

INTERSECTIONS

DIVING INTO THE FRA LGBTI II SURVEY DATA

LESBIANS BRIEFING

Prepared By :

Cianán B. Russell, Ph.D.
Senior Policy Officer, ILGA-Europe

Ilaria Todde
Advocacy and Research Director, EL*C



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Intersectional analysis from findings of the European Union Agency for Fundamental Rights (FRA) 2nd LGBTI survey on LGBTI people in the EU and North Macedonia and Serbia (2019)

Introduction

This research sought three things: 1) to define “lesbians” in a broadly inclusive way, 2) to disaggregate the responses of lesbians with different identities and lived experiences and 3) to provide a gender analysis of the data obtained via the FRA LGBTI II Survey. As to the first, the FRA LGBTI II Survey [1] separated respondents onto different survey tracks early in the survey, meaning that intersex people responded to one set of questions, endosex [2] trans people a second set, and cisgender and endosex lesbian, gay, and bisexual people a third set. This meant in practice that the definition of “lesbians” in the FRA LGBTI Survey II Report, “A Long Way to Go For LGBTI Equality”, only refers to cisgender, endosex lesbians.

This research created a new sample group which included everyone who selected “Lesbian” as their sexual orientation, regardless of their sex characteristics or gender identity. As such, the word “lesbian” throughout this report is used inclusively to refer to every respondent who self-identified as a lesbian. The analysis presented here also disaggregated respondents based on their responses to questions about their disabilities status, ethnic minority or migration status, age, gender identity, and sex characteristics, and allows for comparisons of the lived experiences of lesbians among these groups. Finally, the report goes one step further and provides an analysis of the data that takes into consideration broader gender inequalities and exposure to gender-based violence and discrimination experienced by women and people perceived as such in society. This is done by comparing the data with other research and studies on lesbians and drawing attention to elements to be taken into account in future data collection concerning LGBTI people.

There exists a significant gap in data on lesbians and LGBTI people in particular, and especially when analysing these groups in an intersectional and multidimensional way. This briefing and the other briefings in the *Intersections* series [3], seek to elaborate on existing analyses of the FRA LGBTI Survey II (2019) and provide a more complex and complete picture of LGBTI people in the region, and are based on analysis commissioned by TGEU and ILGA-Europe. In order to make sure that the point of view of the lesbian community was represented in full, this document is the result of a collaboration between ILGA-Europe and the EL*C, the Eurocentralasian Lesbian* Community, both contributing in the data analysis and drafting of the briefing.

The methodology and background information on the survey are available in Annex 1.

1. FRA (European Union Agency for Fundamental Rights) (2020), *A long way to go for LGBTI equality*, Luxembourg, Publications Office. Available at: <https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results>

2. Endosex means not intersex, or being born with sex characteristics that fit the societal definitions of a male or female body.

3. Available from <https://www.ilga-europe.org/report/fra-lgbti-report-2019-intersections/>

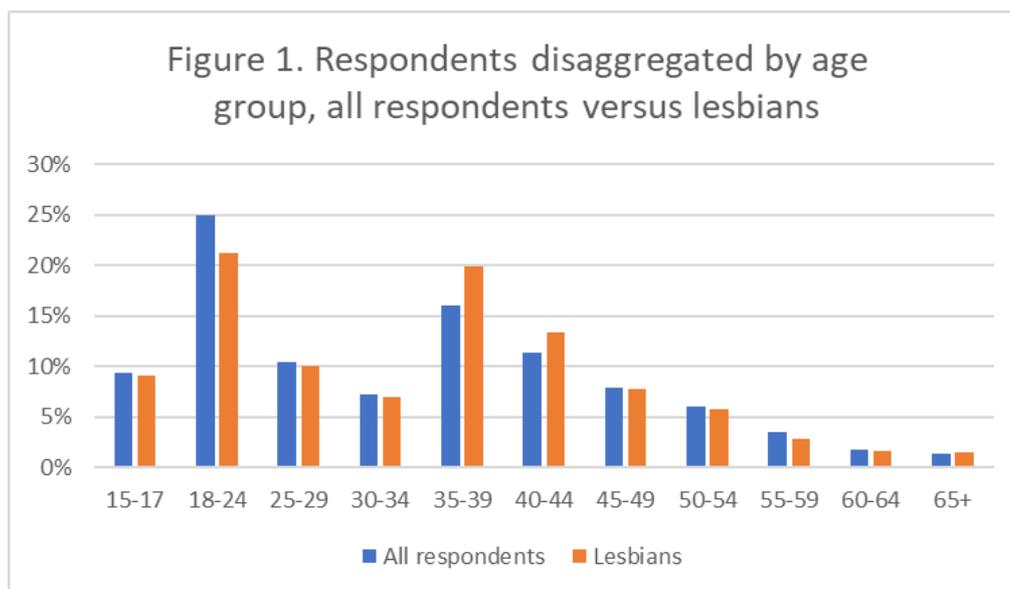
Results and Discussion

Respondents to the FRA LGBTI II Survey were asked questions about their identities and demographic information, socioeconomic status, parenthood, experiences with discrimination, violence, and harassment, and life satisfaction. In this briefing, we highlight key findings from the cross tabulation regarding the lived experiences of lesbians.

