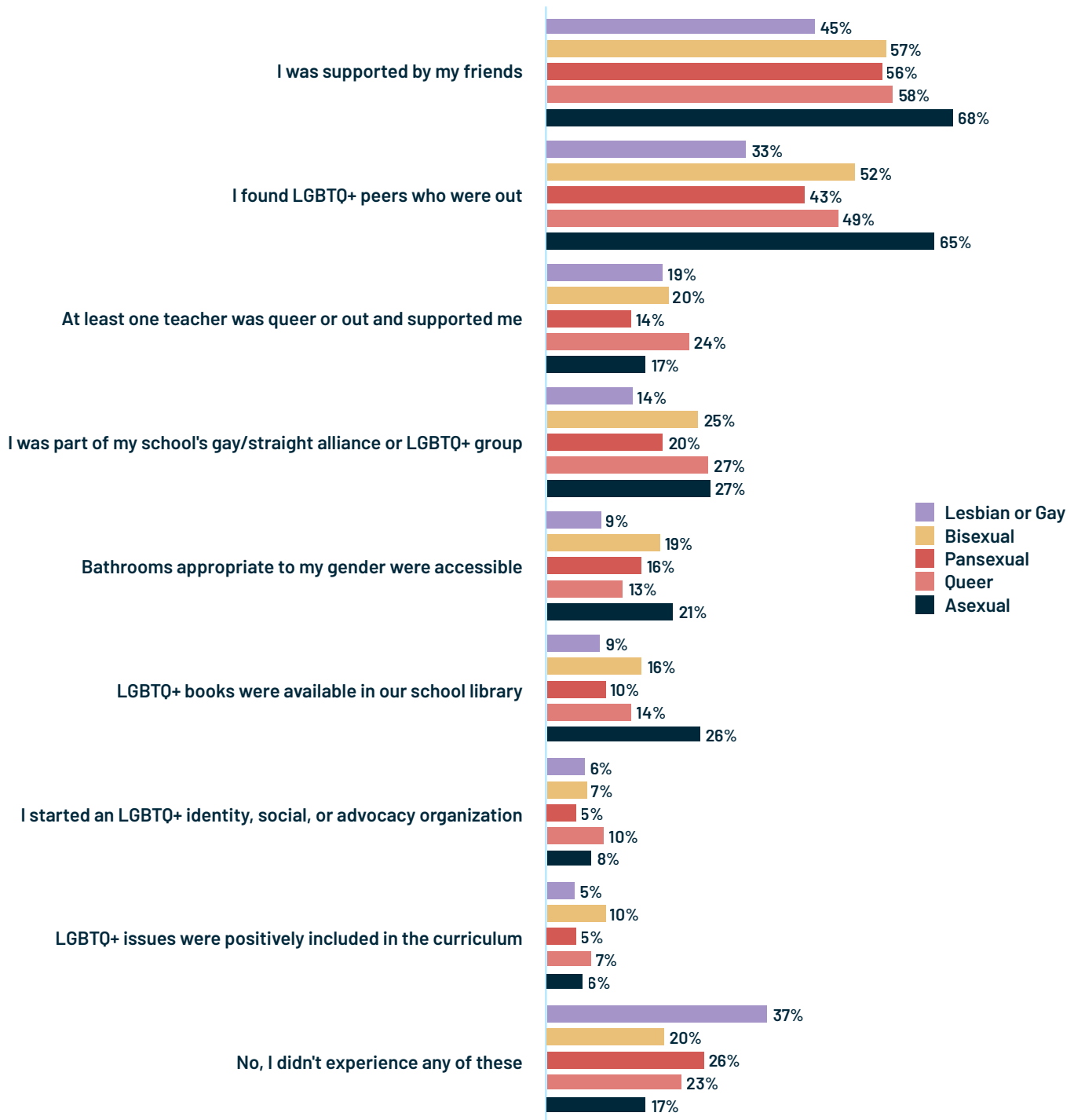
Trans respondents were more likely to be out at school.



N = 732; 4263

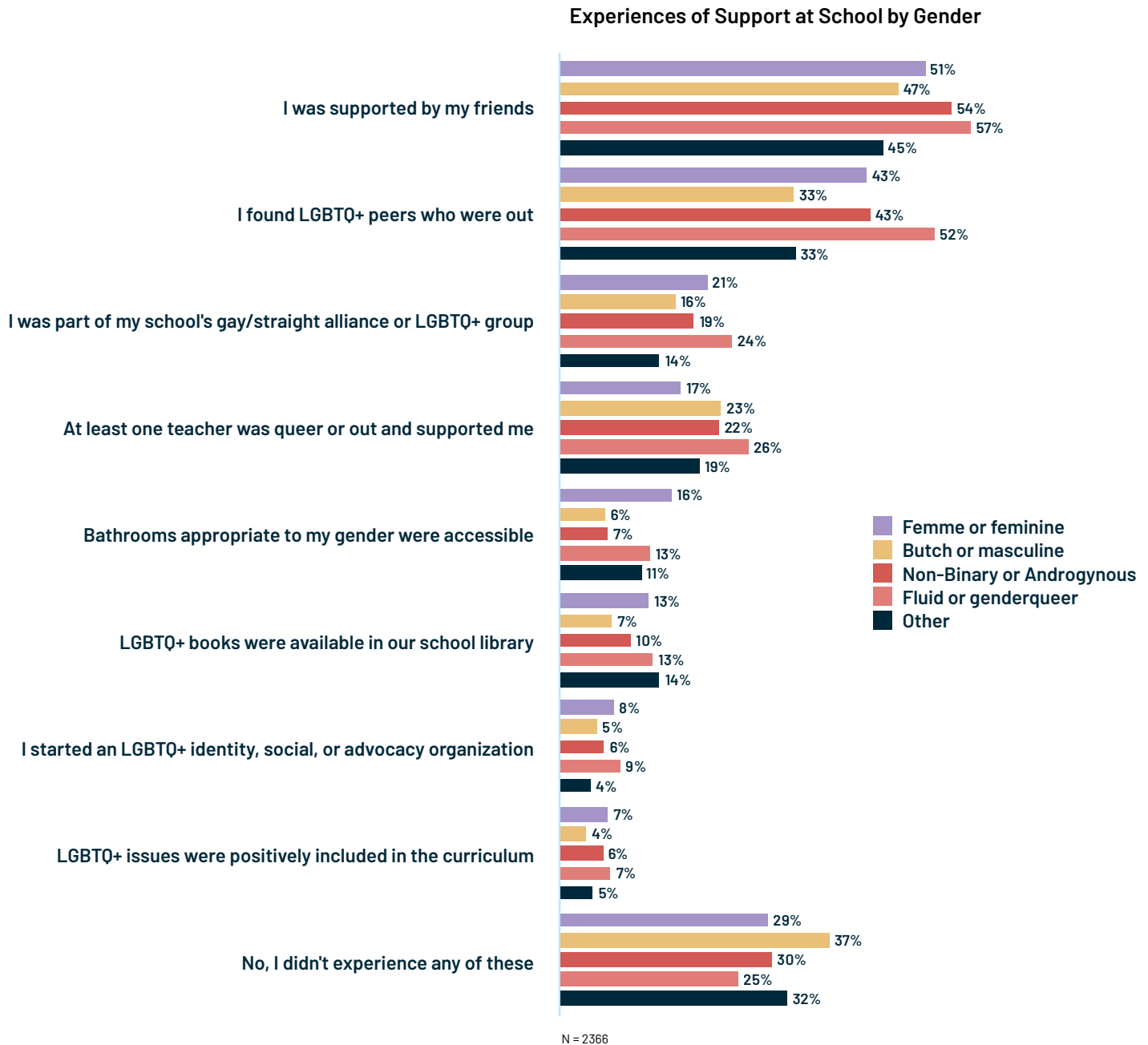
Support from friends and out peers were the highest ranked positive experiences across sexualities.

Experiences of Support by Sexuality



N = 2274

Of those who were out as LGBTQ+ while in school, butch or masculine spectrum respondents reported the lowest rates of support by friends and peers.



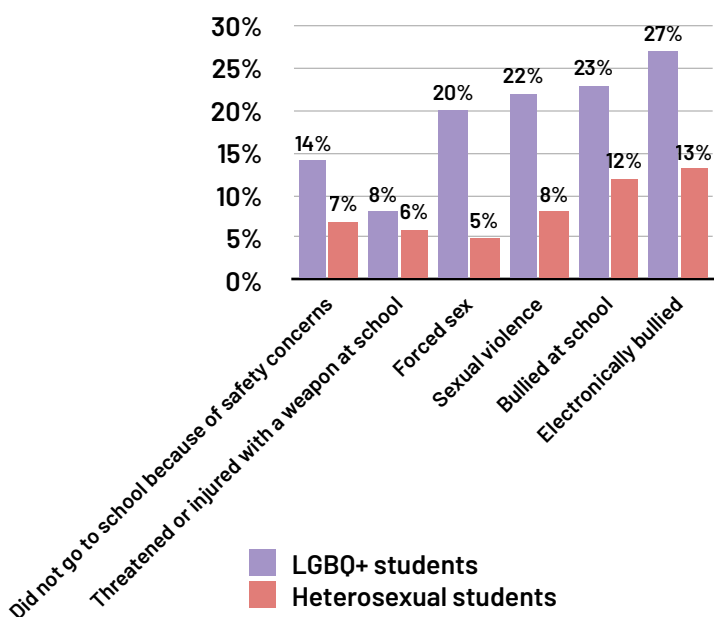
While friends and LGBTQ+-identified teachers functioned as the most supportive resources for a number of our respondents, nearly one third (30%) of those who were “out” or visible as an LGBTQ+ person in a school environment had no support, with butch and masculine spectrum respondents reporting a higher rate of no support (37%). Given the long list of possible supports provided by our question, this means that one third or more of our respondents had no one and nothing to rely on to affirm them as LGBTQ+ girls or women throughout their extended educational journey.

Neither a teacher, nor a book, nor LGBTQ+ affirming curriculum, nor a friend.

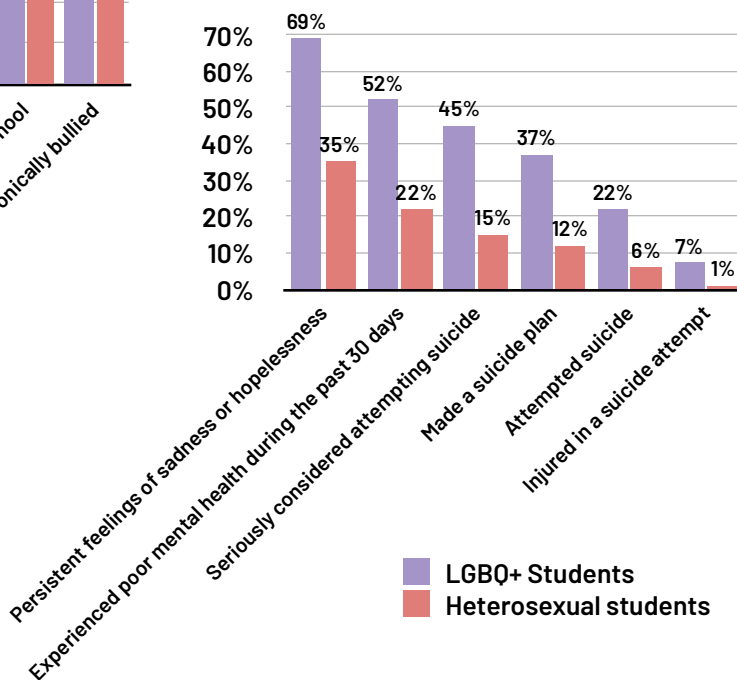
If we line this data up alongside renewed campaigns to “Don’t Say Gay” in K-12 public school settings, book bans at school libraries, and assaults on reproductive and gender affirming care, they translate into escalating levels of hardship and trauma for our nation’s struggling LGBTQ+ young women and genderqueer and trans youth. Moreover, these campaigns aim to undermine LGBTQ+ girls and women’s connections to and engagement with their most critical sources of support—LGBTQ+ identified/affirming friends and LGBTQ+ identified teachers.⁵

Centers for Disease Control, National Youth Risk Behavior Survey Data, 2021

Experiences of Violence Among U.S. High School Students By Sexual Identity, 2021



Mental Health Among U.S. High School Students By Sexual Identity, 2021



⁵ **Trevor Project**, 2022 National Survey of LGBTQ+ Youth Mental Health (<https://www.thetrevorproject.org/survey-2022/>) 45% of LGBTQ youth seriously considered attempting suicide in the past year, nearly 1 in 5 transgender and nonbinary youth attempted suicide, and LGBTQ youth of color reported higher rates than their white peers.

First Youth Risk Behavior Survey Since the Onset of COVID: “CDC report shows concerning increases in sadness and exposure to violence among teen girls and LGBTQ+ youth” <https://www.cdc.gov/nchhstp/newsroom/fact-sheets/healthy-youth/sadness-and-violence-among-teen-girls-and-LGBTQ-youth-factsheet.html>

“Schools can offer a critical lifeline for students facing trauma” New trend data from CDC’s Youth Risk Behavior Survey (YRBS) reveal that teen girls and teens who identify as lesbian, gay, bisexual, and questioning (LGBTQ+) are experiencing extremely high levels of mental distress, violence, and substance use. With the right programs and services in place, schools have the unique ability to help students thrive. Collected in the fall of 2021, these data represent the first YRBS data collected since the start of the COVID-19 pandemic. CDC’s Youth Risk Behavior Surveillance System is the largest public health surveillance system in the United States.

Q. Would you like to share anything else about your experiences at school/ an educational institution?

When I was in school it was unheard of to be lesbian or gay. The stigma was so great, I could not allow it into my mind. I learned how to adapt and "fit" in. I wasn't real - I was who I needed to be to survive.

When I was in middle school I was bullied relentlessly and there was a religious group called crusaders and they had this group of reformed gang members coming to talk to us and one of the members said that they knew of a gentleman that was a serial killer of gay people and when he was on his deathbed he repented and he went to heaven and all the gay people he killed went to hell. There were about 60 to 70 kids in the class.

When I was in high school the teacher allowed a vote. "Who votes to put all the gay people on an island and blow them up?" Everyone raised their hand except me and my best friend who kinda knew I might be. Could be why I didn't come out in HS.

When I tried to seek support from a teacher I otherwise trusted and found supportive, she told me asexuality was not real and that bisexual people were just greedy. It affected me for a long time because I trusted this adult to know better than I did.

I graduated in 2020 from a generally socially liberal community. However, in my high school graduating class of over 500, I knew of only two LGBTQ people, not including myself. Naturally, I wasn't out.

Well my principal caught me in the girls locker room lost and found me putting on a bra and yoga outfit and told me I was cute and adorable and he would keep my secret if I was a good lil feminine girly boy, and made him happy like a girl was supposed to... and I agreed of course being a 6th grader my first 3 days in middle school...

Throughout my public education my experiences with bullying were minimized or dismissed by my parents and swept under the rug by school administrators as a matter of political expedience. I was often punished for defending myself against bullying and physical assault and was told by my parents to "take it" to avoid getting in trouble at school.

Hated for being trans.

I got bullied in middle school by a set of girls who included daughters of our neighbors who hated my parents for being trans. The neighbor mom reported my parents to CPS. They were cis straight white girls; I am a queer person of color with a nonbinary parent and a trans woman parent.

Verbally tortured by a nun when in grade school.

The school district administration actively encouraged my high school to allow students to beat the gay out of queer students, One student was beaten everyday by other students while teachers walked by saying boys will be boys. This was the early 2000's.

Some women teachers found me insufficiently feminine. This seemed to threaten them and made me a target for bullying campaigns by them, including locking me out of the classroom in elementary school and trying to cancel my funding in graduate school.

Girls were sexually harassed walking down the hallways daily.

Teachers openly talked about how gay students should be expelled or shot at my high school. I was too scared and conformed even more because I was afraid of physical harm or expulsion. There was one out person and she killed herself from all the bullying.

There were a few teachers who came out while I was in high school. They were not close to me or in support of me exactly, but just the fact that they were there was so encouraging and important to me because I wanted to be a teacher.

Fraternities had their pledges harass me 24/7 during hell week. I reported this to campus "security" and they laughed at me.

Sheriff threatened me with bondage.

Horrible. Textbooks were racist, sexist, and heteronormative. Same with the teachers.

I had a college administrator warn my parents that I was hanging out with gay people.

Having recently graduated from an MFA program in writing at an extremely progressive school, I have to say that it's still pretty lonely being queer, even when an institution is trying hard. I'm a SUPER out person, but that gets tiring, also, always being on and reminding people, who then feel all guilty and try to excuse themselves, so wearying. Also, discussion and understanding of misogyny is dangerously absent these days, and I often felt quite invisible as a lesbian.

Graduate school helped me come out as it was the first time I developed close friendships with other LGBTQ+ women and trans folks. Still, I was pressured out of identifying as bisexual. People I knew, including in the LGBTQ+ community, felt like I was confused and should "pick one."

Hockey coach smacked me upside the head and taunted me.

I attended a U.S. Service Academy (Annapolis). Since being LGBTQ+ was grounds for immediate discharge and removal and loss of scholarship, if you were suspected of being queer, they would target you with threats of turning you in if you did not comply with their sexual advances.

When I was in university I discovered the women's Center there. It was run by a string of femme black women who took me in. My life changed at that point.

Having a center for gender and sexual diversity at my university was incredibly important and positive for me.

Going to a women's college where a lot of my peers were out and queer was a huge part of my discovering and embracing my sexuality.

I came out at age 21 in my junior year of college. A LGBT support & allyship group had just formed on campus & was hugely significant to me in finding support, solidarity and connection. Also, our campus chaplain was a fierce ally and the head librarian was a lesbian and a huge ally to the gay folks on campus.

I credit the women's studies curriculum of my undergrad early-1980s with opening a thousand doors to my understanding of women's history; reading writers like Adrienne Rich and Audre Lorde; learning about the patriarchy in its near-universality, and the presence, throughout history, of women's resistance, creativity, hard work, building of social justice movements. It was due to this that I found the social groups and friendships that I hoped for, had my first crushes and romances, and truly flourished intellectually, emotionally, and spiritually.

The one girl who was outed in middle school was bullied/ostracized and I knew the same would happen to me so I stayed very closeted. I noticed very young that even teachers perpetuated misogyny and had nowhere to turn for help, no one to trust.

The abuse I experienced in school was worst in grades six through nine. For a time I was being physically assaulted (e.g., thrown down a flight of stairs, beaten up), taunted, and humiliated on a daily basis (every single, damned day). Teachers did not participate directly, but a number encouraged it subtly or not so subtly.

Community Notes: Moving Forward

In light of our findings, we strongly affirm GLSEN's and other LGBTQ+ educational advocacy organizations' work on building core support structures that LGBTQ+ girls and non-binary and trans youth need to thrive in K-12:

- Activating and empowering supportive and LGBTQ+ identified educators, who are crucial to creating LGBTQ+ affirming classroom environments.
- Nurturing and protecting the friendships LGBTQ+ youth make with peers of all genders and sexual orientations by fighting "Don't Say Gay" campaigns and school policies that deputize students to police each other.
- Advocating for LGBTQ+ affirming curriculum that supports LGBTQ+ students while countering toxic narratives and disinformation about LGBTQ+ people.
- Protecting the libraries in our school systems from book ban campaigns.
- Passing and implementing policies to ensure that LGBTQ+ students can learn and thrive in safe, expansive, and affirming schools.
- Supporting student-led clubs and GSAs, thus nurturing LGBTQ+ youth leaders.
- Ensuring that explicitly LGBTQ+ affirming spaces are established at all levels of public education.

Gender fundamentalism refers to gender regimes that foreground biological essentialism as defining gender, creating a system of value that claims birth sex/DNA/"biology" as the crucial and sole determinant of gender, versus a lifelong journey of self-determination, engagement in community, and identity development. Many people who claim the mantle "gender critical feminist" instead practice gender fundamentalism.

We note that this set of priorities does not tackle the larger superstructure of sexism and racism that our respondents identify as animating the significant abuses and violence they experience in K-12. Accordingly, holistic approaches to ending violence in formative school systems include:

- Confronting the sexism that drives pervasive cultures of harassment against girls, femmes, genderfluid, and trans young people in our nation's schools.
- Building resources and empowerment programs that address sexism as the animating force behind gender fundamentalisms, gender policing, and gender violence.
- Building alliances to create safer, high-performing schools that do not amplify policing, zero tolerance, and expulsion policies that target BIPOC and LGBTQ+ young people.

- Fighting the defunding of public education and police presence in schools, which disproportionately target BIPOC and LGBTQ+ students.
- Working with divest/invest activists to move funding out of policing and criminalization and into education and public health.
- In school settings, medical associations, and public health spaces, working to fight fatphobia and disrupt the surveillance and control of girls', trans young people's, and all LGBTQ+ young people's bodies.
- Building resources so that LGBTQ+ young people can access birth control and hormone therapy without barriers.

Beyond K-12, it's clear from our quantitative and qualitative data that sexism, racism, and queer and trans phobias stack up violently for LGBTQ+ women in higher education. Several key fronts of struggle are emerging in the fight to sustain environments where LGBTQ+ women might thrive in higher education.

- The fight to ensure that *ALL LGBTQ+ women* are covered by Title IX is critical.⁶
- Homophobia and transphobia in coaching and athletics departments remain securely in place. Sports are an important avenue for all LGBTQ+ women, and especially BIPOC LGBTQ+ people to access higher education.
- State defunding of humanities programs, critical race theory, women's gender and sexuality studies programs, and LGBTQ+ research and social centers on campuses threaten the crucial, affirming resources and scholarly disciplines identified by our respondents.
- Conservative and corporate takeover of public and private universities threatens to compromise and defund all of the supportive resources identified by our respondents—including out and affirming professors, LGBTQ+ positive curricula, LGBTQ+ library collections and resources, and critical dialogue in the classroom.

⁶ *Tennessee Et Al v. United States Department of Education Et Al* (United States District Court Eastern District of Tennessee 2022). Pursuant to a Federal court order, the US Department of Education has been preliminarily "enjoined and restrained from implementing" this document against the states of Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, Ohio, Oklahoma, Tennessee, South Carolina, South Dakota, and West Virginia. See *State of Tenn., et al. v. U.S. Dep't of Educ.*, No. 3:21-cv-308 (E.D. Tenn.) (July 15, 2022).

3

CHAPTER THREE DISABILITY

Major Findings

Disability is a fact of life for LGBTQ+ women who partner with women.

- Half of respondents in the study (50%) report living with at least one disabling condition and nearly 3 in 4 or 73% of trans-identified respondents are experiencing disability.
- Given that study participants are partnering with LGBTQ+ women, they are likely to be navigating multiply disabled households.
- Nearly 1 in 3 or 32% of respondents report experiencing disabling mental health conditions.

LGBTQ+ women are accessing workplace accommodations and government benefits at a tiny fraction of the level that we are experiencing disability.

- A majority (51%) of respondents experiencing disability have never sought accommodation.
- Only 14% of respondents with disabilities have secured workplace accommodation, compared to 56%–65% of people with disabilities in the general population.
- Only 9% of respondents report securing government benefits pertaining to their disability.

LGBTQ+ women's community spaces and services are often alienating or not accessible to disabled LGBTQ+ women.

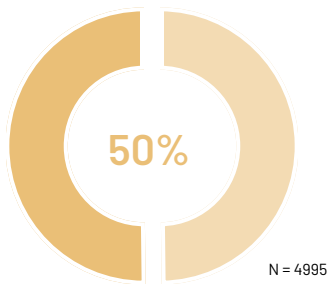
- Thirty percent (30%) of disabled respondents seeking access to LGBTQ+ community services or events "always" (10%) or "sometimes" (20%) experience barriers.
- The most common barrier in LGBTQ+ spaces, "I was Othered," was reported by 52% of those responding.
- Respondents also report that seating did not accommodate their needs (17%) and facilities were not ADA compliant (15%) at community events.

SURVEY QUESTIONS AND ANALYSIS

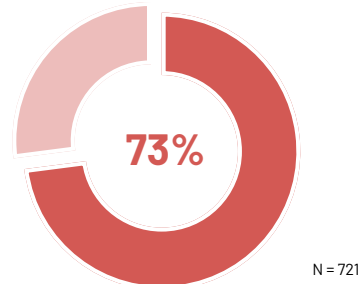
Q. Do you have a disability?

While the CDC reports that one in four American adults (26%) are living with a disability, fully **half** (50%) of all respondents in the study are living with at least one disabling condition, and nearly 3 in 4 trans respondents are experiencing disability.¹

Half live with a disability

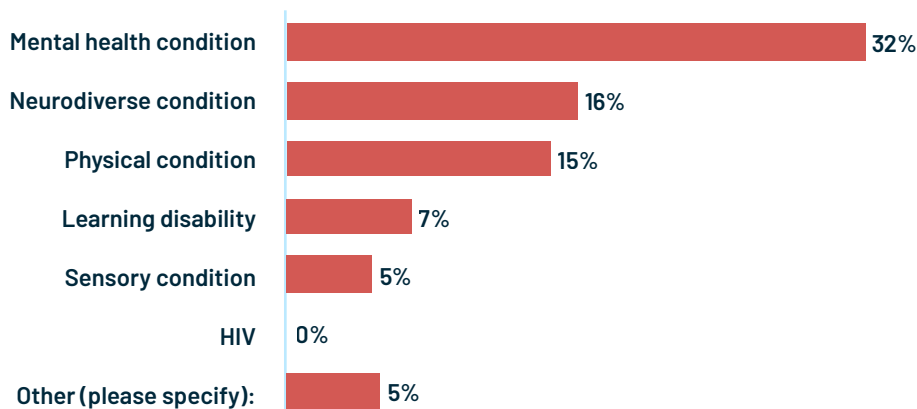


Almost 3 in 4 Trans-identified respondents have a disability

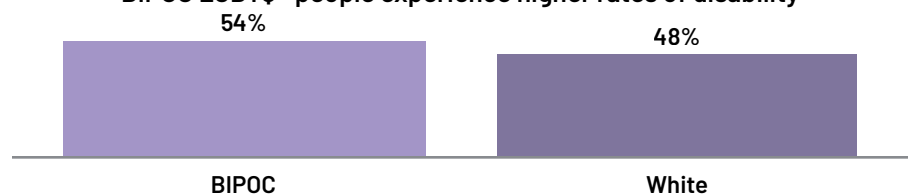


Mental health conditions were reported as the most common disabling condition (32%).

Across race, BIPOC LGBTQ+ women experienced higher rates of disability than their white peers in the study, with multiracial (47%) and Latinx (43%) LGBTQ+ respondents reporting the highest rates of disabling mental health conditions.



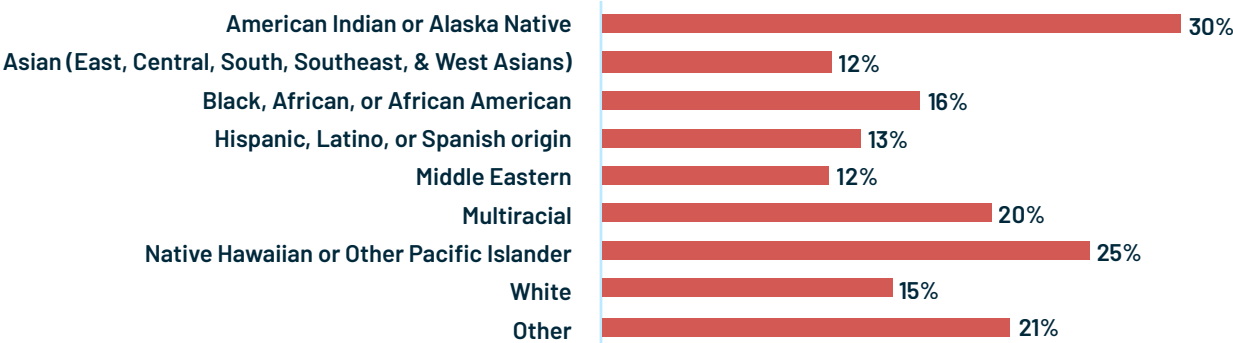
BIPOC LGBTQ+ people experience higher rates of disability



¹ <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html#:~:text=Up%20to%201%20in%204,and%20people%20with%20no%20disability.>

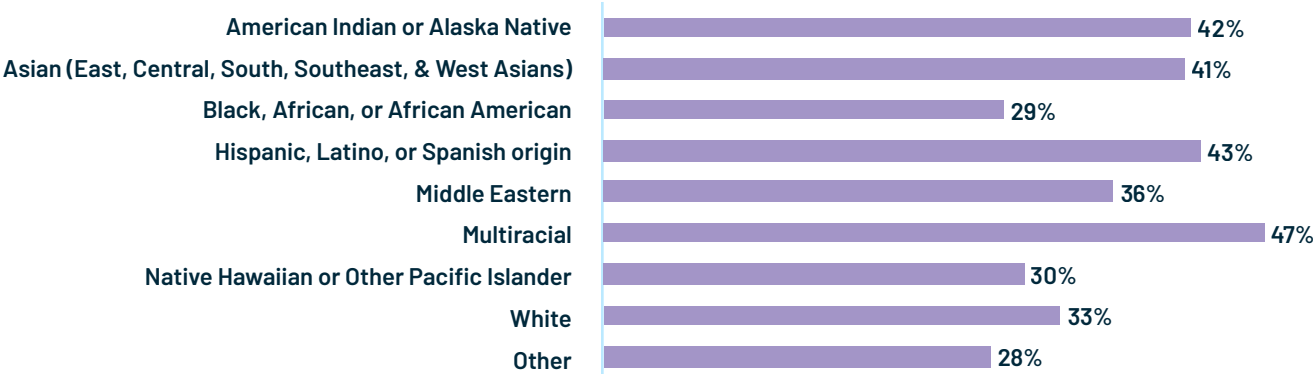
American Indian/Alaska Native LGBTQ+ women reported disabling physical or mobility conditions at much higher rates (30%) than white and other BIPOC survey respondents.²

Physical or Mobility Condition by Race



N = 4995

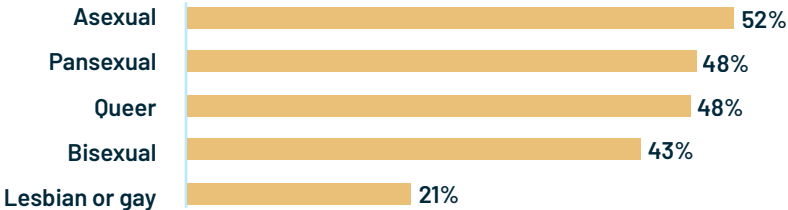
Mental Health Condition by Race



N = 4995

Across sexuality, lesbian or gay identified respondents reported disabling mental health conditions less than half as often (21%) as their bi, pan, queer, and asexual peers (43-52%).

Mental Health Condition by Sexual Orientation

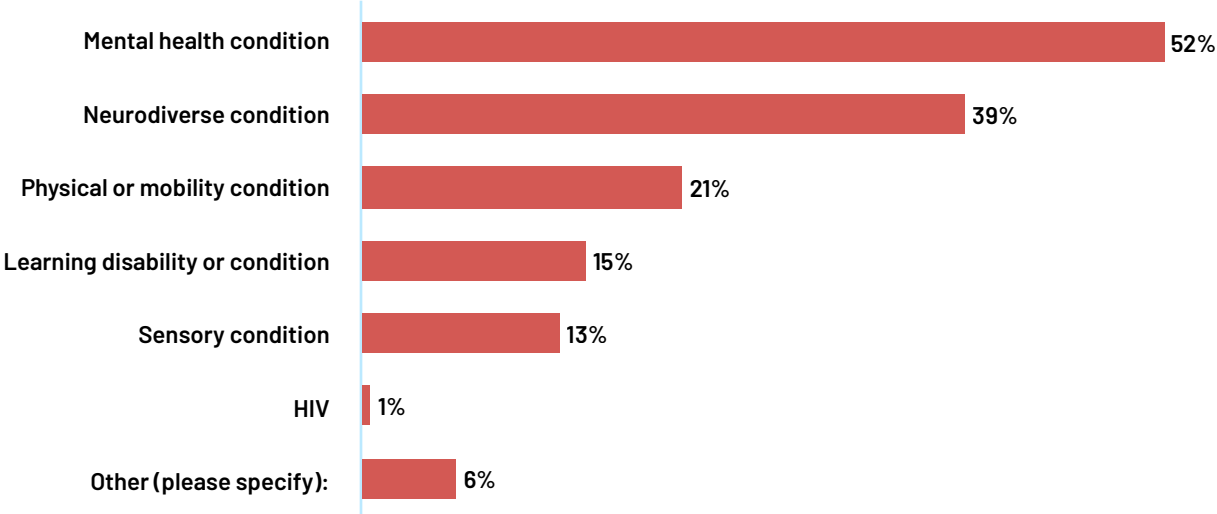


N = 4995

² Respondents could “check all that apply” to report their racial/ethnic identities, hence one response does not equal one respondent in the charts below. Charts reporting on the experience of BIPOC and white respondents are filtered based upon those who identified with any BIPOC identity and those who exclusively identified as white. This accounts for different rates across these comparisons.

Across gender, trans-identified (52%) and fluid/genderqueer respondents (47%) reported higher levels of disabling mental health conditions than their peers of other gender expressions.

Trans-identified respondents and disabling health conditions



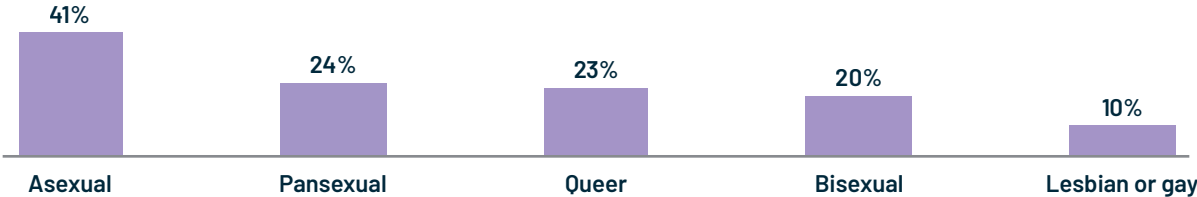
Mental Health Condition by Gender



N = 4985

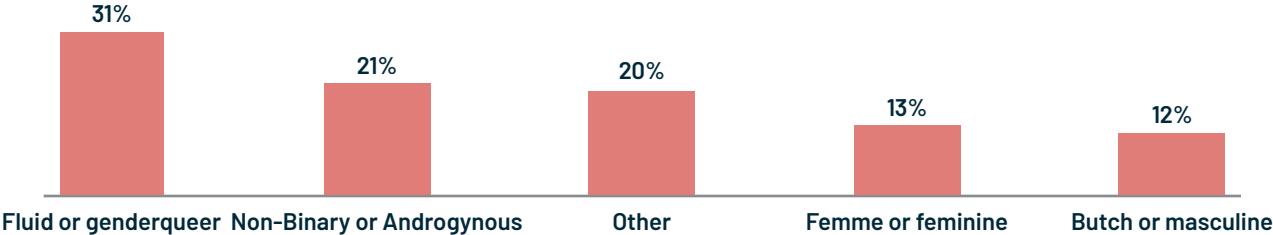
While 16% of survey participants overall reported a neurodiverse condition, asexual (52%), trans-identified (39%), and genderfluid (31%) respondents reported neurodiverse conditions at much higher rates than their peers across sexuality and gender.

