

# RESISTANCE AS A WAY OF LIVING:

LESBIAN LIVES THROUGH  
THE COVID-19 PANDEMIC

JUNE 2021



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## ABOUT THE EL\*C

The EL\*C - EuroCentralAsian Lesbian\* Community is a non governmental organisation, representing the needs of lesbian, queer, bi and trans women and of lesbian organisations, formally established in 2017 in Vienna, Austria. EL\*C aims to advocate for lesbian rights in Europe and Central Asia. EL\*C has been established as a pan-European-Central Asian Lesbian Network, driven by the objective of increasing the visibility of lesbian issues in all spheres, including social, legal, health, and political ones. The EL\*C was founded with the aim to improve the lives of lesbians and to (re)build the lesbian movement, as a response to the growing lack of the fundamental structures, tools and mechanisms to fight lesbophobia, sexism, misogyny, transphobia and all other types of discrimination experienced daily by lesbians.

Therefore, the EL\*C strives for a world built on global solidarity, appreciative and inclusive of diverse ways of living with equal access to resources and opportunities and for the empowerment and wellbeing of intersectional lesbian, bisexual and queer women's communities. During the first 4 years of existence, the EL\*C has organized two lesbian conferences, in Vienna (2017) and in Kyiv (2019), has published several reports, including in 2020 the research on the [State of Lesbian Organizing and the Lived Realities of Lesbians in the EU and the Accession Countries](#), analysing the history of the European lesbian movements, the existing data on lesbians, and the state of affairs of lesbian organizing. The EL\*C has also engaged in different advocacy activities, including the [Submission to the UN Independent Expert on sexual orientation and gender identity](#), focusing on the intersectional experience of violence, discrimination and forms of censorship experienced by lesbians in Europe and Central Asia, and participating in the policy-making processes of UN mechanisms, EU institutions, as well the Equal Rights Coalition and several national governments.

The EL\*C uses the word "lesbian" as a broad inclusive term, including lesbians who identify as trans, non-binary, as well as intersex lesbians, and bisexual or queer women. For this reason, in the following report, unless otherwise specified, the term "lesbian" includes all non-heterosexual LBTIQ women, in line with EL\*C's policy to give visibility and empowerment through the use of the word "lesbian". We will also refer to lesbian organisations to include all groups focused on and led by LBTIQ women.

# INTRODUCTION

In March 2020, in a context of insecurity and fear linked to the COVID-19 pandemic spreading globally including in Europe and Central Asia, EL\*C decided to react by organising an online space for lesbians to exchange information on the ongoing situation and its many repercussions. This online space, coined 'LLL - Locked-down Lesbians Listening', was open seven days per week for several months and moderated in a number of languages to accommodate as many lesbians as possible.

Additionally, throughout all of 2020, we continued receiving information and feedback from our network and it became increasingly clear that the crisis would have severe consequences on lesbian groups across Europe and Central Asia, especially taking into account the overwhelming evidence that the lesbian movement is severely underfunded. For this reason, EL\*C developed its own COVID-19 Emergency Grants Program, with the aim to help lesbian groups cope with the pandemic. Within this activity, we have been providing small grants to lesbian organizations that were in urgent need of financial support, especially those that are working directly with supporting the community with immediate needs, such as food, medicines, psychological support, shelter, support to elderly lesbians, lesbian refugees, etc. For this purpose, EL\*C has launched 2 cycles of grant applications with the available funding of 60,000.00 EUR, out of which 30,000.00 EUR have already been distributed to 12 lesbian groups from Austria, France, Spain, Serbia, Russia, Georgia, Turkey and Kyrgyzstan, while we have received over 50 applications. The remaining amount will be distributed to lesbian groups in the second half of 2021.


Thanks to the LLL sessions and the additional information received by the community, we realised that very little information was available on the specific struggles within the lesbian communities and how those communities were coping with the collective trauma of the COVID-19 pandemic. The conversations happening during the 'LLL' sessions concerning the impact of COVID-19 on lesbian communities across our regions convinced us of the need for a more general and exhaustive evaluation. The first stage of our evaluation process was based on desktop research and data collection and already preliminarily highlighted the disproportionate effects of the pandemic on women and the LGBTIQ community as a whole. Unfortunately, most of the studies that we came across did not take into account thoroughly the combinations of factors such as gender and sexual orientation in the experiences linked with the pandemic. However, the stories of violence perpetrated by unsupportive families against lesbians, the episodes of discrimination based on both gender and sexual orientation as well as the increase of lesbophobic rhetoric and statements that we have been registering since the beginning of the pandemic demonstrated the need to specifically consider the experience of women in the LGBTIQ community.



Based on these initial findings (or lack thereof), we decided to launch two online surveys, one aiming to assess the impact of the situation on lesbian individuals and the other focusing on lesbian organisations and groups in our region. The surveys were available in eight different languages (Spanish, French, English, German, Italian, Russian, Turkish and Serbian). Between December 2020 and March 2021, while several countries within our scope were facing second and third waves of COVID-19, we collected 2.113 answers from individuals and 134 organisations and groups in Europe and Central Asia. A detailed analysis of the methodology followed by the collection and analysis of this data is available below.

As further detailed in Chapter 1, the survey aimed to collect data from individuals on issues related to safety, employment and income for lesbians as well as the experience of discrimination and the consequence of the situation on the respondents mental well-being. An alarmingly high rate of respondents reported increased feelings of insecurity in the public space, instances of violence perpetrated by unsupportive family members, and the recurrence of lesbophobic discourses and rhetoric. This withstands and illustrates previous accounts on how the pandemic had worsened the incidence of violence against women in general, and against lesbians in particular. In addition, the results confirm that lesbians, as a minority group, experienced a stronger economic shock. The long-term damage caused by the socio-economic consequences of the pandemic should be carefully evaluated. Moreover, measures related to social distancing, such as drastic reductions in people's freedom of movement and social contacts, posed additional problems to lesbians especially when their relationship(s) and families were not legally recognised in their country. Finally, the data also speaks to the heavy toll on lesbians' mental health as well as the numerous ways in which lesbians stayed active in their community, organised themselves to stay in contact with each other and provide support to the most precarious within their communities.

The data collected regarding individuals also allows for a specific focus and elucidates the areas in which factors related to intersectionality (such age, race, ethnic minority, refugee/asylum seeking status, disability or gender identity) determine significant difference in the experiences of the pandemic. While the report does not aim to offer a complete analysis of the intersectional oppressions faced by lesbians, our community, and their impact on the experience of the pandemic, it focuses on the areas in which statistically significant differences could be found from our pool of respondents (more details on methodology and the demographic are available below).



Chapter 2 of this report is devoted to lesbian organisations and groups, whose answers to the survey show that the lesbian community has, in a very short amount of time, re-organised to provide for the direct needs (such as food and housing) of members of the community in need and to offer support services to deal with the most vulnerable within their communities. This has been done thanks to the generosity of community members and due to extensive experience in dealing with crises that the lesbian movement has accumulated throughout decades of leadership in the LGBTIQ and feminist movements. However, the results also show that the chronic lack of funding and resources for lesbian-led and lesbian-focused projects, initiatives and organising has worsened, as a result of the pandemic. This poses a serious risk to the capacity of the movement to continue offering its indispensable support services and to fully respond to the rise of hateful rhetoric and lesbophobic violence in Europe, Central Asia and beyond.

The COVID-19 pandemic has been a global shock whose long-term effects are yet to fully emerge. They are, however, predictable and, as this report already shows, will inevitably intensify the existing system of oppression. Lesbians, living at the crossroads of multiple societal issues such as gender inequalities and social stigma related to non-conforming sexual orientations, offer practical experience and examples of the skills needed, as a society, for survival in this crisis and its aftermath. For this reason, the present report aims not only to offer recommendations to policy-makers, institutions and donors on the specific inclusions of lesbians in policies aimed at addressing the COVID-19 crisis, but also to make visible a lesbian perspective on the present crisis. As EL\*C did at the beginning of the pandemic, those in power at global, regional and national level have the opportunity to listen to the lived realities of lesbians as well as to the experiences of the lesbian movement to build a recovery that is fully inclusive of everyone's needs and experiences in our societies and to construct healing processes that are truly revolutionary.

## Sampling Procedures

The survey was open for participation from 07-12-2020 to 13-04-2021 and available in eight languages (English, German, Spanish, French, Italian, Serbian, Turkish, and Russian). Participants were recruited via EL\*C's network through social media alerts and mailing lists. In addition, lesbian organizations as well as key stakeholders were contacted directly to support with survey dissemination. To reach participants without internet access, lesbian organizations were encouraged to provide internet access and/or end-devices to potential participants interested in the survey but without the necessary means for participation.

Prior to starting the survey, participants were informed about the main goals of the survey as well as measures that were taken to protect their or their organization's privacy. Only participants who provided their informed consent were directed to the main survey. Survey participation was voluntary, and participants could end the survey at any time by closing their browser. No remuneration was given for survey participation. The survey was conducted in line with the Global Data Protection Regulation (GDPR).

The survey consisted of two parts, targeting both organizations and individuals:

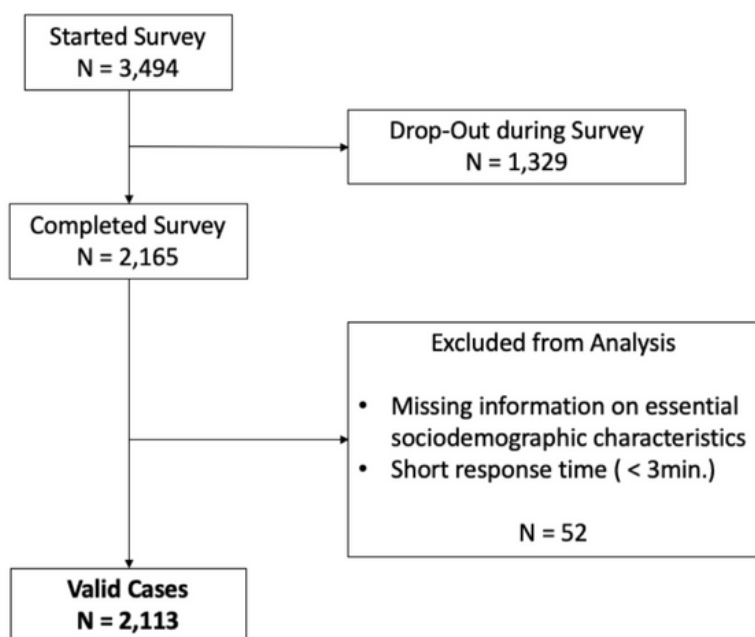
- Questions for lesbian-led and lesbian-focused groups and organizations in Europe and Central Asia that are working primarily to support and advance the position of lesbian communities;
- Questions for lesbian individuals based in Europe or Central Asia.

After giving their informed consent, participants could choose whether they wanted to participate in the survey for individuals or organizations (or both).

## Individual Participants

Figure 1 depicts the flow of study participants. Eligibility criteria included (i) being over 18 years of age and (ii) self-identification as lesbian, bisexual, queer, pansexual and asexual, including cis and trans women, trans men and non binary persons. In total, 3,494 participants gave their informed consent and accessed the survey. 2,165 participants completed the survey. During the data cleaning process, responses from 52 participants were removed due to missing values on key sociodemographic variables (i.e., country of data collection, sexual orientation, gender identity, age, education, employment status, place of residence, minority status) or unusually short response times. Thus, the final dataset used for the analysis comprised data from 2,113 participants from 70 countries.