The full disaggregated data analysis is [available in table form at this link](#).

Identities and Demographic Information

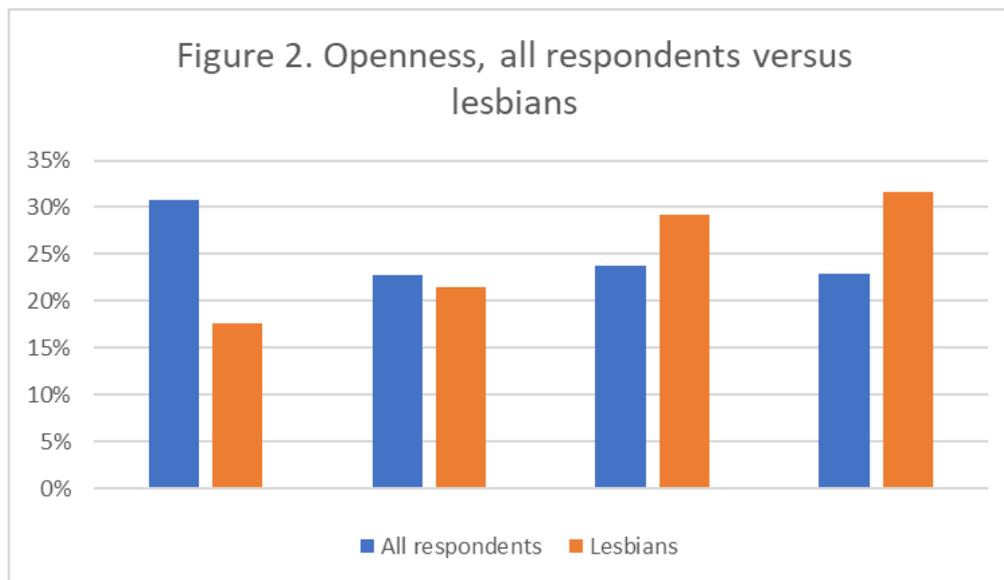
Lesbian respondents had a somewhat different age distribution than the total respondent population (Figure 1). There were fewer young lesbians than younger people among the total population, and fewer older lesbians, with more lesbian respondents concentrated in the 35-44 age range.



When asked “In the country where you live, do you consider yourself to be part of any of the following, other than LGBTI?” (question H15), 5.58% of lesbians identified as being an ethnic minority (including of migrant background) and 5.09% identified as having disabilities (for the total respondent population, these were 7.71% and 5.18%, respectively).

Among lesbian respondents, 12.88% identified as trans (broadly defined), compared to 14.51% of all respondents. Additionally, 88.68% of lesbians would describe themselves as a woman or girl, 2.87% as a trans woman or girl (not all trans women and girls selected “trans woman or girl” for their identities; the majority selected “woman or girl” from the options available), 7.25% as non-binary, genderqueer, gender, polygender, or gender-fluid (hereafter “non-binary”), and 0.39% as either a man, boy, trans man, or trans boy [4]. 1.99% of lesbian respondents would describe themselves as intersex (compared to 2.45% of the total respondent population).

Lesbians were more open [5] about being LGBTI than the total respondent population (Figure 2).



Socioeconomic Status

The survey asked respondents several questions pertaining to their socioeconomic status. Firstly, respondents were asked about their type of employment (question H2); in this regard, lesbians were slightly more likely to be in paid work than the total respondent population (54.11% and 49.06%, respectively), but when further disaggregated, the picture is more complicated in terms of access to the labour market, with intersex and non-binary lesbians, lesbians with disabilities, and lesbians who are both trans and of an ethnic minority (including of a migrant background) being less likely to be in paid work, more likely to be unemployed, and more likely to be unable to work due to a long-term health problem (Table 1). Trans lesbians of an ethnic minority (including of a migrant background) and non-binary lesbians were more likely to be self-employed, which may reveal additional barriers to traditional employment.

4. The total number of lesbians who identify as men, boys, trans men, or trans boys is too small for meaningful statistical comparison. As such, comparisons are not made in this briefing.

5. The survey asked respondents to which extent they are open about being LGBTI to different people, such as family members, friends, colleagues, etc. FRA calculated four levels of ‘openness’: very open, fairly open, rarely open, and almost never open.