Neurodiverse Condition by Sexuality



N = 4995

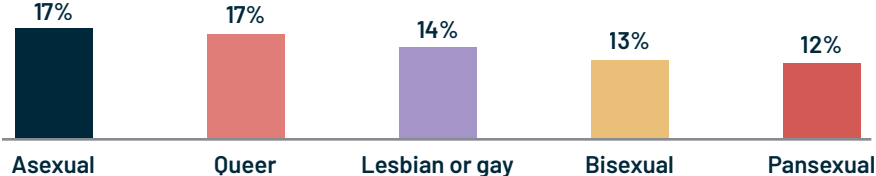
Neurodiverse Condition by Gender



N = 4985

Nearly 15% participants in the study reported a physical disability or mobility condition, with trans, butch, non-binary/androgynous, and asexual identified respondents all reporting disabling physical/mobility conditions at rates of 17% and higher. The CDC reports that 12% of the general population experiences disabling mobility conditions.³

Physical or Mobility Condition by Sexuality



N = 4995

Physical or Mobility Condition by Gender



N = 4985

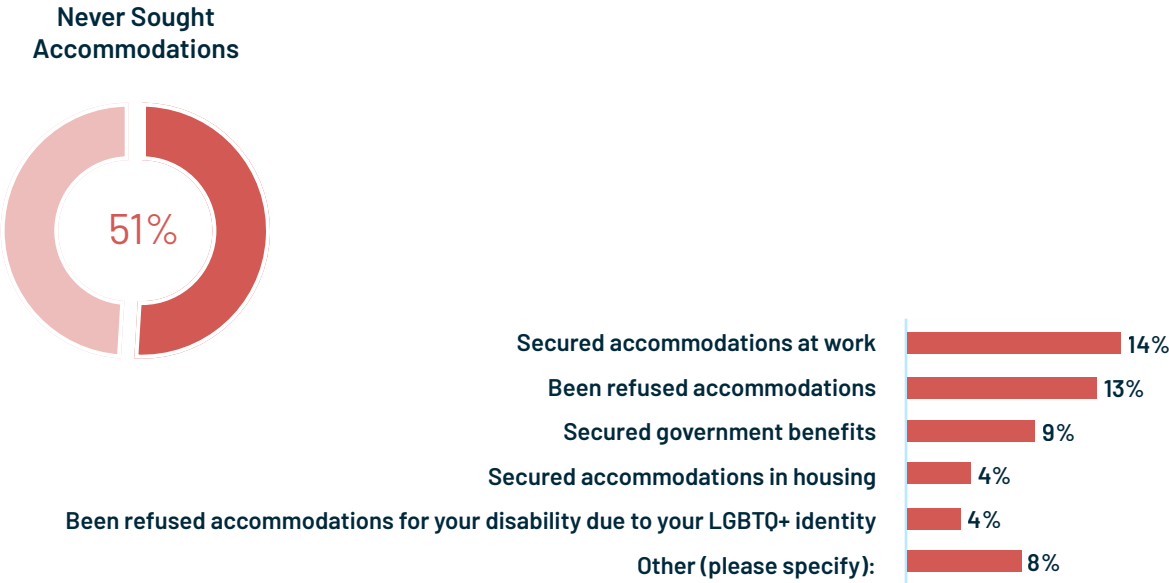
³ <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html#:~:text=Up%20to%201%20in%204,and%20people%20with%20no%20disability.>

In this question, our “other, please specify” option drew almost 579 responses, which, when represented textually, reveals that chronic conditions are a substantial issue for these respondents.

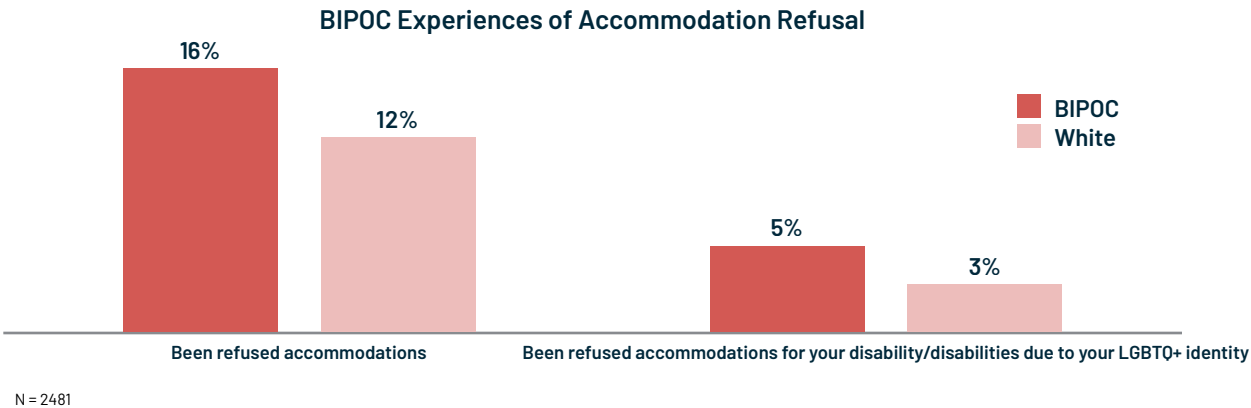


Q. Which of the following have you experienced as a result of your disability?

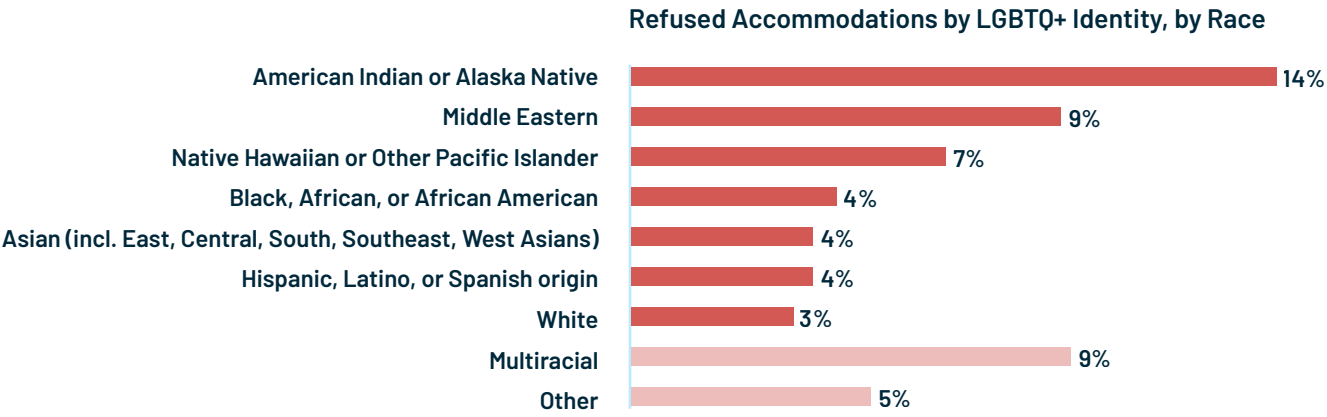
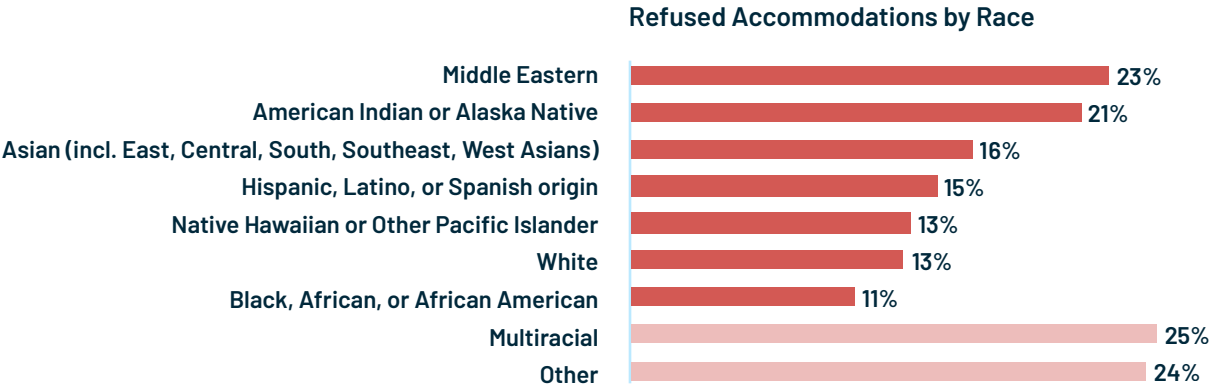
Among respondents who report having a disability, 51% have never sought accommodations and 14% have secured accommodations at work.



BIPOC respondents were more likely to be refused accommodations than their white counterparts in the study and were 1.8 times more likely to face refusal based upon LGBTQ+ identity than their white peers.

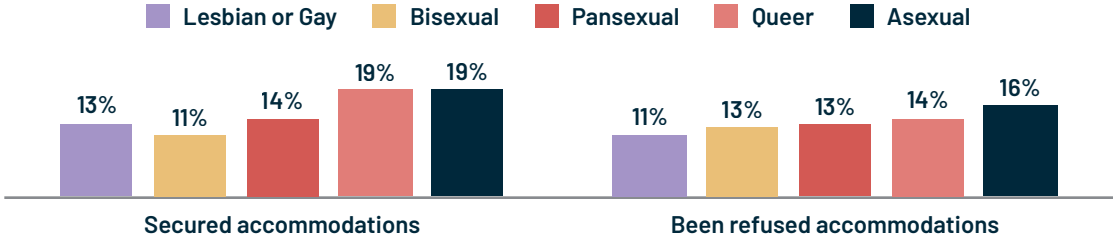


Respondents who identify as multiracial, Middle Eastern and American Indian/Alaska Native reported the highest rates of accommodation refusal. These respondents also reported being refused accommodation due to their LGBTQ+ identity at higher rates than their peers across other racial identities.⁴

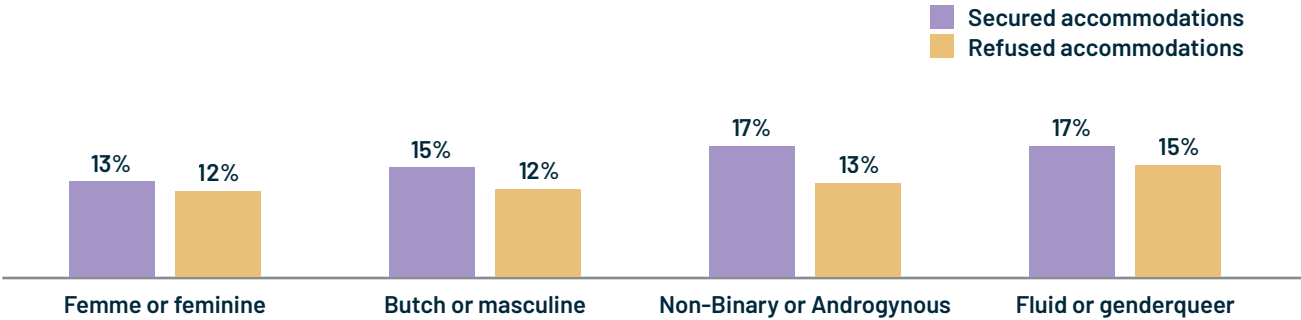


⁴ Respondents could “check all that apply” to report their racial/ethnic identities, hence one response does not equal one respondent in these charts.

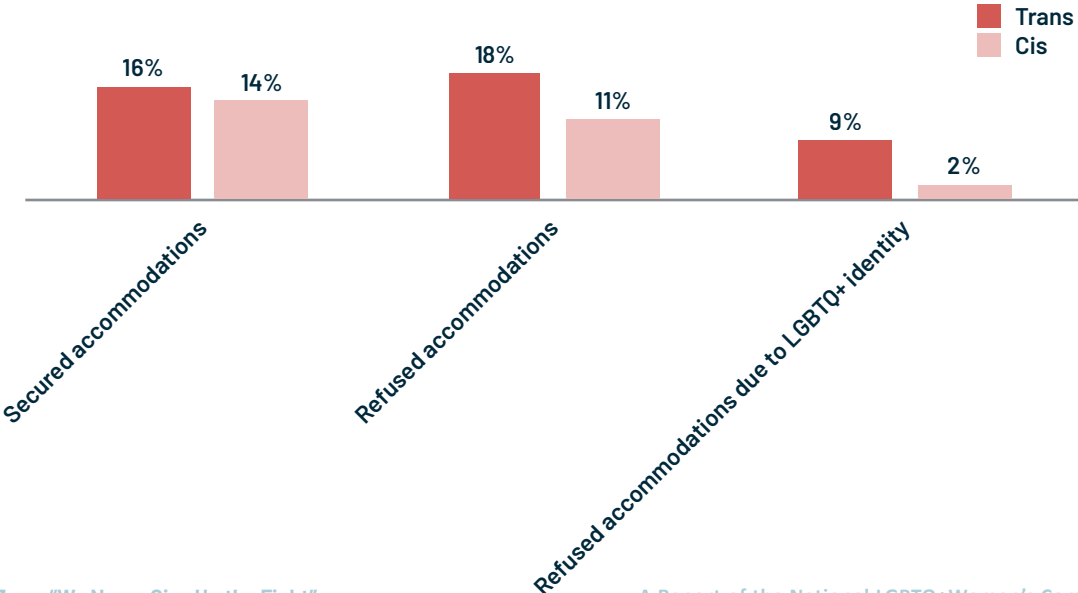
Across sexuality, queer and asexual respondents both secured (19%) and were refused (14%-16%) workplace accommodations at higher rates than their peers of other sexualities. Bisexual respondents secured accommodation the least often (11%).



LGBTQ+ women on the feminine spectrum sought (56%) and secured workplace accommodation (13%) least often relative to their otherwise gendered peers. In terms of accommodation refusal, trans-identified (18%) and genderfluid (15%) respondents experienced this more often.



Trans respondents reported higher rates of being refused accommodation than people who did not identify as trans and reported that this refusal was due to LGBTQ+ identity more than four times as often.

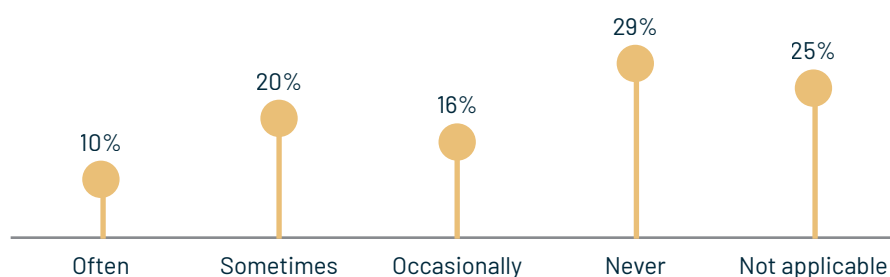


A 2019 Harvard Medical School news article noted that 56%–65% of eligible U.S. workers have secured workplace accommodations, indicating that our respondents have a low rate of securing accommodations **and a high rate of refusal, at more than 13%.**⁵

Only 9% of our disabled respondents have secured government benefits pertaining to their disability.

Q. Have you experienced difficulty accessing LGBTQ+ services, events, community centers, etc.?

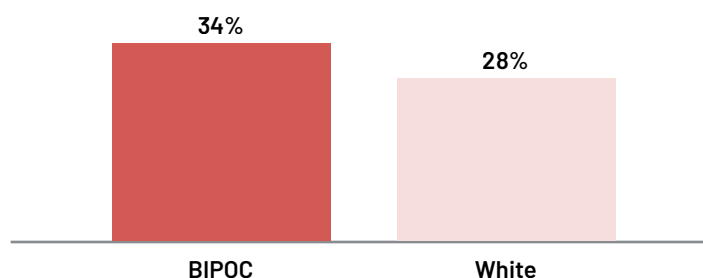
Twenty percent (20%) of the 2,684 respondents with access needs said they “sometimes” experienced difficulty accessing LGBTQ+ services, events, and/or community centers, while almost 10% said “often” and 16% said “occasionally.”



N = 2481

BIPOC people with disabilities sometimes or often experienced accessibility barriers to LGBTQ+ services or spaces at higher rates (34%) than their white peers in the study (28%).

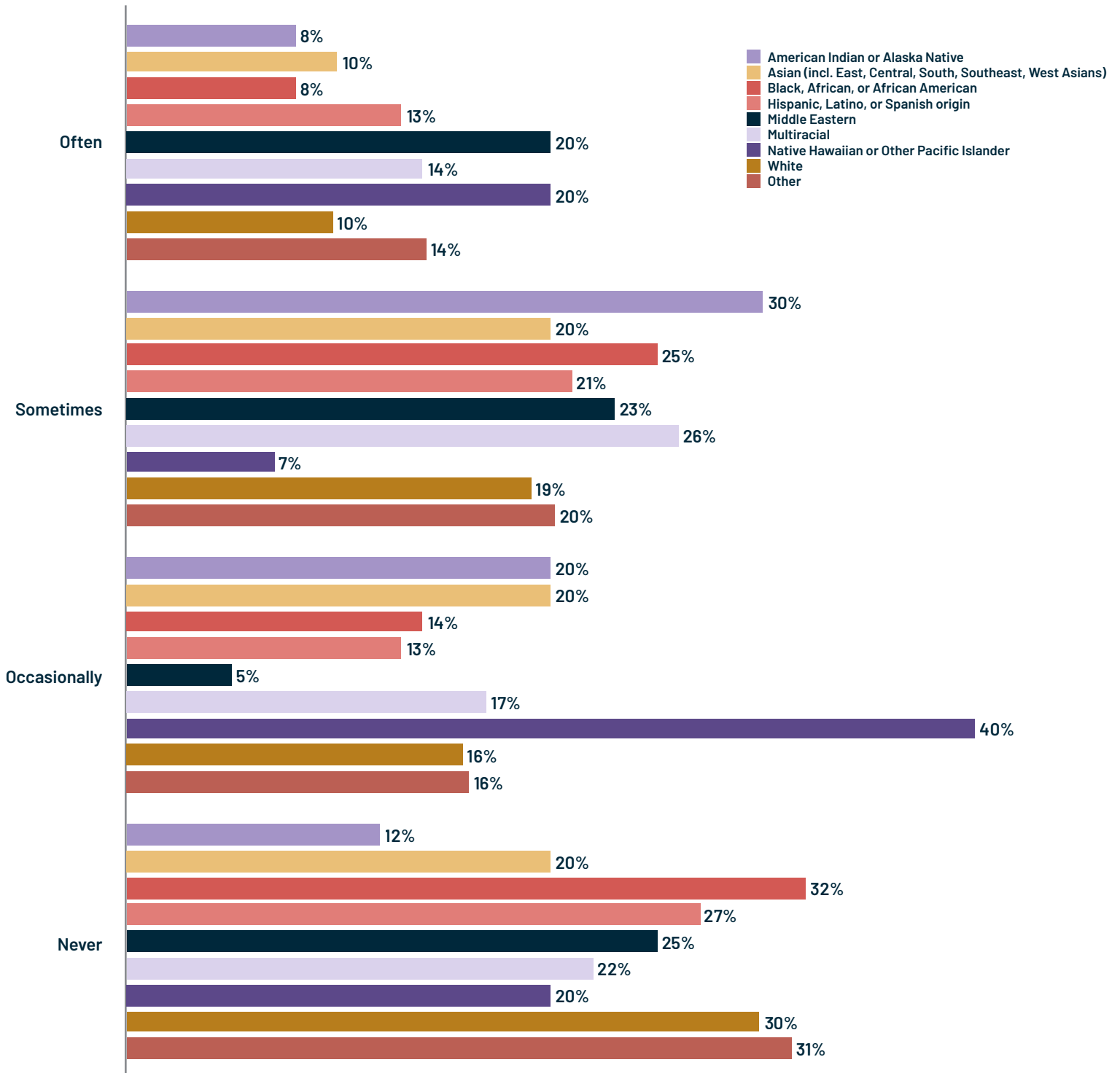
Accessibility Barriers in LGBTQ+ Spaces by Race



⁵ <https://hcp.hms.harvard.edu/news/rate-workplace-accommodations-higher-previously-thought#:~:text=Prior%20research%20using%20the%20Health,closer%20to%2056%2D65%25> Unmet Need for Workplace Accommodation Nicole Maestas, Kathleen J. Mullen, Stephanie Rennane
16 May 2019 <https://doi.org/10.1002/pam.22148>

Across racial/ethnic identities, LGBTQ+ women in the study who identified as American Indian/ Alaska Native, Middle Eastern, and multiracial all experienced difficulty sometimes or often in the range of 39%–43%.

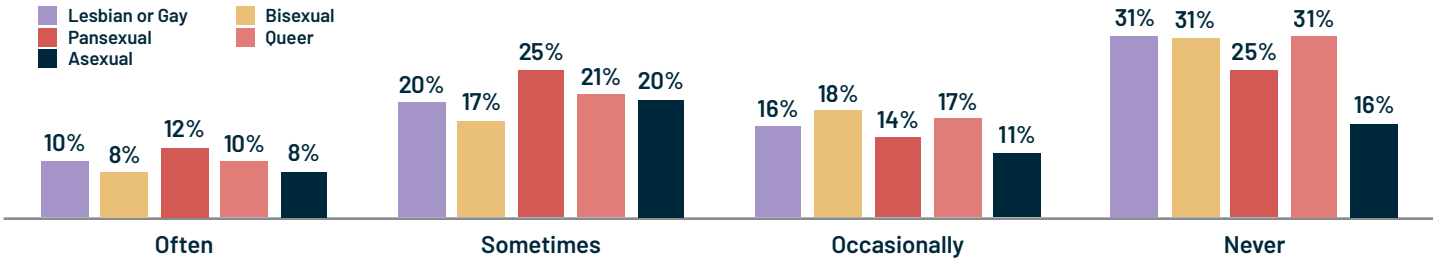
How often do you have difficulty accessing LGBTQ+ services and spaces?



Across sexuality, pansexual respondents reported barriers to access more often (37%) than their peers of other sexualities.

Across gender, trans-identified (42%) and genderfluid (34%) respondents most often reported high levels of difficulty.

Accessibility Barriers in LGBTQ+ Spaces by Sexual Orientation

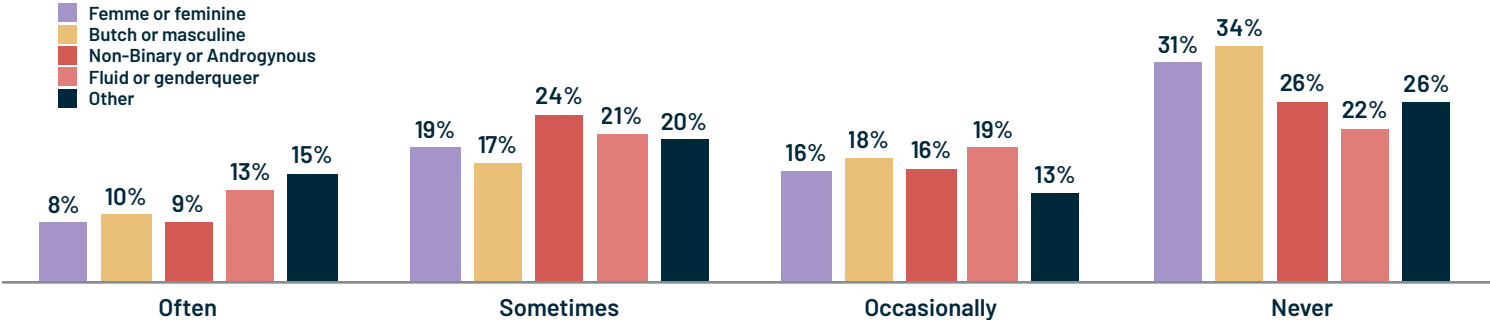


N = 2392

Trans respondents report more often having difficulty accessing LGBTQ+ services and spaces



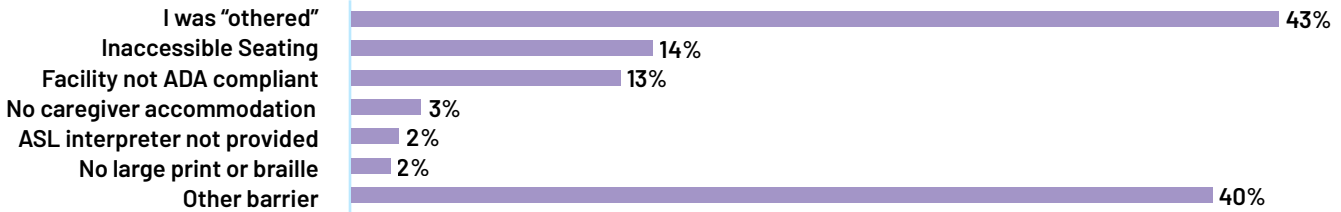
Accessibility Barriers in LGBTQ+ Spaces by Gender



N = 2392

Q. What kind of barriers accessing LGBTQ+ supportive services, community centers, events, conferences, or other community gatherings have you experienced?

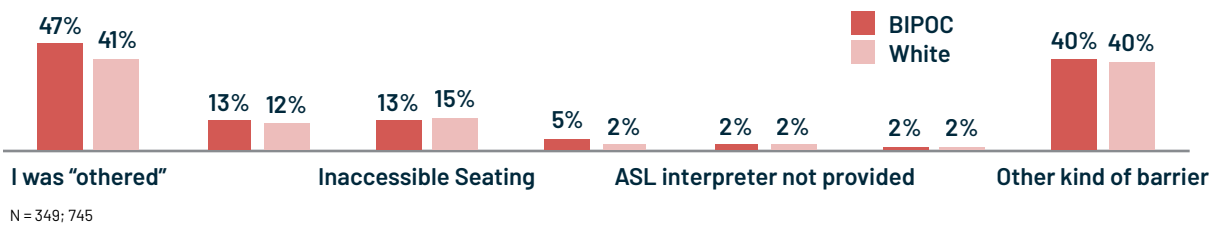
Most Common Accessibility Challenges for Respondents in Need of Accommodation



One thousand ninety-eight respondents (1,098) specified barriers to access, with **I was "othered"** reported as the top barrier at 43%. This speaks to a deep need in the community for disability access and teaching around creating community spaces that confer both access *and dignity* upon disabled LGBTQ+ women.

On average, respondents each experienced 1.4 different kinds of barriers to LGBTQ+ supportive events and services.

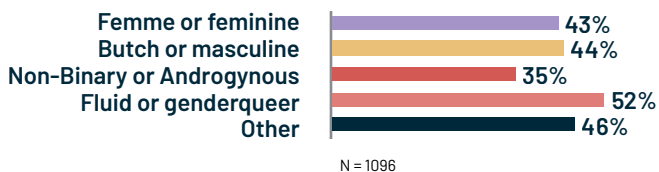
BIPOC respondents were "othered" more often (47%) than their white counterparts in the study (41%).



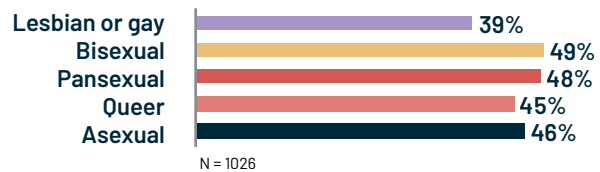
Alongside their lesbian, pan, queer, and asexual peers in the study, bisexual women reported the highest rates of being "othered" in LGBTQ+ community spaces and events (49%).

Across gender, genderfluid people reported the highest rate (59%) of being "othered" in LGBTQ+ community spaces. Trans-identified people experienced being othered at a rate of 54%.

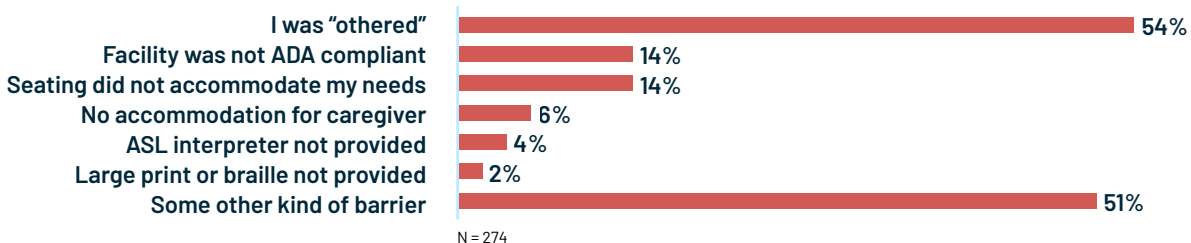
I was "othered" by Gender



I was "othered" by Sexuality



Trans-identified respondents experiences of being "othered"



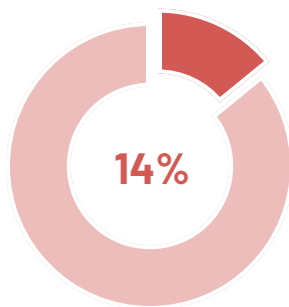
Forty percent (40%) of respondents with disabilities wrote in specific details on the barriers they face, including: **transportation limitations**, **rural area with no services**, **location not accessible to public transport, no services for adult women**, **not enough accessible bathrooms**, **there is very little lesbian programming**, and **transphobia**.

If we were to take the highest recurring words in the write-in section on barriers to access and create a poem, it would be:

**LGBTQ people lack services:
events, area, community.**

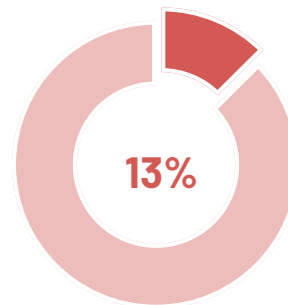
Two major issues identified in this question are internal to the community and are critical for LGBTQ+ centers and event producers to seriously address: **“Seating did not accommodate my needs”** and **“the facility was not ADA compliant.”**

Seating did not accommodate my needs



N = 1098

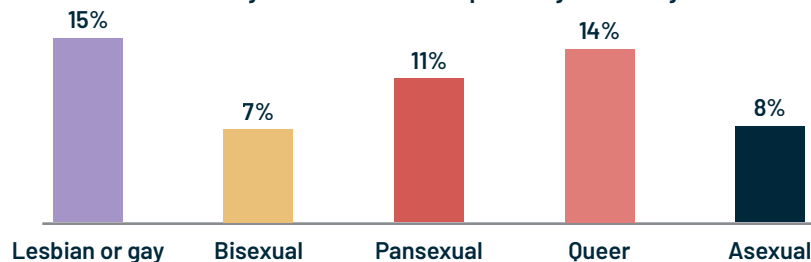
Facility was not ADA compliant



N = 1098

Lesbian and queer identified women found facilities out of compliance with ADA requirements at high rates, while queer and asexual women reported inaccessible seating more often than respondents of other sexualities.

Facility was not ADA compliant by Sexuality



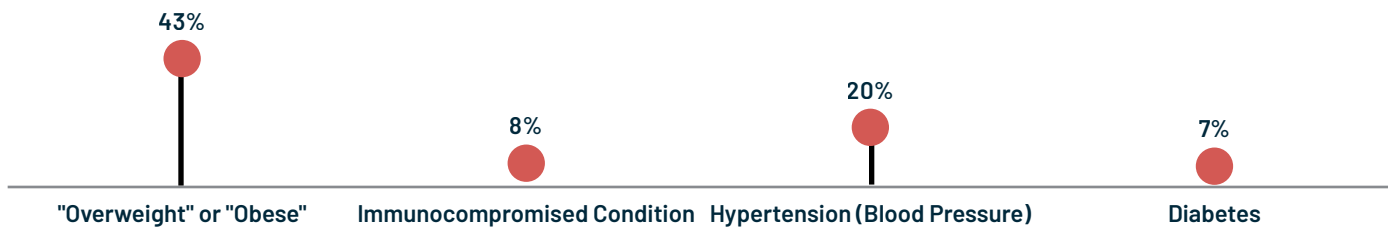
N = 1026

We know that many of our LGBTQ+ community spaces are unfunded or underfunded, and many may not know that tax credits and other funding is available to achieve ADA compliance in our facilities. The pervasiveness of disability in LGBTQ+ women’s lives compels us to take on disability access in our queer built environments.

As the graphs above indicate, seating accommodation is an issue for our LGBTQ+ venues and event producers to prioritize. The myriad forms of discrimination that respondents experience—driven by anti-woman, anti-LGBTQ+, fatphobic, and racist aggression (as reported in the chapter on Gender and Sexuality)—amplifies the need for LGBTQ+ spaces to be maximally welcoming.

Final Note on Accessibility: COVID-19 and Access

The Queer Elephant in the room in terms of disability access: COVID-19. Eight percent (8%) of study respondents report that they are immunocompromised (see Health chapter, forthcoming), while 43% report being diagnosed as “overweight” or “obese”⁶, 20% report hypertension, and 7% report that they are diabetic. All of these conditions place community members at risk for poor outcomes—and in some cases death—when contracting COVID.



N = 4995

LGBTQ+ community spaces and events producers are forcing many LGBTQ+ women with disabilities to choose between health jeopardy and isolation when we do not consider COVID exposure/survivors.

Have we made improvements to air circulation in our venues with better HEPA filters? Do any of our events require masking? Are any of our events outside or proximity conscious? Do none of our events consider any of the above?

6 In the Gender and Sexuality chapter, respondents note fatphobia as a key driver of discrimination in their lives. In our forthcoming Health report, respondents report “overweight” and “obese” diagnoses by doctors at 43%. Queer feminist critique of this diagnosis and the barriers it presents to responsible and responsive health care is well documented (see Montgomery, Amanda; Collaboratory for Health Justice (2021): Public Health Needs to Decouple Weight and Health. University of Illinois at Chicago. Educational resource. <https://doi.org/10.25417/uic.16823341.v1>).

Community Notes: Moving Forward

Justice for LGBTQ+ Women Is Disability Justice.

The pervasiveness of disability in the lives of LGBTQ+ women means that equity for LGBTQ+ women is only achievable by securing disability justice. Ergo, LGBTQ+ policy advocacy must:

- Center the dignity, bodily autonomy, and agency of people living with disabilities.
- Value interdependence and champion policies that secure our chosen family as our carers and supporters.
- Build public care benefits, practices, and options that are not linked to employment and are freely accessible.

Accessing Workplace Accommodations, Benefits, and Care Are Paramount.

- Our legal advocacy and service organizations must strategize and prioritize expanding LGBTQ+ women's access to workplace accommodation and government benefits.
 - Why are so few disabled LGBTQ+ women seeking and securing workplace accommodation?
 - What strategies might we employ to confront barriers to/while challenging the impoverishing structure of SSI and other government benefit programs?
- Are legislative initiatives creating more access and care for disabled LGBTQ+ people or less?
 - Where are disabled LGBTQ+ women in the drafting of policy priorities?
 - How do the ways we define partnership, family, caregiver, or disability in our policy advocacy impede access to LGBTQ+ affirming resources and care?