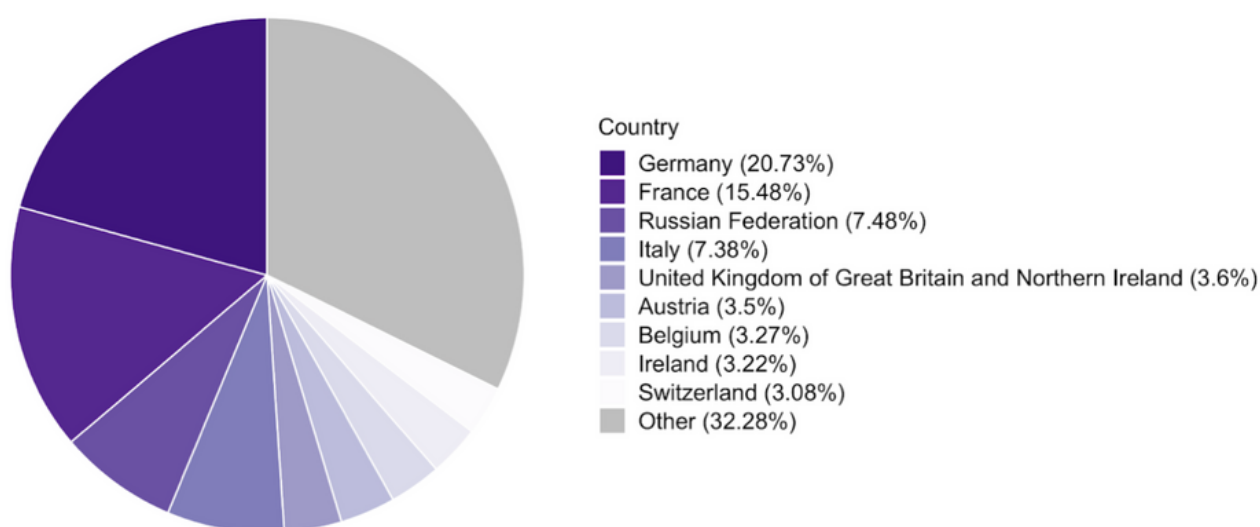




**Figure 1.** Flowchart of study participation.

The main sociodemographic characteristics from the sample are reported in Tables 1 to 3 in the Annex section. Most participants identified as lesbian (71%) and cis-gendered (75%) and ranged in age between 18 and 44 years (81%). In all, 31% indicated belonging to, at least, one minority group (see Table 1 in Annex for stratification) and 9% reported having had a COVID-19 infection. The sample was highly educated (74% had at least some university education; see Table 2 in Annex) and most were involved in some form of paid work (61%, either full-time, part-time, or self-employment, or as a contractor).

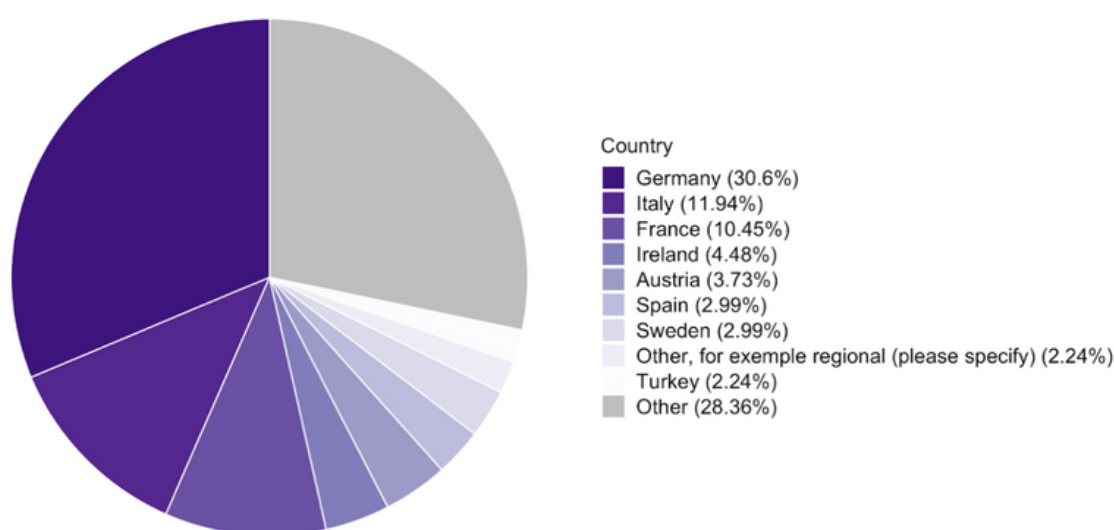
Regarding countries of data collection, most participants (88%) were based in 21 countries (see Table 3 in Annex and Figure 2 hereafter), mainly from Germany (21%), France (16%), Russia, and Italy (7% each). The remaining participants (12%) were based in 49 countries (see table note for Table 3), with a small number of participants (< 1% of the total sample or 21 participants) per country.



**Figure 2.** Country of data collection (individuals).

## Participating Organizations

In total, 157 members from lesbian-led organizations completed the survey for organizations. To avoid introducing duplication in the data due to several members of an organization filling out the survey, only one response per survey (random selection) was kept. This approach led to a final organizational sample of 134 organizations from 36 countries (see Figure 3 and Table 4 in the Annex section). Regarding their main focus, 58 (43%) work primarily on lesbian related issues, 42 (31%) on LGBTIQ related issues more generally, 16 (12%) on feminist issues and the remaining 18 organizations (14%) on other issues.



**Figure 3.** Country of data collection (organizations).

## Measures

Survey questions (both closed and open-end format) were developed within the EL\*C and reviewed by experienced social scientists and economists with substantial expertise in research within LGBTIQ communities. Survey topics were defined in line with the insight on the impact of COVID-19 pandemic on the lesbian community gathered within EL\*C activities such as the 'LLL' sessions and others, (e.g., media analysis, case reports, desktop research, and exchange with network members).

Throughout the process, an intersectional approach was followed for the survey development and recruitment of survey participants to ensure that the collected data would reflect as much as possible diverse lived realities within lesbian communities in terms of race/ethnicity, gender identity, disability, and other relevant sociodemographic characteristics.



The survey consisted of the following main thematic areas:

#### Individuals (7)

- Sociodemographics (e.g., sexual orientation, gender identity, age,..)
- Living situation and family life (e.g., living situation during the lockdown, impact of the pandemic on family life and relationships, connection with other lesbians)
- Discrimination, violence, harassment, hate speech (e.g., perceived safety during the pandemic, incidences of violence or harassment linked to the pandemic, perception of hateful rhetoric)
- Health (e.g., physical and mental health during the pandemic, access to healthcare)
- Employment (e.g., change in employment status during the pandemic)
- Volunteer work (e.g., change in volunteer work during the pandemic)
- Outlook (e.g., perceived preparedness for new wave of COVID-19)

#### Organizations (5)


- General information about the organization (e.g., country/countries of operation, topical focus)
- Perceived impact of COVID-19 on their community (e.g., access to healthcare as experienced by group members and communities, experience of threats or harassment during the pandemic)
- Funding (e.g., main funding sources, change in funding due to pandemic)
- NGO Activities (e.g., impact of COVID-19 on organizational activities, development of special measures during COVID-19)
- Perceived political impact of COVID-19 (e.g., perception of lesbophobic rhetoric by political parties, religious groups, or the media)

## Data Explorer and Data Analysis

A web application was developed to maximize the dissemination and disaggregation of the survey results. This “data explorer” is freely accessible via this link:

[https://elc-org.shinyapps.io/lesbian-covid-survey/?fbclid=IwAR1ohBls-5Xp6WYzuMFOrCEfij9HYLb4Cm4drFCw\\_ExxY4EQRo4GfyxsCFw\\_](https://elc-org.shinyapps.io/lesbian-covid-survey/?fbclid=IwAR1ohBls-5Xp6WYzuMFOrCEfij9HYLb4Cm4drFCw_ExxY4EQRo4GfyxsCFw_)

The data explorer provides univariate results and graphs for all closed-ended survey questions for both individuals and organizations. A set of filters (e.g., country, sexual orientation, gender identity, age, minority status, place of residency, education, employment) allows for user-specified analyses based on a subsample of the data. This means that users can analyze survey results for a subsample of their choice (e.g., only transgender lesbians from EU countries), which allows for flexible disaggregation of survey results and tailored analyses based on users’ needs.



The data explorer was developed using the open-source software R Shiny (<https://shiny.rstudio.com/>) which is based on R, a free software environment for statistical programming. The source code for the web application is available upon request from the EL\*C.

The analyses reported here are based on calculations of unweighted, univariate proportions (i.e., number of respondents out of total respondents). Readers are encouraged to consult the data explorer to obtain results for a subsample of interest. However, this also implies that results are not generalizable beyond this sample. Readers should also keep in mind that the sample stems predominantly from legally progressive countries with regards to LGBTIQ rights, with respondents who are young, and highly educated.

In addition, group differences for subpopulations of interest (e.g., results for cisgender vs. transgender participants) are presented throughout this report. These results are based on a series of multilevel logistical regression models using country of data collection as a random effect (random intercept models) and controlling for socio-demographic covariates (age, gender identity, sexual orientation, education, minority status). Statistical significance for predictors of interest was assumed at  $p < .05$  (two-tailed).

These in-depth analyses were performed on a subsample of the data ( $n = 1,891$ ; effective sample sizes vary according to survey question) including only participants from countries with more than 20 responses (23 countries). All analyses were performed using “R”, particularly the packages `data.table`, `lme4`, `lmerTest`, and `tidyverse`. For illustrative purposes only, these group differences are expressed as simple proportions per group throughout the report. Effect sizes (adjusted Odds Ratios) and p-values from the final multilevel regression models controlling for covariates are reported in the Appendix A1. Syntax and full model results are available upon request from the EL\*C.

# PART 1: THE IMPACT OF COVID-19 ON LESBIAN INDIVIDUALS

## Safety and experience of violence

For lesbians, the COVID-19 pandemic and the related measures adopted by public authorities to limit the spread of the virus have had profound consequences on the perception of safety in public, at home, as well as online.

One in three (34%) respondents to the survey declared that, because of Covid-19 and its direct consequences, they changed their behavior and started avoiding public spaces while almost one in four (22%) felt unsafer than usual and 5% of the respondents declared they had suffered harassment or threats in their daily life as a result of the pandemic. Respondents were also asked whether the feeling of unsafety was directly linked to their sexual orientation. 13% of the respondents felt less safe than usual for this reason in a public space, while 7% had such feelings in a private space and 7% experienced them online. Furthermore, one third (34%) of the organisations reported episodes of community members and volunteers experiencing threats, harassment, or abuse because of their sexual orientation.

These results are in line with recent national data on lesbophobia. For example the organisation SOS Homophobie recorded 215 cases of lesbophobia in France during 2020, reporting that in most of the cases the episodes happened in the family (20%), online (16%), and in the public space (14%) [ref.1].