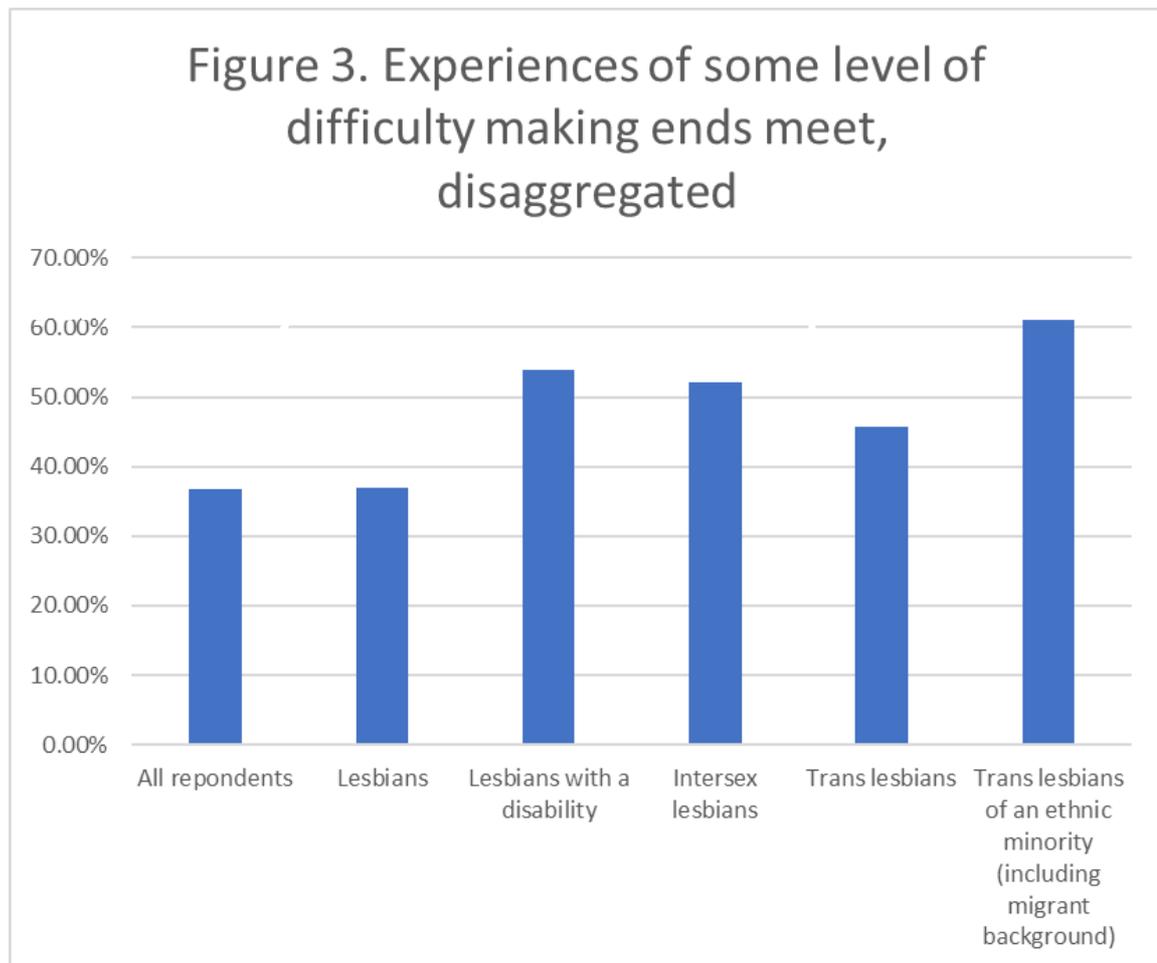
Table 1: Type of employment, excerpted selection of response options, H2

	All respondents	Lesbians	Lesbians of an ethnic minority (including migrant background)	Lesbians with disabilities	Intersex lesbians	Trans lesbians	Trans lesbians of an ethnic minority (incl migrant background)	Non-binary lesbians
In paid work	49.06%	54.11%	53.67%	37.57%	31.70%	45.40%	41.67%	42.59%
Self-employed	9.67%	9.58%	9.21%	7.26%	5.97%	9.82%	16.04%	11.61%
Unpaid or volunteer work	0.09%	0.91%	0.77%	1.53%	0.80%	0.82%	0.75%	0.62%
Unemployed	4.78%	4.31%	2.85%	6.09%	7.76%	7.51%	3.39%	5.69%
Student	27.92%	23.45%	27.13%	24.03%	31.16%	21.23%	26.23%	28.99%
Retired	1.98%	1.93%	1.25%	3.50%	3.56%	4.36%	3.49%	2.16%
Unable to work due to long-term health problem	2.35%	2.27%	2.33%	16.41%	10.48%	5.37%	7.65%	3.95%
Fulfilling domestic duties	0.60%	0.65%	0.55%	1.03%	3.11%	1.57%	0.18%	1.09%

In aggregate, lesbians had similar likelihood of having some level of difficulty making ends meet, compared with all respondents (36.96% and 36.79%, respectively) [6]. However, intersex and trans lesbians, lesbians with disabilities, and lesbians who are both trans and of an ethnic minority (including of a migrant background) were much more likely to have difficulties, with trans lesbians of an ethnic minority (including of a migrant background) nearly twice as likely (61.03%) to have difficulty making ends meet (Figure 3).

Also notable is the relative likelihood of having great difficulty making ends meet for those who are multiply marginalised: while 4.91% of lesbians in general selected this response, 8% of non-binary lesbians, 9.72% of trans lesbians, 10.77% of intersex lesbians, 12.75% of lesbians with disabilities, and 12.96% of trans lesbians of an ethnic minority (including of a migrant background) selected it.