Our LGBTQ+ Community Spaces Must Champion Access.

- ADA access is the floor; Disability Justice is the way forward.
- Disabled LGBTQ+ women need to be in the leadership of creating services and events, not tacked on at the end of an ableist planning or organizing process.
- Our LGBTQ+ community-built environments and events should model access.
- COVID vulnerability and access: Masking=Life.

We recommend organizations and advocates look to BIPOC feminist LGBTQ disability justice leaders who are defining the theory and practices that create dignity and access. See: Leah Lakshmi Piepzna Samarasinha, *Care Work* and *The Future is Disabled*; Mia Mingus, *Leaving Evidence Blog* and *Podmapping*, and Dr. Sami Shalk, *Black Disability Politics*.

To access the pure joy of revolutionary movement building, see our favorite Disability Justice film primer: *Crip Camp*.

4

CHAPTER FOUR

EXPERIENCES OF INTIMATE PARTNER VIOLENCE

Major Findings

Experiences of Abuse and Violence

- More than 2 in 3 women in the study have experienced violence, with sexual harassment (52%) reported as the most frequent form.
- Forty-seven percent (47%) of respondents had experienced intimate partner violence—emotional, physical, or sexual. By contrast, 1 in 4 women in the general population experience IPV across the lifespan.¹
- In relationships, respondents were abused more often by cisgender, heterosexual men than by LGBTQ+ women, with sexual assault and rape being by far the most common form of violence perpetrated by these men.²
- The most common form of IPV was gaslighting—lying over a period of time to erode one’s sanity—with LGBTQ+ women perpetrating this form of violence more often than cisgender heterosexual men.
- Respondents experienced physical intimate-partner violence at slightly lower rates (24%) than the general population (28%), but BIPOC (30%), genderfluid (31%), queer (29%) and pansexual (36%) respondents’ experiences of physical violence were higher.
- Cisgender, heterosexual men employed lethal forms of violence such as suffocation, burning, and use of guns and knives more often than LGBTQ+ women who used violence.

Experiences of Support

- Respondents report that their friends, by far (57%), have been their best resource and support in surviving IPV.
- Only 19% of respondents experiencing emotional or physical violence sought institutional support.
- Among survivors interacting with police, 54% found that the police were “not helpful at all.”
- Respondents’ experiences with institutional help were varied, with court systems reported as “most helpful” by 22% of those seeking such help. (Without specificity on this, we might surmise that this refers to orders of protection, but we cannot be sure.)
- LGBTQ+ community services were chosen as “most helpful” by 14% of those who sought institutional help. And when accessed, LGBTQ+ specific IPV services were deemed “very helpful” by 68% of those who located such support.

1. Black MC, Basile KC, Breiding MJ, et al. The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release. *National Center for Injury Prevention and Control*. Published online 2015.

2. Walters ML, Chen J, Breiding MJ. *The National Intimate Partner and Sexual Violence Survey (NISVS)*. Vol 23.; 2013.

LGBTQ+ women are surviving violence and abuse in myriad forms (72%). This chapter reports findings on intimate partner violence, exposing multilayered institutional and interpersonal experiences of violence that must command our attention as lovers, family, friends, colleagues, employers, service providers and policy makers.

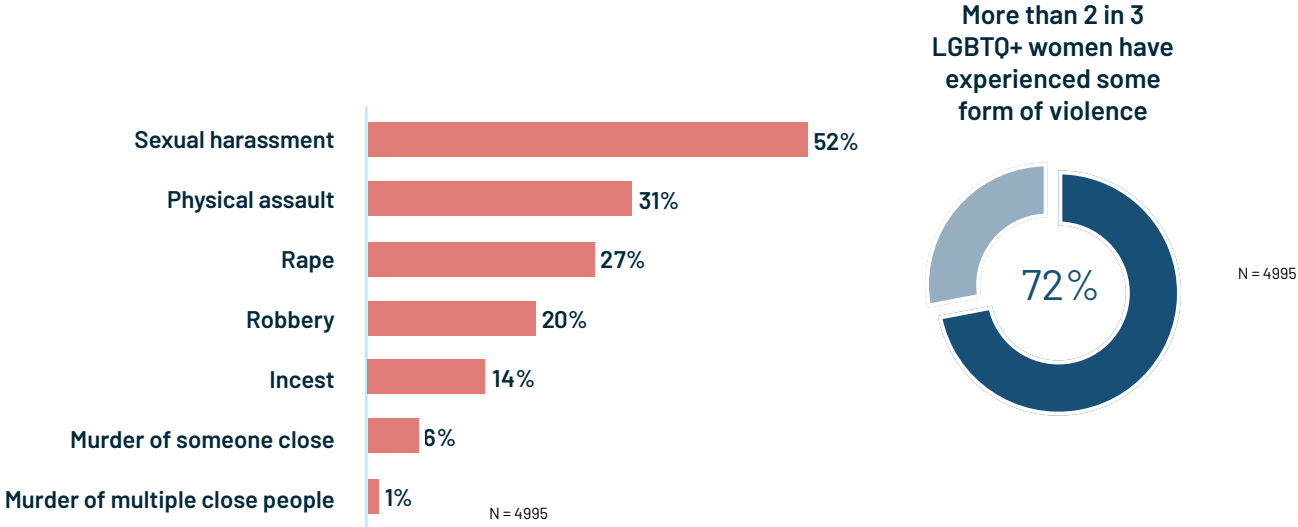
Do we love and support LGBTQ+ women? We must address the violence that is pervasive in their/our lives.

SURVEY QUESTIONS AND ANALYSIS

Q. Have you ever experienced any of the following forms of violence?

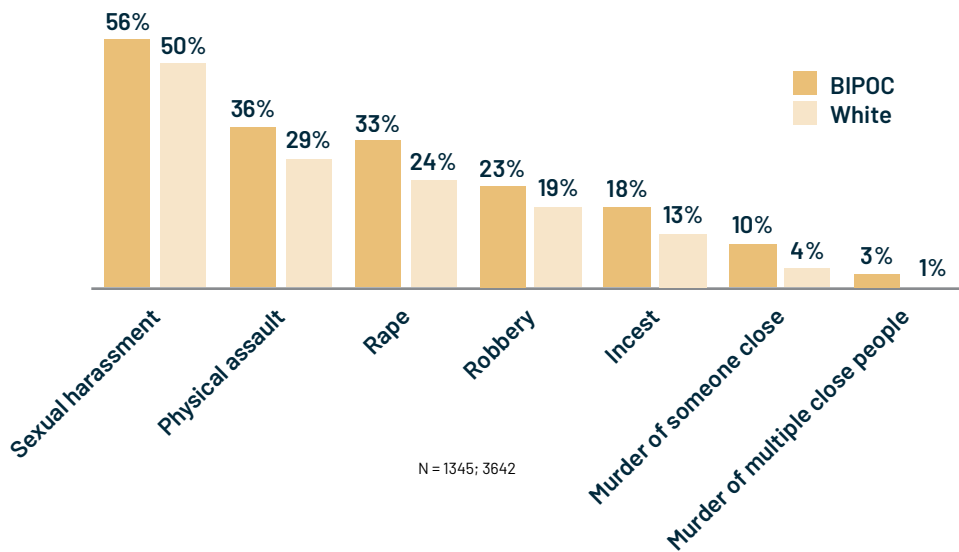
More than half of the study's respondents reported experiencing sexual harassment (52%) with physical assault ranking as the second most common experience of violence (31%).

Experiences of rape (27%) were slightly slightly higher than the general population, where one in four (25%) report surviving rape over the lifespan.³



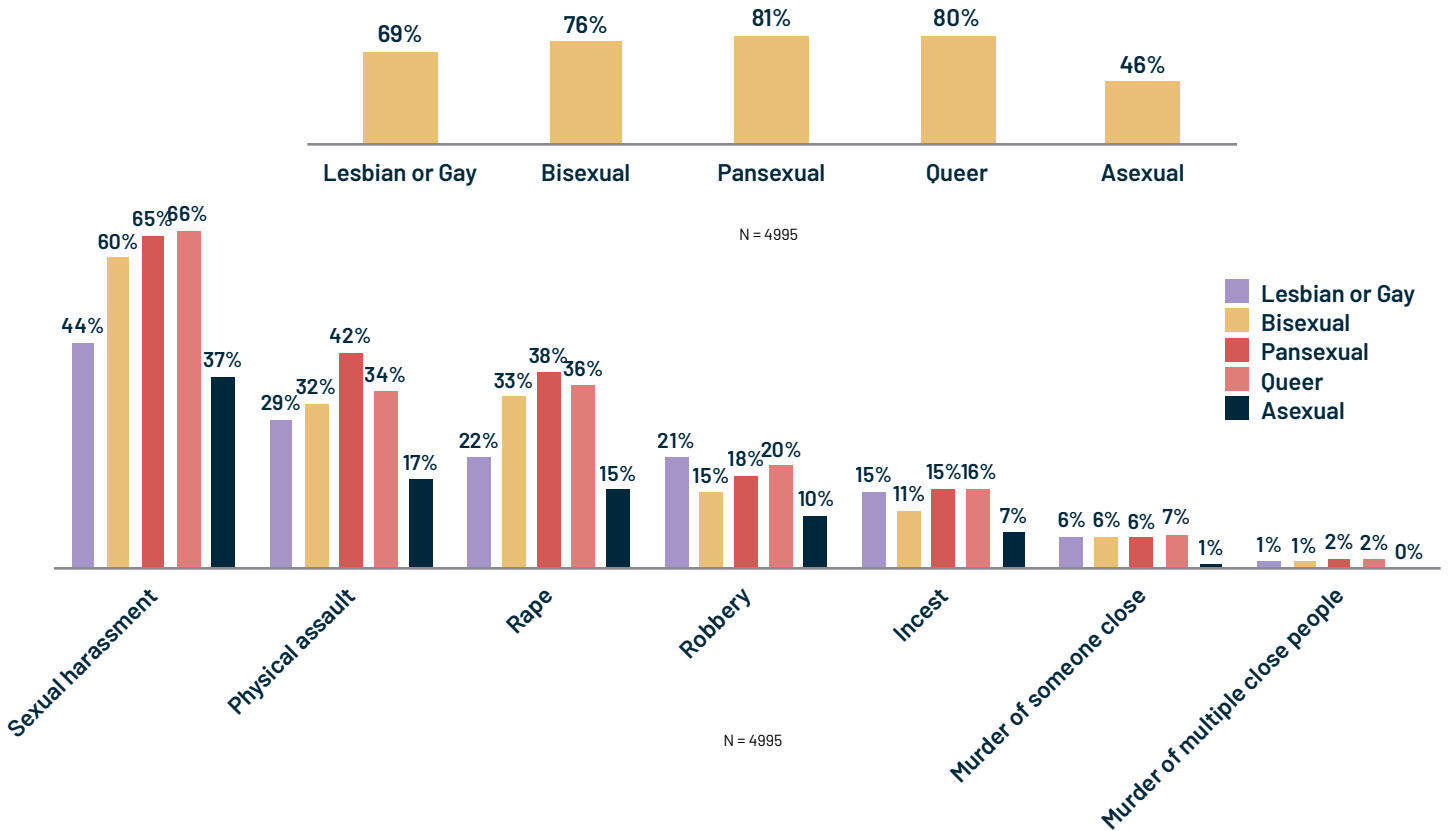
3. <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>

Bi, pansexual and queer women experience higher rates of violence

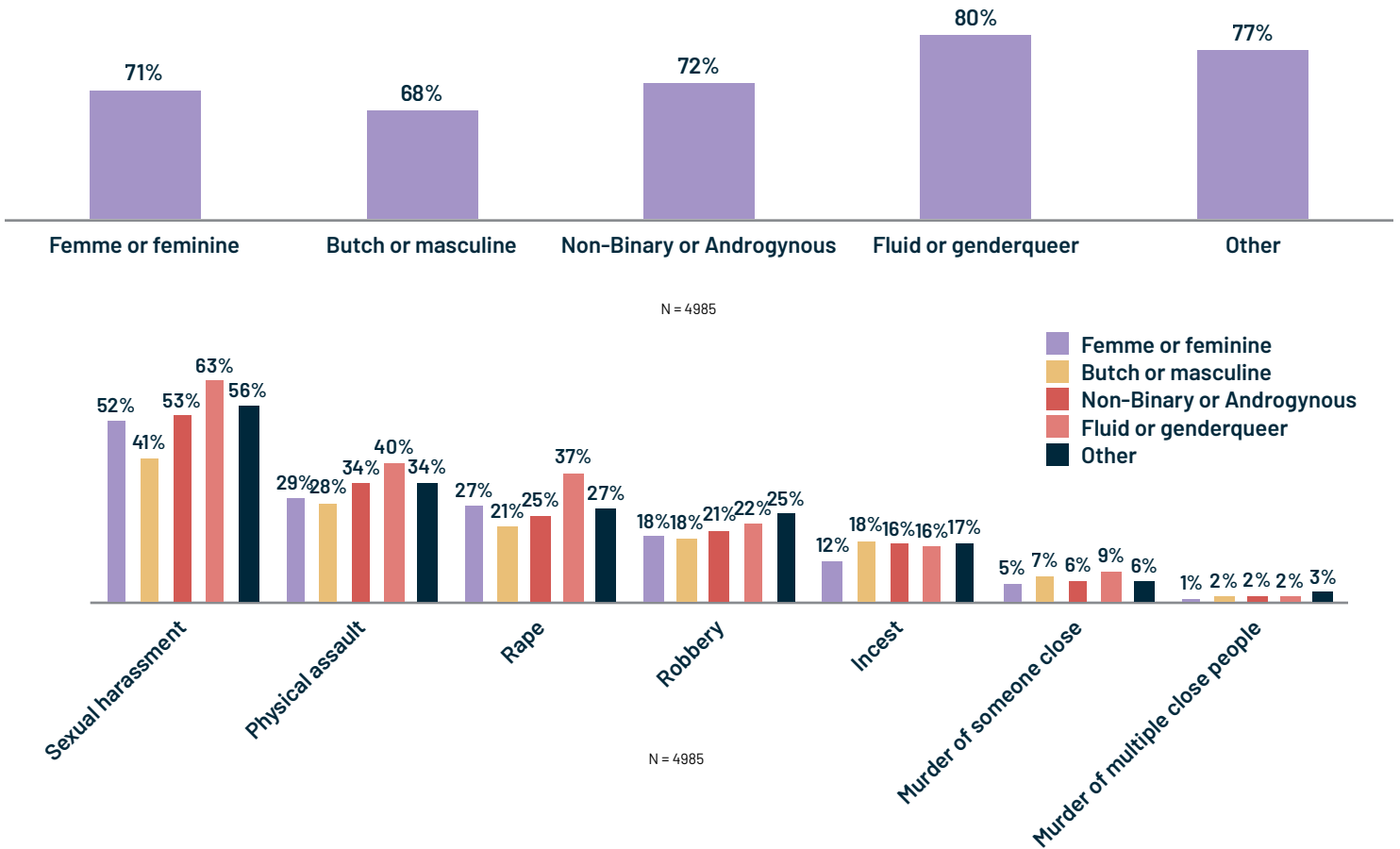


BIPOC women (33%), pansexual (38%), and queer women (36%), those who identified as genderfluid or genderqueer (37%), and transgender respondents (33%) experienced rape more often than their white (24%), lesbian/gay (22%), masculine (21%) or feminine spectrum (27%), and cisgender (26%) peers in the study.

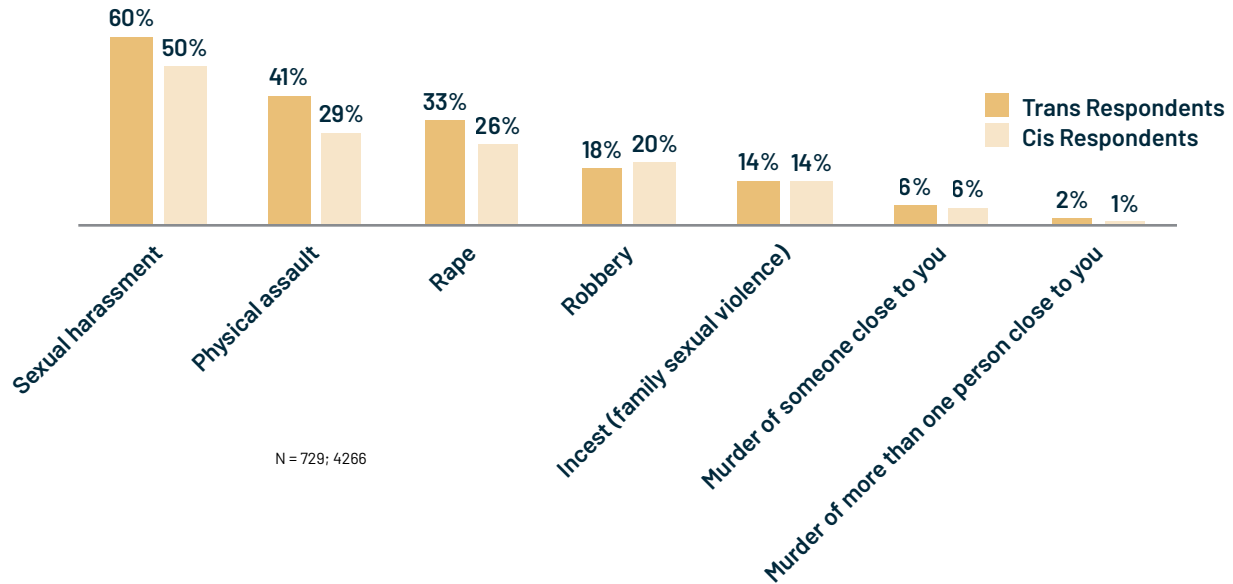
Pansexual and queer women experience higher rates of violence.



Fluid or genderqueer respondents experience higher rates of violence.



Transgender respondents experience violence at higher rates than their cisgender peers.



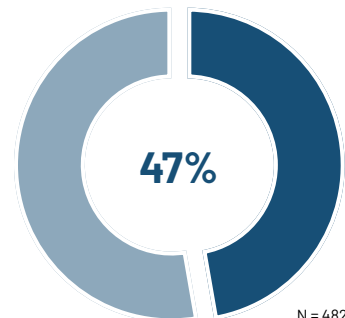
Almost 15% of the sample reported surviving incest, and butch and masculine spectrum people experienced slightly higher rates of incest (18%) than their peers of other gender expressions.

While incest prevalence rates are hard to calculate, what we do know is that the impacts of incest on survivors are well-documented and far-reaching, from higher rates of life-shortening illnesses to long-term harm to mental health, the fracture of familial safety nets, the creation of barriers to forming new relationships and families, and increased risks of addiction, police violence, and incarceration.

Q. Have any of your romantic or sexual partners been emotionally abusive or threatening to you?

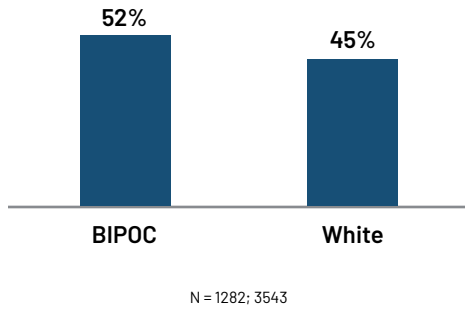
Forty seven percent (47%) of the sample—nearly half—has experienced emotional abuse or threats by an intimate partner. In the general population, one in three women report surviving domestic violence threats, while emotional abuse is reported in ranges between 33% and 40%.⁴

Almost half report experiencing emotional abuse.



4. <https://www.thehotline.org/stakeholders/domestic-violence-statistics/#::-:text=Over%201%20in%203%20women.intimate%20partner%20in%20their%20lifetime>

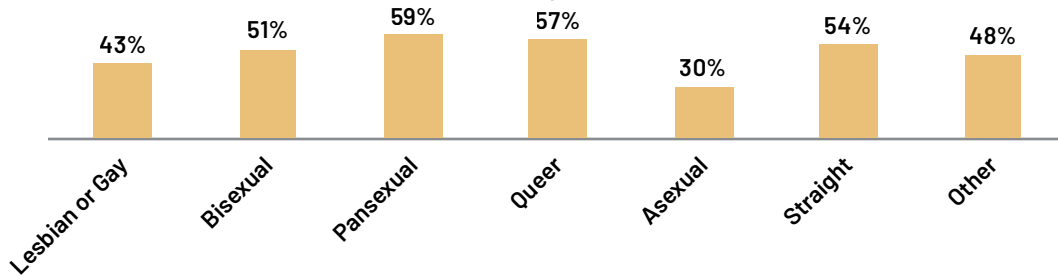
BIPOC LGBTQ+ women experience emotional abuse at higher rates.



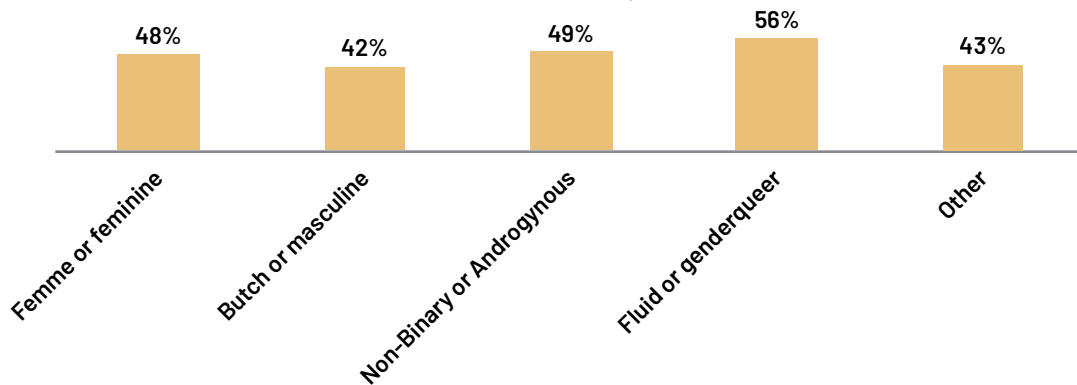
Given that our respondents “center their emotional, familial, sexual, or social lives on women,” there is a high likelihood that our study participants engage in relationships that consist of one or more survivors of IPV.

As decades of existing research attests, surviving violence by an intimate partner has long term impacts on physical and mental health, employment, and engagement with police and court systems. Accordingly, this singular finding provides an important analytical portal to consider LGBTQ+ women’s vulnerability, wellness, and economic security across the lifespan.⁵

Emotional Abuse by Sexual Orientation



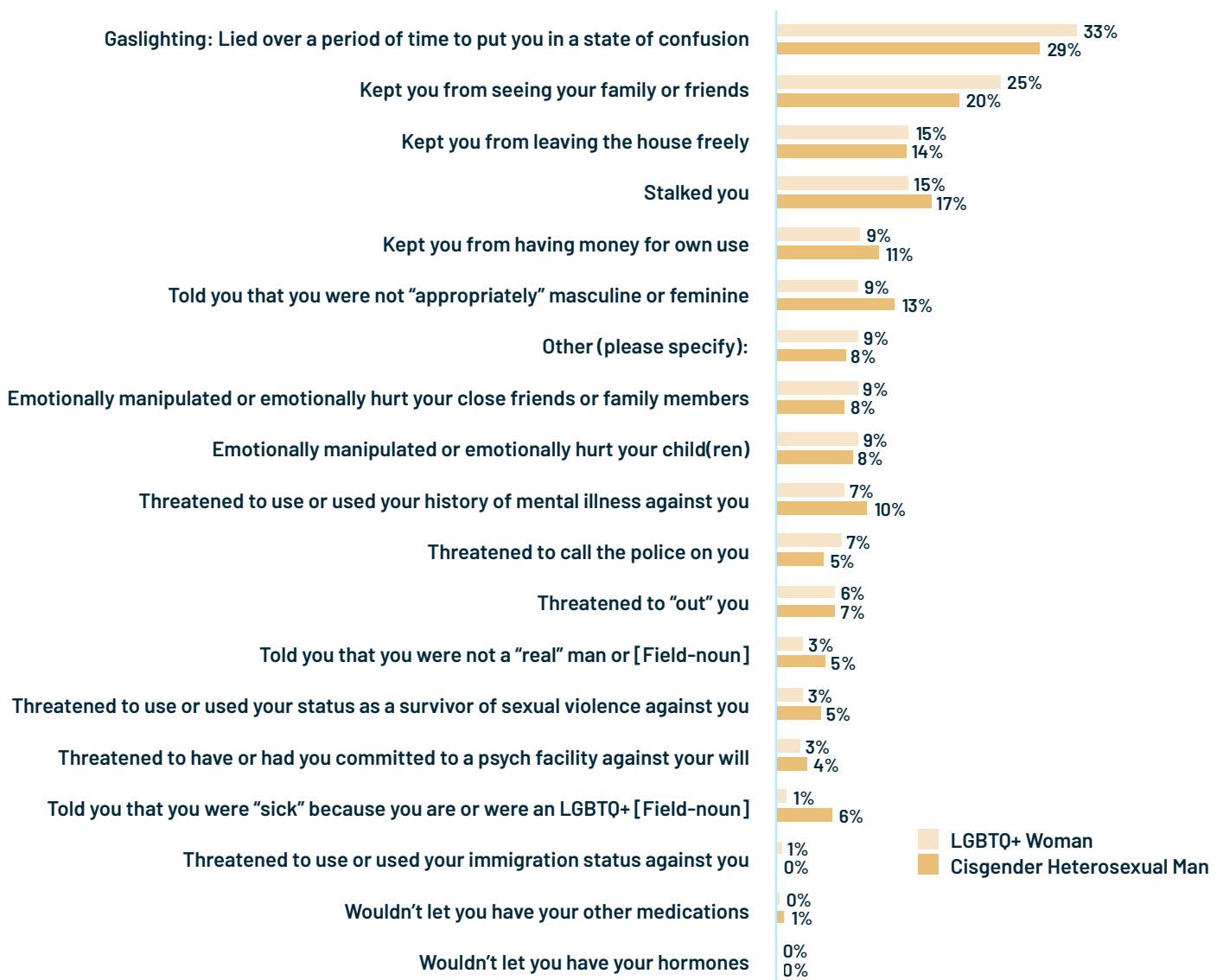
Emotional Abuse by Gender



5. in: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence#:~:text=or%20educational%20background-,Individuals%20who%20are%20subjected%20to%20IPV%20may%20have%20lifelong%20consequences,partner%20in%20their%20lifetime%202> ^{N=4822} “The societal and economic effects of IPV are profound. Approximately one quarter of a million hospital visits occur as a result of IPV annually. The cost of intimate partner rape, physical assault, and stalking totals more than \$8.3 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores. Additional medical costs are associated with ongoing treatment of alcoholism, attempted suicide, mental health symptoms, pregnancy, and pediatric-related problems associated with concomitant child abuse and witnessing abuse. Intangible costs include women’s decreased quality of life, undiagnosed depression, and lowered self-esteem. Destruction of the family unit often results in loss of financial stability or lack of economic resources for independent living, leading to increased populations of homeless women and children.”

Applying intersectional lenses of race, gender, and sexuality, BIPOC women (52%) experienced IPV at higher rates than white women (45%) in the study. Pansexual women (59%) reported higher rates of IPV than their peers of other sexual orientations. And fluid/genderqueer (56%) respondents reported IPV more often than masculine or feminine spectrum and nonbinary/androgynous respondents.

Q. In what emotionally abusive or threatening ways did your partner(s) act?



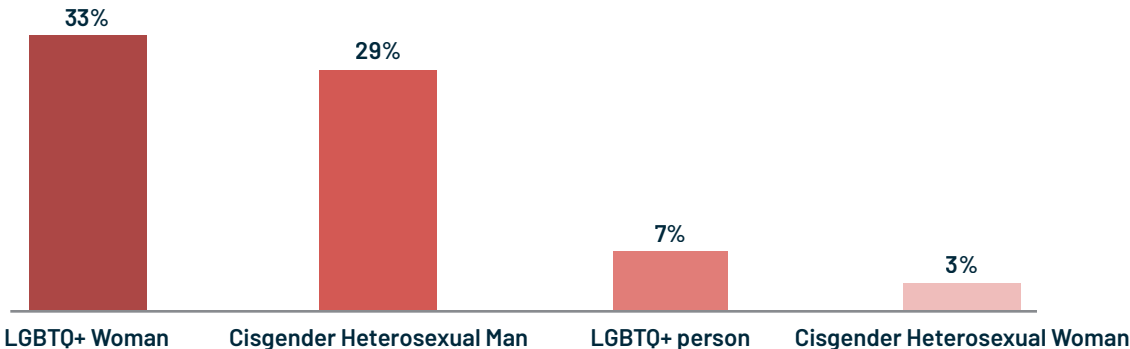
N = 2281

This data may be difficult to accept and digest. It’s an expansive measure with a wide range of categories that roughly quantify both how frequently LGBTQ+ women who partner with women are experiencing emotional abuse in our lives and the identities of the perpetrators of that abuse.

Many of us who have been in the movement to end violence against women know that LGBTQ+ women experience threats to our well-being and lives from both within the LGBTQ+ community and beyond. These responses confirm that reality.

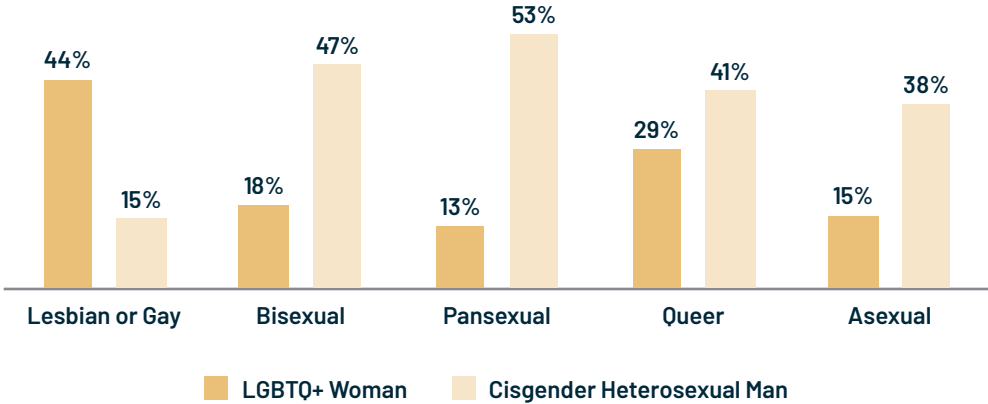
In our sample, the most common form of abuse against respondents was being lied to over time in a concerted campaign to confuse, disempower, or make one question one’s sanity, commonly referred to as gaslighting. More than a third of the people who answered this question experienced a campaign of deception from a partner, with LGBTQ+ women partners (33%) perpetrating this form of abuse more often than cisgender heterosexual men (29%).

Of those that experience emotional abuse, at least 1 in 3 will experience gaslighting by an LGBTQ+ woman or a cisgender heterosexual man



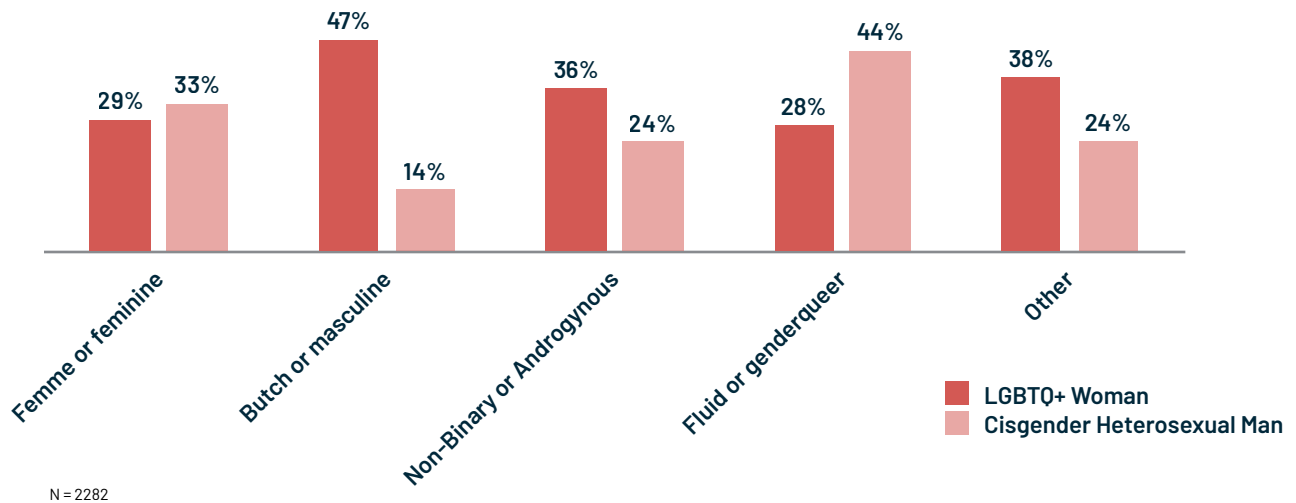
N = 2281

Experiences of Gaslighting By Sexual Orientation



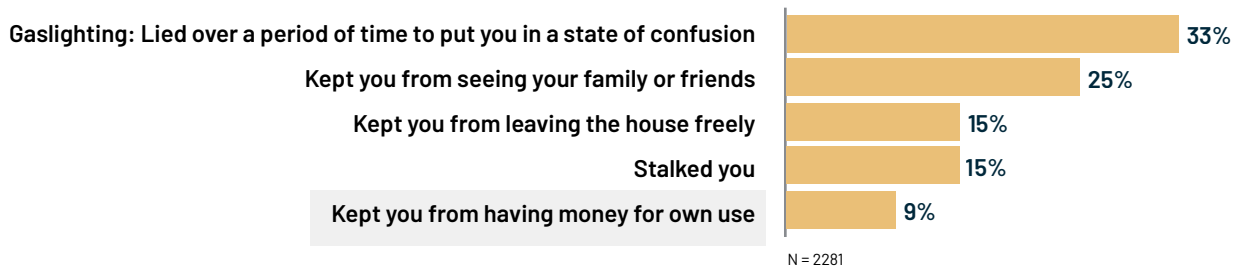
N = 2281

Butch or masculine respondents were more likely to experience gaslighting from LGBTQ+ women



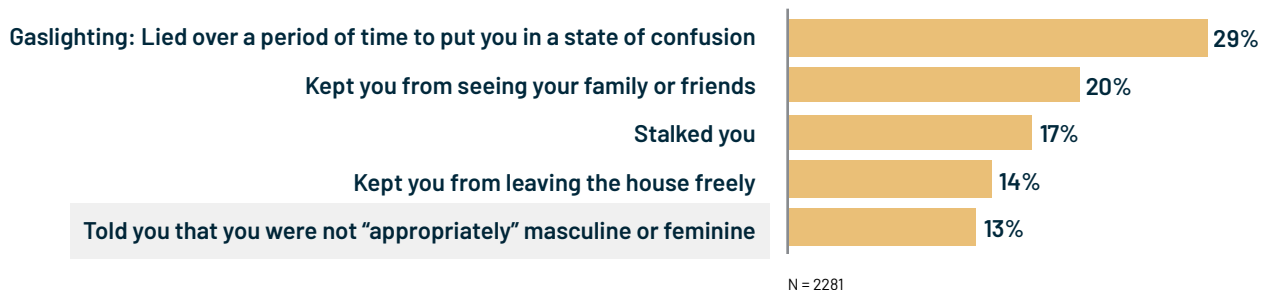
Lesbians reported surviving gaslighting at the hands of LGBTQ+ women more often by far than their peers across sexualities (44%). Bi/pan women experienced gaslighting at a similarly high rate, but at the hands of cisgender, heterosexual men (47% -53%).