Results also show that for respondents, embodying other social identities that are subjected to societal bias and stigma, these unsafety concerns were exacerbated. Respondents that identify as trans or non-binary indicated that they tended to avoid public spaces more frequently (41% of non-cisgender respondents vs. 31% of cisgender respondents [ref.2]) and felt less safe due to the COVID-19 pandemic and its direct consequences. With regards to their sexual orientation, non-cisgender respondents felt less safe in the public space (19% of non-cis respondents vs. 10% of cis respondents) and less safe online (10% of non-cis respondents vs. 5% of cis respondents) while no statistically significant differences were found in feelings of unsafety in a private space.

While no statistically significant difference was found for avoidance behavior and feelings of unsafety, lesbians of color, lesbians belonging to an ethnic minority and lesbian refugees/asylum seekers were twice as likely to be exposed to harassment and threats in their daily life (9% of respondents identifying as people of color, ethnic minority and refugee/asylum seekers vs. 4% of the other respondents). They were also more than three times more likely to be victims of physical violence compared to other respondents (3% of respondents identifying as people of color, ethnic minority and refugee/asylum seekers experienced violence versus 0.56% of the other respondents).



## i. Lesbophobia in public spaces

As mentioned above, almost one in six respondents to the survey reported feelings of insecurity in public spaces, due to the pandemic. These results are in line with a general trend regarding the experience of violence and insecurity for lesbians in public spaces already, prior to the pandemic. For example, the 2019 EU LGBTI Survey shows that one in two lesbians do not show affection to their partner in public (46%) and avoid public places out of fear of violence or harassment (49%) [ref.3]. The 2017 regional study conducted by the World Bank and ERA - LGBTI Equal Rights Association for Western Balkans and Turkey shows that 52% of LBQ women surveyed have been personally harassed by someone or a group for any reason; on average, 63% of LBQ women in the Western Balkans (Slovenia, Croatia, Serbia, Bosnia and Herzegovina, Macedonia, Kosovo, Montenegro, Albania). They tend to avoid certain places or locations based on their fear of being assaulted, threatened, or harassed because of their sexual orientation [ref.4].

One explanation for these findings is that lesbians experience violence in public spaces not only on the basis of their sexual orientation, but also on the basis of their gender. In the FRA LGBTI Survey 2019, 46% of bisexual women and 29 % of lesbians experienced harassment due to their gender, in addition to their sexual orientation, compared with only 2% of gay men [ref.5]. During the pandemic, there was a substantial increase of factors that can be associated with feelings of insecurity for women, such as the emptiness of the street due to lockdown and social distancing measures [ref.6].

“People on social media claiming that queer people are the cause of covid. Someone I know was verbally attacked in a store because she was wearing a rainbow pin and was thus insulted for "causing covid””

ASEXUAL CIS-WOMAN, BELGIUM.

Another relevant element of unsafety concerned the increased contacts with law enforcement authorities. Among all participants, 24% reported having experienced police abuse, state policy restrictions, and/or restrictions in their personal freedom during the pandemic. A significantly higher prevalence of abuse by state authorities was found in case of respondents who are trans, non binary or otherwise don't identify as cisgender women (31% vs 22% of the other respondents). Although not statistically significant, because of the reduced number of answers, these numbers suggest a higher risk for respondents that are persons of color or belong to an ethnic minority, are asylum seekers or have refugee status (31% vs 24% of the other respondents).

“My partner had covid symptoms and we went to a group of police officers to ask where the nearest hospital was in order to perform a covid test. They started mocking us saying that she should check for HIV and other stuff rather than covid since we're lesbians”

LESBIAN CIS-WOMAN, GREECE.



## ii. Lesbophobia in the family

One of the most common experiences for lesbians during the COVID-19 pandemic was feeling stressed because of the confinement in a heteronormative environment. This was the case for one fourth (26%) of the respondents. An explanation concerning this data is possible if we consider that a high proportion of respondents were obliged to go back to their families of origin, which meant, in some cases, enduring prolonged exposure to unaccepting and hostile family members. Almost one in five (18.50%) of the respondents had to relocate to their families.

Young age was a relevant factor in increasing the level of stress and even the exposure to domestic violence. 40% of younger lesbians (under 25) had to relocate to their family (against 8.77% of respondents over 25). 46% of them declared feeling stressed because of the confinement in a heteronormative environment (against 9% of older respondents). Younger respondents were also significantly more exposed to violence in the family with 8.5% of them experiencing abuse by another family member (against 0.76% of older respondents).

“We tried to move our activities online with poor results. Some of our members lacked a computer, webcam or good connection, while some members living with their lesbophobic family did not connect to avoid being outed. The family is not always a safe space as lesbian community is”

LESBIAN NGO, ITALY.

Also in this case, results indicate that the pandemic magnified phenomena that were already present in society. The scarce data available on the specific situation of young women in the LGBTIQ community suggest that their exposure to domestic violence is often a result of the interaction between their gender and their sexual orientation. In France, a study from INED, the national institute of demographic studies, published in April 2020 and focusing on violence inside the family, has found that lesbian and bisexual girls are the two groups most affected by all types of intra-family violence (psychological, physical and sexual violence) compared to heterosexual girls and homosexual and bisexual boys. Lesbian and bisexual girls are three times more likely to be subjected to psychological violence than gay and bisexual boys and heterosexual girls. In addition, lesbian and bisexual girls are twice more likely to be victims of physical violence than gay and bisexual boys and three times more than straight girls. They are also more frequently victims of sexual violence with a prevalence of around 10% of lesbian and bisexual girls against around 5% of gay and bisexual boys, 2.5% of heterosexual girls and 0.5% of heterosexual boys [ref.7].



### iii. Lesbophobia online

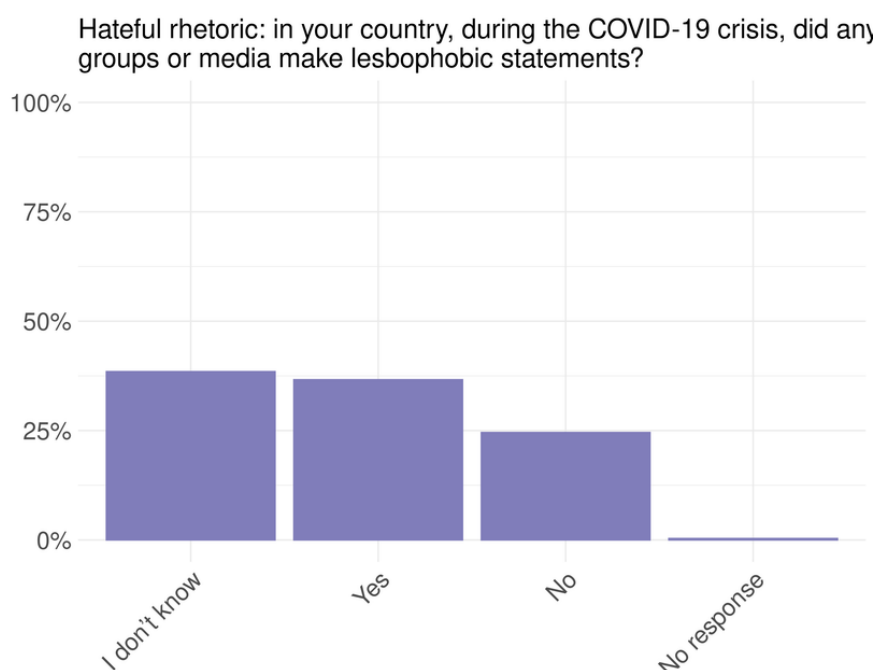
Due to lockdown and social distancing measures, the internet was used in most of the cases (47.08%) to keep in contact with other lesbians. However, this also increased the risk of encountering discrimination, harassment, and violence online. For this reason, as mentioned above, 6.86% of the respondents declared they felt less safe than usual online due to their sexual orientation.

The heightened risk for European lesbians of experiencing online harassment is not a new phenomenon that emerged during the pandemic. Evidence from a non-representative Austrian survey [ref.8] on online hate speech against women shows that lesbian and bisexual women were significantly more likely to experience online harassment than straight women (28% vs. 10%).


EL\*C's survey considered only the experience of respondents above the age of 18, while the available data suggest that the exposure to online harassment in general is even worse for adolescent lesbians. Data from the FRA LGBTI Survey 2019 and included in the EIGE Gender Equality Index 2020, show that young women belonging to the LGBTIQ community are at particular risk of cyber-harassment, with 15% of young lesbians and 12% of young bisexual women aged 15–17 having experienced cyber-harassment in the previous 12 months [ref.9].

### iv. Lesbophobic statements and hateful rhetoric

The survey also found a significant spread of lesbophobic statements and hateful rhetoric. More than one third (37%) of the respondents to the individuals' survey declared that political parties or the media made lesbophobic statements. A similar question was also asked in the part of the survey dedicated to groups and NGOs. In that case 48.5% of the organisations responding declared that political parties, religious groups or the media made lesbophobic statements.







This worrying trend is linked to many different factors. First of all, well before the pandemic, the significant rise of the so-called ‘anti-gender movements’ in Europe and Central Asia has normalized political discourses aimed at dismantling decades of progress in women’s rights, gender equality, and the rights of LGBTIQ persons. In this political context lesbians active in both the feminist and LGBTIQ struggles constitute one of the easiest targets. On the other hand, in the context of increased visibility gained by lesbian politicians, journalists and other public figures, a strong backlash has been coming from groups and political figures that insult, diminish, and attack those lesbians on the basis of their gender, sexual orientation, and gender expression. Finally, the respondents reported numerous cases in which the pandemic crisis was used to justify attacks against minorities, in some cases blaming LGBTIQ people for the COVID-19 pandemic, i.e. spreading the belief that the pandemic was “god’s punishment” for non-heterosexual behaviors.

These violent public statements have a ripple effect: they often incite social media attacks, unleashing a harmful narrative as well as misogynistic and lesbophobic insults, misgendering, and death or rape threats directed in particular against visible lesbians (e.g. politicians, activists, journalists). The aim of such attacks, often orchestrated and operated in groups to maximize their impact, is to silence lesbian voices on mainstream media, social media or in the political sphere. They also contribute to the creation of a general climate of fear and unsafety, normalising lesbophobia as part of political debate and affecting, therefore, not only the people directly attacked, but the lesbian community as a whole.


## Socioeconomic difficulties for lesbians

The data collected in our survey also speaks to the socio-economic consequences that lesbians have suffered because of the Covid-19 pandemic.

Almost half of the respondents (47%) declared the COVID-19 pandemic had a negative impact on their workload and income: 23% experienced an increase in the workload without any increase in income, 24% experienced losing or lowering of their income. Only 6% had an increase in their income. At the same time, 14% of the surveyed individuals experienced an increase in working hours; 11% had reduced working hours. 10% lost their jobs. This impact on employment and income also resulted in 11% of the respondents having difficulties meeting basic needs, such as feeding their household adequately.

“Housing has sometimes been difficult for our most precarious members. The lockdown has put an end to sources of income in the informal sector and made it difficult to pay the rents. Several of our members were then rejected from their shelters under a flow of lesbophobic insults.”