Finally, of note in this section, respondents were asked about their experiences of homelessness. While lesbians in general had about the same exposure to homelessness as the total population (17.66% and 17.39%, respectively), 24.17% of trans lesbians, 26.57% of non-binary lesbians, and 35.35% of intersex lesbians had some experience of homelessness, and trans lesbians of an ethnic minority (including of a migrant background) had nearly three times the rate of lesbians in general with 43.23% experiencing homelessness.



Gender analysis on socioeconomic inequalities

It is important to note that the FRA LGBTI Survey II did not allow respondents that indicated that they were in paid work to provide specifics about their employment situation, such as if they were in part-time or minimum-wage employment. In order to conduct data collection that takes into consideration multiple and intersecting discrimination, it is fundamental to be attentive to general trends of gender inequalities and analyse whether those are impactful for lesbians and other LGBTI women. In this sense, data relating to the quality of employment relationship is as important as data on the employment rate.

In a survey conducted by the EL*C in 2020 on the impact of the COVID-19 pandemic, 40% of the respondents declaring to be employed were engaged with contracts that were not full-time, not open-ended, or neither [7]. These numbers align with the general trend that women are more often in such types of employment. The EIGE Gender Equality Index 2020 found that “women tend to be found more often in temporary, part-time or precarious employment... 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” [8].

The attention to the impact of gender inequalities in employment was drawn in particular by the socio-economic impact of the COVID-19 pandemic. As mentioned in the UN Secretary-General’s policy brief on the impact of COVID-19 on women, “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” [9].

7. 1279 of the 2113 total respondents (60%) declared to be engaged in work. Among the respondents declaring to be working, 20% declared to have part-time contracts, 14% declared to be self-employed and 7% declared to be working in more precarious employment relationship (piecework contract, contract on temporary and occasional jobs). Data can be extrapolated via EL*C data explorer tool, available from: <https://elc-org.shinyapps.io/lesbian-covid-survey/?fbclid=IwAR0Xhwjhi5pJyp7GMJBVFvN4ENtpbD6pK2nxwx8uTgdDTqRSIT5I3u5rEnc>

8. EIGE, Gender Equality Index 2020 report, page 25, available from:

<https://eige.europa.eu/publications/gender-equality-index-2020-report>

9. Policy brief available from: <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>

Parenthood

Respondents were asked about whether or not they were parents, as well as their legal and biological relationships with their children. 16.74% of all lesbians (including 20.66% of trans lesbians) responded that they have children, compared to 13.31% of total respondents. The legal and biological relationships between lesbians and their children were somewhat different from the total respondents: where 76.49% of total respondents were both legally and biologically linked to their children, this was the case for only 65.87% of lesbians; lesbians were more likely to be legally related but not biologically than among the total population (16.50% and 7.90%, respectively) and to be raising children they are neither legally nor biologically related to (15.48% and 8.62%, respectively). Additionally, care responsibilities differed somewhat for lesbians compared to the total population, as well as among different groups of lesbians (Table 2).

Table 2. Among those who have children, is childcare shared with a partner? H13: note that “No” includes those who do not have partners.

	All respondents	Lesbians	Lesbians of an ethnic minority (including migrant background)	Lesbians with disabilities	Intersex lesbians	Trans lesbians
Yes	13.70%	15.16%	15.07%	12.13%	20.36%	16.49%
We share care responsibilities with another person(s)	2.52%	2.94%	3.16%	2.74%	3.32%	4.26%
No	83.78%	81.90%	81.78%	85.12%	76.31%	79.25%

Life Satisfaction

Finally, respondents were asked to rank their life satisfaction on a scale from 0 to 10, with 10 being the most satisfied and 0 the least. Lesbians were slightly more satisfied than the total population (6.57 and 6.41, respectively), while those experiencing intersectional exclusion less so: lesbians from an ethnic minority (including of a migrant background) at 6.19, trans lesbians at 5.82, non-binary lesbians at 5.72, intersex lesbians at 5.63, and lesbians with disabilities at 5.57.

Experiences with Discrimination

The FRA LGBTI II Survey asked a series of questions about experiences related to discrimination in a focused section (Section C) across a variety of life contexts.

Lesbians were more likely to have experienced discrimination looking for housing in the last 12 months than the total population (14.53% and 10.95%, respectively). Multiply-marginalised lesbians were even more likely to have such experiences, with reports of this experience coming from:

- 17.91% of non-binary lesbians,
- 18.39% of lesbians belonging to an ethnic minority, including of a migrant background,
- 19.95% of trans lesbians,
- 23.08% of intersex lesbians,
- 24.27% of lesbians with disabilities,
- and 32.89% (over 3 times the total population) of trans lesbians of an ethnic minority (including of a migrant background).