Most Common Forms of Emotional Abuse Perpetrated by LGBTQ+ Women



Masculine spectrum respondents reported the highest levels of gaslighting (47%) among their otherwise gendered peers.

Most Common Forms of Emotional Abuse Perpetrated by Cisgender Heterosexual Men



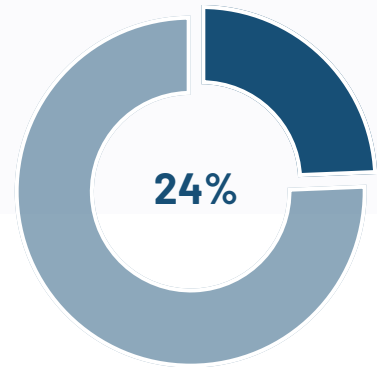
LGBTQ+ women perpetrated gaslighting and controlling friendships and freedom of movement more often than cisgender heterosexual men, who perpetrated stalking and policing/degradation of genders more often than LGBTQ+ women. Overall, LGBTQ+ women and cis heterosexual men employed similar tactics of emotionally abusive behavior.

Q. Have any of your romantic or sexual partners been physically abusive to you?

Almost a quarter of the respondent community (24%) has experienced physical abuse by an intimate partner. By contrast, women in surveys of the general population experience physical abuse by an intimate partner over the lifespan at a higher rate of 28%.⁶

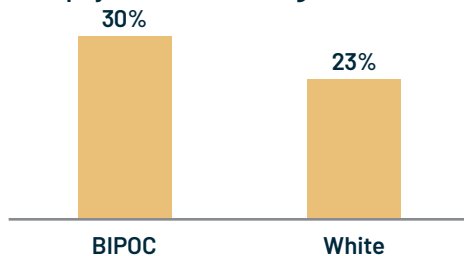
Almost 1 in 4 LGBTQ+ women report being survivors of physical abuse from an intimate partner

When looking at race, gender, and sexuality, BIPOC women survived higher rates of physical abuse (30%) than their white peers (23%) in the study. Pansexual (36%) and genderfluid (31%) respondents reported higher rates of physical abuse than their peers of other queer sexualities and genders, and higher rates of physical abuse than those reported in general population studies.



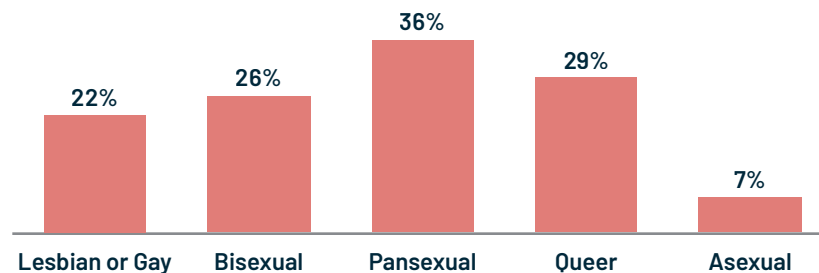
N = 4843

BIPOC women report being survivors of physical abuse at higher rates



N = 1283; 3558

Experiences of Physical Abuse by Sexual Orientation



N = 4843

Experiences of Physical Abuse by Gender

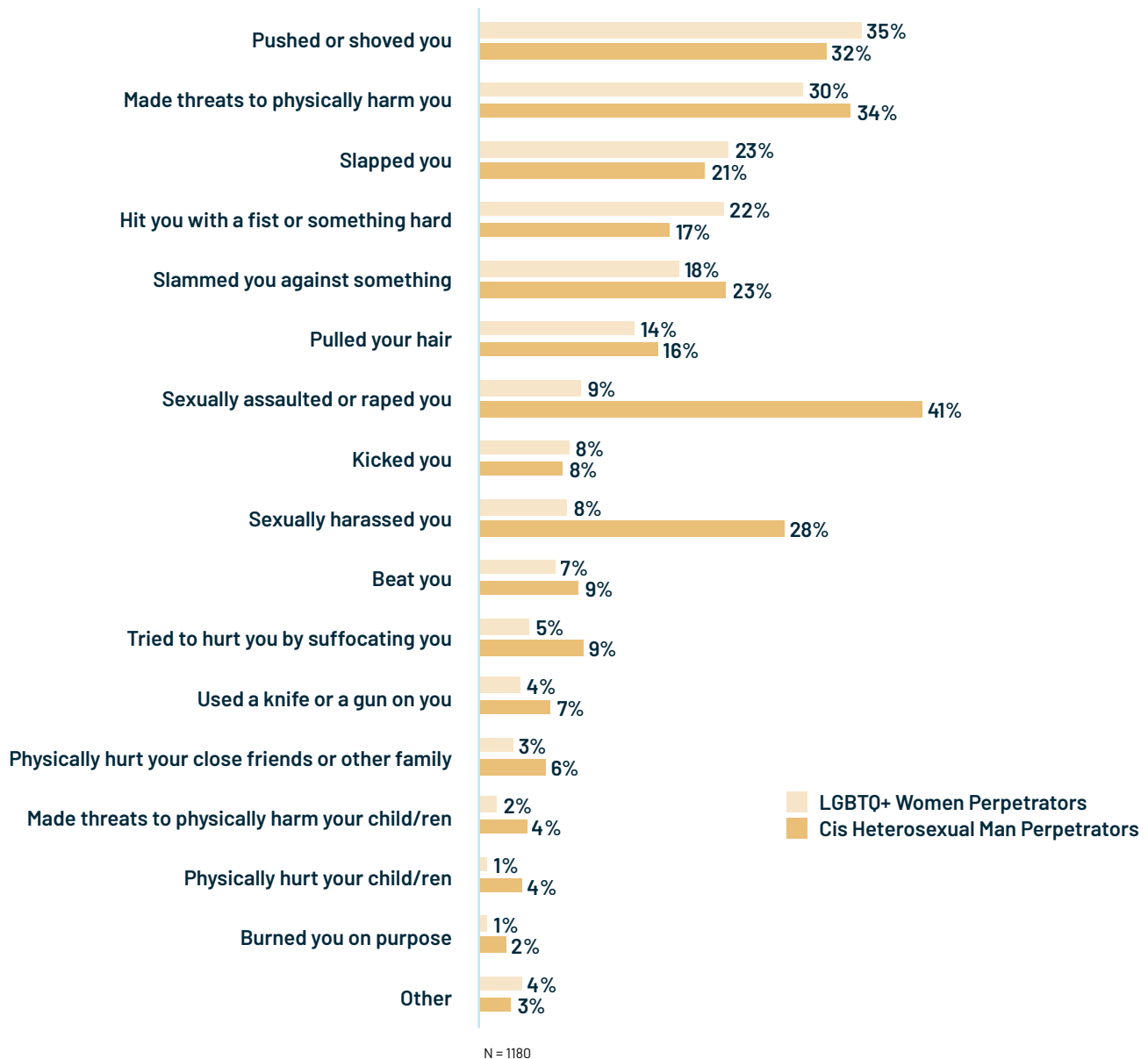


N = 4837

Q. In what physically abusive or threatening ways did your partner(s) act?

Looking at physical and sexual abuse together, cisgender heterosexual men perpetrated 50% of the physical and sexual abuses reported. LGBTQ+ women were identified as perpetrators in 37% of these cases.

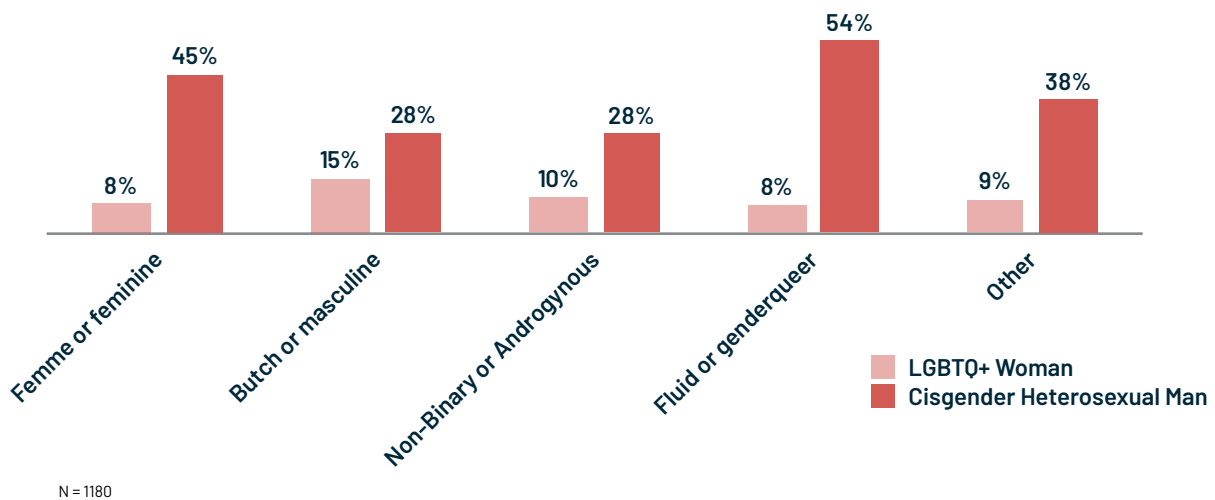
Experiences of Physical and Sexual Violence



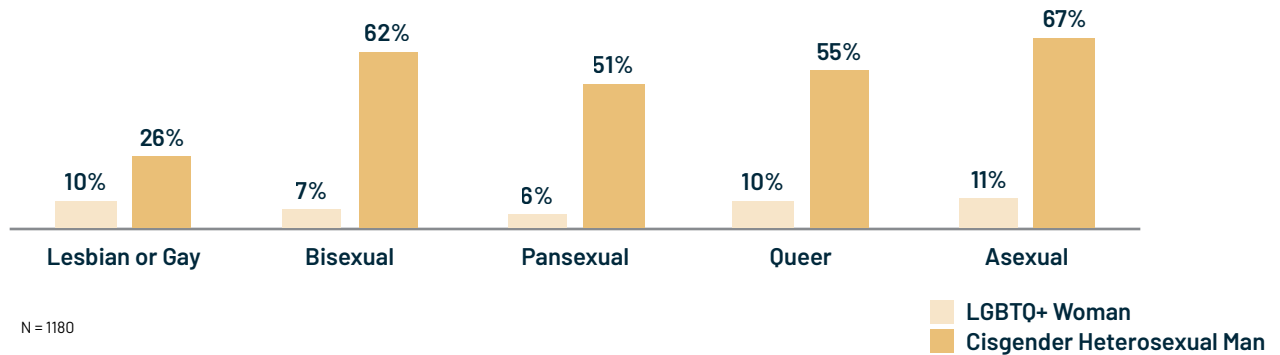
In this question, study participants delineated the gender and sexualities of the perpetrators of their physical and sexual harm. This reporting has generated some important new knowledge on LGBTQ+ women's experiences of physical and sexual violence.

The bar that leaps off the page is sexual assault. While sexual violence by cisgender heterosexual men has been widely documented, here we can look at it in the context of LGBTQ+ women who partner with women specifically. The magnitude of the use of this form of violence is stark, relative to other forms of violence used against LGBTQ+ women, as well as the large gap between its use by cis heterosexual male perpetrators and LGBTQ+ women perpetrators.

Cisgender heterosexual men commit sexual assault against women of any gender much more often than LGBTQ+ women



Cisgender heterosexual men commit sexual assault against women of any sexual orientation much more often than LGBTQ+ women

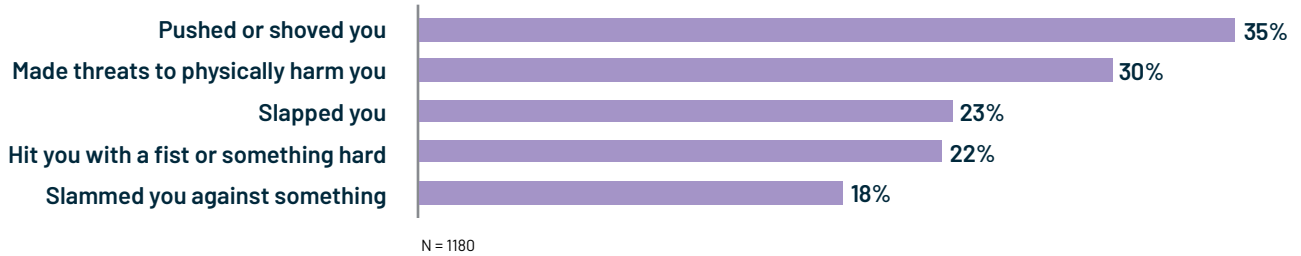


That cisgender heterosexual men are committing sexual assault against LGBTQ+ women across all genders and sexualities with such frequency is important knowledge for researchers, advocates, service providers, and first responders supporting LGBTQ+ survivors. So too is the data illuminating LGBTQ+ women perpetrators. Understanding the frequencies and contours of sexual violence in the lives of LGBTQ+ women is an important piece of supporting survivors' recovery.

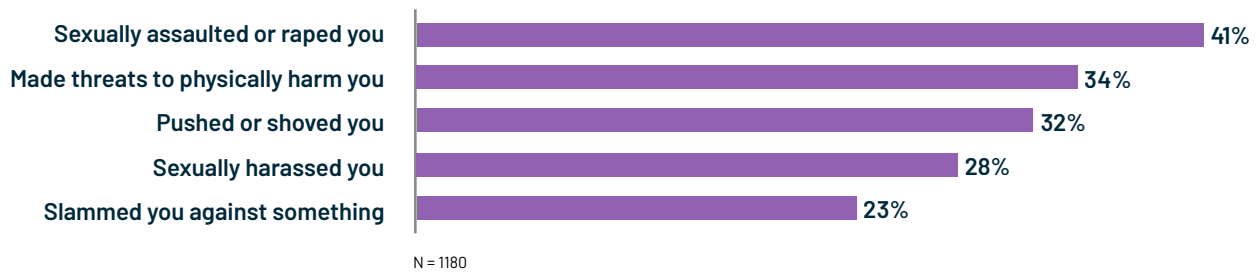
By contrast, LGBTQ+ women more often perpetrated violence against their partners by pushing and shoving, slapping, and hitting with a fist. Along with sexual assault, cisgender heterosexual men more often chose abusive acts with a higher degree of lethality—a greater likelihood of ending respondents' lives—such as suffocation, beating, burning on purpose, and using guns or knives than LGBTQ+ women.

6. Desmarais, S. L., Reeves, K. A., Nicholls, T. L., Telford, R. P., & Fiebert, M. S. (2012). Prevalence of physical violence in intimate relationships, part 1: Rates of male and female victimization. *Partner Abuse, 3*(2), 140–169. Consistent with prior reviews, pooled prevalence was slightly greater for female- compared to male-perpetrated physical IPV: more than 1 in 4 women (28.3%) and 1 in 5 men (21.6%) reported perpetrating physical violence in an intimate relationship.

Most Common Forms of Physical Abuse Perpetrated by LGBTQ+ Women

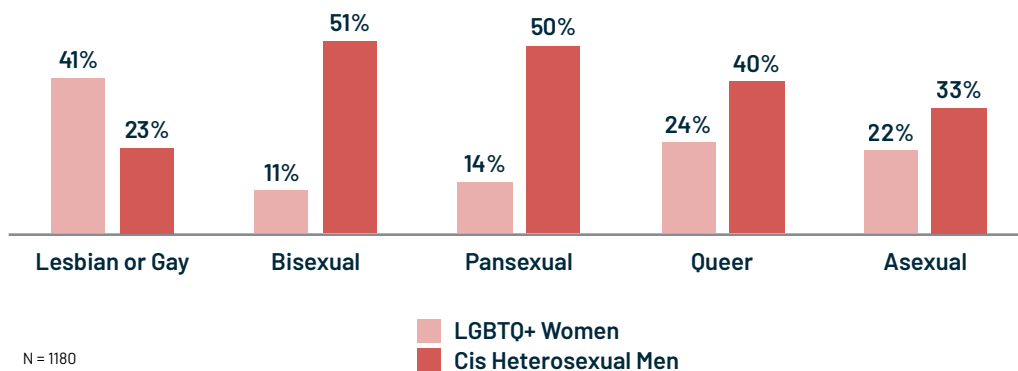


Most Common Forms of Physical Abuse Perpetrated by Cisgender Heterosexual Men

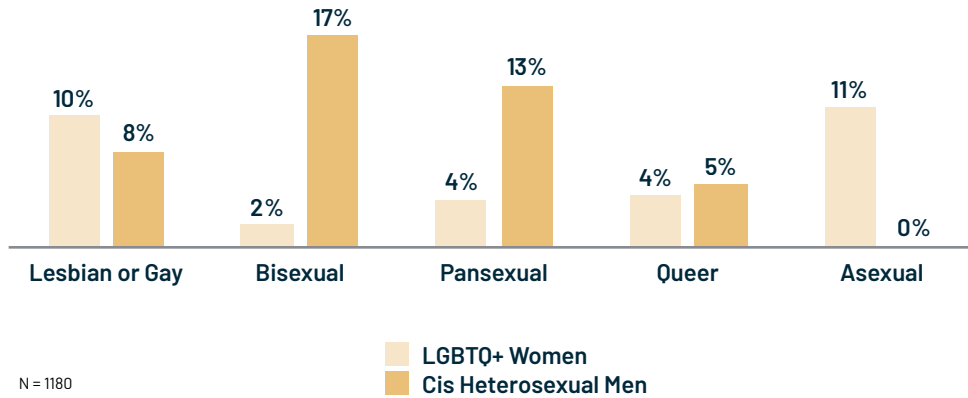


Among bisexual respondents, their perpetrators were cisgender heterosexual men in 88% of their experiences of physical abuse. This aligns with data from the National Intimate Partner and Sexual Violence Survey that found bisexual women at high risk for IPV, as well as Lisa Diamond’s work on bisexual women, which found that bisexual women in largely heterosexual social worlds and relationships are more at risk for violence and poor health outcomes than bi women partnered with women.⁷

Cisgender heterosexual men are at least 4 times more likely to have threatened to physically harm bi and pan women than LGBTQ+ women.



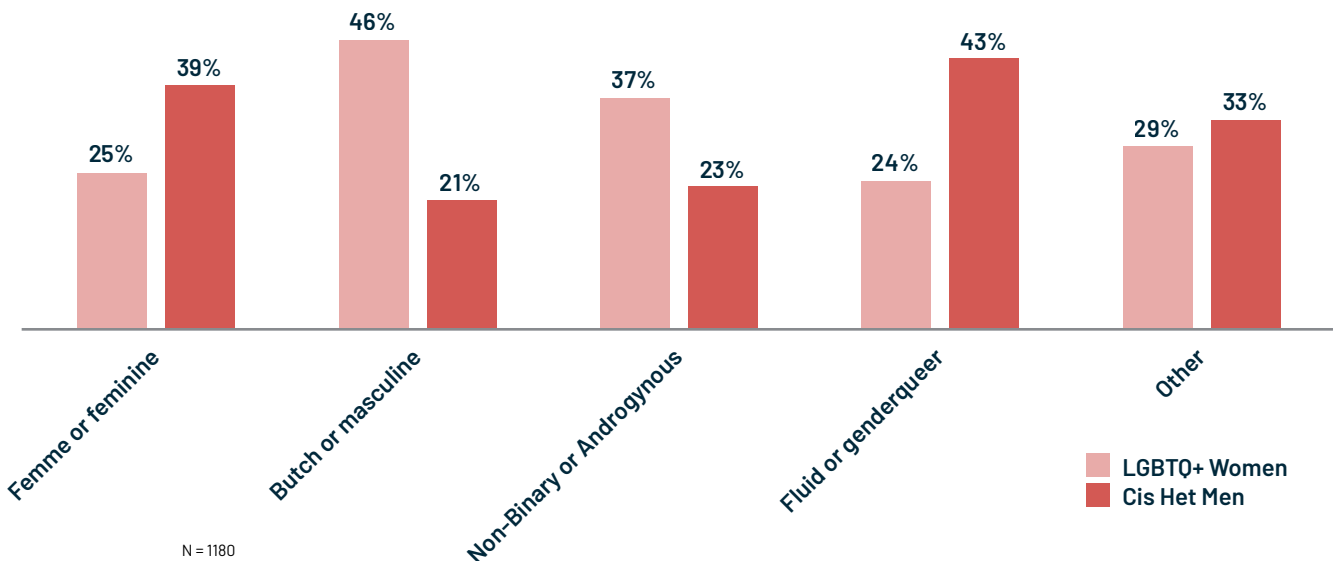
Cisgender heterosexual men are 3 to 8 times more likely to have physically beaten bi and pan women.



Feminine spectrum respondents reported cisgender heterosexual men as perpetrators of a spectrum of abuses against them much more often (39%) than LGBTQ+ women perpetrators (25%).

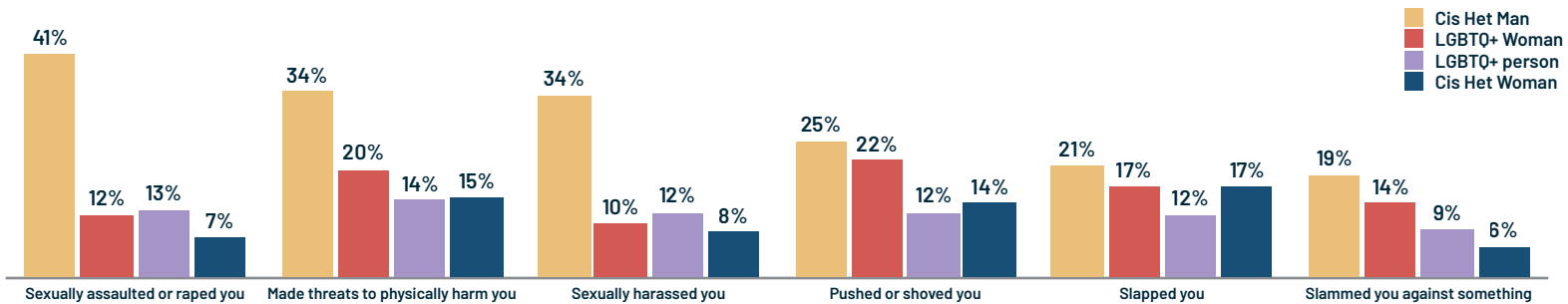
Masculine spectrum respondents reported LGBTQ+ women as their predominant abusers (46%). Among fluid and genderqueer respondents, the genders of their perpetrators varied across categories of abuse, with cisgender heterosexual men perpetrating more often (43%).

Butch or masculine survivors of physical abuse were more likely to have had LGBTQ+ women threaten to harm them.



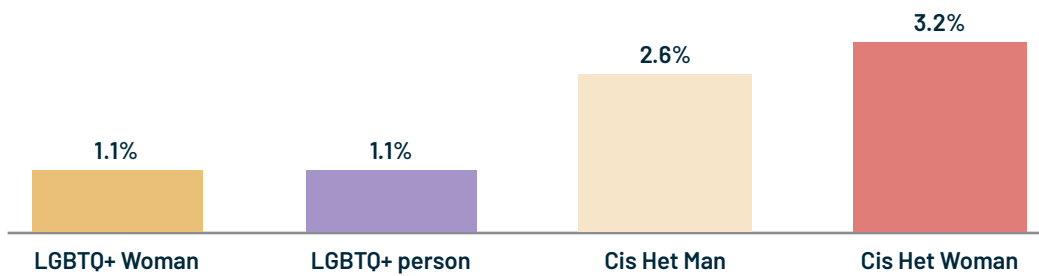
Among trans-identified respondents, cisgender heterosexual men were physically violent more often than LGBTQ+ and cisgender heterosexual women in almost every category, save for "burned you on purpose," which was perpetrated more often by cisgender heterosexual women.

Perpetrators of Physical and Sexual Abuse Against Trans Respondents



N = 189

Trans-identified respondents reported cisgender heterosexual women as the most likely to burn them as a form of abuse.



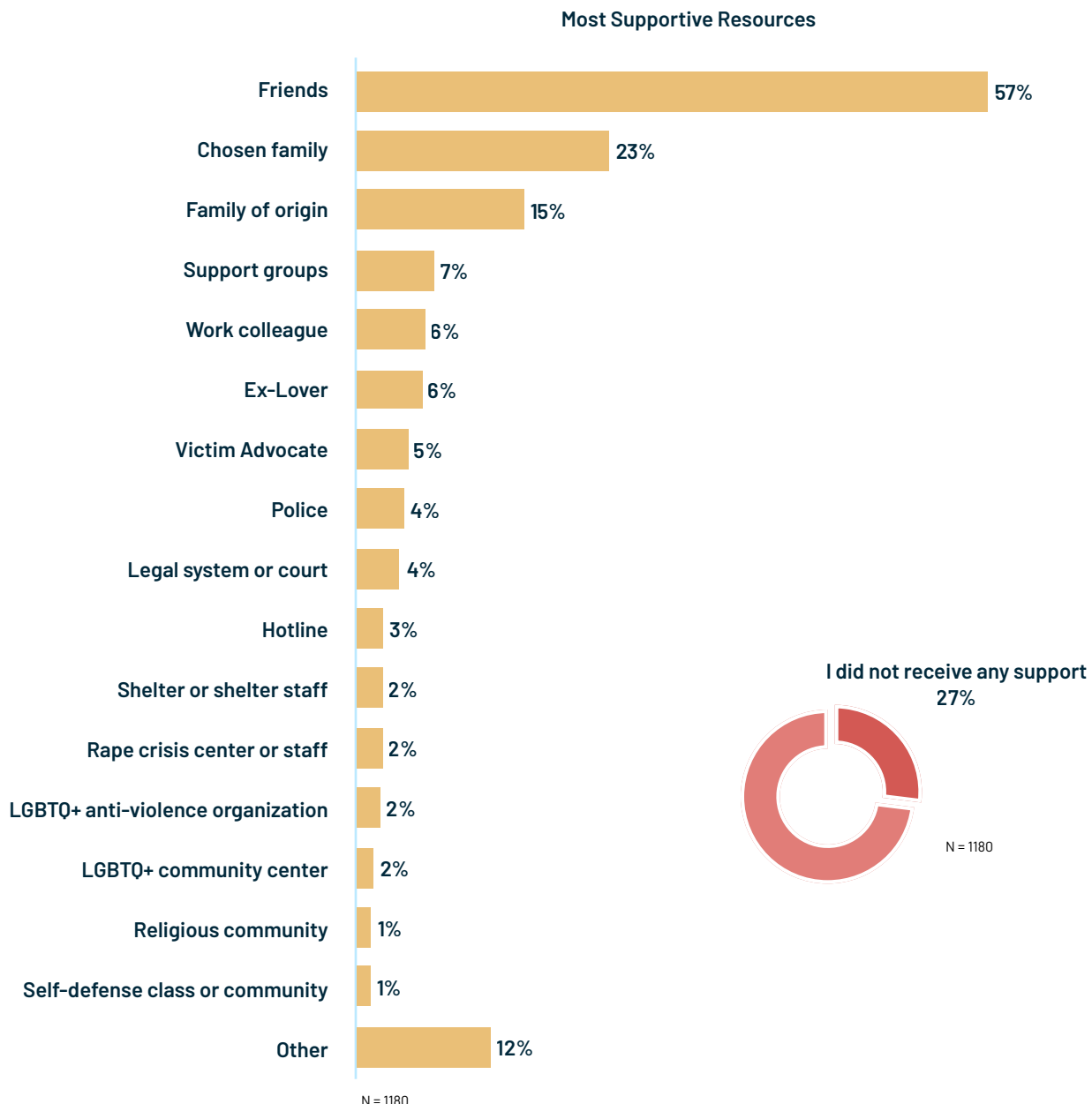
N = 189

Other notable experiences: Our 1180 respondents that reported being survivors of physical abuse checked off 6,228 different kinds of violence coming from four categories of potential perpetrators. Discrete kinds of violence defined by specific perpetrator categories were thus reported at a magnitude of more than five times the number of respondents reporting.

Q. Who or what was most supportive or helpful while you were dealing with an abusive partner?

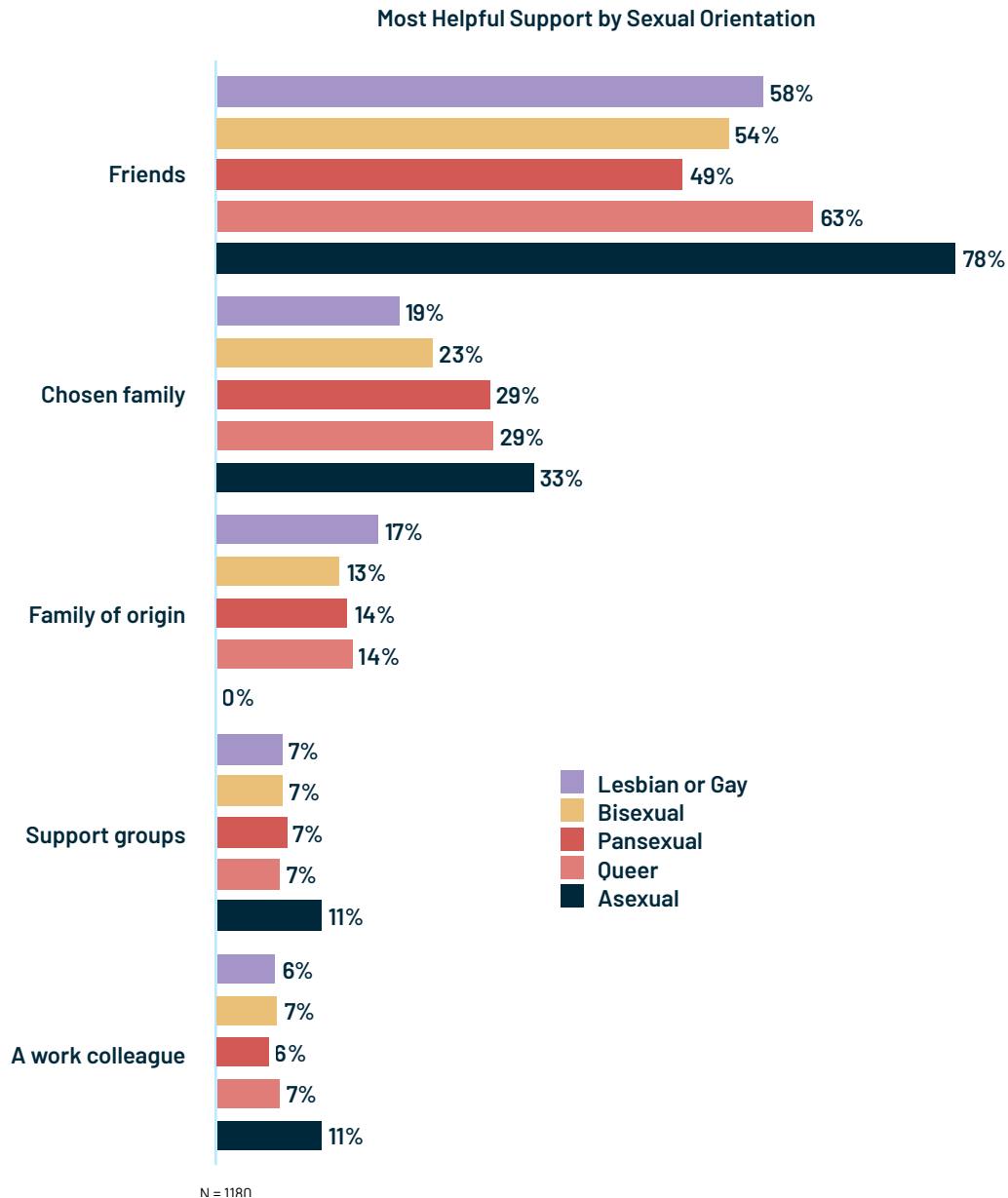
Fifty-seven percent (57%) of those experiencing IPV reported that their friends were their top resource in surviving abuse. The next supportive resource drops precipitously, with “chosen family” identified by 23% of respondents and “family of origin” by 15%.

Fully 27% of respondents reported that they “did not receive any support.”



Police and victim advocates programs were chosen more often (4%-5%) than LGBTQ anti-violence and community centers (2%). However, given the ubiquity of the police and criminal justice funded “victim services” in the U.S. and the relative scarcity of LGBTQ+ services and community centers, these numbers alone don’t tell us very much.

In her essay, *“I Get By With a Little Help From My Friends”: Ending Domestic Violence One Friendship at a Time*, leading IPV activist Shannon Perez-Darby notes that friends are our first and best resource in surviving violence in our partnerships, and that if she had only one piece of advice to give to survivors it would be this: *Keep your friends*.⁸

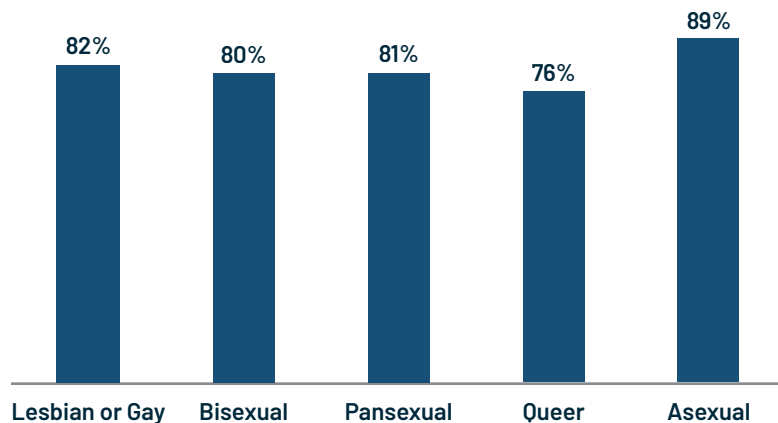


8. Banerjee, Niharika, [Debanuj DasGupta](#), [Rohit K. Dasgupta](#), and [Jaime M. Grant](#), Eds. *Friendship as social justice activism: critical solidarities in a global perspective*. University of Chicago Press, 2018.

Q. Did you seek out any institutional help when dealing with an abusive partner?

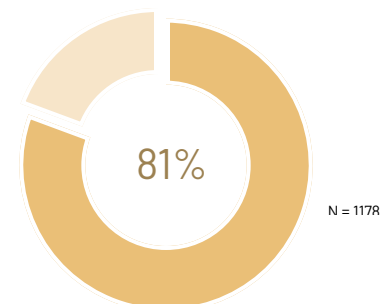
Among the 1,178 respondents answering this question, less than 20% sought institutional support, which should give all of us working as service providers pause.