LESBIAN NGO, FRANCE.



It is important to stress the fact that only 36% of the respondents declared being full-time employees. Importantly, this is related to the economic impact of COVID-19, since people in more precarious job situations were more exposed to fluctuations in income and working hours due to lockdown measures and business closures.

Recent research [ref.10] in the United States shows that many LGBTQ people work in industries highly impacted by COVID-19. About 40% of the industries in which LGBTQ employees hold jobs in the U.S. are those where employees faced more exposure to infection and/or economic insecurity. 2 million American LGBTQ workers are employed by restaurants and in food services while 1 million work in hospitals. As a result, 30% of respondents to this American study had experienced reduced working hours while 12% became unemployed. Gender is also another relevant factor when considering job insecurity and income loss for lesbians. Recent data published in the ELGE Gender Equality Index 2020 found that “women tend to be found more often in temporary, part-time or precarious employment (...) [ref.11]. Such inequalities have particularly dire consequences for vulnerable groups of women, including younger and older cohorts, single mothers with dependent children, and those from migrant communities or other minority groups”. Furthermore, because of this disadvantaged position “women earn less, save less, hold less secure jobs and are more likely to be employed in the informal sector. They have less access to social protections and are the majority of single-parent households. Their capacity to absorb economic shocks is therefore less than that of men” [ref.12].

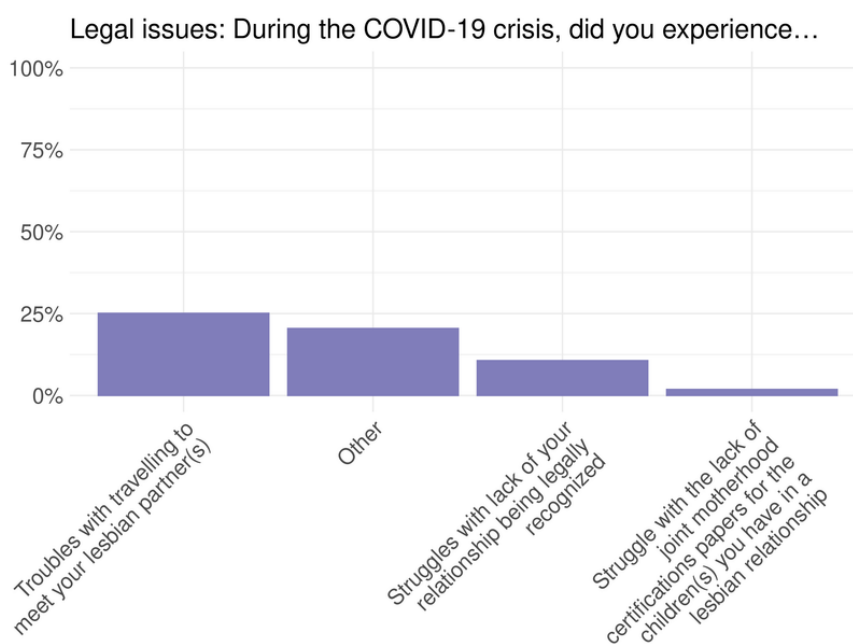
Therefore, even pre-COVID-19, as shown by EL\*C’s literature review in 2020 [ref.13], lesbians, bisexual, trans and intersex women have to face intersectional discriminations affecting their jobs, incomes, and working conditions. As women and as LGBTIQ persons, the Covid-19 crisis has exacerbated these economic difficulties, rendering LGBTI women even more vulnerable

## Discrimination

For lesbians, COVID-related measures aimed at limiting travel and contacts outside the household as well as the limited availability of health-related services have paved the way for additional discrimination.

### i. Recognition of relationships and families

The COVID-related restrictions added up to the many difficulties (lack of documents, limited access to hospitals and other institutions, having to travel to other countries to legally marry or access reproductive technologies) that lesbians have to endure because their relationships and families are not legally recognised. 10% of the respondents experienced issues directly related with the lack of recognition of their relationship or their parenthood while one in four respondents (24%) reported issues concerning travelling to meet their partner.



Examples reported by participants included: the impossibility of justifying travel or accessing a visa to visit the family of a same-sex partner not recognized by the legal system, lack of access to COVID relief measures for parents due to not being legally recognized as a parent, same-sex relationships not being included in the definition of family when relevant with respect of COVID-related restrictions (e.g. being able to go to certain public places only with family member). In some cases, lesbians were reluctant to meet their partners, not wanting to come out to law enforcement and authorities in the context of increased scrutiny of the type of relationships and justification for being outside.

“My partner lives in Germany and I haven't been able to see her for 3 months and won't be able to see her again until travel restrictions are lifted. There is an exception for life partners, but we would have to provide police with proof of our relationship (text messages, etc) and we have decided that this would not be safe for us because we are lesbians”.

LESBIAN, CIS-WOMAN, MIGRANT, AUSTRIA

“I live in different country than my citizenship – when it comes to reuniting families, there is no civil union or equal marriage in my home country so I was not able to reunite with my partner as the exception was granted only to hetero marriages”

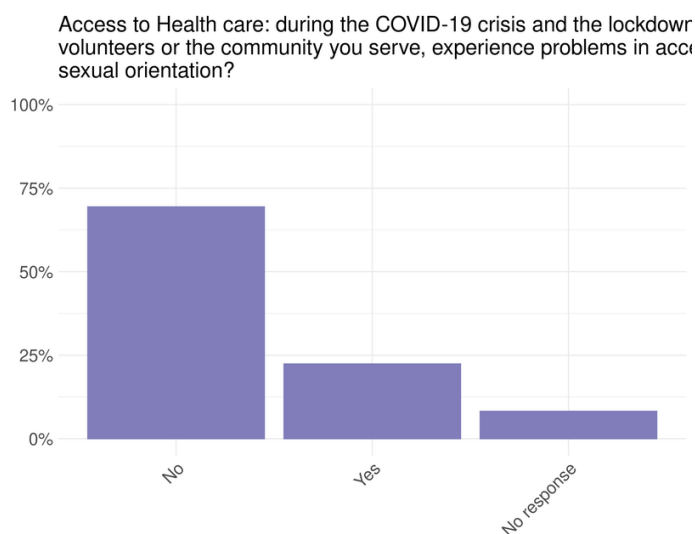
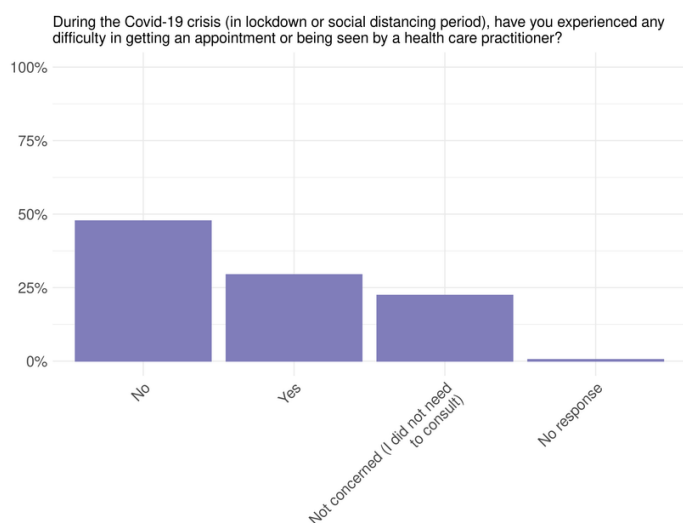
LESBIAN, CIS-WOMAN, MIGRANT. CZECH REPUBLIC

## ii. Access to healthcare

A general issue related to the pandemic has been the reduced access to healthcare services due to hospitals and health professionals having to suddenly direct all their efforts towards coping with COVID-19 patients. Access to healthcare also proved to be problematic for lesbians. Almost one in three (29%) respondents experienced difficulties in getting an appointment or being seen by a health care practitioner and almost one in four (23%) respondents experienced issues related to accessing special medical treatments (such as hormone treatments, fertility treatment, chemotherapy, psychotherapy).

For respondents subject to further intersectional discrimination, access to healthcare was even more difficult. Trans respondents experienced difficulties in accessing general health care services in 35.5% of the cases (against 27% of cis-respondents) and access to specific treatment in 35% of the cases (against 19.6% of cis respondents). Having a disability was also a major factor in limited access to healthcare. The majority (55%) of lesbians with a disability experienced difficulties in accessing general healthcare (against 27% in cases of respondents without disability) as well as in accessing special medical treatment (50% of respondents with disability versus 21% of respondents without disability).

In addition to the general difficulties related to the COVID-19 pandemic, sexual orientation appears to be a factor limiting access to healthcare. 22% of the lesbian organisations answering EL\*C's survey reported difficulties in accessing healthcare by their community members or volunteers because of their sexual orientation. Exposure to discrimination on the basis of sexual orientation not only implies ill-treatment of patients but also limits their access to healthcare, because people subject to such discrimination tend to limit their contact with healthcare settings in order to avoid it.

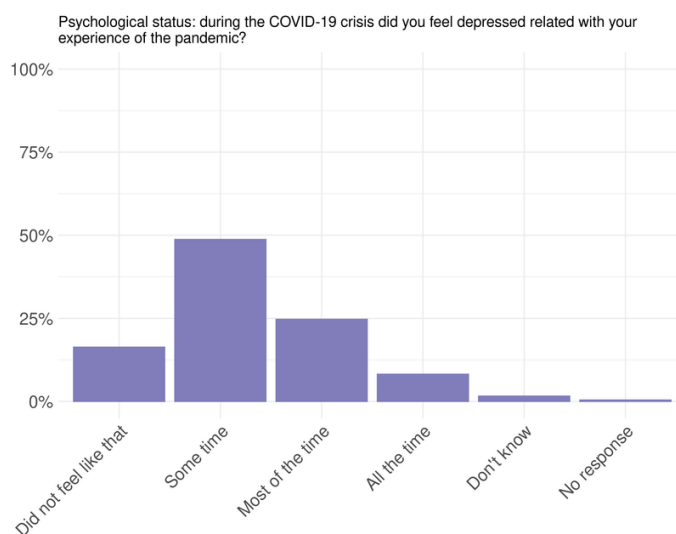
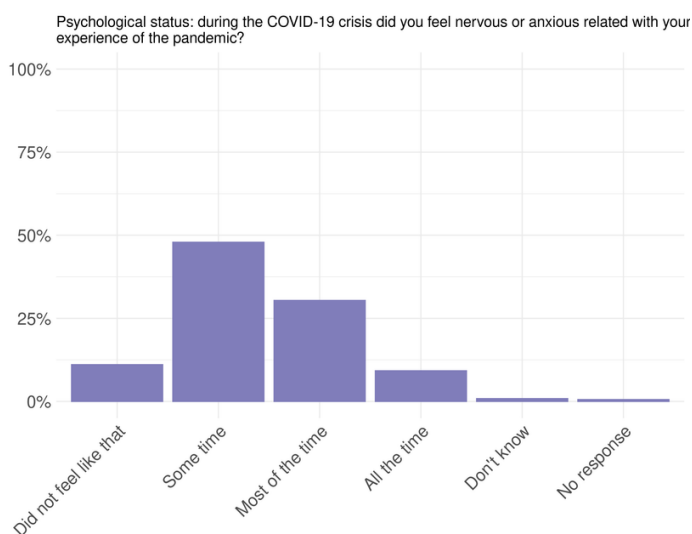