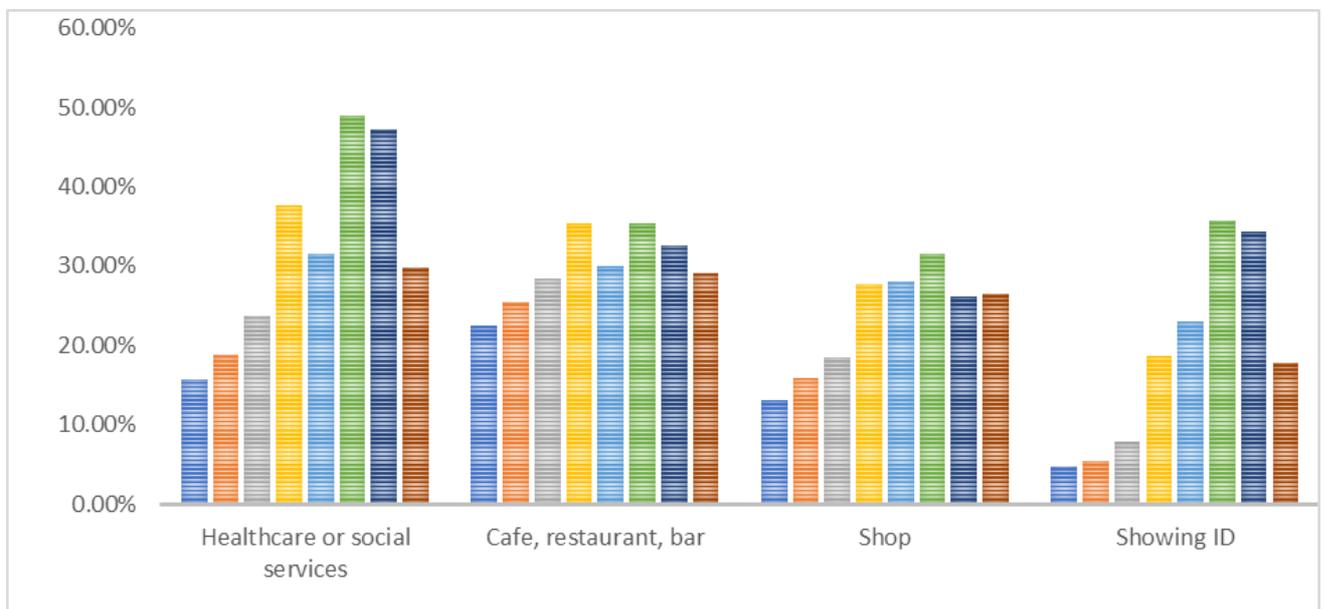
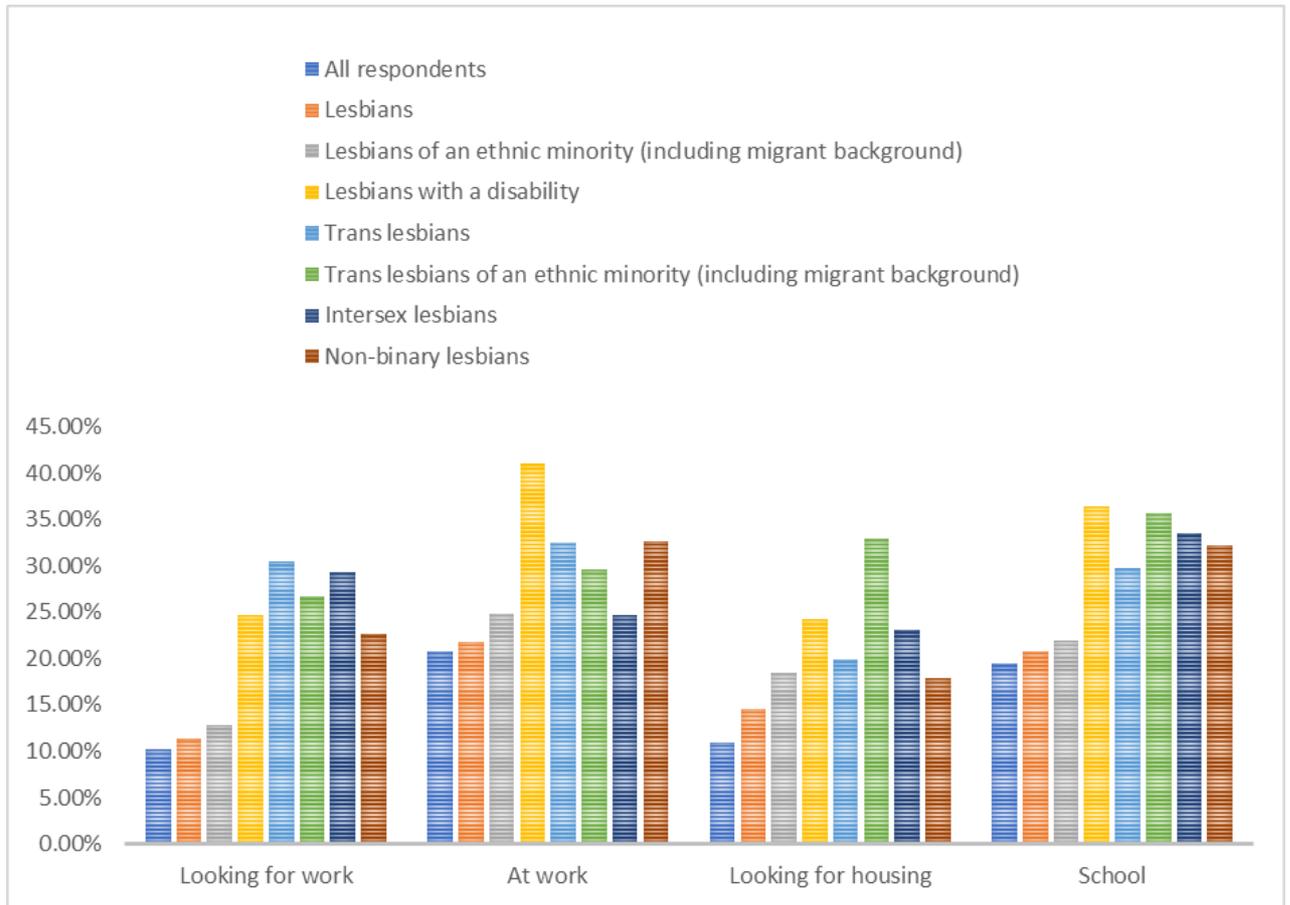
Similar trends were present across all areas of life (Figure 4).