Respondents Who Did Not Seek Institutional Help by Sexual Orientation

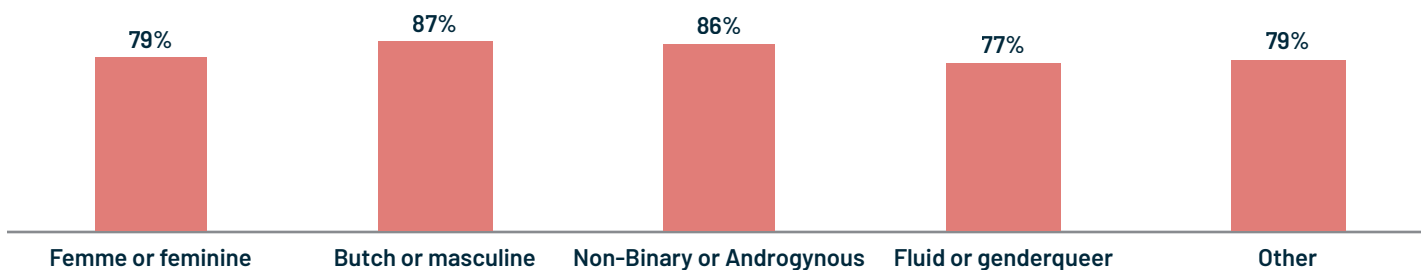


N = 1178

Most who experienced abuse did not seek institutional help.



Respondents Who Did Not Seek Institutional Help by Gender

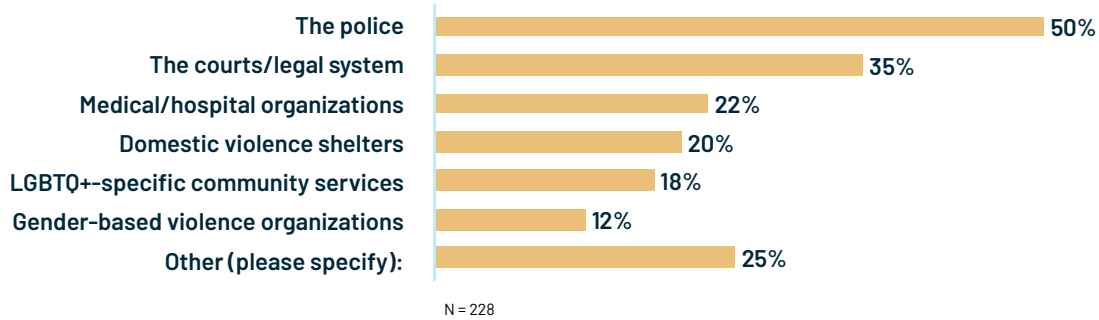


N = 1178

Queer-identified people in the study reached out more often than people of other sexual orientations in the study, at almost 24%, but it didn't go well for them. Queer people who reached out for institutional support were most likely to access police or court systems, followed by domestic violence shelters. They had the highest dissatisfaction rate around domestic violence shelters (50% found it "not helpful at all"). This was twice the dissatisfaction rate of respondents of any other sexual orientation.

Q. Which of the following did you have any experience of?

Of those who sought institutional support with abuse, experience with the criminal justice system was the most common.

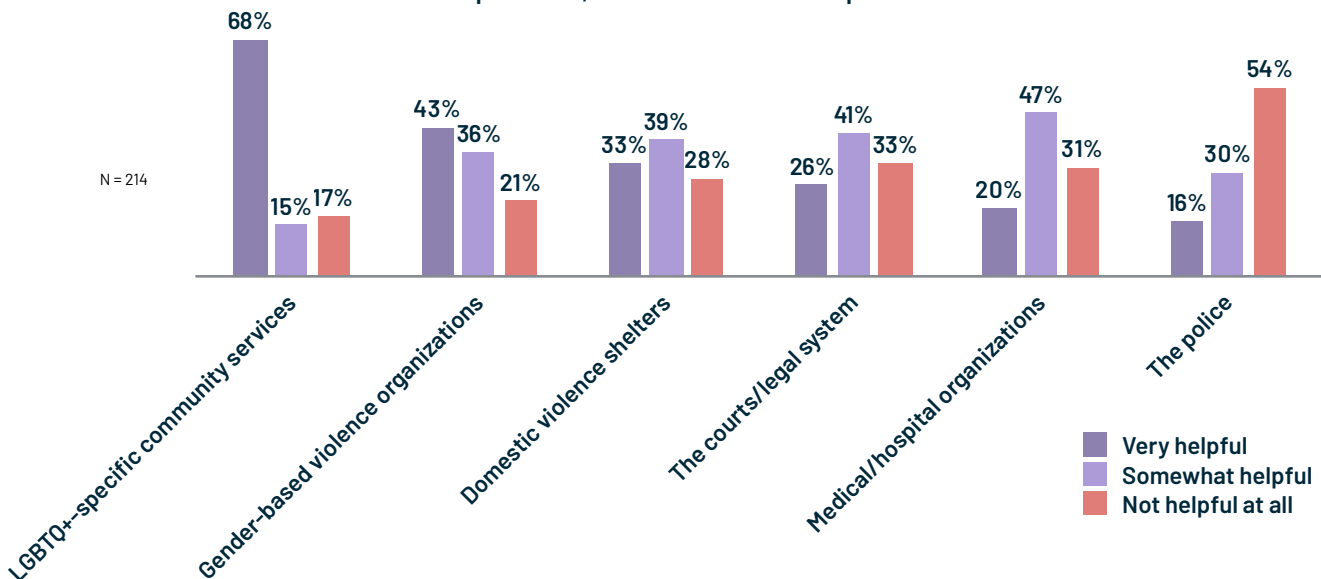


Here, we can see that survivors are interacting with police more often than any other institution, but we have no way of knowing whether these experiences were consensual. We do know that those interacting with police report the experience as “not helpful at all” at a rate of 54%, with trans-identified respondents reporting police as “not helpful at all” 72% of the time.

Q. What was your experience with ...?

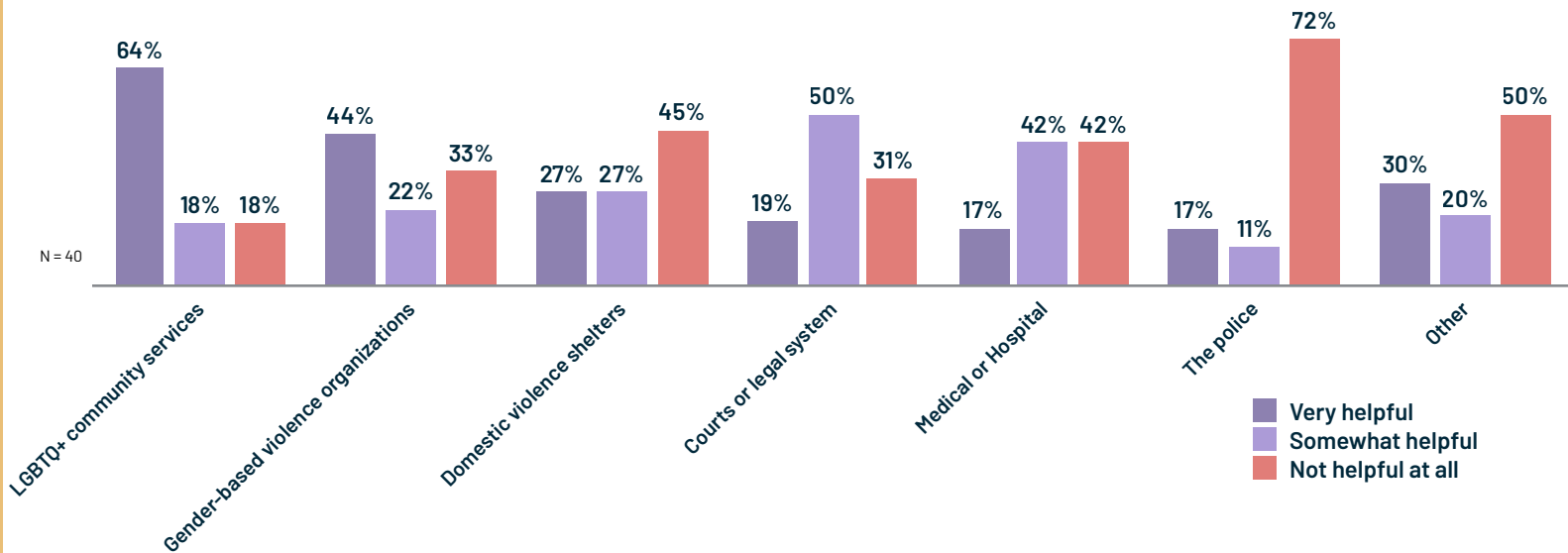
When accessed, LGBTQ+ community services win the highest marks for “very helpful” at nearly 68%. This held across race, gender, and sexual orientation.

LGBTQ+ community services were most likely to be rated as “very helpful,” and the police as “not helpful at all,” for those who had experience with them.



But trans respondents rated *all institutions* as "not helpful at all" more often than people in the study who were not trans-identified. It's clear that trans-identified LGBTQ+ people are experiencing tremendous institutional barriers when attempting to address or recover from intimate partner abuse.

Trans Respondents' Experience of Institutional Support

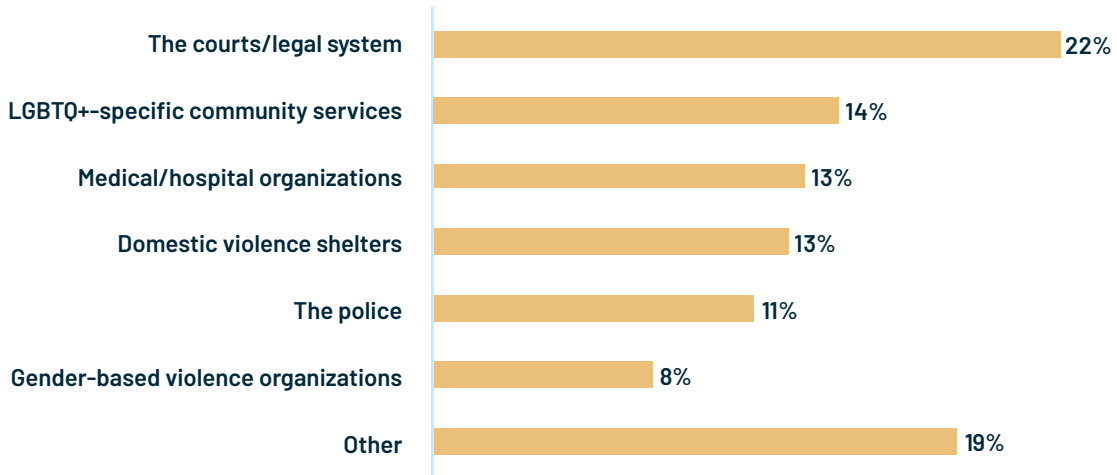


Q. Who or what institution was most helpful?

Respondents reported the courts/legal system as the most helpful institution accessed for support. Without further detail, we imagine that this might pertain to orders of protection from abuse, but we cannot know for sure. Given the limited accessibility of LGBTQ+-specific community services, that they come in second to the courts/legal system and rate higher than much more widely available medical/hospital organizations or domestic violence shelters seems a ringing endorsement of the state of that work.

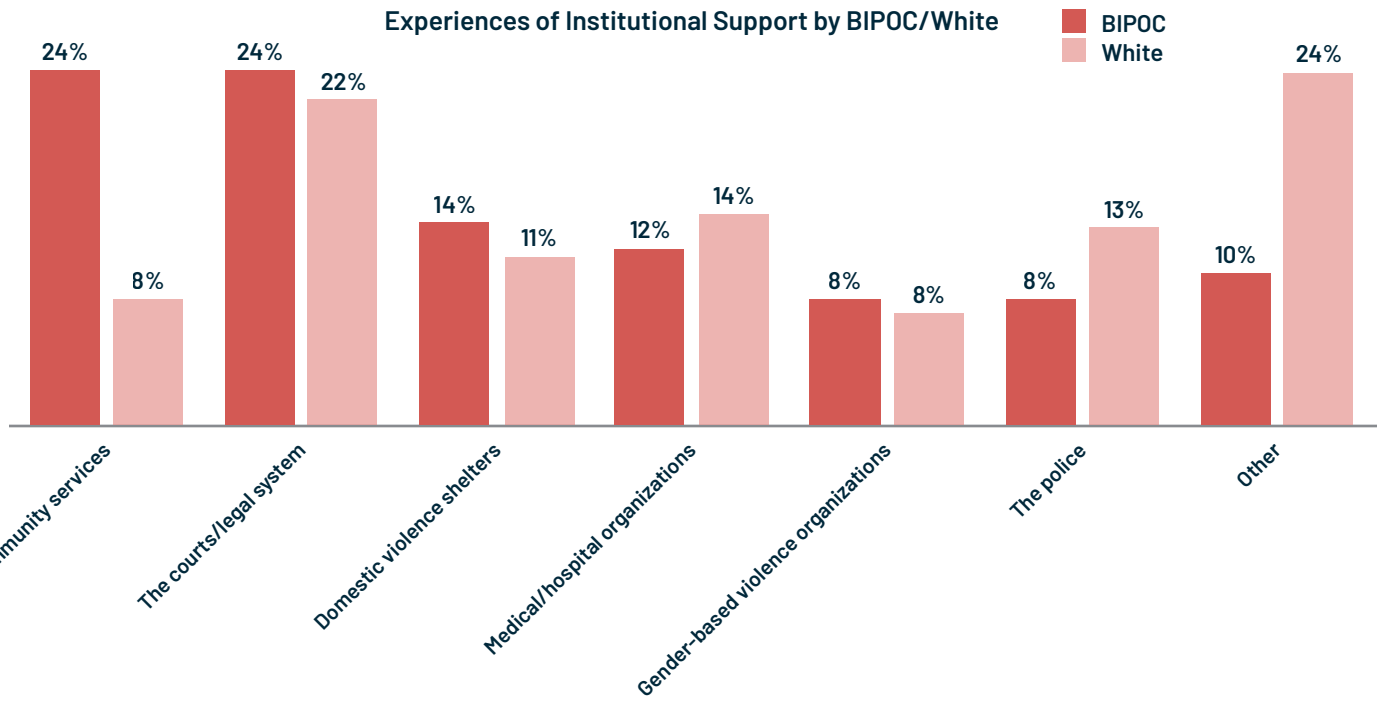
BIPOC respondents were more likely to rate LGBTQ+ community services as most helpful, while white respondents were more likely to rate the courts as most helpful. Among all possible sources of institutional support, BIPOC respondents found police the least helpful.

"Most Helpful" Institutions When Facing IPV



N = 158

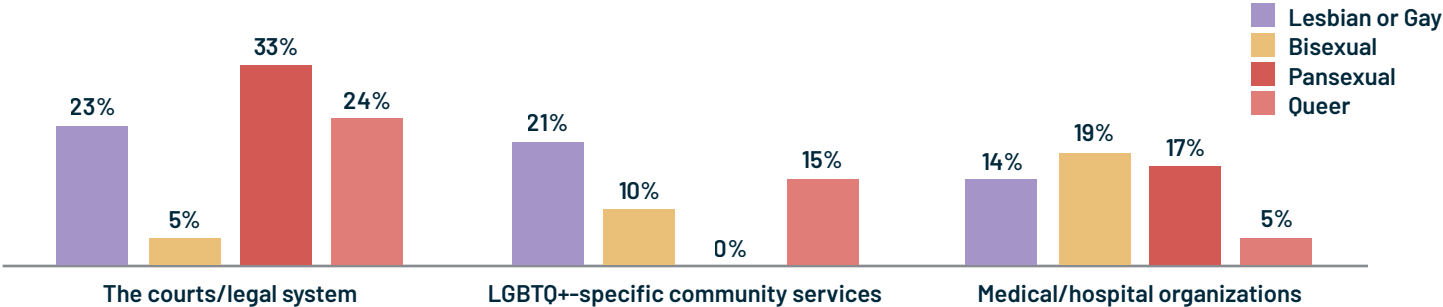
Experiences of Institutional Support by BIPOC/White



N = 165

Looking at sexual orientation, lesbian/gay-identified survivors reported more support from the courts, LGBTQ+ specific services, and medical organizations or hospitals, while bi-identified survivors found their best support from domestic violence shelters, medical/hospital, and police.

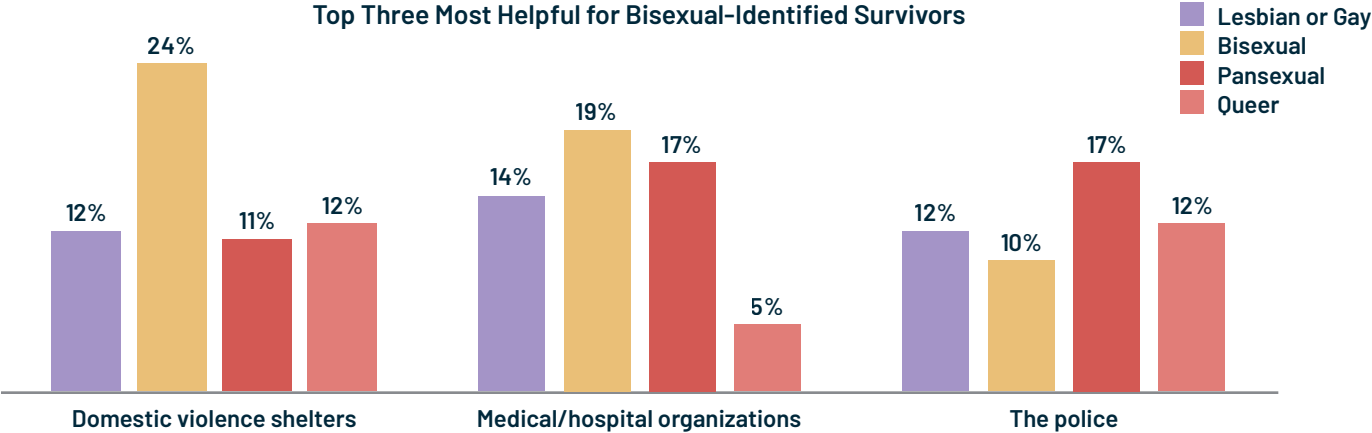
Top Three Most Helpful for Lesbian or Gay-Identified Survivors



N = 158

It's notable that LGBTQ+ specific services do not make the top 3 most helpful institutions for the study's bi-identified survivors. Since bisexual women in the study are more often experiencing violence at the hands of cisgender heterosexual men than LGBTQ+ women, this might impact the social worlds they live in and their access to LGBTQ+ community services. This is an important data point for further inquiry, especially for LGBTQ+ community-based service providers.

Top Three Most Helpful for Bisexual-Identified Survivors



N = 158

Community Notes: Moving Forward

We offer the layers and specificities of these findings for use to service providers, anti-violence activists, and policy advocates in the work of building resources for high impact prevention education, advocacy, and care for survivors.

We also hope they fuel the discussion of and pursuit of friendship, mutual aid, and community-based care that is very alive in the community and in queer and trans grassroots activism at this moment. Despite years of training and cooperative work with police and other state institutions, our friends, families, and underfunded/overworked community-based organizations continue to carry us through periods of crisis around interpersonal violence. Accordingly:

- Programs aimed at IPV prevention and care should focus on fortifying care networks and building capacity within friendship networks on how best to support and empower survivors.
- Funding aimed at IPV prevention and care should move out of mainstream, state, and policing institutions and into LGBTQ+ community-based shelters, resources, and care providers.

So too do we hope that these findings spark more conversation about accountable communities given that poisonous racist and patriarchal ways of being have made their way into LGBTQ+ relationships, irrespective of our joy at throwing off heterosexist conventions and constructing our authentic genders, sexualities, and families (see chapter on Sexual Practices, Resilience, and Joy).

In 1975, lesbian feminist Adrienne Rich noted in *Women and Honor: Notes on Lying*, that:

There is a danger run by all [targeted] people: that we forget we are lying, or that lying becomes a weapon we carry over into relationships with people who do not have power over us....

Women have been driven mad, "gaslighted;" for centuries by the refutation of our experience and our instincts in a culture which validates only male experience. The truth of our bodies and our minds has been mystified to us. We therefore have a primary obligation to each other: not to undermine each other's sense of reality for the sake of expediency; not to gaslight each other.

Rich's work seems eerily prescient as we survey these numbers and see how insidious gaslighting has become inside our own communities.

Patterns of violence noted here are supported by a superstructure of violence detailed in other chapters—all of which hinder LGBTQ+ women from addressing violence in our relationships and securing our safety. Study findings on housing (forthcoming), for instance, note that relationship breakups are a primary source of housing instability among LGBTQ+ women who partner with women. And our findings on assets (forthcoming) show that our highly educated sample does not have a high asset base compared to their highly educated counterparts in the general population.

- Advocacy paths addressing LGBTQ+ women's vulnerability to IPV must seriously address our housing needs and social and economic security.
- Survivors are not accessing LGBTQ+ community organizations and service providers very often—in many cases, such services are not in reach for people experiencing violence, but when they are, our respondents experienced much higher satisfaction with them than mainstream providers.

Black queer feminist abolitionists Mariame Kaba and Andrea Ritchie note that abolition is a process of replacing control with care in every and any space in our lives that we can manage.⁹ It's crushing to find that alongside our social and economic vulnerabilities in the larger culture, patriarchal practices of power and control have seeped into the lives of our respondents with the LGBTQ+ women they love and partner with. Accountable relationships and accountable communities start by reckoning with these realities and creating cultures and networks of care over those of control, deception, punishment, and retaliation.

Queer feminists of color are leading the charge for a world that supports survivors and builds perpetrator accountability within deep networks of care.¹⁰

9. Kaba, Mariame and Andrea J. Ritchie. *No More Police: A Case for Abolition*, The New Press, 2022

10. Dixon, Ejeris and Leah Lakshmi Piepzna-Samarasinha, *Beyond Survival: Stories from the Transformative Justice Movement*, AK Press, 2020

Here are several additional excellent resources:

<https://bcw.barnard.edu/building-accountable-communities/>
<https://www.akpress.org/fumbling-towards-repair.html>
<https://www.akpress.org/we-will-not-cancel-us.html>
<https://www.valor.us/2021/01/19/pods-a-strategy-for-conflict-management-and-violence-prevention-from-the-bay-area-transformative-justice-collective/>
<https://podcasts.apple.com/us/podcast/83-pod-mapping-transformative-justice-w-mia-mingus/id1533997587?i=1000566610443>

5

CHAPTER FIVE

RELIGIOUS UPBRINGING, RELIGIOUS LIFE

Major Findings

Faith Traditions and Current Identification

- A vast majority of respondents were raised in Christian faith traditions (77%), with Catholic (28%), Baptist (9%), and United Methodist (6%) reported most often.
- Respondents' top three **current religious identifications** were "spiritual, no affiliation" (22%), agnostic (21%), and atheist (18%).
- Religious traditions that saw the biggest gap between those raised and those currently practicing were: Christian Evangelicals (a drop of ↓97%), Baptists (↓90%), Catholics (↓90%), Church of Latter-Day Saints (↓90%), Seventh Day Adventists (↓90%)
- Thirty-nine percent (39%) of respondents considered themselves moderately or very religious or spiritual—praying, chanting, or meditating daily (29%) and drawing on their faith for meaning and purpose (31%) or to make decisions (23%).
- BIPOC women considered themselves moderately or very religious more often (47%) than their white peers in the study (35%).
- Respondents reported involvement in their current faith traditions via volunteering at their church or spiritual tradition's social justice committees (16%) and administrative arms (6%).

Experiences of Support and Harm

- Study participants often reported that their childhood faith traditions either ignored or denied the existence of LGBTQ+ people (54%) or became a source of conflict or pain (43%).
- **A full 36% of respondents—more than 1 in 3—reported family members drawing on childhood faith traditions or adopted religious doctrine to justify verbal or emotional abuse against them.**
- Aggressive and abusive behavior by a childhood faith tradition in the form of advising parents to seek conversion therapy or to abandon or disown was reported in a frequency range of 5.5%–6.5%.
- Nineteen percent (19%), or nearly 1 in 5 respondents, reported verbal and emotional abuse by a religious authority figure in childhood due to "your sexuality."
- Abuse by a religious authority figure due to sexuality was reported more frequently (19%) than verbal or emotional abuse during childhood due to gender, which impacted 16%.
- Respondents identified gender expression/presentation as the driver of physical and sexual abuse by religious leaders in their lives during childhood (4%–5%) slightly more often than sexuality (3%–4%).
- Trans-identified respondents reported the highest rates of physical and sexual abuse by religious authorities (8%).

SURVEY QUESTIONS AND ANALYSIS

Q. In what religious tradition are you currently involved?

What were you raised in?

We presented study participants with an extensive list of religious traditions to choose from, with an option to specify another not listed. As many LGBTQ+ advocates work in faith-based spaces, this data provides great detail for these organizers on the religious lives of our respondents.

Respondents chose “spiritual, no affiliation” (22%) and “agnostic” (21%) more often than any other choice for their current religious identity, followed by atheism (18%).

They were most often raised in Roman Catholic households (28%), but only 2.4% of respondents reported a Roman Catholic identity today—a drop of 92%. While these 121 current practitioners may or may not be the same respondents who were raised Catholic, it’s clear that Roman Catholic religious upbringing did not lead to a Catholic spiritual life for our respondents.

By contrast, almost 450 respondents were raised in Jewish traditions (9%), with 334 currently practicing, and the number of respondents raised in Jewish reform traditions (288) was nearly equal to those who reported currently identifying as reform Jews (263).

Among respondents raised in Muslim traditions, the Sunni tradition lost followers slightly and the Sufi tradition gained. Overall, Muslim-raised (39) and Muslim-follower (41) respondent numbers were nearly identical.

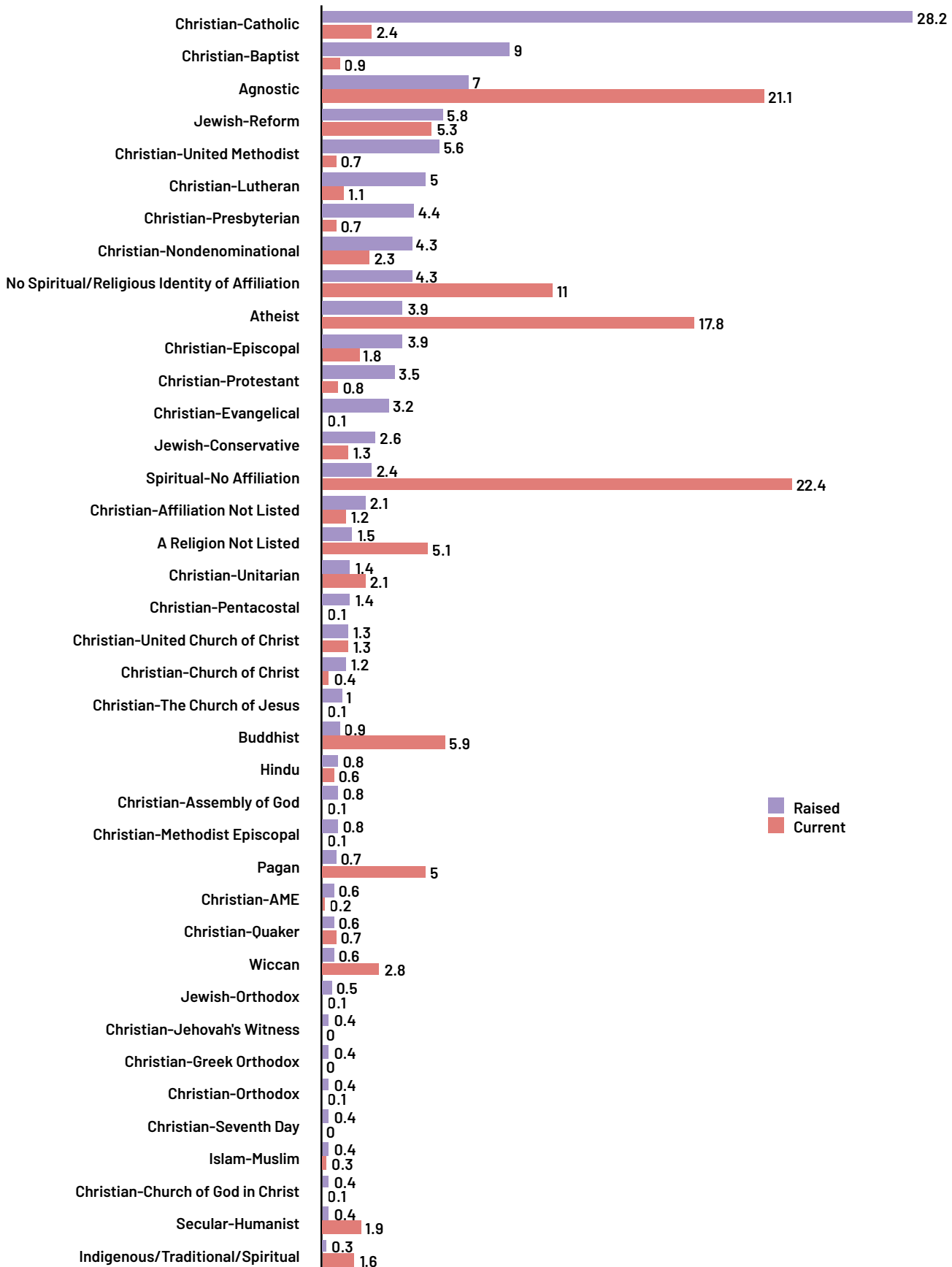
Some traditions were clearly attractive to those who abandoned their childhood religious traditions, including Buddhism, which had almost 7 times as many current practitioners (292) as those raised in Buddhism (44).

“Spiritual, no affiliation” had 10 times as many adherents as those raised spiritual with no affiliation. Pagan/Wiccan (5x), Indigenous spiritual practice (4x), atheists (4x), secular humanists (4x), and agnostics (3x) saw similar gains.

Along with Islam and Judaism, Rastafarian, Shinto, Jain, Quaker, and United Church of Christ traditions maintained an identical or near-identical count of those raised and those practicing.

Big declines in followers along with Catholicism (↓92%) were: Christian Evangelicals (↓97%), Baptists (↓90%), Church of Latter-Day Saints (↓90%), Seventh Day Adventists (↓90%), and United Methodists (↓82%).

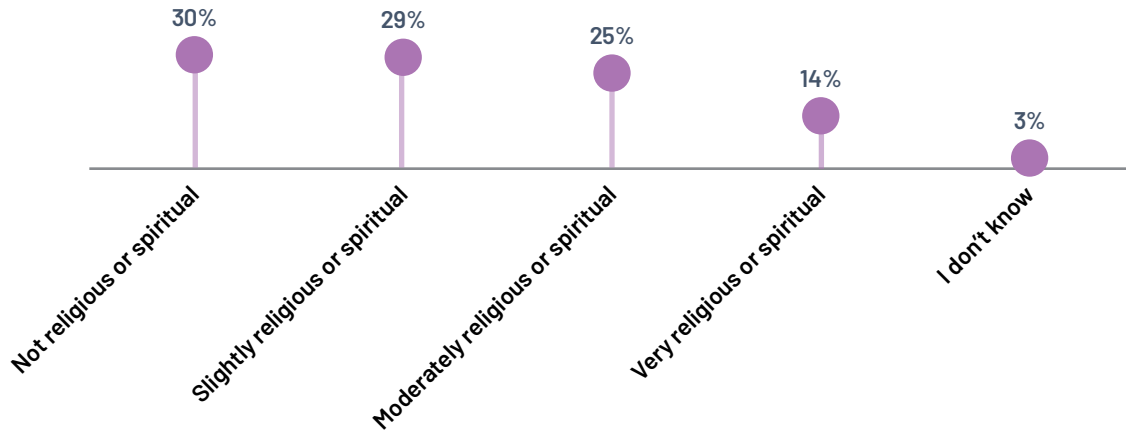
Religion/Spiritual Tradition: Raised v. Current



N = 4985

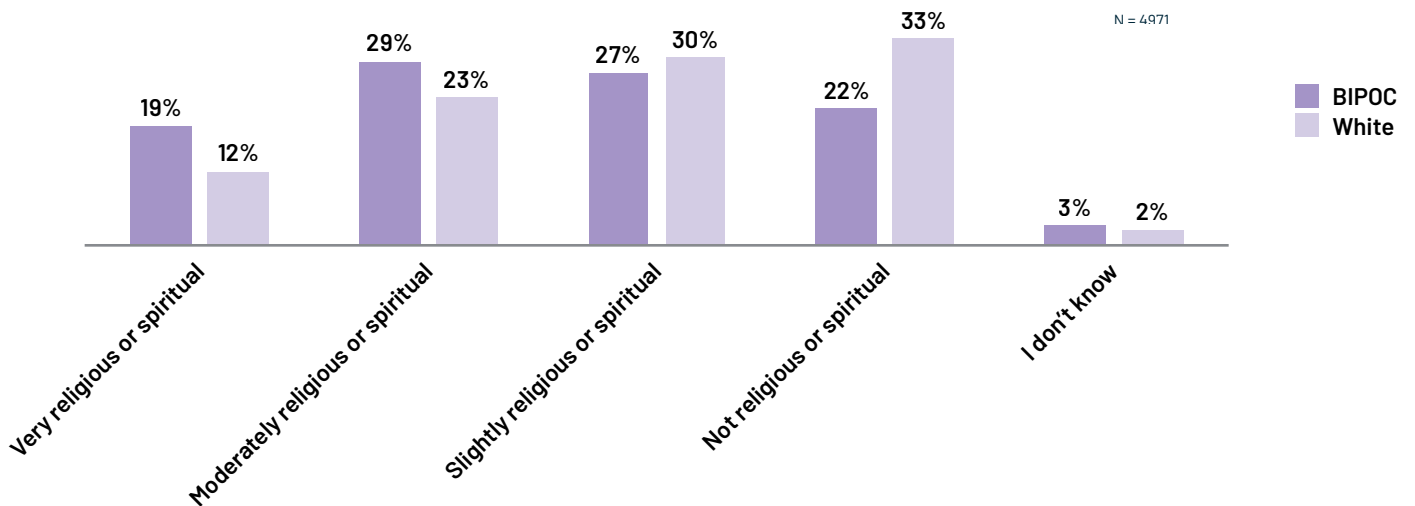
Q. How religious or spiritual do you consider yourself to be?

Fifty-nine percent (59%) of study participants reported that they were slightly or not religious/spiritual, while 39% reported being moderately or very religious/spiritual.



Forty-eight percent (48%) of BIPOC respondents were moderately or very religious/spiritual in contrast to their white counterparts at 35%.

BIPOC LGBTQ+ Women were more likely to consider themselves religious or spiritual.