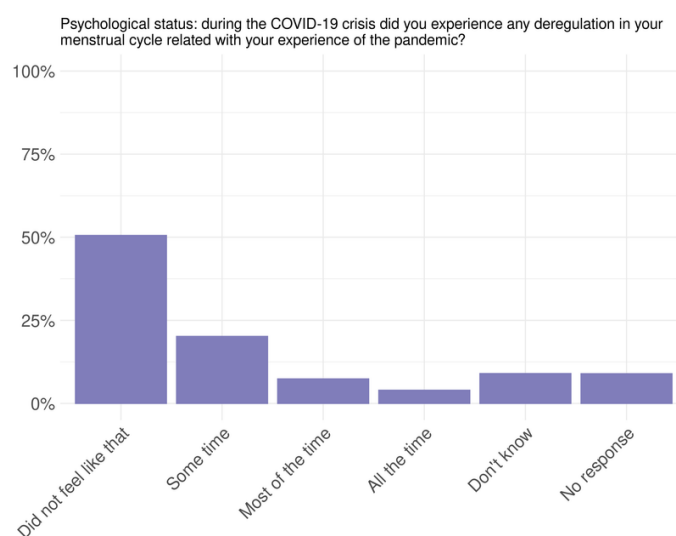
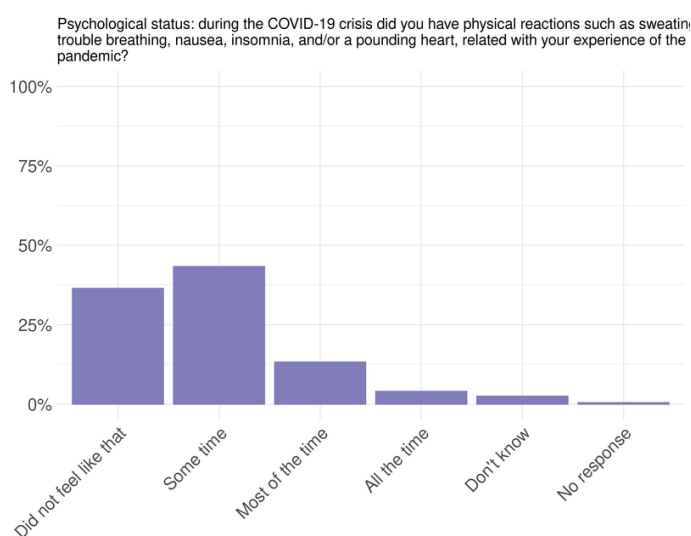
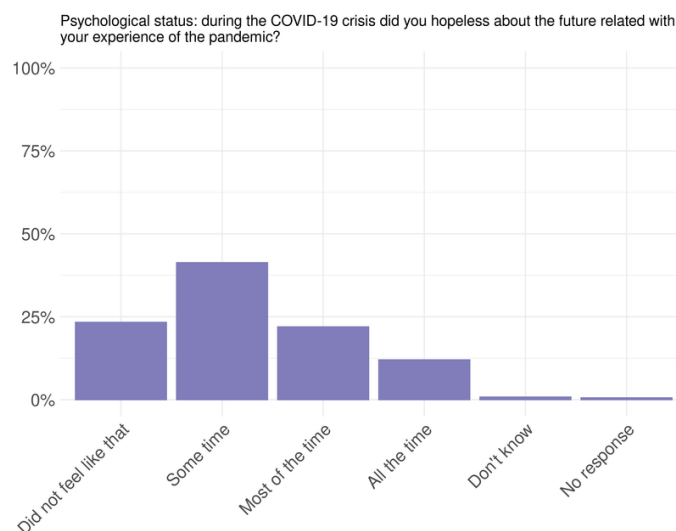
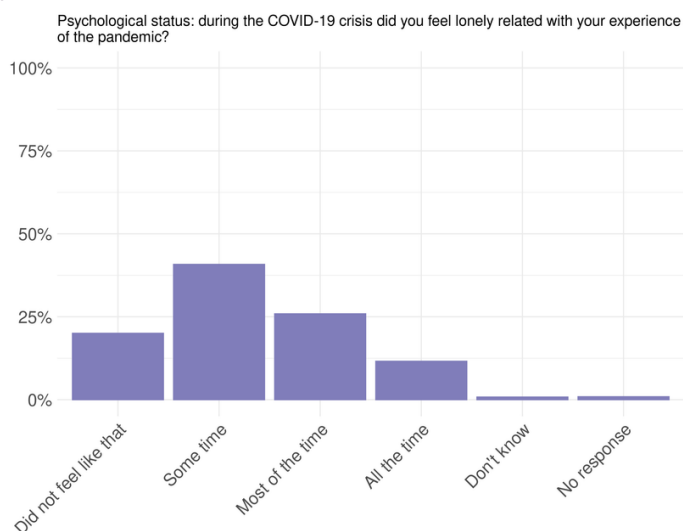
A worrying trend in this sense could be registered also before the COVID-19 pandemic. In the EU, one in six (16%) lesbian and bisexual women responding to the 2019 LGBTI Survey of the Fundamental Rights Agency of the European Union (FRA) reported episodes of discrimination when interacting with healthcare or social services staff [ref.14]. The research available [ref.15], albeit scarce, shows that the combination of misogyny and social stigma related to a non-heterosexual orientation to which lesbian are exposed when attending healthcare services can result in harmful treatment or barriers to adequate treatment and can lead lesbians to avoid or withdraw from the healthcare system altogether [ref.16]. More common and pervasive forms of discrimination or unequal treatment relate to inappropriate curiosity, lack of knowledge about specific healthcare needs, and assumed heterosexuality and heteronormativity by healthcare staff and in healthcare settings [ref.17].

## Mental health

In this climate of heightened exposure to violence, harassment and hate speech, our respondents reported a worrying trend concerning their physical and mental well-being.

During the pandemic, 87% of the respondents experienced feeling nervous or anxious at least some times and related it to the pandemic. 82% reported feeling depressed at least some of the time. 78% felt lonely and 75% felt hopeless about the future. 60% reported having had physical reactions such as sweating, trouble breathing, nausea, insomnia, and/or a pounding head at least some of the time. 31.5% had physical reactions related to their menstrual cycles (e.g. deregulation of the menstrual cycle). Trans, non binary and other participants were particularly likely to report feelings of loneliness and reduced access to LGBTIQ spaces during the pandemic (67% vs. 55%).





The significant share of mental health burdens experienced by LBT women was an alarmingly robust finding even before the pandemic. For example, previously analyzed data gathered via a meta-analysis in the EL\*C Report on “The State of lesbian organizing and the lived realities of lesbians in the EU and the accession countries” (2020) also points to poor mental health experiences among LBT women. The results show that lesbians face significant mental health inequalities globally. Most notably, European lesbians and other non-heterosexual women are at an increased risk of several forms of suicidality (41% lifetime prevalence of suicidal ideation, 17% lifetime prevalence of suicide attempts) compared to heterosexual women (17% of suicidal ideation and 4% of suicide attempts) [ref.18].

Even if an overwhelming proportion of respondents felt depressed and anxious, lesbians find different ways of resisting, organizing and supporting each other. The answers to the positively framed questions of the mental well-being part of the survey show that a great majority of the respondents tried to stay calm and collected (76% at least some time) and managed to feel also happy (81% at least some times).



## Personal resilience and community resistance

The data also shows that lesbians continued to be active members of their communities, despite the serious concerns related to safety, the socio-economic difficulties, the risk of discrimination, and the mental health consequences described above. Half of the respondents (45%) reported that they volunteered before the pandemic, while an additional 5% reported that they started during the Covid-19 crisis. One in three respondents (36%) reported that they either maintained their volunteering habits or increased the amount of time they volunteered. These results mirror those found in the organisations' survey, where one third (34%) of the organisations reported that volunteers are working as much as before the pandemic and one in four organisations (23%) reported that volunteers increased during the Covid crisis.

One possible explanation for these results is linked to the fact that lesbians had to build resilience and a sense of community in the face of adversity and crisis well before the COVID-19 crisis. The experience of intersectional discrimination in heteronormative societies and, often, exclusion from families of origin made it fundamental for lesbians to organise in groups, NGOs and collectives with other lesbians, women and LGBTIQ people, building relationships and connections that have fueled the struggles for women's equality, LGBTIQ equality and many other social issues. The fact that lesbians weathered this crisis by continuing to nourish these relationships and putting their time at the service of the community demonstrates not only the historical collective strength of lesbian communities but also how crucial this engagement is for lesbians.

Additionally, lesbian bars and spaces and lesbian-led and lesbian-focused organisations provide safer spaces for a population at the intersection of several forms of oppression and allow them to find support in the face of heteronormative environments, organise resistance to systematic discrimination, and shield community members against lesbophobic and misogynist violence. These spaces and the communities and extended families that have grown around them are a fundamental part not only of the lesbian identity but also of lesbians' empowerment, wellbeing and sense of self.

It is therefore not surprising that one of the main challenges for lesbians during the COVID-19 crisis derived from the sense of estrangement from the lesbian community made compulsory by measures of lockdown, social distancing and forbidden public events. A majority of the respondents (59%) reported having experienced loneliness and reduced access to lesbian and LGBTIQ spaces. The importance of chosen families and friendship is also shown by the fact that a majority of the respondents (60%) relied on friends for support during the Covid-19 lockdowns. Most of the respondents (82%) managed to stay in contact with other lesbians: Half of the respondents kept contact online (48%), via telephone or computer (19%) while only one in six respondents (15%) could keep contact in person.