However, as with the total population, lesbians were very unlikely to report these experiences of discrimination: all lesbian respondents reported in less than 117% of cases, with intersex lesbians the most likely to report (16.39%) and non-binary lesbians and ethnic minority lesbians, including of a migrant background, the least likely (10.01% and 10.86%, respectively). Among those who did report, most reporting was to either an employer (48.69% of lesbians who reported) or the place where it happened (49.66% of lesbians who reported); very little reporting was to equality bodies (4.17% of lesbians who reported, including only 1.01% of lesbians with disabilities and 0.00% of ethnic minority lesbians, including of a migrant background, who reported). When asked about why they chose not to report, lesbians were less likely to link this to not wishing to reveal their SOGIESC (15.96% of lesbians compared to 21.52% of the total population), data that can be explained by the fact that lesbian respondents to this survey appeared to be more open than the total population about being LGBTI.

Specifically in the context of healthcare, respondents were asked if they had faced a series of specific discriminatory situations; lesbians were more likely than the total population to report that their specific needs were ignored (10.47% and 7.18%, respectively), with trans lesbian women nearly 3 times as likely as the total population (19.67%) and intersex lesbians even higher (24.46%). Lesbians also experienced elevated instances of inappropriate curiosity compared to the total population (17.89% and 14.24%, respectively), with trans lesbian women and lesbians with disabilities most disproportionately affected (24.98% and 29.22%, respectively).

Trans lesbian women and intersex lesbians were also significantly more likely to experience “being pressured or forced to undergo a certain medical or psychological test” (17.97% and 22.81%, respectively, compared to 2.89% of lesbians and 3.18% of the total population). Intersex and non-binary lesbians avoided healthcare services as a result of potential discrimination at more than double the rate of lesbians overall (14.60% of intersex lesbians, 14.48% of non-binary lesbians, and 7.24% of all lesbians).

Figure 4. Location where discrimination took place, excerpted selection of response options, C1



Gender analysis on discrimination in healthcare

Trans lesbian women and intersex lesbians were also significantly more likely to experience “being pressured or forced to undergo a certain medical or psychological test” (17.97% and 22.81%, respectively, compared to 2.89% of lesbians and 3.18% of the total population). Intersex and non-binary lesbians avoided healthcare services as a result of potential discrimination at more than double the rate of lesbians overall (14.60% of intersex lesbians, 14.48% of non-binary lesbians, and 7.24% of all lesbians).

Gender-biased health research is a well-known, well-document phenomena [10], with lesbians appearing not to be an exception. In 2020, EL*C conducted a content analysis of the representation of lesbians in health-related research on LGBTI populations. Of 230 health-related reviews eligible for inclusion in the analysis, 51% (118) focused exclusively on gay, bisexual, and other non-heterosexual men. Another 40% (93) focused on mixed populations, and only 8% (19) on lesbian, bisexual, and other non-heterosexual women [11-12].

The underrepresentation of lesbians in research is not a recent phenomenon. A review [13] of the inclusion of sexual and gender minority populations in public health research from 1980 to 1999 found that 28% of articles on sexual or gender minority health included data on lesbians and 9% include data on bisexual women, while the numbers were 80% and 39% for gay and bisexual men respectively. This “gender gap” seems to be driven mostly by the research focuses on sexually transmitted diseases of men who have sex with men, while not considering the sexuality of non-heterosexual women.

Regarding bias and prejudice related to women’s sexuality, these can lead to harmful or inadequate treatments by healthcare professionals. Research and studies collected in the 2022 EL*C report on healthcare for lesbians [14] found that accessing healthcare often includes inappropriate curiosity, lack of knowledge about specific healthcare needs, and assumed heterosexuality and cisheteronormativity [15]. Additionally, bad experiences appear to be directly linked with non-disclosure of sexual orientation with healthcare providers - even when needed - as well as avoidance and withdrawal from healthcare settings and necessary treatments [16].

Furthermore, when lesbians do reveal their sexual orientation, they may receive incomplete or incorrect medical information based on stereotypes or misconceptions. For example, a prevailing myth among some healthcare professionals and in lesbian communities holds that women with exclusively female sexual contacts are not at risk of a human papillomavirus infection and thus of developing cervical cancer [17].