N = 4972

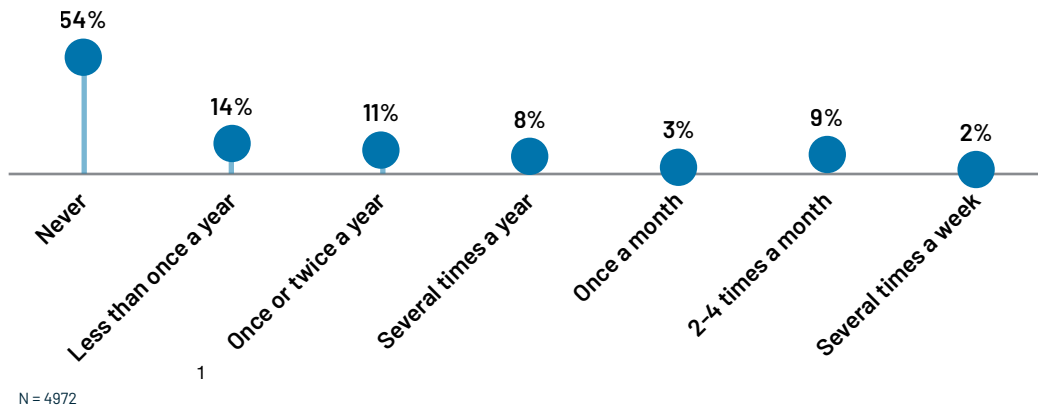
Q. How often do you attend services at a place of worship?

Sixty-eight percent (68%) of respondents never attend services at a place of worship or attend less than once a year. While 56% of white respondents never attend, only 47% of BIPOC respondents never attend. Respondents under 40 were more likely to never attend than respondents over 40.

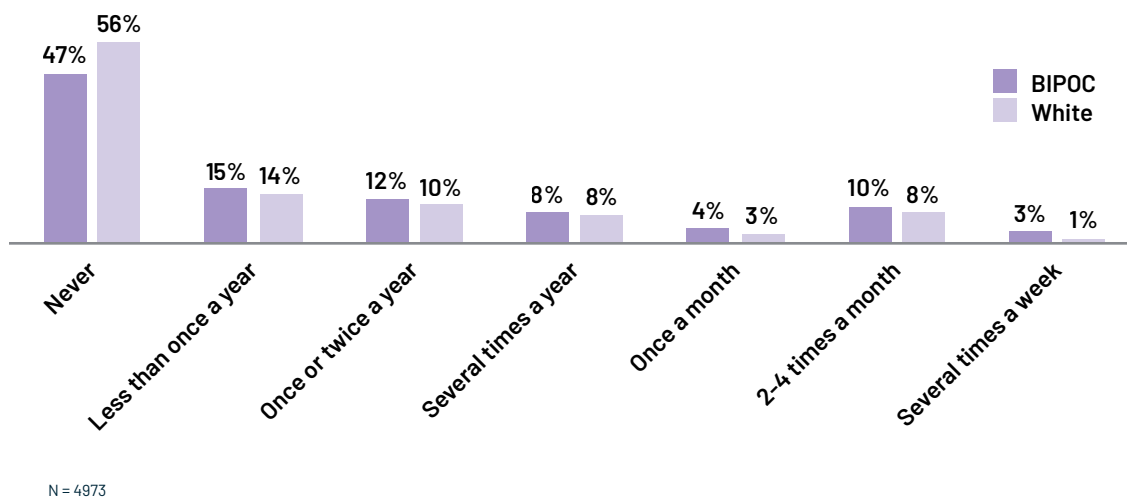
Almost 2% of the full sample attends services several times a week; 3% attend once a month.

Nine percent (9%) of respondents reported attending services at a place of workshop two to four times per month.

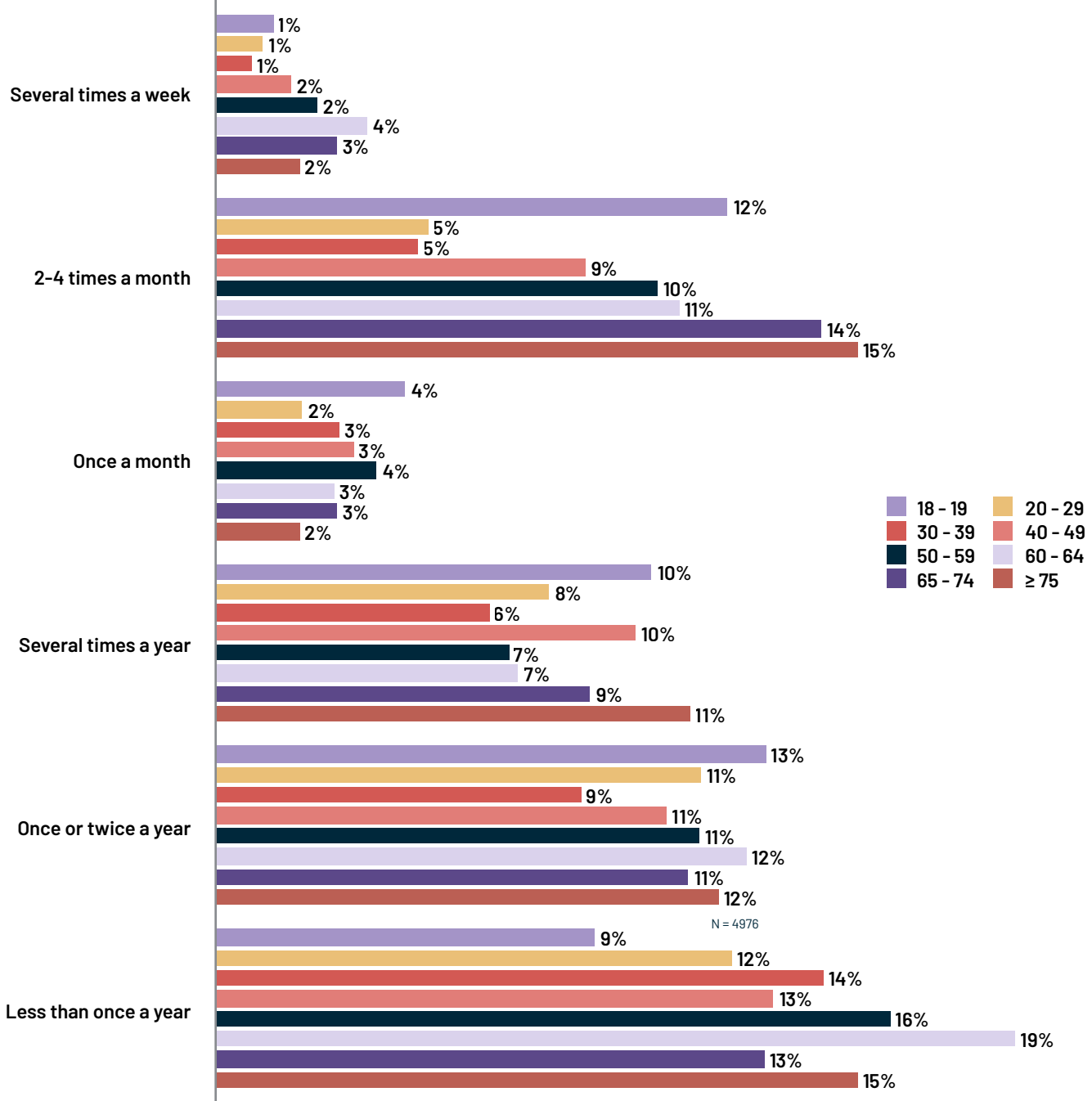
A majority of respondents never attend services at a place of worship.



BIPOC LGBTQ+ Women are more likely to attend services at a place of worship



Respondents under 40 are more likely to never attend services at a place of worship



Religious Practices

Q. Which of the following do you participate in regularly?



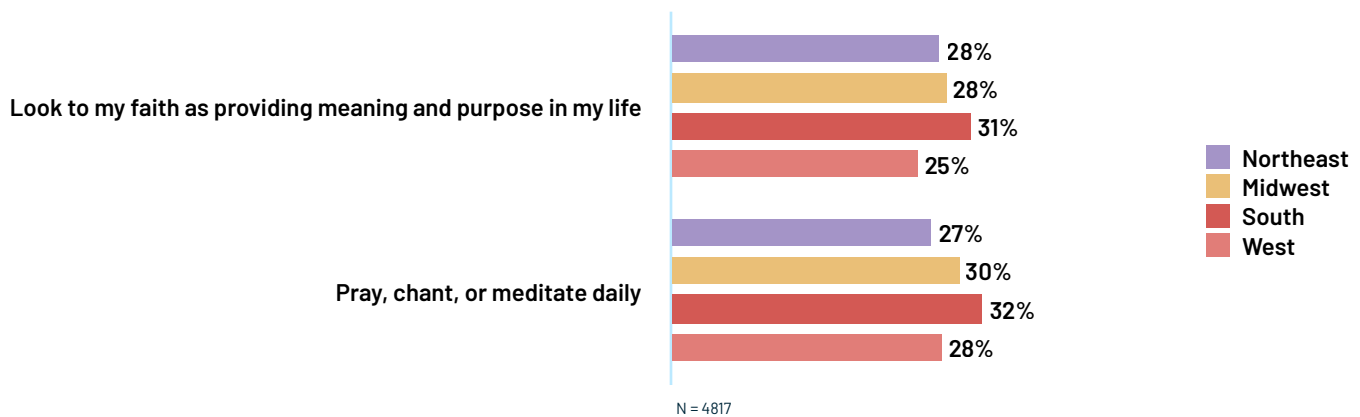
While attending services might not be a frequent practice among our respondents, almost 30% pray, chant, or meditate daily; 28% said they “look to my faith for meaning and purpose,” and 21% draw on their faith to make decisions.

Twenty-one percent (21%) enjoy being around others who share their faith, and 15% enjoy their faith community.

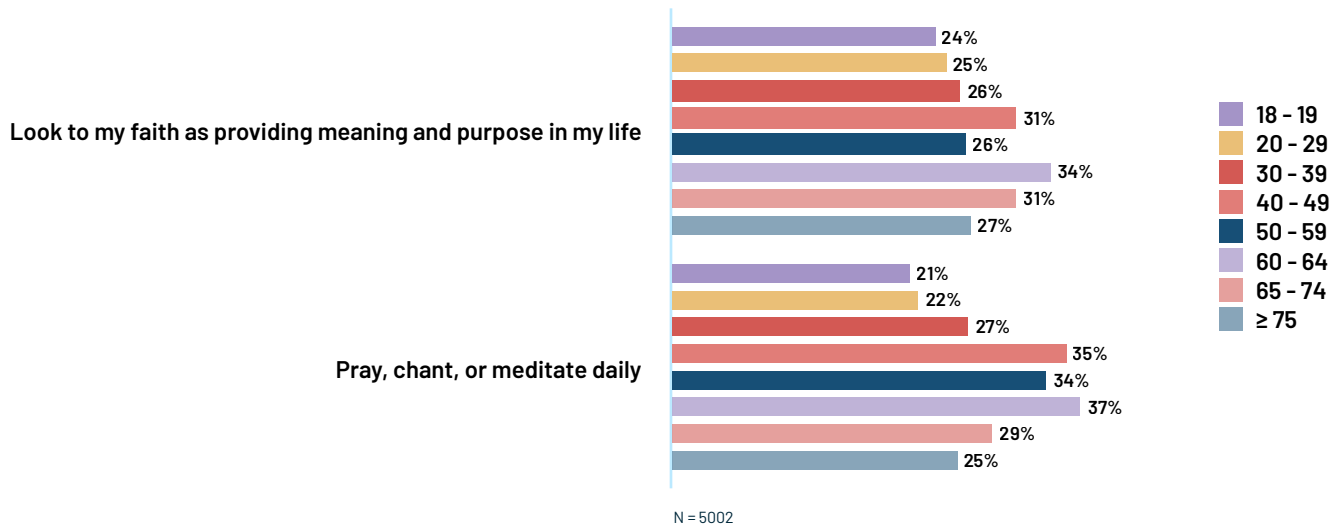
Volunteering in faith-based committees for social justice or service is also important to more than 16% of our respondents, and a smaller percentage (6%) is involved in volunteering to administer or run their faith institution.

Respondents in the South practice daily and draw on faith for meaning at higher rates than other regions, and when we look at the data by age groups, respondents over 40 practice daily and draw on faith for meaning at higher rates than their younger counterparts in the study.

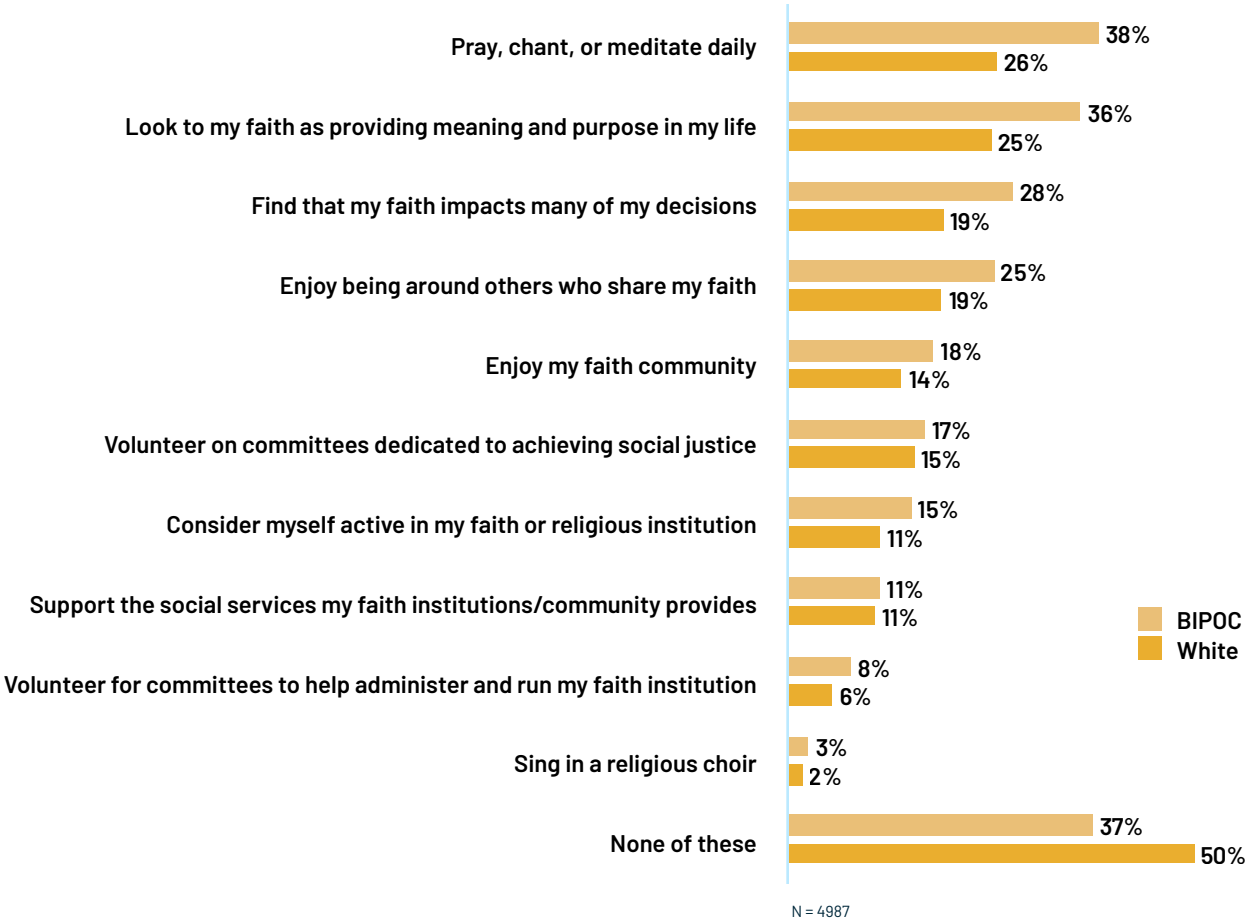
Religious Practices by Region



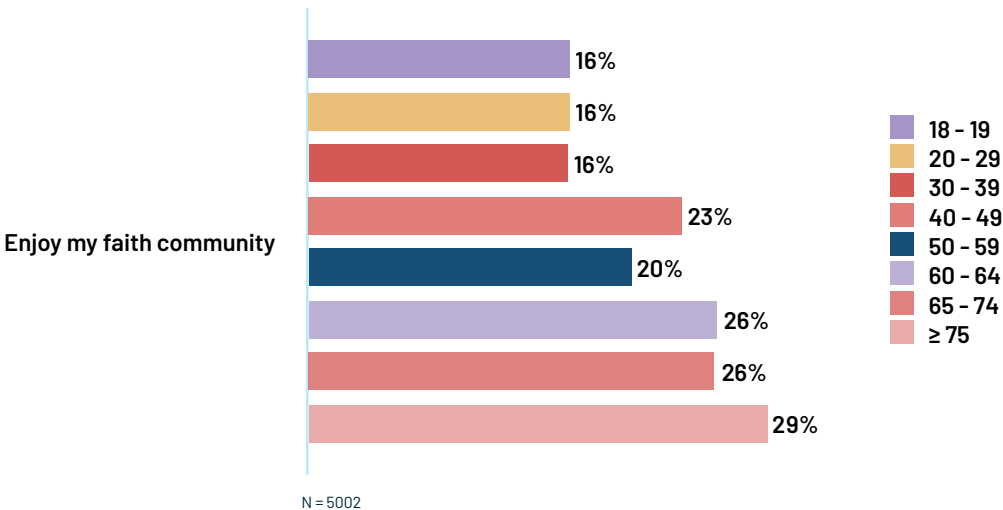
Religious Practices by Age



When we look at daily religious practices and institutional engagement by race, BIPOC women are more active than their white peers across nearly every measure, from prayer to service.

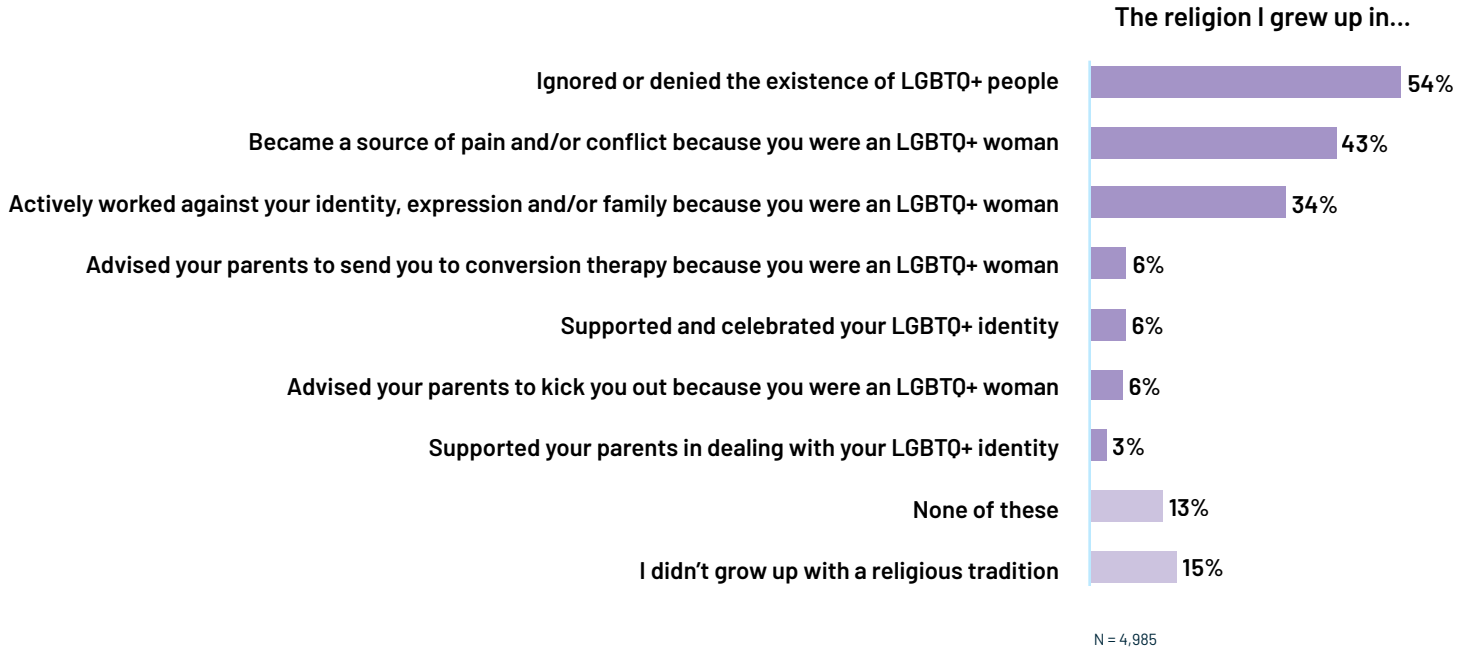


It's interesting to note that respondents over 75 had the highest rates of any age cohort pertaining to "enjoying being around others who share my faith" and volunteerism.



Childhood Religious Tradition Support/Harm

Q. Did the religious tradition you grew up in...?



Respondents very often reported that their childhood faith traditions either ignored or denied the existence of LGBTQ+ people (54%) or became a source of conflict or pain (43%), which one could postulate explains the incongruence between the number of respondents raised in many of the faith traditions listed and the number of respondents who currently practice them.

Only 6% of respondents reported being raised in a tradition that “celebrated” their LGBTQ+ identity, and only 3% reported that their tradition supported their parents’ journey to understanding their LGBTQ+ child.

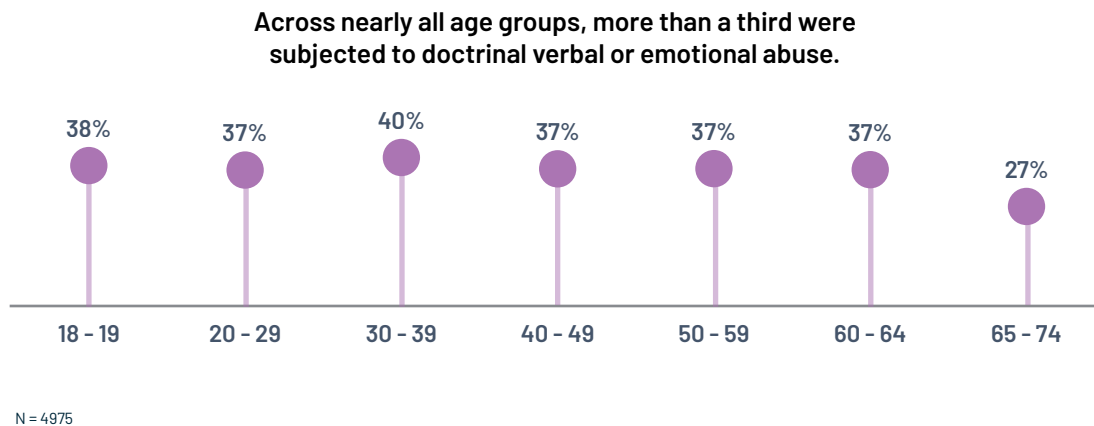
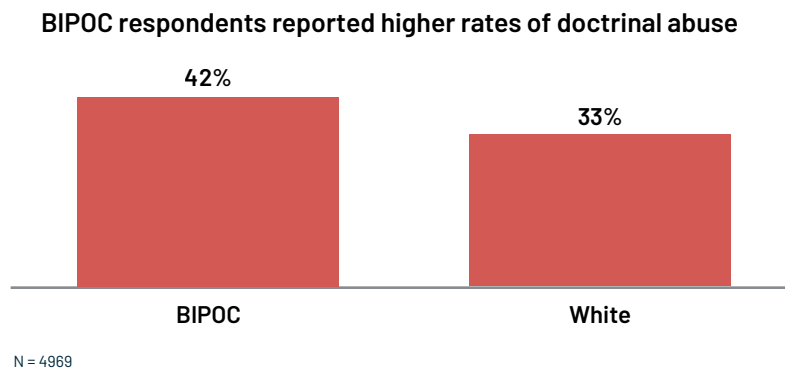
34% reported aggressive and abusive behavior by a childhood faith tradition in the form of actively working against their identity. Advising parents to seek conversion therapy or to abandon or disown was reported in a frequency range of 5.5%–6.3%.

Looking more closely at aggressive or abusive behavior embedded in childhood faith traditions, we asked:

Q. Has a family member ever used religious belief doctrine or membership in a church to justify abuse toward you including verbal or emotional?

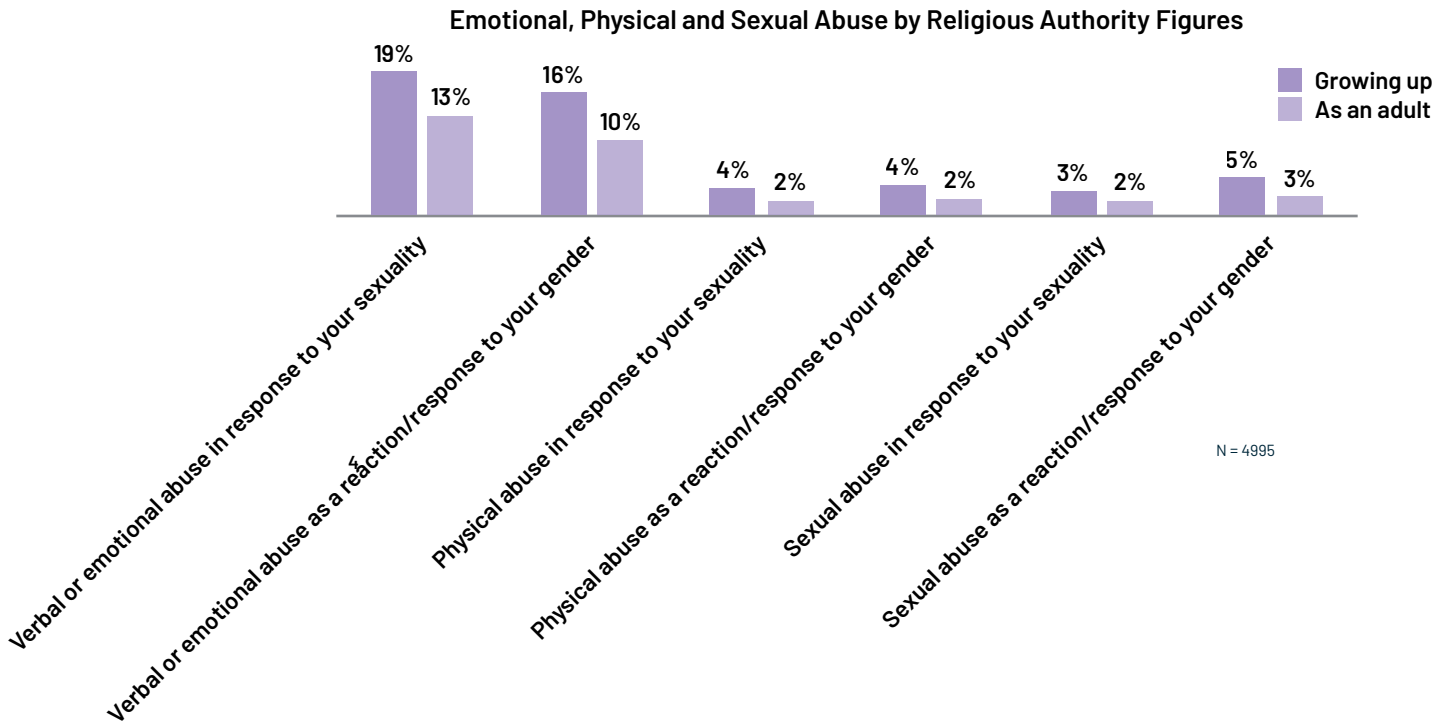
Thirty-six percent (36%) of respondents reported family members drawing on childhood faith traditions or adopting religious doctrine to justify verbal or emotional abuse.

BIPOC women experienced this at higher rates (42%) than white women (34%) in the study, and trans-identified respondents reported this at 46%.



Leader/Religious Authority Abuse Due to Sexuality or Gender

Q. Have you experienced any of the following from a leader or authority figure in your spiritual community?



Verbal and emotional abuse of respondents “in response to your sexuality” by a religious authority figure in childhood was common, with 19% or nearly 1 in 5 study members experiencing this. Verbal and emotional abuse due to sexuality was reported more frequently than verbal or emotional abuse during childhood “in response to your gender,” which impacted 16%.

However, when reporting on physical and sexual abuse by religious leaders during childhood, gender expression/presentation (4%–5%) was the driver slightly more often than sexuality (3%–4%). Eight percent (8%) of trans-identified respondents reported experiencing physical and sexual abuse by religious authorities.

This pattern of harm follows our respondents into adulthood when abuse by religious leaders is less frequent but persistent.

Community Notes: Moving Forward

Spiritual or religious life is important to many of our respondents, nearly one third of whom engage in daily spiritual practices and draw on their faith to make meaning in their lives.

Despite growing up in established, largely Christian faith traditions, a majority of respondents consider themselves *spiritual, no affiliation, agnostic, or atheist*.

This shift away from the traditions they grew up in might be considered through the lens of our findings on the failure of respondents' childhood faith traditions to help their families support their LGBTQ+ children, with some even calling upon religious doctrine to actively abuse or disavow them.

Respondents' reports of emotional, verbal, physical, and sexual abuse by a religious authority figure could also be a factor in the significant drop in adherents to these faiths. Many respondents specified this abuse as driven by their sexuality or gender presentation or expression.

It seems plausible that a number of our respondents are pursuing spiritual practices largely outside of their childhood religious traditions in an effort to preserve their spiritual lives while escaping doctrinal, emotional, physical, and sexual abuse by their religious traditions and religious authority figures.

In an era where anti-LGBTQ+ rhetoric and accusations of "grooming" abound, this data offers a startling narrative counterpoint: One in three LGBTQ+ women in this study were "groomed" via doctrinal, physical and/or sexual violence by a childhood faith tradition or religious authority figure, *and survived*, creating their own meaningful spiritual paths, regardless.

As we organize within faith communities and create spiritual gatherings within LGBTQ+ communities, awareness of these experiences and shifts, and the spiritual resilience of LGBTQ+ women should order our steps.

6

CHAPTER SIX

SEXUAL PRACTICES, RESILIENCE, AND JOY

Major Findings

- Respondents appear to be having sex more often than people in the general population (84% vs. 74%).¹
- Moreover, 73% reported being in their “authentic” sexuality and gender when engaging in sex.
- Forty-five percent (45%) of respondents—almost 1 in 2—reported that their sexual life gives them a great deal (24%) or a lot (21%) of joy and pleasure.
- When respondents ranked their favorite sexual activities (from 1 to 4), these practices gained the most votes: Kissing, making out, all-over pleasuring (48%); Cuddling, caressing, skin and body worship (40%); Oral sex, giving and/or receiving (33%); Penetrative sex, receiving (29%).
- Low libido or lack of desire was reported as respondents’ biggest barrier to pleasure, followed by body shame/internalized fatphobia, depression and anxiety, and being unable to locate appropriate partners.
- Respondents shared 15,000 “favorite things” they love about being an LGBTQ+ woman. Many of their responses highlighted their ability to create lives and families of their own choosing and pursue joy in queer community.

¹ In 2021, 26% of Americans claimed they hadn’t had sex in the past year. (General Social Survey, Data Explorer, 2021). In this study, 16% report “not engaging in sexual activity at all.” Our measure is not a yearly measure; accordingly, it is not precisely comparable to the GSS.

SURVEY QUESTIONS AND ANALYSIS

Q. How often do you have consensual sex...?

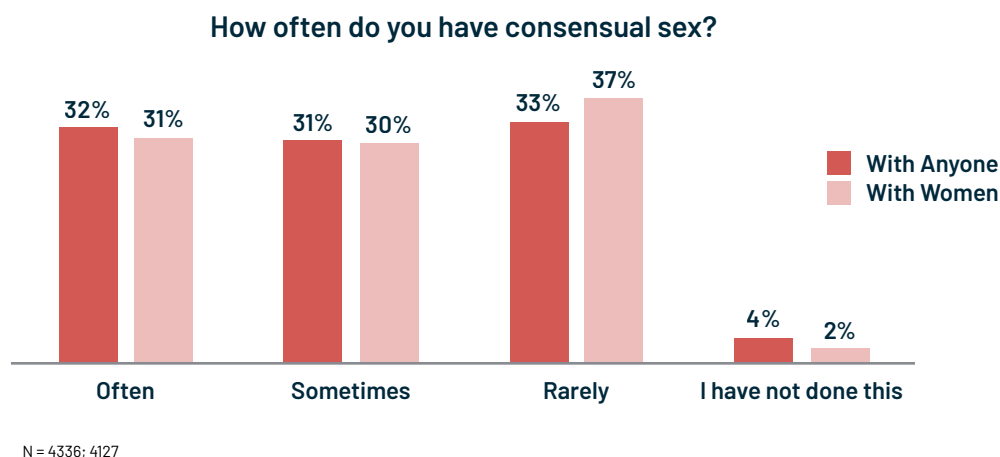
The survey was fielded in the thick of the COVID pandemic. Vaccines were first made available—to highly vulnerable groups only—in December 2020 and the survey went live in June 2021. Accordingly, respondents were living all the impacts of COVID—from severe isolation for many, to being trapped at home with a partner and kids for others, to deciding to move in with a crush or potential partner rather than survive the pandemic solo, to any number of other arrangements that were widely discussed during this stressful period. Some of us had more sex during the pandemic and others had less. Overall, research indicates that people of all sexual orientations were having less sex in the early 2020s than they had in years previous.

The federal government’s General Social Survey of adults in the U.S. had been observing an overall decline in sex since 2016, noting that 23% of respondents reported not having sex at all. This rose to 26% in 2021. (More on that later in the chapter.)

While our respondents appear to be having sex with greater frequency than respondents’ experience in the GSS, that measure offers a one-year snapshot, and our question is not bound by a yearly calendar. Thirty-one percent (31%) of respondents in our study reported that they often have consensual sex with women and 32% reported that they have often consensual sex “with anyone.” Thirty percent (30%) said they “sometimes” had consensual sex with women and 31% said “sometimes” with anyone.

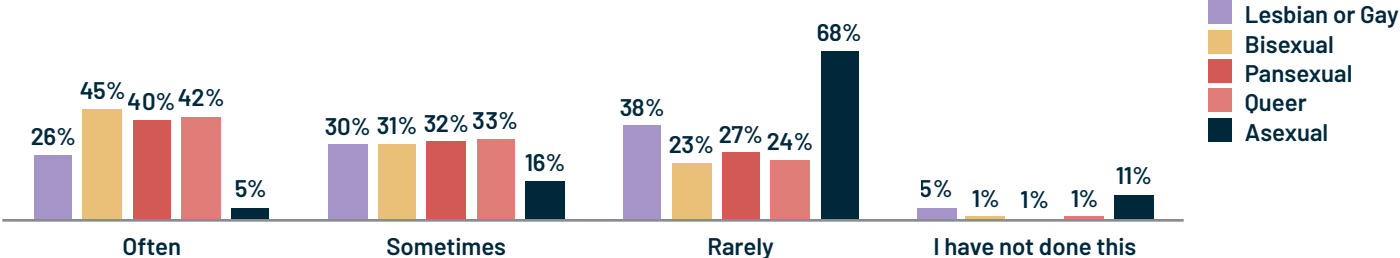
Combining these reports, respondents are sometimes or often having sex with women or anyone at a frequency of 61%–63%.