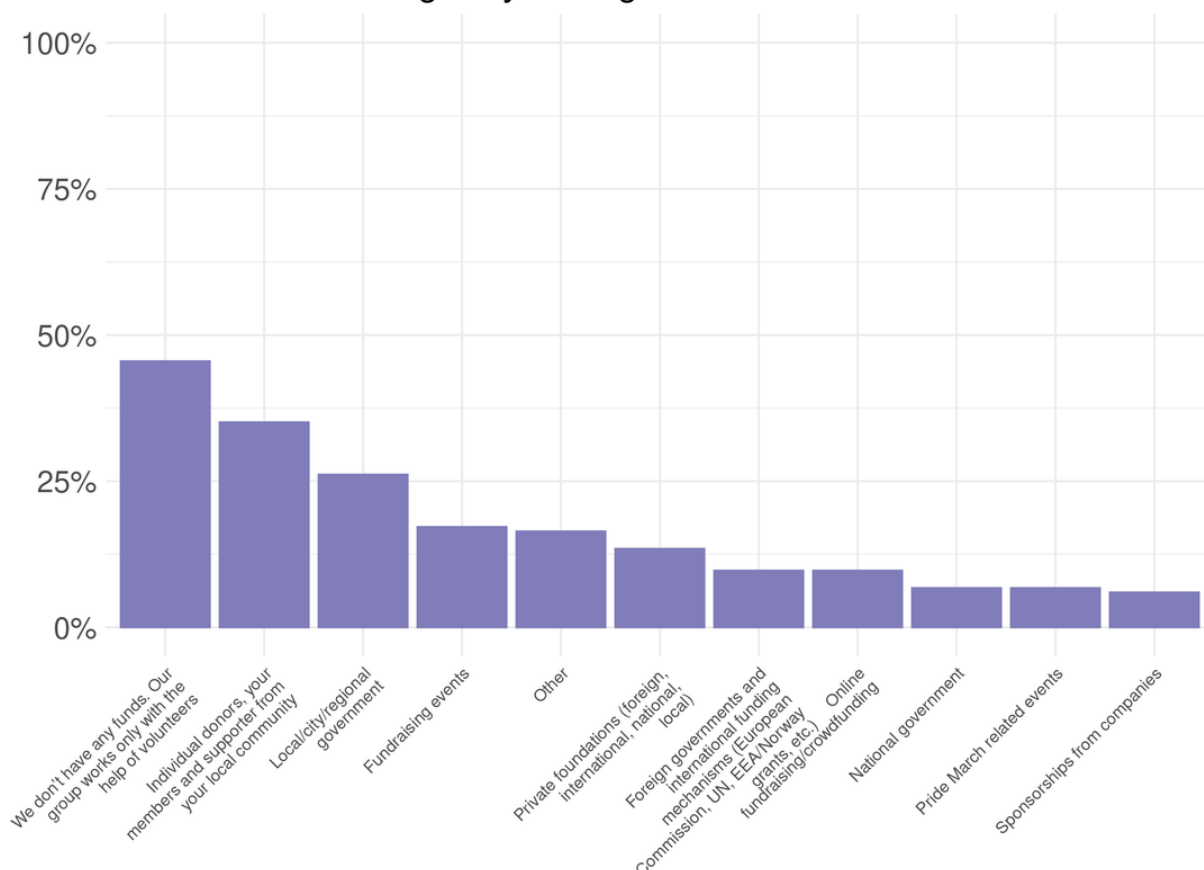
## PART 2: ORGANIZATIONS, GROUPS AND NGO

### General situation of Lesbian NGOs in Europe and Central Asia


The EL\*C survey aimed not only to gather data on the impact of COVID-19 but also to assess the general state of lesbian organisations in Europe and Central Asia, focusing particularly on the changes that the pandemic imposed on their activities as well as on their level of funding. The survey collected the experience of 134 organisations in 36 countries in Europe and Central Asia.

Almost half (45%) of the organisations work without any kind of funding while one third (35%) of the respondents rely merely on support and money from members and local communities. Concerning external funding, 26% of the organisations manage to get funding from local/regional/municipal authorities, 13% receive money from private foundations. Only 10% of the funds come from foreign governments and international funding mechanisms (e.g. European Commission, UN, EEA/Norway grants, etc) and only 7% from the national governments.

Where does funding for your organisation come from?







This data is in line with the overwhelmingly hard evidence that the lesbian movement is one of the most underfunded movements globally, but especially in Europe and Central Asia. Data included in research conducted in 2019 by the private foundations Astraea and MamaCash [ref.19] show that LBQ (lesbian, bisexual, and queer) groups in Europe and Central Asia have the smallest median annual budgets, at \$5,000. Nearly half (43%) of LBQ groups in Eastern Europe and Central Asia operate on even less than \$5,000 annually, and in Western Europe, over half (53%) work with less than \$5,000 per year. This is the lowest median annual budget globally. Importantly, out of those annual amounts, only \$1,150 constitutes the median yearly external funding (grants from governments, foundations, institutions) which places Europe and Central Asia at the lowest end of the median external funding, compared to other world regions.

The Astraea and MamaCash report confirms the findings from the 2017–2018 report of the Global Philanthropy Project [ref.20] documented that in Western Europe, the bi-annual funds specifically focused on LBQ women fluctuated from \$500,000 in 2013-2014, to \$50,000 in 2015-2016 and finally \$1,200,000 in 2017-2018, placing European (Western and Eastern) LBQ women's organisations among the least funded in the world, together with Central Asia, the Middle East and North Africa.

And finally, in 2019-2020, EL\*C also conducted an organisational capacity assessment of LBQ women's organisations in EU and accession countries [ref.21]. The analysis involving 29 LBQ civil society organisations, working in 21 EU+ countries, confirmed that the European LBQ movement has very limited access to reliable and stable funds. An overwhelming majority of organisations have never had operating/core grants, have never had grants larger than 100,000.00 EUR (26) and operate with no funds (22), or with yearly budgets of less than 5,000.00 EUR, obtained almost exclusively through individual small ad-hoc donations made by members or supporters, and very rarely through grants from governments, foundations and institutions.

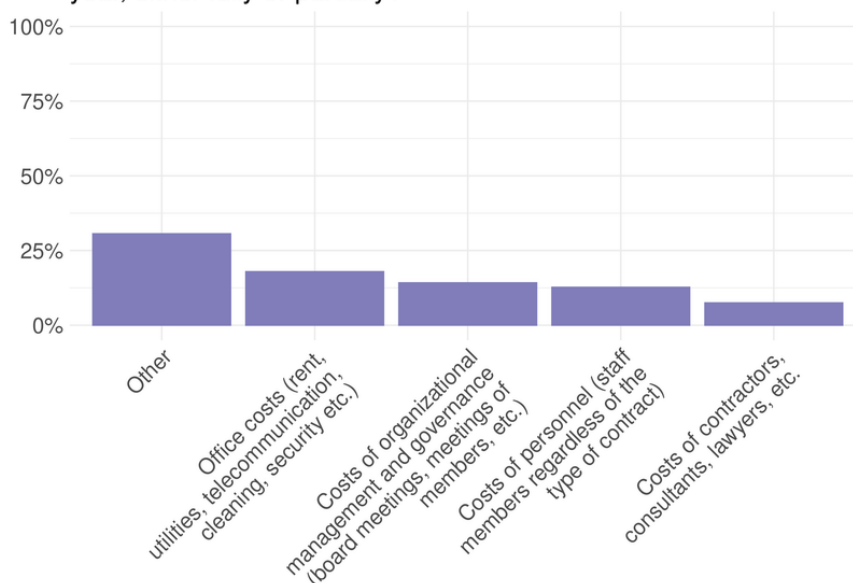
## The impact of the COVID-19 pandemic

The consequence of the pandemic on the organisations responding to the EL\*C survey was first and foremost financial and especially concerning because it occurred within the context of the chronic underfunding described above.

### i. Impact on financial and human resources

During the pandemic, two-thirds (66%) of the organisations experienced either a decrease in funding or uncertainty about their financial future. As a consequence, more than half of the organisations (52%) will not be able to pay the costs of the current year. Only a minority of the organisations (8%) managed to secure any new income to fill this funding gap, while an overwhelming majority (90%) did not manage to find new sources of income or were not yet sure if they would be able to fundraise to fill the gap.

Due to COVID-19, are you at risk of being unable to afford covering :  
year, either fully or partially?



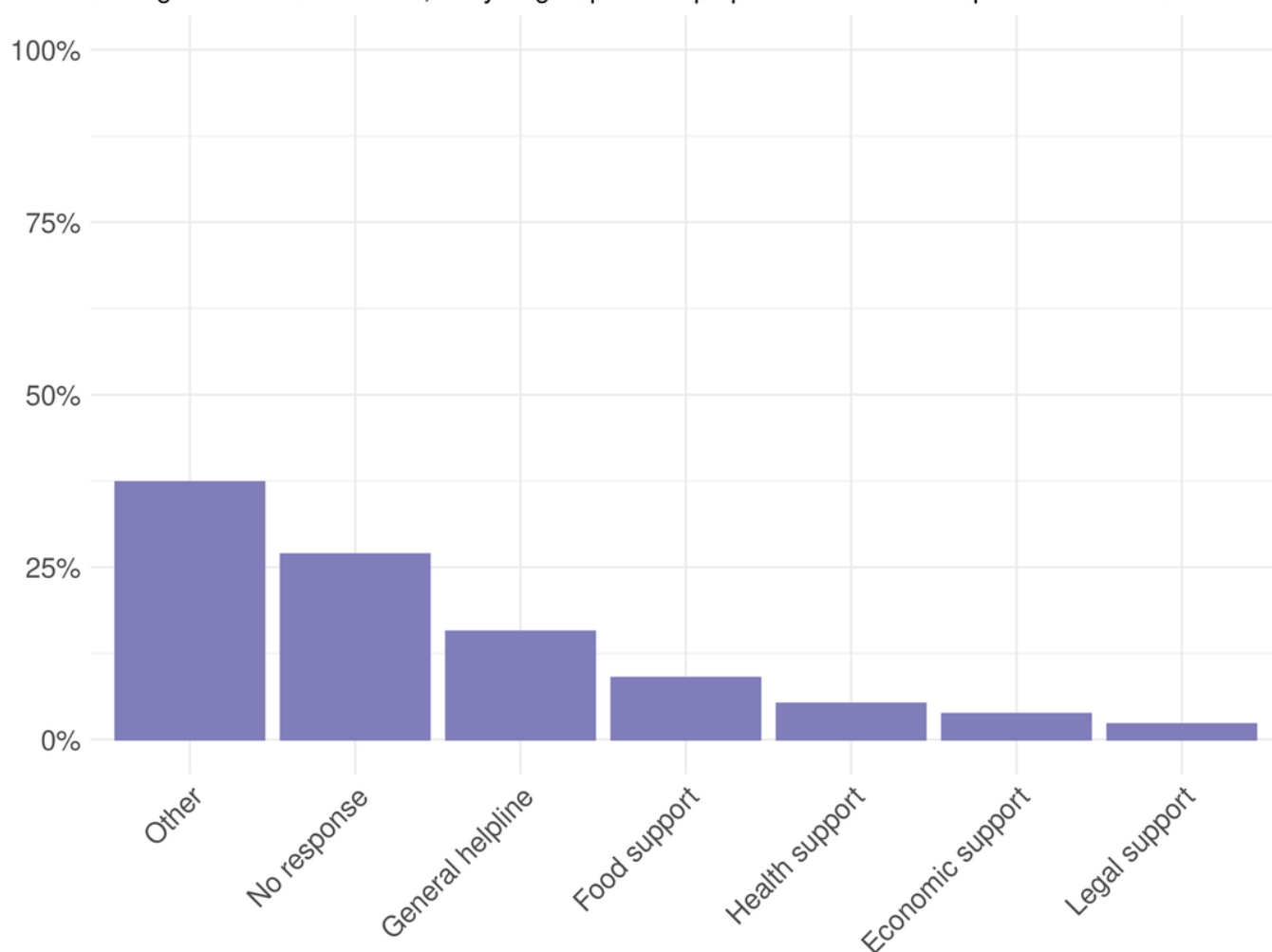
As further detailed below, the organisations surveyed reported a shift of activities, having to direct efforts and actions toward the support of the community. As a consequence, more than half of the organisations (53%) experienced an increase in workload. However in terms of human resources this increased burden did not translate into an increase of employees. Most of the organisations (96%) had to fire their employees or could not afford to hire any new human resources. As a consequence, organisations had to rely even more on their volunteers and, with the lingering pandemic and the effects of the crisis becoming more apparent, 37% of the respondents reported a decrease of volunteers.