Experience of Violence and Harassment

Respondents were also asked a series of questions about their exposure to violence in the recent past (section E). While the exposure to violence for lesbians was around the same as for the total population (23.38% and 24.55%, respectively), ethnic minority lesbians, including of a migrant background (27.71%), non-binary lesbians (32.96%), trans lesbians (33.86%), lesbians with disabilities (37.03%) and intersex lesbians (50.71%) were much more likely. Intersex lesbians in particular expressed being exposed to violence “all of the time” at more than 10 times the rate of lesbians in general (3.17% and 0.31%, respectively).

Violence experienced by lesbians was also more likely to include sexual violence than for the total population (31.72% and 28.42%, respectively); this over-exposure to sexual violence was exacerbated for trans lesbians (36.30%), intersex lesbians (39.45%), ethnic minority lesbians, including of a migrant background (39.86%), and lesbians with disabilities (45.87%). Lesbians experienced violence by unknown perpetrators to an higher rate than the total population (54.57 and 50.01% respectively).

Trans lesbians and lesbians with disabilities reported violence from police officers and border guards around three times more than all lesbians (4.40% and 3.08% respectively, compared to a 1.74% rate) while rate for intersex lesbians is almost ten time higher (9.37%). Lesbian with disabilities were also 3 times more exposed to violence from other public servant (3.30 vs 0.97%) and trans lesbians 2 times more than all lesbians (2.31% vs 0.97%) (Table 4).

13. Boehmer U. *Twenty years of public health research: Inclusion of lesbian, gay, bisexual, and transgender populations.* *Am J Public Health.* 2002;92:1125–30.

14. EL*C (2022), *A bitter pill to swallow: gaps and discriminations in healthcare for lesbians*, p 3-5. Available from: <https://europeanlesbianconference.org/wp-content/uploads/2022/02/ELC-SUBMISSION-IE-SOGI-health1.pdf>

15. Moegelin L, Nilsson B, Helström L. (2010) *Reproductive health in lesbian and bisexual women in Sweden.* *Acta Obstet Gynecol Scand.* 2010;89:205–9. *World Bank and ERA (2018), Life on the Margins: Survey Results of the Experiences of LGBTI People in Southeastern Europe.* Hutchcraft ML, Teferra AA, Montemorano L, 9 *Patterson JG (2021). Differences in health-related quality of life and health behaviors among lesbian, bisexual, and heterosexual women surviving cancer from the 2013 to 2018 National Health Interview Survey.* *LGBT Heal.* 2021;8:68–78

16. Wells MB, Lang SN (2016). *Supporting same-sex mothers in the Nordic child health field: a systematic literature review and meta-synthesis of the most gender equal countries.* *J Clin Nurs.* 2016;25:3469–83 *Soinio JII, Paavilainen E, Kylmä JPO. Lesbian and bisexual women's experiences of health care: "Do not say, 'husband', say, 'spouse.'" J Clin Nurs.* 2020;29:94–106

17. *Branstetter AJ, McRee A-L, Reiter PL. Correlates of human papillomavirus infection among a national sample of sexual minority women.* *J Women's Heal.* 2017;26:1004–11. *Hariri S, Unger ER, Sternberg M, Dunne EF, Swan D, Patel S, et al. Prevalence of genital human papillomavirus among females in the United States, the National Health and Nutrition Examination Survey, 2003–2006.* *J Infect Dis.* 2011;204:566–73 *Moegelin L, Nilsson B, Helström L. Reproductive health in lesbian and bisexual women in Sweden.* *Acta Obstet Gynecol Scand.* 2010;89:205–9

Table 4. Who committed the violence, excerpted selection of response options, E6

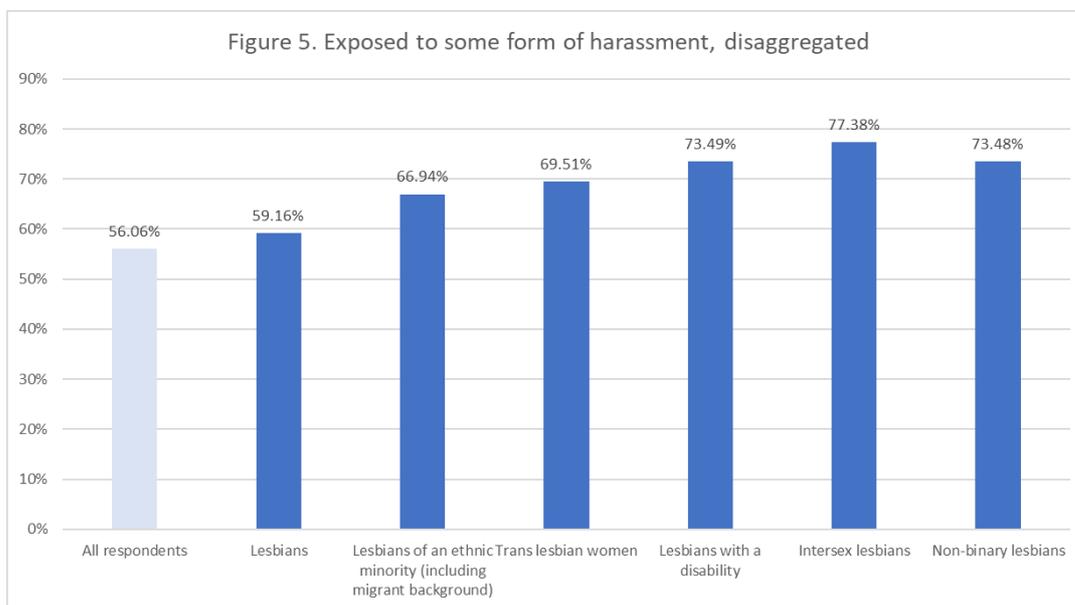
	All respondents	Lesbians	Lesbians of an ethnic minority (including migrant background)	Lesbians with disabilities	Intersex lesbians	Trans lesbians	Non-binary lesbians
Family member	6.31%	6.06%	7.88%	5.28%	12.37%	6.00%	7.65%
From school	9.35%	5.61%	7.53%	7.13%	10.01%	5.74%	6.79%
Group of teenagers	19.53%	15.16%	13.53%	14.93%	28.68%	14.89%	13.58%
Police officer or border guard	2.49%	1.74%	1.26%	4.40%	9.37%	3.08%	2.08%
Other public servant	1.51%	0.97%	0.92%	3.34%	1.08%	2.31%	1.33%
Someone else unknown	50.01%	54.57%	47.16%	51.15%	40.09%	48.64%	47.80%