Finally, 37% of respondents reported that they have consensual sex with women rarely and 33% reported that they have consensual sex with anyone rarely. If “rarely” means less than yearly, then our respondents are having slightly less sex than the general population (68%); if “rarely” means more than yearly, our respondents are having sex much more often than the general population (89%–92%). Likely, “rarely” means more than once a year for some of our study participants, and less than once a year for others.



Asexual respondents reported having consensual sex rarely or not at all “with anyone” at 79%, affirming work by asexual theorists and activists that asexuality is a spectrum and that some asexual people have sex with their partners for a variety of reasons, including the desire for intimacy.² Bisexual respondents reported having sex often “with anyone” more frequently than their peers of other sexual orientations.

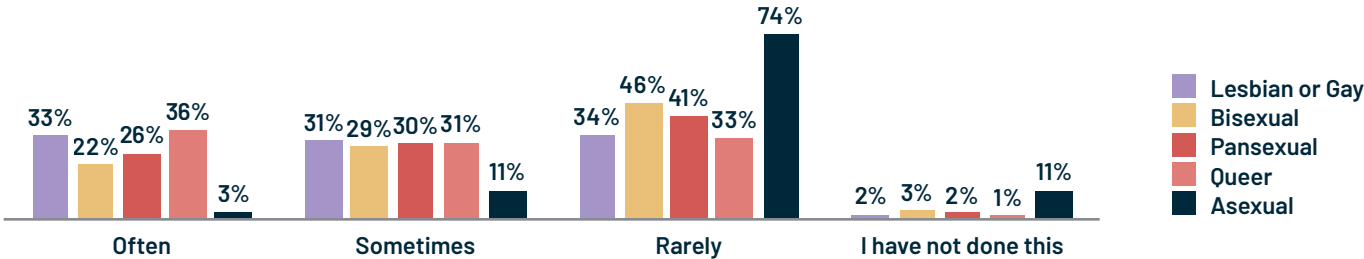
Consensual Sex With Anyone by Sexual Orientation



N = 4165

Looking at sex “with women” by sexual orientation, lesbians and pansexual women in the study are having sex with women more often than their peers of other sexual orientations.

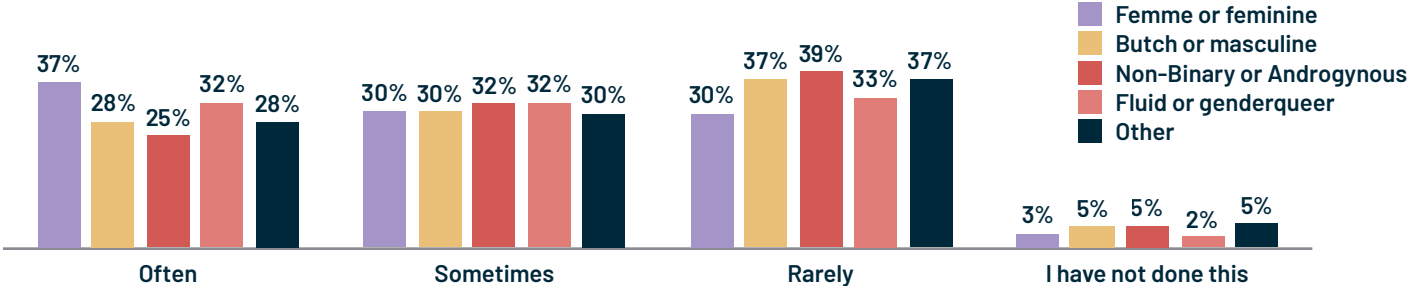
Consensual Sex With Women by Sexual Orientation



N = 3985

When looking at sex “with anyone” via a gender lens, we can see that femme or feminine spectrum respondents are having sex with anyone more often than respondents of other gender expressions.

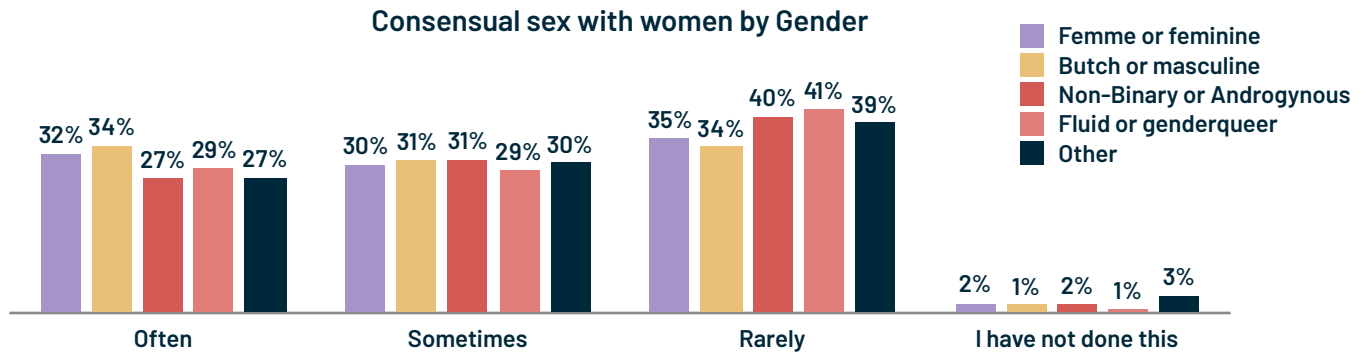
Consensual Sex With Anyone by Gender



N = 4336

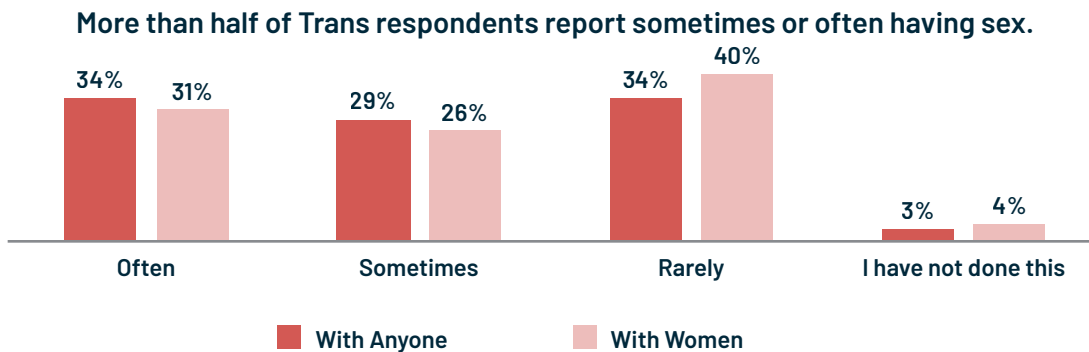
² <https://www.asexuals.net/asexual-spectrum/>

Butch or masculine spectrum respondents are having sex “with women” slightly more often than respondents of other genders.



N = 4124

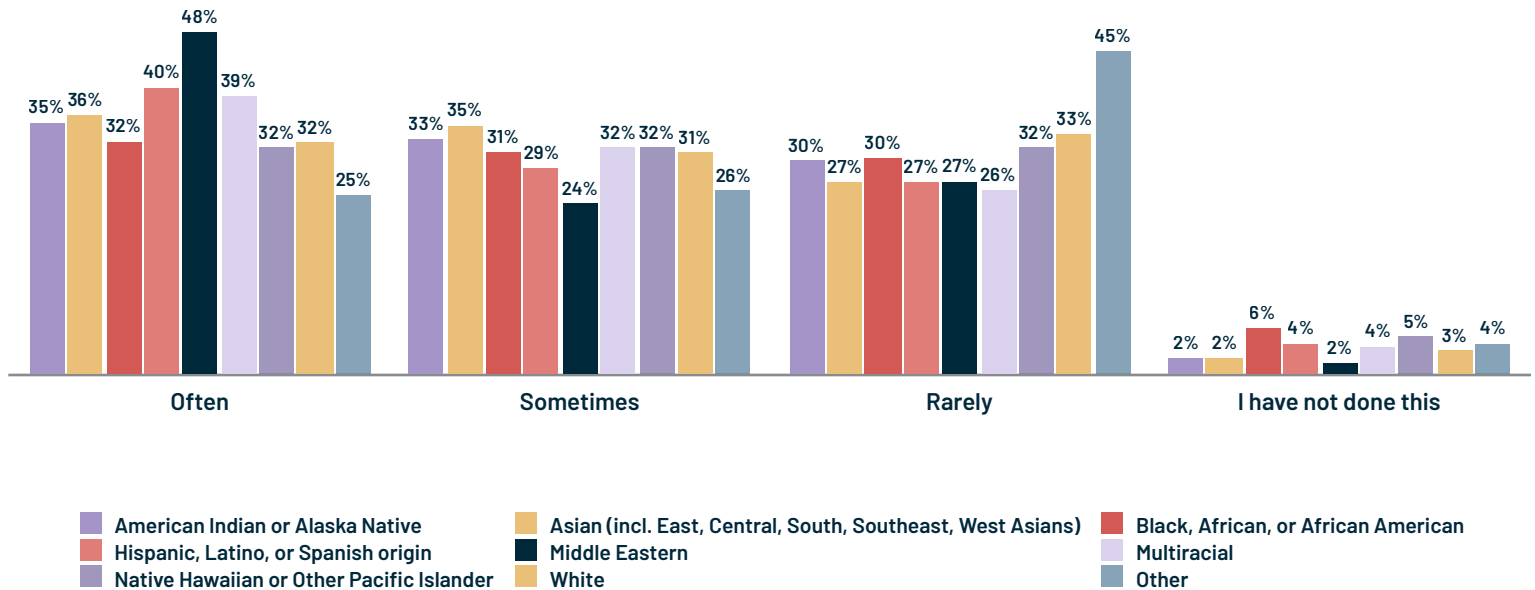
When looking at trans-identified respondents, they report having sex often or sometimes “with women” at 57%, which mirrors the sample as a whole. Trans-identified respondents reported having sex often or sometimes “with anyone” (63%) at identical rates (though at a slightly different proportion) to the full respondent community (63%).



N = 613; 562

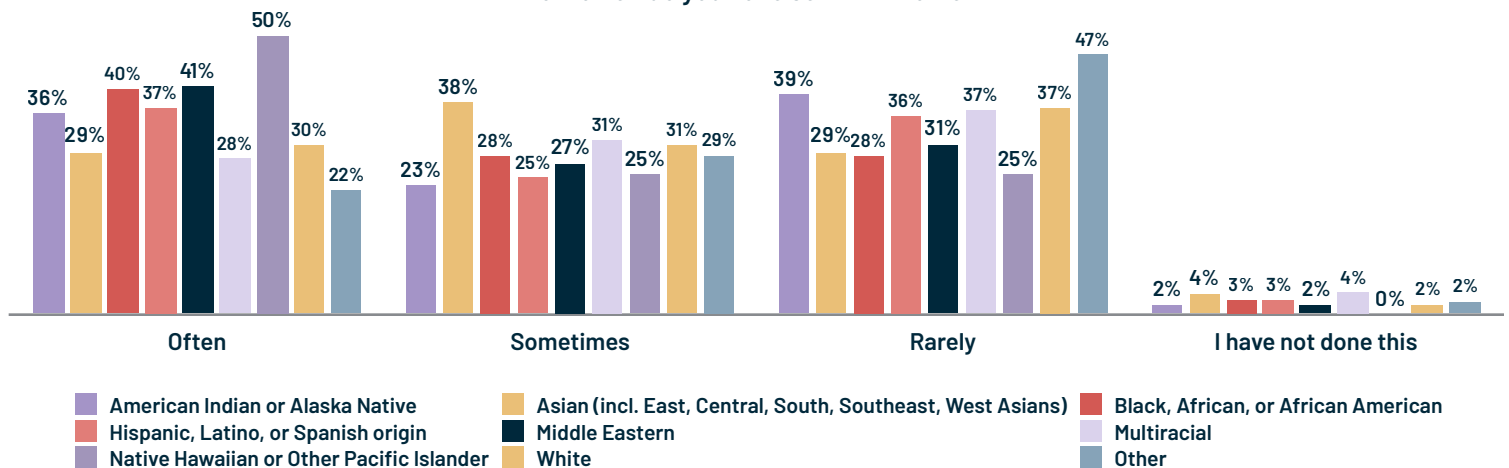
When looking at respondents across racial categories (respondents could check all identities that applied), it is difficult to parse trends due to the small number of respondents in each category and the fact that each response does not equal one person. Nonetheless, direct reporting by BIPOC LGBTQ+ women about sexual practices is rare, so we offer it here.

How often do you have consensual sex with anyone?



Our relatively few Middle Eastern respondents (63) were having sex often more than their counterparts of other races, and our Native Hawaiian/OPI respondents (19) are “often” having sex at the highest rate reported. Among all racial cohorts, American Indian/Alaska Native-identified respondents (131) are having sex “rarely” at the highest rates. Again, these samples are tiny, and each response may not represent a single person.

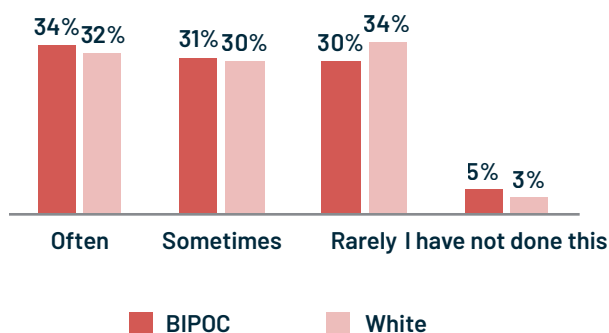
How often do you have sex with women?



Black LGBTQ+ women, the study's largest race-specific cohort of BIPOC respondents (452), report often having sex "with women" (40%) at a greater frequency than sex "with anyone" (32%), while Latinx respondents report often having sex "with anyone" (40%) at a greater frequency than often having sex "with women" (37%).

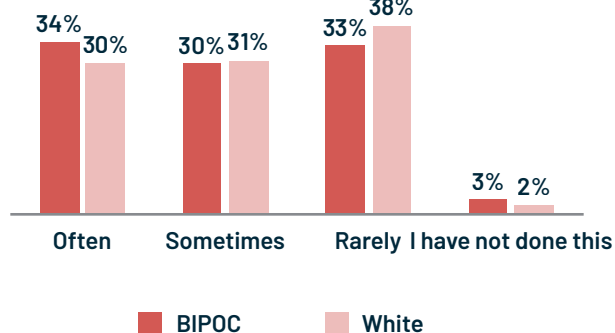
If we collapse these categories and look at BIPOC women in the study as a whole, we can see that BIPOC women are having sex just slightly more often than their white counterparts.

How often do you have consensual sex with anyone?



N = 1149; 3186

How often do you have consensual sex with women?



N = 1079; 3047

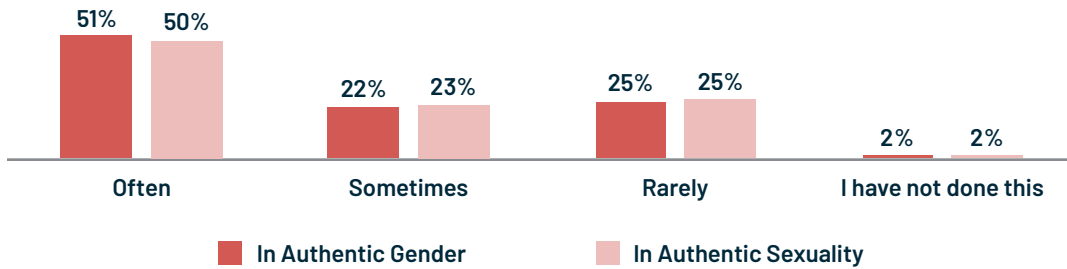
All of this data prompts questions worthy of closer research, both within this study itself and beyond.

Along with asking about frequency, this question asked respondents to report on how often they have sex "in your authentic gender" or "in your authentic sexuality." Here, we were curious about LGBTQ+ women's processes of building identity, possibly coming out, and choosing sex partners inside of an anti-woman and anti-LGBTQ+ culture. Were our respondents having sex as themselves? How many were masking their genders or sexualities, or struggling to be themselves in their intimate lives given these overarching constraints?

Fifty-one percent of study participants (51%) reported having sex *in their authentic gender* "often" and 22% "sometimes," for a total of 73% often or sometimes having sex in their authentic genders.

Fifty percent (50%) are having sex *in their authentic sexuality* "often" and 23% "sometimes," for a total of 73% having sex in their authentic sexuality sometimes or often.

1 in 4 respondents rarely have consensual sex in their authentic gender or sexuality



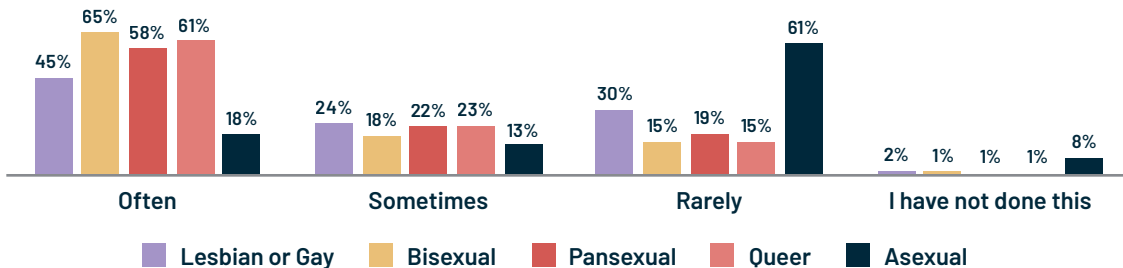
N = 3673; 3779

Despite a lot of challenges—including experiences of disability, interpersonal violence, and institutional discrimination accumulating in our respondents’ lives—a great majority described their sexual expression and practices as sometimes or often authentic.

And yet, 25% of respondents are having sex in their authentic gender rarely and 25% are having sex in their authentic sexuality rarely. As always, we have so far to go in creating the conditions for LGBTQ+ women to be ourselves and live lives of our choosing, even in our most private and intimate spaces.

When we look at this question through the lens of sexuality, bisexual women reported sometimes or often having sex in their authentic gender (83%) more often than their peers of other sexualities in the study.

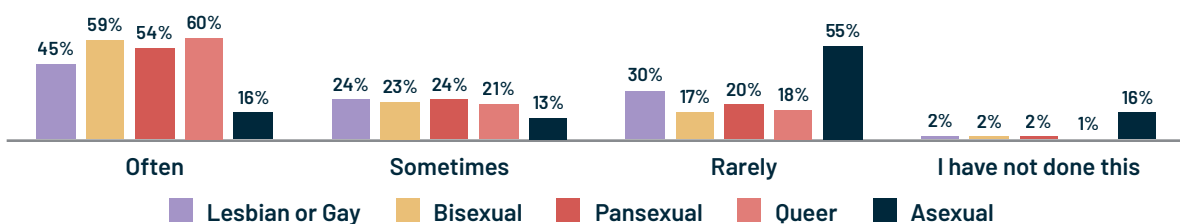
Consensual Sex in Authentic Gender by Sexual Orientation



N = 3541

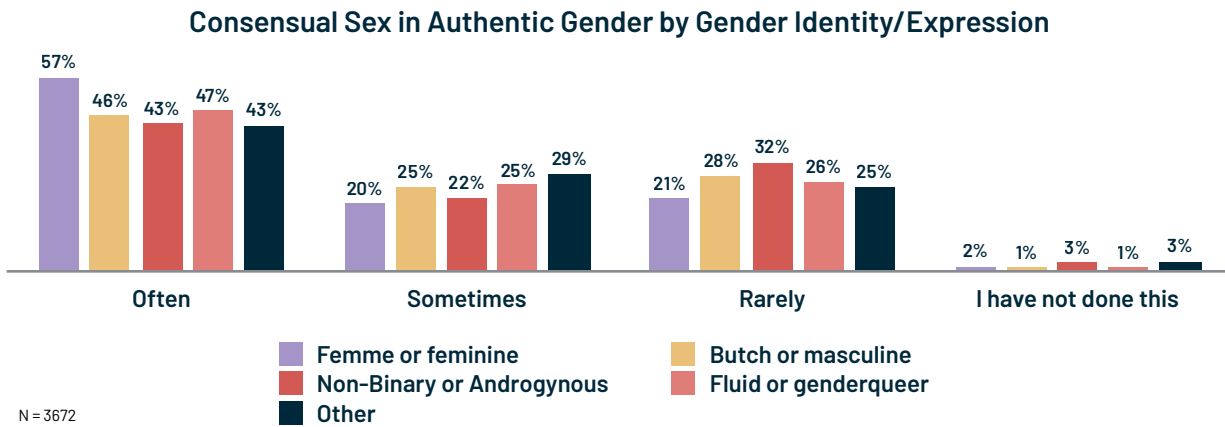
Turning to “authentic sexuality,” queer women reported sometimes or often having sex in their authentic sexuality (81%) more often than their peers of other sexual orientations.

Consensual Sex in Authentic Sexuality by Sexual Orientation

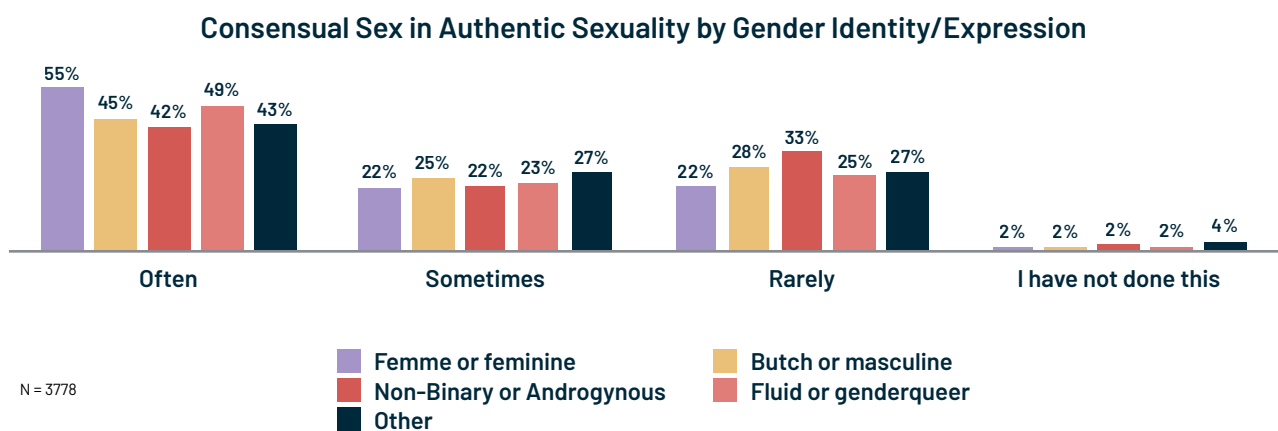


N = 3648

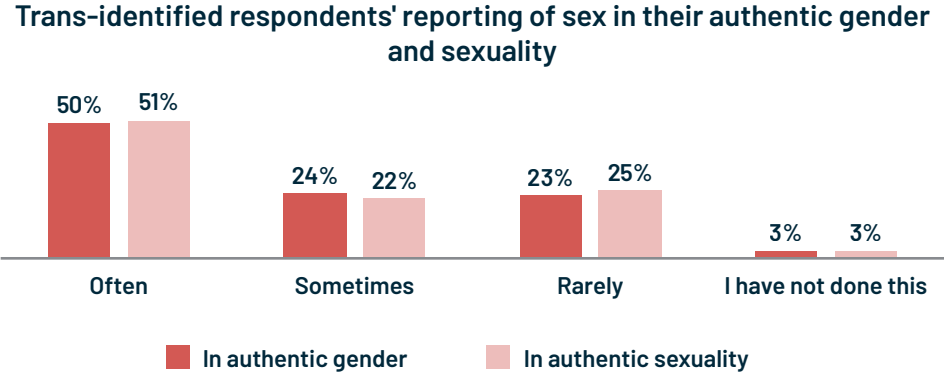
When we look at the question through the lens of gender, femme or feminine identified respondents reported having sex in their authentic gender more often (77%) than their peers of other gender expressions.



Turning to “authentic sexuality,” femme or feminine identified respondents also reported having sex sometimes or often in their authentic sexualities more often (77%) than their peers across the gender spectrum.

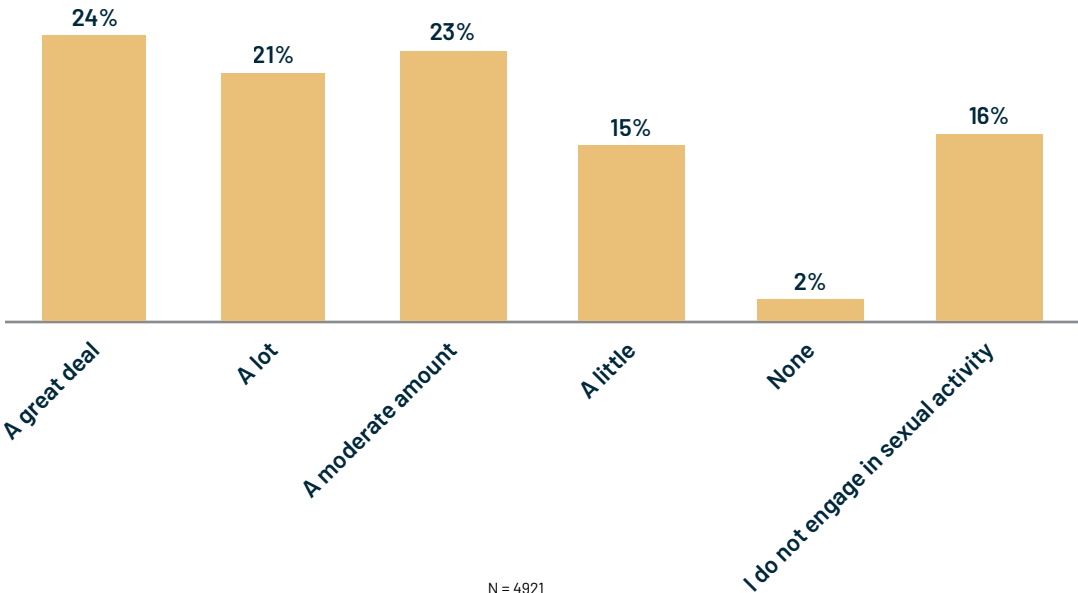


Seventy-four percent (74%) of trans-identified respondents reported having sex in their authentic genders sometimes or often and 73% reported having sex in their authentic sexuality sometimes or often, frequencies that are nearly identical to the sample as a whole.



N = 509; 524

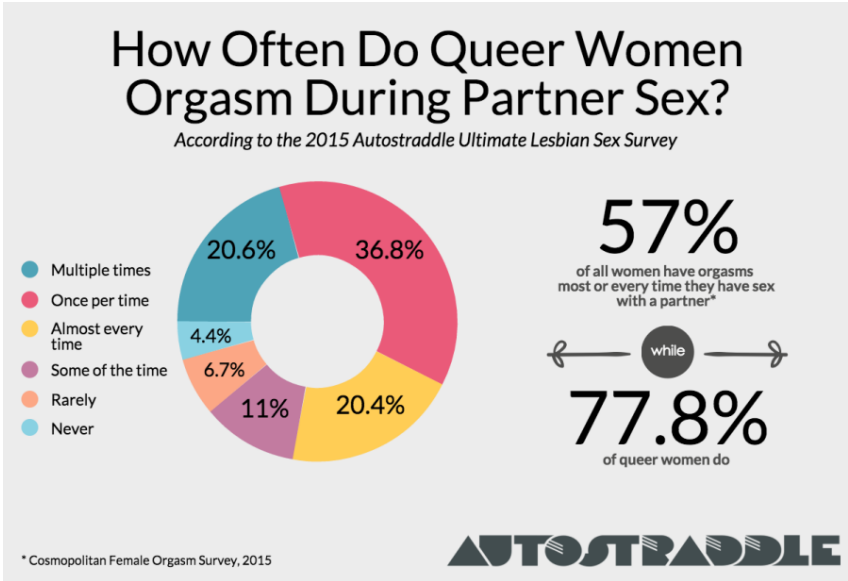
Q. How much joy and pleasure does your sexual life give you?



N = 4921

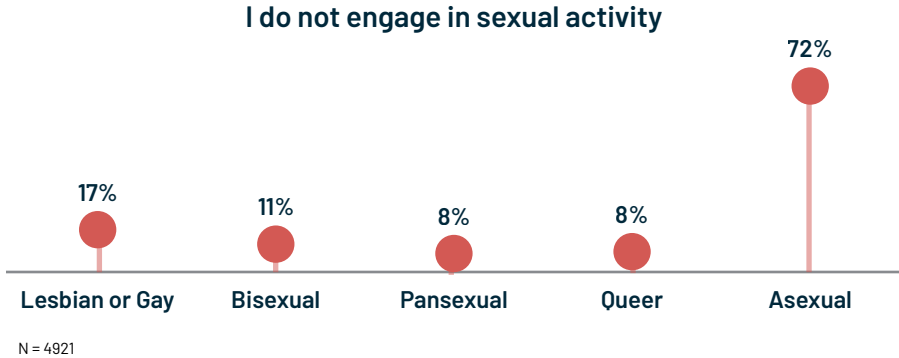
Almost half of all respondents (45%) reported that their sexual life gives them a great deal (24%) or a lot (21%) of joy and pleasure. Still another 23% of study participants experience a moderate amount of joy and pleasure from their sexual lives.

Prior research has identified that lesbian and bi women report reaching orgasm more often than their heterosexual peers. Autostraddle’s 2015 survey of lesbian sex reports queer women “getting off at astronomical rates.”³



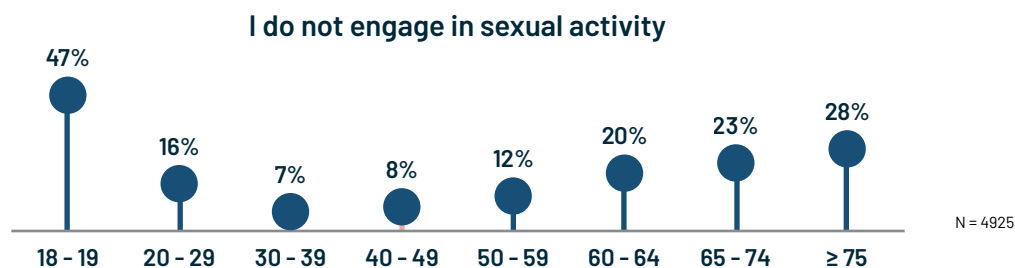
And, while orgasm is certainly not a definitive measure for achieving joy and pleasure in one’s sexual life (see next question for respondents’ reporting on favorite sexual activities), Autostraddle’s capture of the differential between “all women’s” experience of orgasm and queer women’s achievement of orgasm is one indicator of pleasure differentials between LGBTQ+ women who partner with women and women in the general population.

Sixteen percent (16%) of respondents replied that “they do not engage” in sexual activity, which means that 84% do, with bi (89%), pan (92%), and queer (92%) women engaging at even higher rates.



³ <https://www.autostraddle.com/lesbian-sex-comes-out-on-top-in-the-orgasm-game-287729/>

If we look at sex across age, this question provides interesting data. Existing studies observe the inverted bell curve we see here, with respondents in their 30s and 40s having the most sex (92%–93%).⁴



The federal Youth Risk Behavior Survey annually asks U.S. high school students whether they have “had sex,” which they define as “sexual intercourse.” Over the past decade, the trend for girls has been a steady decline in the “Yes” reply, from 46% in 2011 to 31% in 2021. There’s a steep drop from 2019 (38%) to 2021 (31%) that many attribute anecdotally to the impact of the social isolation of the COVID pandemic.⁵ Looking at LGBT respondents in the YRBS, while 30% of straight-identified respondents reported having sex, 33% of LGBT respondents reported being actively sexual.

The YRBS offers a reasonable age comparative for our 18- and 19-year-old survey participants, who are (mostly) just past high school age. One might imagine that many respondents might be in college during the 18–19 year age range, or otherwise on their own, where the possibility of sexual activity increases from that of their high school years and social lives.

Again, LGBTQ+ young women who partner with women in our study appear to be having sex more often than those reporting in the YRBS (53% vs. 31%) and other surveys of young people in this age cohort.⁶

Accordingly, if we look at reporting from the first question in the chapter (noting that 58% percent of respondents engage in sex often or sometimes) and here (with 84% actively engaging in sex and 53% of youth in the study engaging in sex) our sample is, by these analytical measures, engaging in a lot of sex relative to their cisgender, heterosexual counterparts in the general population in federal and other studies.

They are also, as this question notes, gaining “a great deal” or “a lot” of joy and pleasure (45%) while doing so.

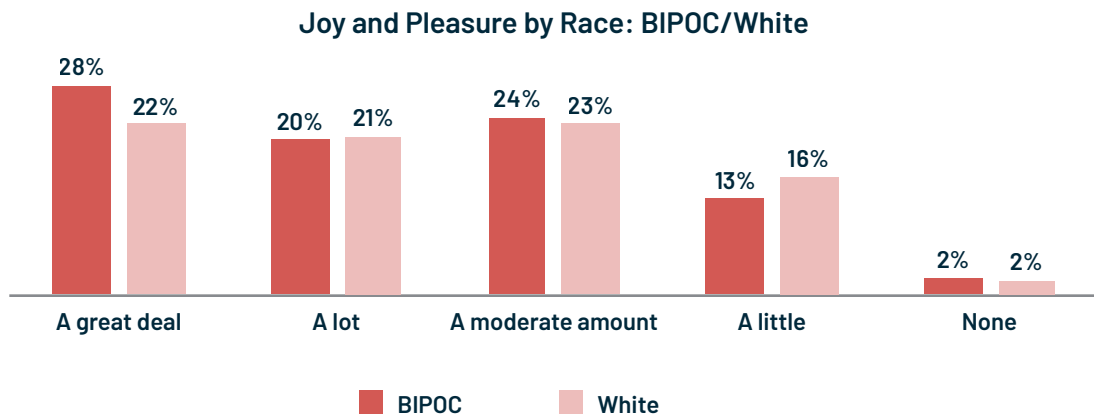
⁴ <https://pubmed.ncbi.nlm.nih.gov/21029383/> Sexual behavior in the United States: results from a national probability sample of men and women ages 14–94, Debby Herbenick, Michael Reece, Vanessa Schick, Stephanie A Sanders, Brian Dodge, J Dennis Fortenberry
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2767066>
Ueda P, Mercer CH, Ghaznavi C, Herbenick D. Trends in Frequency of Sexual Activity and Number of Sexual Partners Among Adults Aged 18 to 44 Years in the US, 2000–2018. *JAMA Netw Open*. 2020;3(6):e203833. doi:10.1001/jamanetworkopen.2020.3833

⁵ Feminists working in sexual health and anti-violence movements are observing this trend with interest; might decades of work on consent and sexual self-determination with girls be a factor in declining rates of “sexual intercourse”? We think so. So much research on youth sexuality is male-centric, heterocentric, and only focused on girls in terms of reproduction. According to Stephanie Coontz, Director of research at the Council on Contemporary Families “the decline in sexual frequency probably reflects women’s increased ability to say no, and men’s increased consideration for them.” https://greatergood.berkeley.edu/article/item/americans_are_having_less_sex_but_is_that_a_problem More research on how girls across the gender and sexuality spectrum are defining “sex” and pleasure and creating their sexual paths is sorely needed.