## ii. Impact on activities and actions

Predictably, the pandemic had a direct impact on the activities performed by the organisations surveyed. A majority of the organisations, despite the difficulties, continued their activities either by switching them online (53%) or by adapting to health restrictions and securing staff and volunteers to conduct those activities (16%).

Aside from the ordinary activities of the organisations surveyed, 73% of them had to develop specific actions to help the community cope with the crisis while one in every four organisations (26%) had to engage in basic needs support (organising helplines and providing food, economic support, health support).

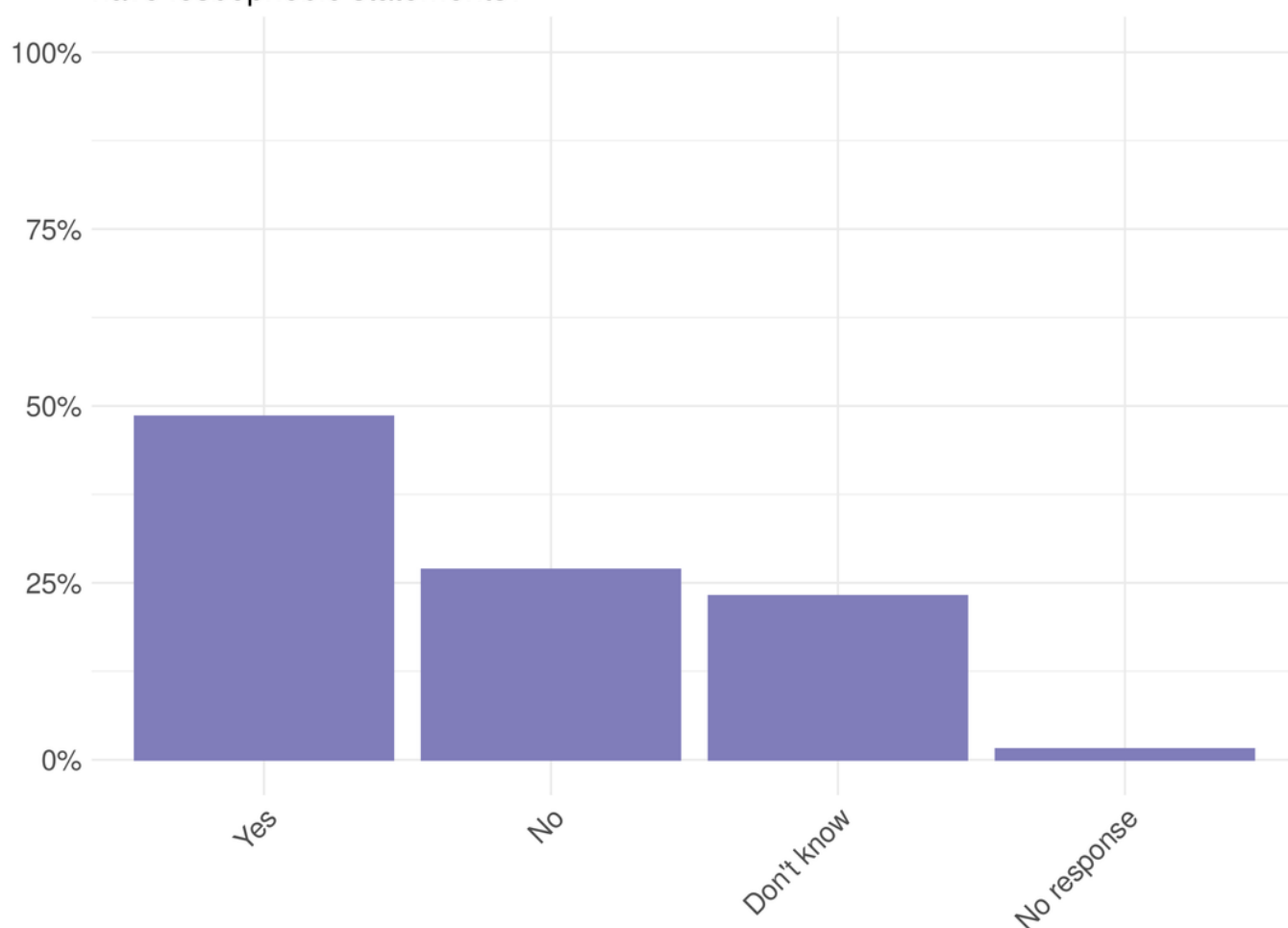
During the COVID-19 crisis, did you group develop specific actions to cope with the situation:



Some of the organisations surveyed also considered it necessary to focus their work and develop programmes for specific lesbian populations, in order to respond to issues affecting those populations intersectionally. 15% focused on younger lesbians, 9% focused on older lesbians and 8% on lesbians who are migrants, seeking asylum or with refugee status while other populations such as rainbow families were directly targeted in some cases.

The consequence of this shift of focus and the increase in workload not sustained by an increase of financial and human resources also had an impact on the capacity of the organisations to respond to the spread of hateful rhetoric around the pandemic and to lesbophobic statements. 48.5% of the organisations declared that political parties, religious groups or the media made lesbophobic statements. More than half (56%) of the organisations surveyed reported that it was impossible to react effectively.

In your country, during the COVID-19 crisis, did any political parties, religious groups have lesbophobic statements?



“One of the team members experienced a lesbophobic attack on public transport because of a rainbow-colored mask. After the end of the state of emergency, the number of users who contacted us because of the surviving lesbophobic attack increased drastically”

LESBIAN NGO, SERBIA

In certain countries, respondents reported that this meant difficulties especially in reacting to the deprioritisation of the advancement of LGBTIQ and women’s rights by national authorities (e.g: the blocking of the law on access to assisted reproduction treatment in France and of the anti-hate crime legislation in Italy) or to the passing of laws directly aimed at limiting rights of LGBTIQ people and women (e.g. amendments to the Russian constitution defining marriage as a relationship between a man and a woman, and limitation to the right to abortion in Poland).

# RECOMMENDATIONS TO POLICYMAKERS, INSTITUTIONS AND DONORS AT LOCAL, NATIONAL, EUROPEAN AND INTERNATIONAL LEVEL

## **Recommendations to address the data gap concerning lesbians experiences and lived realities**

- In the design, implementation, and analysis of surveys/research projects on the impact of COVID-19 on women and/or LGBTIQ people in general, ensure the visibility of lesbians and their lived experiences by including tailored survey items, by reporting disaggregated data for this population and by including lesbian perspectives in research reports.
- In the research effort to analyse the consequences and aftermath of COVID-19 pandemic, ensure that research and data collection efforts that focus specifically on lesbians are implemented and funded by national and international actors.
- Ensuring the inclusion of lesbian-led organizations and community experts throughout the research cycle in order to conduct research that is not only rigorous, but also inclusive, intersectional, and provides concrete support to the efforts of lesbian civil society in reacting to the consequences of the pandemic in the lesbian community.

## **Recommendations to address the heightened impact of the COVID-19 pandemic on lesbian individuals**

### Safety and experience of violence

- Address the increased feeling of unsafety in the lesbian communities and its heightened impact on lesbians' mental well-being by ensuring that sexual orientation, gender identity, and gender expression are expressly recognised as strands of hate crime and hate speech in law and by ensuring the effective application of those legislations already existing in the relevant legal framework.
- Address the issues of violence, harassment, hate crime and hate speech against lesbians in public spaces by explicitly including the specific experience of lesbians in public measures, awareness-raising campaigns and policies aimed at increasing safety for women and LGBTIQ people in the public space and take into account the specific vulnerabilities in the lesbian community related to further intersectional identities linked to factors such as gender identity, race, ethnic/religious minority, refugee/asylum seeker status and disability.
- Ensure that law enforcement officials, especially those tasked with the enforcement of measures related to the limitation of the spread of COVID-19, are properly trained and sensitized to avoid episodes of discrimination, violence and hate speech perpetrated by police officers and ensure appropriate disciplinary measures in cases when such episodes occur.

- Consider lesbians as particularly vulnerable groups in the designing and implementing of policies aimed at addressing the increase of domestic violence linked to the COVID-19 crisis, taking into account in particular the disproportionate impact suffered by younger lesbians.
- Specifically consider the heightened risk for lesbians who are the target of online hate speech, cyber-bullying, cyber-harassment, when designing measures aimed at addressing the safety of the online environment and attacking online hate crimes
- Address the rise in lesbophobic statements and hateful rhetoric by supporting positive and empowering narratives on lesbians in the media, by including lesbians' experiences in educational programmes, promoting pluralistic and diverse society in schools and by ensuring that lesbians who are public figures can safely participate in public debates and democratic discussions.

### Socio-economic inequalities

- In the implementation of measures aimed at ensuring the economic recovery and providing economic support to households after the COVID-19 pandemic, make sure that the exceptionally difficult position of lesbian families and household is taken into account, considering the double impact of discrimination based on sexual orientation and of inequalities related to gender.
- Address the gaps in anti-discrimination legislation, making sure that sexual orientation and gender identity are included as protected characteristics when dealing with discrimination in the workplace and providing specific awareness raising when training professionals dealing with such episodes of discrimination (lawyers, trade unions, human resources personnel).

### Discrimination and access to health

- Ensure that in the application of lockdown measures, social distancing and travel limitations, lesbian relationships and families are treated equally by legally and fully recognising such relationships and families and by ensuring that they are equally protected in law and in practice by the public authorities.
- Address the gaps in anti-discrimination legislation, making sure that sexual orientation and gender identity are included as protected characteristics when dealing with discrimination in access to housing, goods and services and access to health.
- Address the heightened exposure to discrimination in access to health, by ensuring that awareness-raising of healthcare professionals on the specific needs and living conditions of lesbians (e.g., sexual health needs, heightened mental health vulnerability) is included in the design and implementation of health policies, especially in the reorganisation of health services due to the COVID-19 pandemic and taking into account the specific vulnerabilities in the lesbian community (e.g. lesbians with disabilities, trans and non-binary lesbians).
- Ensure the direct involvement and leadership of lesbian civil society organisations in the designing of targeted campaign and training for healthcare professionals with regard to the specific needs of lesbians.



## **Recommendation to address the impact of the COVID-19 pandemic on the lesbian civil society**

- Strengthen and increase visibility, participation, and representation of lesbian civil society organisations by involving and consulting them in policy making processes in general and especially concerning the rebuilding and recovery measures in the aftermath of the COVID-19 pandemic.
- Ensure appropriate funding to lesbian-led and lesbian-focused organisations by explicitly recognizing lesbians as a target group in funding priorities and ensure that long-term operational and action funding is provided to both national lesbian organisations and to lesbian networks in Europe and Central Asia.
- Ensure that lesbian civil society at local, national and European and Central Asian levels is able to continue their work in support of the community and ensure adequate response to hateful rethoric and narratives by giving appropriate access to financial resources, especially via public funding, by ensuring funding mechanisms are aligned with the needs of the grassroots lesbian movement and simplifying access to funding for organisations at local and national level (e.g. via re-granting programmes).

# ANNEX 1 - DETAILED METHODOLOGY

## Detailed demography

**Table 1.**

Individuals Sample Characteristics: Sexual orientation, gender identity, age, minority status, COVID-19 infection (N = 2,113)

Dimension	Proportion	Number of respondents
<b>Sexual orientation</b>		
Lesbian	70.75%	1,495
Bisexual	11.26%	238
Queer	10.22%	216
Pansexual	4.45%	94
Asexual	0.90%	19
Other	2.41%	51
<b>Gender identity</b>		
Cisgender woman	74.59%	1,576
Non-binary	14.39%	304
Trans woman	2.93%	62
Trans man	0.43%	9
Other	7.67%	162
<b>Age group</b>		
18 to 24	29.39%	621
25 to 34	33.03%	698
35 to 44	18.36%	388
45 to 54	10.08%	213
55 to 64	6.44%	136
65 to 74	2.51%	53
75 or older	0.19%	4
<b>Minority status</b>		
Person with a disability	7.57%	160
Migrant	4.97%	105
Person belonging to an ethnic minority	4.12%	87
Person of color	3.79%	80
Person belonging to a religious minority	3.74%	79
Person with refugee status / asylum seeker	0.52%	11
Other	6.20%	131
<b>COVID-19 Infection</b>		
No	65.83%	1,391
I don't know, we haven't been tested	21.68%	458
Yes, someone in my household did	11.78%	249
Yes, I did	9.23%	195

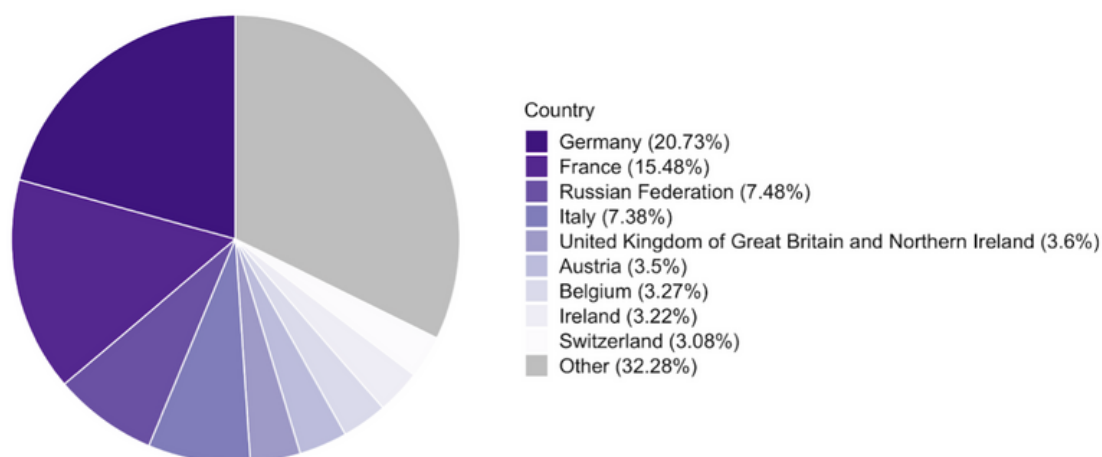


**Table 2.**

Individuals Sample Characteristics: Education and Employment Status (N = 2,113)

Dimension	Proportion	Number of respondents
<b>Education</b>		
No formal education	1.56%	33
Primary education	2.93%	62
Secondary education	21.25%	449
Bachelor or equivalent	32.51%	687
Master or equivalent	34.50%	729
Doctoral or equivalent	7.24%	153
<b>Employment status</b>		
Full-time employee	35.78%	756
Pupil/student, post-graduate, person at mandatory unpaid practice	22.39%	473
Part-time employee	12.02%	254
Self-employed	8.66%	183
Unemployed – not engaged in any activity (looking for a job)	6.48%	137
Employee with contract, but without employment relationship - piecework contract, contract on temporary and occasional jobs, etc.	4.07%	86
Retired	2.60%	55
Other inactive person (not looking for a job)	0.85%	18
Person with permanent disability who does not work	0.71%	15
Person who carries out housework at his/her/their own household	0.38%	8
Other	6.06%	128

Regarding countries of data collection, most participants (88%) stemmed from 21 countries (see Table 3 and Figure 2), particularly from Germany (21%), France (16%), Russia, and Italy (7% each). The remaining participants (12%) stemmed from 49 countries (see table note for Table 3), with a small number of participants (< 1% of the total sample or 21 participants) per country.



**Figure 2.** Country of data collection (individuals).

**Table 3.**

Individuals Countries of Data Collection (N = 2,113)

Country	Proportion	Number of respondents
Germany	20.73%	438
France	15.48%	327
Russian Federation	7.48%	158
Italy	7.38%	156
United Kingdom of Great Britain and Northern Ireland	3.60%	76
Austria	3.50%	74
Belgium	3.27%	69
Ireland	3.22%	68
Switzerland	3.08%	65
Romania	2.84%	60
Spain	2.56%	54
Ukraine	2.46%	52
Netherlands	1.99%	42
Sweden	1.85%	39
Greece	1.51%	32
Finland	1.42%	30
Portugal	1.28%	27
Slovenia	1.28%	27
Norway	1.23%	26
Poland	1.23%	26
Malta	1.09%	23
All other countries (< 1%)	11.55%	244

Note. Other countries include: Afghanistan, Albania, Andorra, Argentina, Armenia, Australia, Belarus, Benin, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Colombia, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Georgia, Hungary, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Israel, Japan, Jordan, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Mexico, Montenegro, Nicaragua, Nigeria, Peru, Philippines, Republic of Moldova, Saudi Arabia, Senegal, Serbia, Slovakia, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Turkey, United States of America.

**Table 4.**

NGO and organisations - Country of data collection for the organizational sample (N = 134)

Country	Proportion	Number of organizations
Germany	30.60%	41
Italy	11.94%	16
France	10.45%	14
Ireland	4.48%	6
Austria	3.73%	5
Spain	2.99%	4
Sweden	2.99%	4
Other focus (e.g., regional)	2.24%	3
Romania	2.24%	3
Tajikistan	2.24%	3
Turkey	2.24%	3
Albania	1.49%	2
Belgium	1.49%	2
Serbia	1.49%	2
Slovenia	1.49%	2
Ukraine	1.49%	2
United Kingdom of Great Britain and Northern Ireland	1.49%	2
Armenia	0.75%	1
Bulgaria	0.75%	1
Czech Republic	0.75%	1
Greece	0.75%	1
Japan	0.75%	1
Malta	0.75%	1
Netherlands	0.75%	1
Norway	0.75%	1
Russian Federation	0.75%	1
Switzerland	0.75%	1

# ANNEX 2 - RESULTS FOR MULTILEVEL LOGISTIC REGRESSION MODELS

Variable	N	Significant	aOR	p	% (bivariate)
Relocation to family due to pandemic	1,888	yes	6.71	<.001	young adult: 39.92% adult: 8.77% (elderly: 3.92%) young adult: 46.11%
Feeling stressed in heteronormative environment due to pandemic	1,891	yes	3.88	<.001	adult: 15.23%  (elderly: 9.8%)
Experience domestic violence or abuse by another family member during pandemic	1,891	yes	6.31	<.001	young adult: 8.54% adult: 0.76%  (elderly: 1.96%)

Variable	N	Significant	aOR	p	% (bivariate)
Policing: Experience of police abuse, state policies restrictions, abusive authorities	1,73	no	1.35	.215	not minority: 24.39%  minority: 32.98%
Feeling unsafe during crisis (overall)	1,891	no	1.20	.436	not minority: 24.41%  minority: 29.52%
Harassments or threats in daily life linked to pandemic	1,891	yes	2.33	.019	not minority: 4.14%  minority: 9.52%
Physical violence linked to pandemic	1,891	yes	4.66	.022	not minority: 0.56%  minority: 2.86%
Avoidance behavior linked to pandemic	1,891	no	1.29	.231	not minority: 33.09%  minority: 39.05%

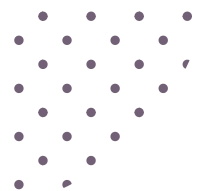
## Young adults

(reference: adult – 25 to 65 years)

Mixed-effects logistic regression (random intercept: country), controlling for: gender identity (cis vs. not cis), sexual orientation (lesbian vs plurisexual/asexual), education (university level vs. not university level), minority status (minority vs. not minority)

## Racial/ethnic minority

Mixed-effects logistic regression (random intercept: country), controlling for: gender identity (cis vs. not cis), sexual orientation (lesbian vs plurisexual/asexual), education (university level vs. not university level), age (young adult vs. adult vs. elderly)



Variable	N	Significant	aOR	p	% (bivariate)
Access to healthcare during pandemic	1,881	yes	3.45	<.001	no disability: 27.08% disability: 54.9%
Access to special healthcare treatment	1,863	yes	3.47	<.001	no disability: 20.98% disability: 50.66%

## Disability

Mixed-effects logistic regression (random intercept: country), controlling for: gender identity (cis vs. not cis), sexual orientation (lesbian vs plurisexual/asexual), education (university level vs. not university level), age (young adult vs. adult vs. elderly)

Variable	N	Significant	aOR	p	% (bivariate)
Feeling unsafe during the crisis (online)	1,891	yes	1.73	.008	cis: 4.92% trans: 9.64%
Feeling unsafe during the crisis (public)	1,891	yes	2.08	<.001	cis: 10.11% trans: 19.91% cis: 22.74%
Policing: Experience of police abuse, state policies restrictions, abusive authorities	1,73	yes	1.44	.008	trans: 31.37%
Access to healthcare during pandemic	1,881	yes	1.33	.018	cis: 27.31% trans: 35.56%
Access to special healthcare treatment	1,863	yes	2.02	<.001	cis: 19.6% trans: 35% cis: 55.27%
Loneliness and reduced access to LGBTI spaces	1,891	yes	1.54	<.001	trans: 66.81% cis: 30.9%
Avoidance behavior	1,891	yes	1.42	.002	trans: 41.11%

## Trans/nonbinary

Mixed-effects logistic regression (random intercept: country), controlling for: Sexual orientation (lesbian vs plurisexual/asexual), education (university level vs. not university level), age (young adult vs. adult vs. elderly), minority status (any minority vs. no minority)

## ANNEX 3 - VARIABLE CODING

Variable	Categories used for analysis
Gender identity	<ul style="list-style-type: none"> <li>• Cis*</li> <li>• not cis (all other categories; grouped together due to low case numbers)</li> </ul>
Sexual orientation	<ul style="list-style-type: none"> <li>• lesbian*</li> <li>• plurisexual (i.e., pan- or bisexual) and asexual (grouped together due to very low case numbers for asexual participants)</li> </ul>
Education	<ul style="list-style-type: none"> <li>• at least some university education</li> <li>• no university education*</li> </ul>
Minority status	<ul style="list-style-type: none"> <li>• not belonging to any minority*</li> <li>• belonging to at least one minority</li> </ul>
Age group	<ul style="list-style-type: none"> <li>• young adult: 18-24</li> <li>• adult: 25-64*</li> <li>• elderly: 65+</li> </ul>
Racial/ethnic minority	<ul style="list-style-type: none"> <li>• yes (person of color, ethnic minority, refugee)</li> <li>• no*</li> </ul>

Note. Asterisks indicate reference category.



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