⁶ YRBS Data Summary and Trends report, 2021
https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

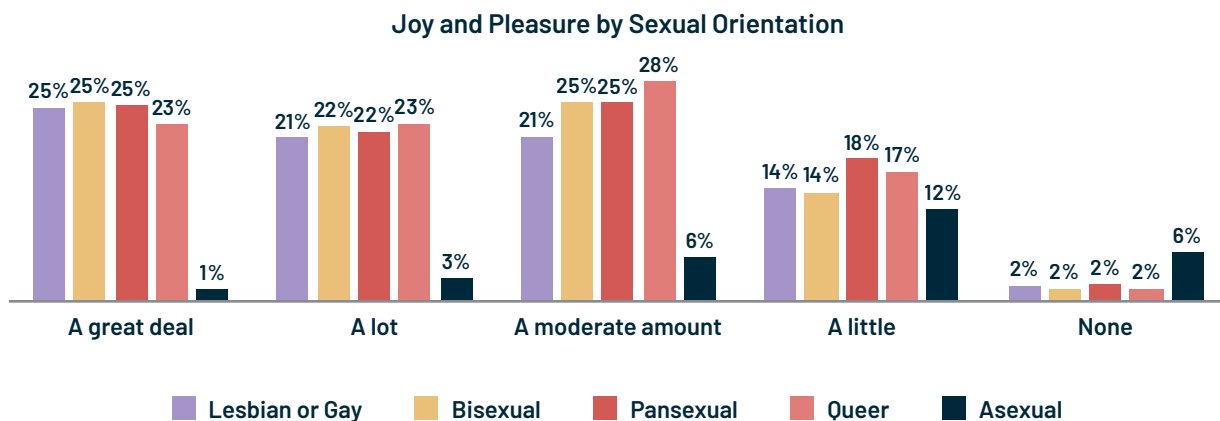
Thus, while we cannot definitively say that LGBTQ+ women who partner with women in our study are having more sex than those in the general population, we can say that these numbers fly in the face of “lesbian bed death” lore and various mythologies about sex between and among queer women being less pleasurable than hetero-centric sex.

Turning to the myriad ways in which respondents identified and their experiences of joy and pleasure, BIPOC women in the study reported “a great deal” and “a lot” of pleasure in their sexual lives more often than white respondents (48% vs. 43%).



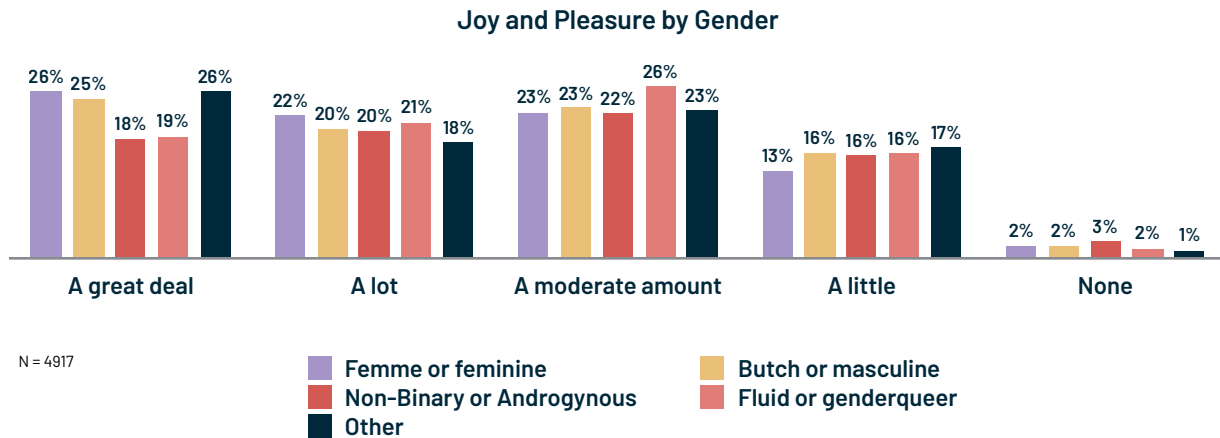
N = 4920

Bisexual and pansexual women reported the highest combined scores of joy and pleasure (47%) in the “great deal” and “a lot” categories, edging out lesbians and queer women by a percentage point (46%).

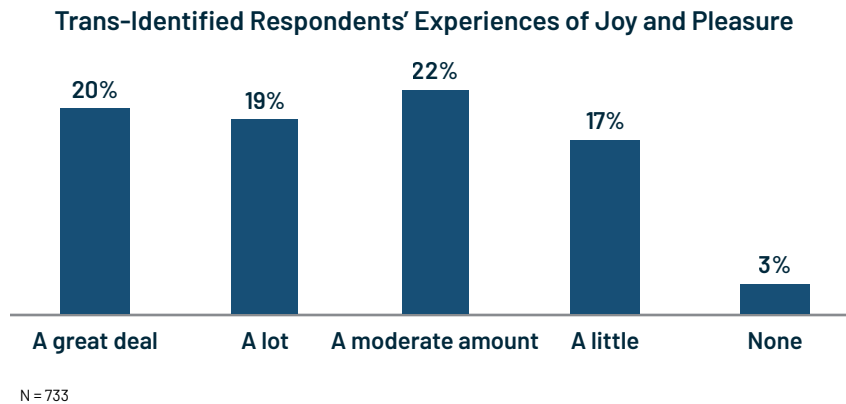


N = 4921

Femme identified respondents reported greater joy and pleasure in the “great deal” and “a lot” categories (48%) than their butch/masc (45%), non-binary (38%), and gender fluid (39%) counterparts. The “other” category on the gender spectrum registered highly for experiencing “a great deal” and “a lot” of pleasure (44%) and deserves deeper analysis.

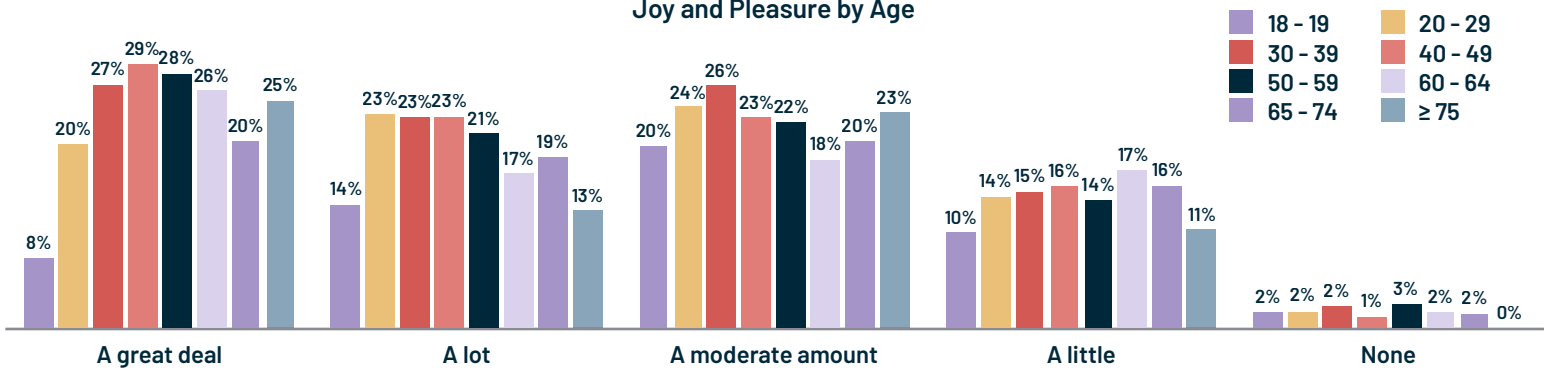


Trans-identified respondents across the gender spectrum reported a combined percentage of a great deal and a lot of joy in their sexual lives at 39%, which aligned with levels of joy and pleasure reported by non-binary (38%) and fluid respondents (40%).



Finally, across age categories, 40- to 49-year-olds reported the highest levels of “a great deal” and “a lot” of pleasure (52%) followed by 30- to 39-year-olds (50%) and 50- to 59-year-olds (49%). Reporting the least high levels of “a great deal” plus a lot were 18- to 19-year-olds (22%) by far.

Joy and Pleasure by Age



N = 4925

Q. What are your favorite sexual activities? (Choose 4)

In textual responses to this question (“other, please specify”), there was widespread complaint about limiting our respondents to four choices (“**ONLY 4????**” and “**ABSURD!!!**”), indicating that LGBTQ+ women choose a wide variety of sexual activities and strategies as they pursue pleasure. We opted for four to reduce the reading and ranking burden on our respondents, given that this question offers so many choices.

Favorite sexual activities: choose only four (4)



In many of the textual spaces in the survey, respondents reported that the length of the survey and breadth of choices is tiring. An interesting finding is that here, respondents wished for more options and choices to create a more accurate picture to rank their “favorites.”

Autostraddle, an online resource for queer women, conducted an “ultimate lesbian sex survey” in 2015 that garnered 8,566 respondents. Their top 5 sexual activities were (in descending order): Clitoral stimulation, fingering, oral sex, frottage/dry humping, and nipple play. They did not impose a rank order but allowed respondents to check all that apply.

Our two surveys find a lot of alignment in LGBTQ+ women’s favorite sexual activities as both lists note: fingering, oral sex, frottage, and nipple play. Respondents’ magnitude of appreciation for these activities were different and likely impacted by the different ways we asked respondents to reply (limited choice ranking versus the more expansive check all that apply).

We also included kissing and making out as well as cuddling, caressing, and skin worship as sex practices, though these are often relegated to categories like “foreplay” or making out in many studies. Study principals wished to challenge the idea that kissing/making out and cuddling/caressing/body worship do not qualify as “sex”—especially given the breadth of sexualities and sexual expressions that live and thrive in our communities. In doing so we saw these practices rise to the top of the list of LGBTQ+ women’s “favorites,” and we hope this expands ideas about what is meaningful to queer women in their sexual practices and what constitutes “sex.”

Two replies in the textual responses to **“other, please specify”** are: 1. Masturbation (67/249) “It’s a whole world in our language,” and 2. Vibrators/sex toys (32/249). This high level of textual engagement suggests that these two responses are likely significant avenues for LGBTQ+ women’s sexual pleasure and leaving them off the list has clouded our results.

Taking this into account, we believe that masturbation (and possibly vibrator play) may belong at the very least in our top 10 list of favorites.

Activities that were ticked off less in than 1% of “top four” choices, in descending order:

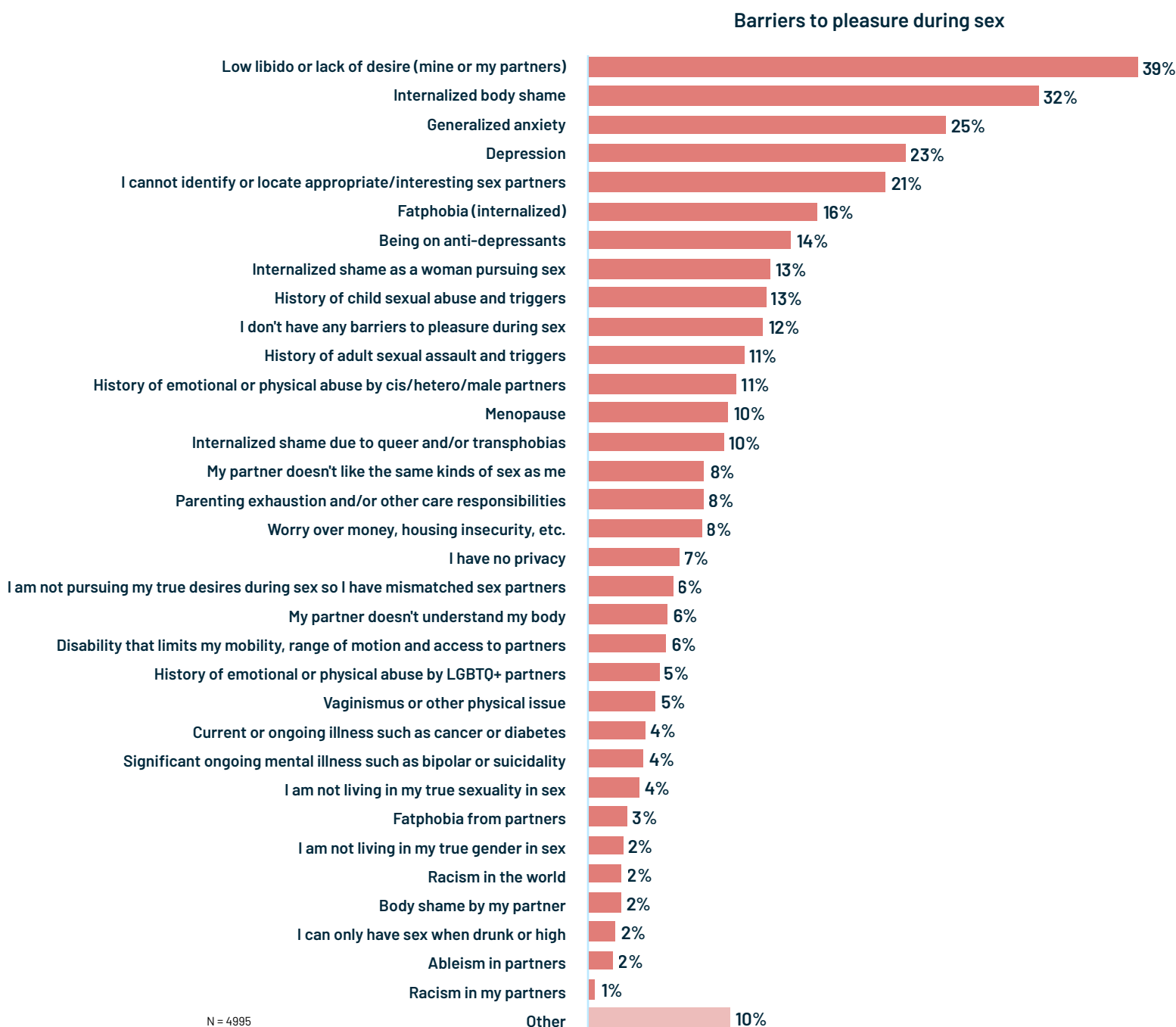
- Rope play or bondage
- Impact play – hitting for pleasure
- Role play – acting out scenes for pleasure
- S/M – playing with pain for pleasure
- Withholding sex – pleasuring a partner through control or teasing
- Fisting – receiving
- Fisting – giving
- Medical role plays, including blood play

Activities that were mentioned as “other” but nowhere on our list include:

- Fantasies of gay men
- Voyeurism
- Group sex
- Sexting
- My partner and I write saucy fiction together
- Erotic hypnosis
- Sensory play in a zentai suit

We offer this final short list of “others” to note the breadth of LGBTQ+ women’s sexual activities and because they give insight to the tongue-in-cheekiness of LGBTQ+ women’s sexualities (pun intended).

Q. Which of these, if any, are barriers to pleasure during sex for you?



Low libido, or a lack of desire, tops the list as respondents' number one barrier to pleasure during sex, affecting nearly 40% of women in the sample. In the general population, researchers have noted that low libido in women is "the most common sexual dysfunction."⁷

Internalized body shame is the next most often reported barrier to pleasure (32%). This combined with fatphobia (internalized) as the sixth-most reported barrier (16%), adds up to a lot of experiences of body shaming for our respondents.

Depression (23%), anxiety (25%), and being unable to locate appropriate partners (21%) round out the top-level issues standing in the way of respondents' pleasure during sex. A high percentage of respondents reported disabling mental health conditions (32% – see Chapter 3 on Disability); depression and anxiety scoring high on a roster of barriers to pleasure aligns with that reality.

"I cannot locate appropriate or interesting sex partners" appears higher on the list of barriers than might be expected (21%).

Being unable to find a good or appropriate candidate for sex appears higher than barriers due to child sexual abuse (13%) or adult sexual assault (11%); it ranks higher than emotional or physical abuse by cis/heterosexual men (11%) and emotional or physical abuse by an LGBTQ+ woman partner (5%). However, taken all together, along with other barriers such as internalized sexism/sex-phobia (13%) and internalized queer- or transphobias (10%), we can see a gauntlet of barriers adding up in LGBTQ+ women's lives that might make finding "appropriate or interesting sex partners" a complex undertaking.

Another unexpected finding was that 698 respondents, or 12% of the total, reported that they don't experience any barriers to pleasure during sex. Given the barriers identified in this chapter, and the structural violence and discrimination reported in others, let us celebrate the Twelve Percent.

In response to the prompt "Other, please specify," 10%, or 558 respondents, had many different things to report. Among them, commonly: "my partner is not available," "we are long distance," "I'm uninterested," "trauma shutdown," and "I'm gender dysphoric." Many respondents noted that they are experiencing post-menopausal lack of libido and are unhappy about this. Leading to one of the many questions in the study that pertain to impacts commonly experienced by LGBTQ+ women who partner with womxn: When might LGBTQ+ women expect good research and culturally congruent, accessible solutions around sustaining libido after menopause?

⁷ Whether a "dysfunction" or a function of the many systemic barriers and abuses all women face in the realm of pursuing desire under patriarchy, research finds low libido or a lack of desire to highly impact women's sexuality in the general population. Female Sexual Dysfunction; Focus on Low Desire, Kingsberg, Sheryl A. PhD; Woodard, Terri Obstetrics & Gynecology 125(2):p 477-486, February 2015.

MDhttps://journals.lww.com/greenjournal/Abstract/2015/02000/Female_Sexual_Dysfunction__Focus_on_Low_Desire.29.aspx.

Q. What are/were 3 of your favorite things about being an LGBTQ+ woman?

The thousands of write-ins to this question can be assigned to six core categories of “favorite things”:

- Freedom to create ourselves—especially self-determination around our bodies, genders, and sexualities.
- Freedom from patriarchal constraints and familial/societal expectations, especially but not limited to freedom from “men.”
- Queerness as resistance to this violent, overarching white supremacist, patriarchal, capitalist, imperialist, militarist order.
- Desire, pleasure, and laughter—especially but not limited to our love and lust for women.
- The joy of queer family and community—feeling “seen” and “known,” especially within the liberating context of queer friendship and love.
- Freedom to “relax” and “grow” into ourselves; to BE (including but not limited to being “out”).

Here are a few of our favorite things...

Community **Freedom of expression** My ability to love my body

Chosen family The way I’m able to navigate society outside of the male gaze

Enjoying the beauty of LGBTQ people **I’m so glad I’m queer!** Question all norms

Love being intimate with women The feeling I get from being my authentic self

Female masculinity in partners **Liberating on a soul level** The euphoria

Sex with butch women Relaxed in myself **Femmes!**

Never giving up the fight Being out and proud since 1975

Freedom from patriarchal bullshit criteria for who I sleep with **Boobies (can I say that?)**

Realizing queerness is a whole new way of moving through and thinking about the world

Expansive feelings of pleasure Access to a community of critical thinkers

Living as my whole self **Saying fuck it to being proper** Women’s bodies

Queer friendship Expressing bravery in the face of assholes

Lesbian and queer history – Being a part of that lineage **Political resistance**

Culture is hilarious Women are glorious **Queer celebrations**

Long history of not taking shit My wife Actual cute merch

As a non-binary lesbian, loving women being my connection to womanhood

We’re honestly just so. fucking. cool. Pleasing them The confidence it brings

Being able to show what pleasures me Autonomy **Sense of being known and cherished**

Weighing these favorite things against the discrimination and violence described in other chapters and viewing them alongside the active and vibrant sexualities described here, we can only conclude that the work of claiming space for ourselves as queer women, of insisting on queer embodiments, of building queer community and pursuing our pleasure is paying off for our respondents.

Community Notes: Moving Forward

LGBTQ+ women's sexuality and sexual practices live in a multiverse where we are alternately hypersexualized and desexualized; fetishized and dismissed; held up as problematic or simply ignored. Femmes aren't "real lesbians." Butches are "performing heteronormativity." Bi and pan women are "untrustworthy." Queer and trans people "shouldn't" or "don't" exist. And all of us—depending on the decade and the shifting political wind—are apparently "groomers."⁸

LGBTQ+ women constructing authentic genders and sexualities resist policing and denigration from both outside and inside the community. LGBTQ+ women practicing our "favorite things" in and beyond the bedroom are building personal and communal practices of resilience and joy.

The questions in this chapter attempt to create a snapshot of how we are surviving a scaffolding of barriers to joy and self-determination around our sexualities. Accordingly, the data here provides a temperature reading on our collective resistance.

Findings of note for researchers, organizers, and service providers going forward:

- LGBTQ+ women who partner with women are having more sex than even we think, despite endless proclamations of "bed death." How can we celebrate and support this reality?
- A great many of us are fully ourselves in our sexuality and sexual practices! Hooray for this as we wage war against tremendous backlash. How can we marshal our joy and pleasure as we grow movements for reproductive justice, trans care and embodiment, and just saying "gay"?
- How can we support and serve the 25% of LGBTQ+ women who partner with women who are struggling to be in our authentic genders and sexualities in our intimate lives?
- We have a lot of favorite sexual activities; our sexuality is expansive when we are free to create our own paths. Let's celebrate this rather than cave to divisive campaigns to label some of us as "deviant" and pit us against each other. As we survive this moment of backlash, we need each other more than ever.

⁸ The Lesbian Avengers pushed back on the groomer accusations in the '90s with their infamous, in-your-face tagline, *We Recruit*.

- Our barriers to pleasure are... common. Low libido is an outcome of shouldering so many burdens specific to being an LGBTQ+ woman, and yet is also widely experienced by our cis, heterosexual peers—post-menopausal low libido included. What are the possibilities for building bridges and growing research and resources within movements for women's sexual health?
- Our favorite things are wonderful; our determination is breathtaking. Let's continue to take all the pleasure we can in our connections to each other. Let's safeguard and cherish these intimacies and each other.

Queer pleasure, joy, friendship, partnership, and community all build resilience for LGBTQ+ women in the study – an important finding as we build research frames, advocacy priorities, and funding streams. Pleasure and joy matter so much as we fight for our lives, fight for each other, and fight for justice.

7

CHAPTER SEVEN

POLICY PRIORITIES

For our final question, we asked respondents to write-in their three top policy priorities. We did not provide a list of options so as not to prompt or sway our survey participants in any way, and thus have analyzed the text of their responses. Among thousands of replies, three clear top priorities emerged:

**Universal
Healthcare
45%**

**Environment/
Climate Justice
37%**

**Reproductive Rights,
Access, and Care
36%**

Universal Healthcare: In the late 80s, long before LGBTQ+ relationship recognition seemed like a possibility – universal healthcare was the top priority of all the major LGBTQ+ organizations. AIDS was burning through our communities; many were being refused care or treated with contempt in medical settings. The connections between the fight for bodily autonomy and responsive health care that LGBTQ+ women had long been fighting for in reproductive rights and anti-violence contexts came together with gay men’s struggles to fight for and care for each other. It was a time of intense connectivity and struggle that created lasting solidarity across genders in our communities. The thread from the 80s to here persists for LGBTQ+ women in the study. While relationship recognition has brought support for some members of the community, in a moment when rightwing campaigns to disrupt and eliminate gender affirming care and abortion, access to healthcare on our own terms remains a landmark issue for LGBTQ+ women who partner with women.

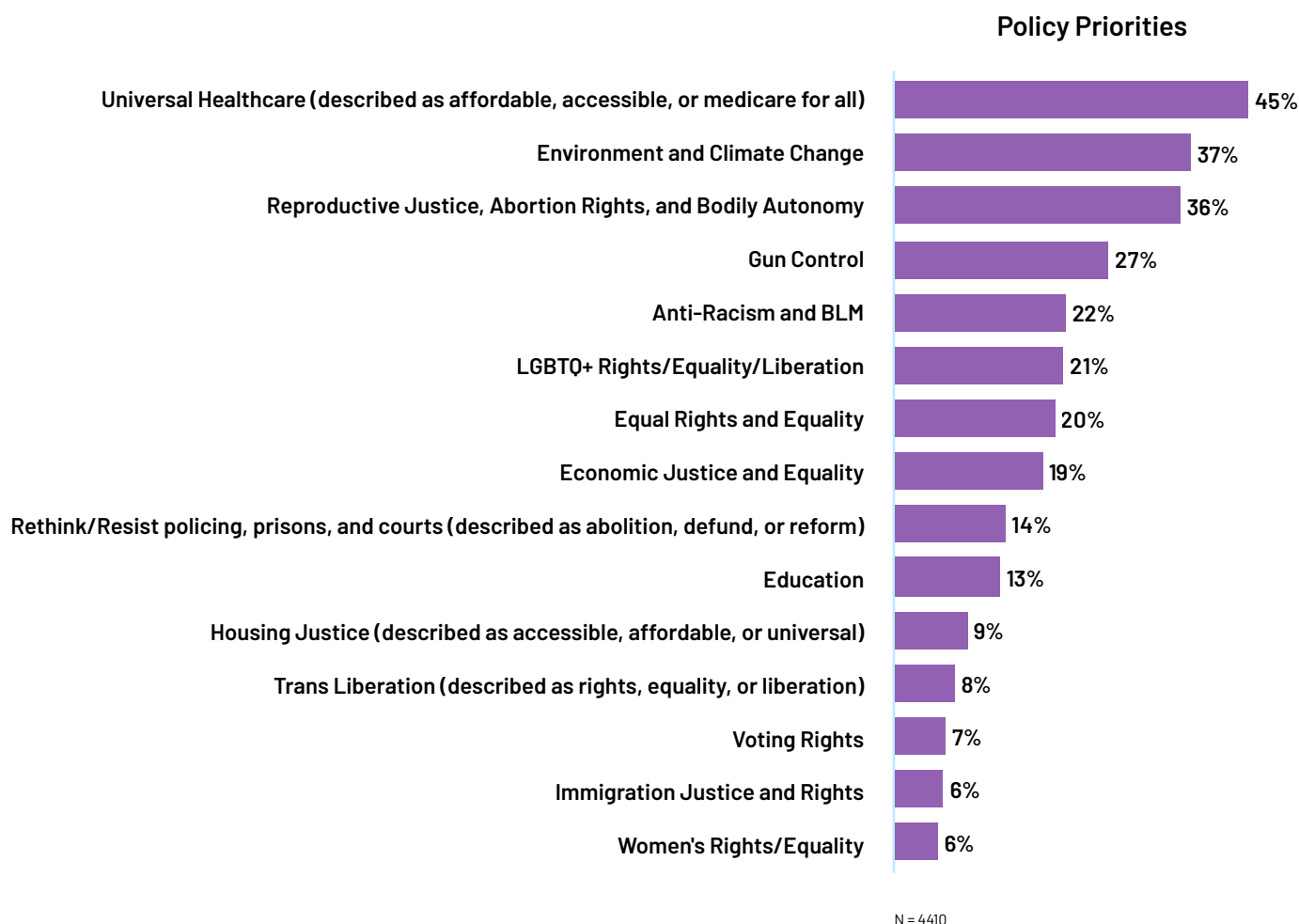
Environment/Climate Justice: In 1990, at the onset of George H.W. Bush’s Persian Gulf War, Urvashi Vaid pushed the (then) National Gay and Lesbian Task Force to come out against the war. While navigating the height of the AIDS crisis, and widespread, daily death in the community, this was the first time a national “gay” organization had ever commented on war policy in the US. For this, Urvashi was branded a “communist” by some gay leaders and donors. Urv’s reply at the time: *Well, I don’t really have faith in the state, so I’d say I’m more of an anarchist, really.*

Urvashi spent many, many months educating community members on the connections between war abroad and the indifference to queer death at home; she argued: one must understand that if our budgets are our ultimate policy statements, war spending contributes to the lack of attention to and investment in LGBTQ+ health and life.

It seems fitting, then, as we close out one of Urvashi’s final activist projects – to declare that Climate Justice is an LGBTQ+ women’s issue. If we are serious as a movement about serving the needs of LGBTQ+ women, we must get serious about the conditions we are creating for environmental and ecological collapse, and about all the ways that disaster will play out, especially on the bodies and the lives of people already targeted for violence and exclusion. People like us, and those we love.

Reproductive Rights, Access, and Care: LGBTQ+ women have always led the struggle for reproductive rights, access, and care in the US. Queer women of color have been defining voices in the reproductive justice movement – which seeks to secure not just legal access, but to address the often violent and inequitable conditions that so many women face when considering motherhood. Given the hostile political, economic, and ecological contexts in which LGBTQ+ women are creating families in this historic moment, what conditions must be met for meaningful choice to even be possible? LGBTQ+ women in the study want us to take up these questions, and to lead this fight.

Here are respondents' top fifteen policy priorities:



A few interesting things to note in the current political climate: trans liberation ranks higher than women's rights/equality in this highly cis, femme, lesbian-identified sample despite the media's suggestion that cis, femme, lesbians are driving the anti-trans or TERF agenda. Anti-racism and rethinking/resisting policing each rank in respondents' top 15 policy priorities, despite this being a 73% white sample. If we add anti-racism and rethink/resist policing together, these combine to 36%, ranking in the top three or four policy priorities.

It's clear from these policy priorities that LGBTQ+ women who partner with women are thinking holistically about inequities in our communities and in the world; they are considering and envisioning societies that attend to and care for each other. These 15 priorities are a declaration: LGBTQ+ women are in for the struggle for justice, across the board.

APPENDICES

- a. **Advisory Committee**
- b. **Partner List**
- c. **Glossary**

Advisory Committee

A. Sparks, MSW, Founder, Masto Foundation, WA

Alice Y. Hom, Ph. D., Executive Director, Change Philanthropy, CA

Alyce Emory, BA, Co-founder, Beyond Bold and Brave, Black Lesbian Conference, NY

Alok Vaid-Menon, BA, performance artist, author, *Femme in Public*, NY

Amelie Zurn, MSW, Founder, Lesbian Services Whitman-Walker Clinic, DC

Andrea Jenkins, MFA, MS, President of the City Council, Minneapolis, MN

Bianca D.M. Wilson, Ph. D., Sr. Scholar of Public Policy, Williams Institute, UCLA

Cathy Cohen, Ph. D., University of Chicago, Founder, Black Youth Project, IL

Coya White Hat-Artichoker, BA, Founder, First Nations Two Spirit Collective, CO

Dean Spade, Esq., University of Washington Law School, WA

Ignacio G. Rivera, MA, Founder, HEAL Project, GA

Imani Woody, Ph. D., Founder, Mary's House for Older LGBT Adults, DC

Jack Harrison-Quintana, MA, Founder, Grindr4Equality, DC

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Loraine Hutchins, Ph. D., Bi movement leader, author *Bi Any Other Name*, MD

Mandy Carter, Co-founder, Southerners on New Ground and NBIC, NC

Mary Anne Adams, MSW, Founder, ZAMINOBLA, GA

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Sandra Nathan, Ph. D., Managing Director of Operations, Humanity United, CA

Suzanne Goldberg, Esq., Columbia University Law School, NY

Tonia Poteat, M.D., Co-Director, Duke University SGM Wellness Program, NC

Partner List

(NAGLY) ONE Community
406 Pride
American Veterans For Equal Rights
Angel City Derby
AnnaH Events
Astraea Lesbian Foundation for Justice
Athlete Ally
Atlanta Pride Committee
Aunt Lute Books
Beyond Bold And Brave/Black Lesbian Conferences
Bisexual Queer Alliance Chicago
Campus Pride
Caribbean Equality Project
Center for American Progress
Center for Black Equity
Center for HIV Law & Policy
Centerlink
Centre LGBTQ Support Network
COLAGE
Colorado LGBT Bar Association
Consortium of Higher Education
LGBT Resource Professionals
Curve Magazine
DE Inc Portland State University
DignityUSA - Women of Dignity
Diversity Collective Ventura County
Eastern Michigan University LGBT Resource Center
Equality California
Equality Federation Eshel
Family Equality
Fundors for LGBTQ Issues
Gay Activist Alliance in Morris County
Get Out And Trek (GOAT)
GLAAD
GLAD
GLMA: Health Professionals Advancing
LGBTQ Equality
GLSEN
GMHC
Golden Crown Literary Society
GSAFE
Hartford Gay and Lesbian Health Collective
Henderson Equality Center
Hudson Pride Center
Hudson Valley LGBTQ+ Community Center
Human Rights Campaign
Humboldt State University
Queer Student Union
Indiana Youth Group
Indy Pride, Inc.
InterACT:Advocates for Intersex Youth
Jennifer Brown Consulting
Jewish Queer Youth
Kaleidoscope Youth Center
Kansas City Anti-Violence Project
Kentucky Youth Law Project, Inc.
La Gender Inc.
Lambda Legal
LBTQWomen
Lesbians who Tech
LGBTQ Center at East Carolina University
LGBTQ Community Center of the Desert
LGBTQ Scholars of Color Network
LGBTQ+ Center, University of Hawai'i at Mānoa
Lifeties, Inc.
Living in Limbo
Los Angeles Bi Task Force
Los Angeles LGBT Center
LPAC
Metropolitan Community Churches
Montgomery Pride United
Movement Advancement Project
National Center for Lesbian Research
National Center for Transgender Equality
National LGBTQ Task Force
National Queer Asian Pacific Islander Alliance
Native Justice Coalition
North Idaho Pride Alliance
North Shore Alliance of GLBT Youth
Our Bodies Ourselves
Out and Equal
OutFront Minnesota
OutReach LGBT Community Center
PFLAG Wilmington Northern
Portland State University The Queer Resource Center
Pride Center of Staten Island Pride Resource Center
PROMO Fund
Publish Your Purpose
Queer Resource Center
RAD Remedy
Rainbow Community Center of Contra Costa County
Right to Be
Ruth Ellis Center

San Gabriel Valley LGBTQ+
San Mateo County Pride Center
Services and Advocacy for Gay, lesbian, Bisexual and
Transgender Elders
Sexual & Gender Minority Youth Resource Center (SMYRC)
Southern Illinois University Edwardsville
St Pete Pride
Step Up For Mental Health
Still Bisexual
Stonewall Alliance Chico
Sylvia Rivera Law Project
The Center on Colfax
The LGBTQ Center Long Beach
The LOFT LGBTQ+ Center
The NY LGBT Center
UCLA LGBTQ Campus Resource Center
UGA Globes
University of Idaho LGBTQQA Office
University of Miami LGBTQ Student Center
University of Michigan LGBTQ Spectrum Center
University of North Florida LGBTQ Center
Upper Peninsula Rainbow Pride
ZAMINOBLA
Zekes Freedom Foundation
Zuna Institute

Glossary

There are many existing LGBTQ+ glossaries to support our understanding of terms pertaining to LGBTQ+ communities and our experiences. These are ever evolving; here are a few we like.

<https://pflag.org/glossary/>

<https://files.lalgbtcenter.org/pdf/rise/Los-Angeles-LGBT-Center-RISE-Glossary.pdf>

<https://www.smcgov.org/lgbtq/lgbtq-glossary>

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lgbtqwomensurvey.org

lgbtcenter.org/the-national-lgbtq-womens-community-survey/.