Regarding the location where violence occurred, the data show that for all groups of lesbians, more than three quarters (75.95%) of violence took place in public spaces (streets, parks, public transport and cafes). Additionally lesbians with disabilities, intersex lesbians, trans lesbians, and non-binary lesbians were exposed to violence more frequently at home (Table 5).

Table 5. Where the violence occurred, excerpted selection of response options, E8

	All respondents	Lesbians	Lesbians of an ethnic minority (including migrant background)	Lesbians with disabilities	Intersex lesbians	Trans lesbians	Non-binary lesbians
At my home	9.14%	9.95%	9.20%	15.34%	16.19%	14.08%	18.25%
School	6.33%	3.74%	5.09%	5.60%	10.01%	4.04%	5.97%
Work	4.35%	4.72%	7.95%	5.08%	6.04%	5.74%	4.17%
Healthcare setting	0.64%	0.39%	1.00%	1.27%	0.00%	0.26%	0.59%
Public spaces	72.90%	75.95%	69.95%	68.47%	66.46%	70.93%	67.40%

When it comes to harassment (section F), lesbians experiencing intersectional marginalisation were more likely to have experienced harassment than lesbians in general or the total population (Figure 5).



The differentiation among different groups of lesbians was particularly stark online; while 7.92% of all lesbians experienced harassment in the form of threatening comments online, this jumped to 17.59% for trans lesbian women, 17.60% for lesbians with disabilities, and 25.68% of intersex lesbians (4 times as likely).

Indeed, intersex lesbians were subject to more harassment than any other group in all but one of the formats available in the question. Intersex lesbians were also nearly 3 times as likely to be harassed by a family member than lesbians in general (16.17% and 5.90%, respectively) and more than 4 times as likely to be harassed by a police officer or border guard (3.42% and 0.90%, respectively), mirroring similar results concerning violence. Non-binary lesbians were the most likely to be harassed by a group of teenagers (19.47%, compared to 16.80% of lesbians in general).

Notably, intersex lesbians were the most likely to report being harassed, with 27.33% reporting to someone (9.24% to an LGBTI organisation and 8.75% to police); only 8.85% of lesbians in general reported harassment, including 10.95% of non-binary lesbians, 11.55% of trans lesbians, 14.03% of ethnic minority lesbians (including of a migrant background), and 14.42% of lesbians with disabilities.

Gender analysis on experiences of violence

The data analysed here show clearly that lesbians' experiences of violence is linked to lesbophobia, which is a combination of mysogyny and stigma related to non-conforming sexual orientations. This becomes especially apparent when data are compared with more in-depth analysis of violence perpetrated against lesbians. Such analysis is available in the EL*C Report "Lesbophobia: an intersectional form of violence" [18] compiling cases of lesbophobic violence perpetrated in Europe and collected by EL*C member organisations.

First of all, the fact that violence against lesbians more often the form of sexual violence is reinforced by experiences related by lesbians organisation and by cases of lesbophobia that have attracted media attention. This is often related to the misconception that women who do not engage in sexual relationships with men are 'sick', 'abnormal' and should be 'corrected' as well as with the mysogynistic belief that women's sexuality is in the service of cisgender, heterosexual men. For example when out in public as a couple, lesbians are objects of sexualised attention by men, aimed at replicating the image of non-heterosexual women spread by the mainstream pornographic industry. This unwanted attention can degenerate into violent aggression when the women react to the catcalling and refuse to satisfy men's fantasies.

On the other hand, the fact that violence against lesbians is perpetrated more often in public spaces and by people unknown appears to be in line with the idea that violence and attacks can be motivated directly by an intention to 'police' the behaviours and attitudes of women in public. As reported, lesbians simple existence in public spaces pose a threat to stereotyped images of women and standards of femininity and these violations of social norms are often met with violence. Examples of such violence include: violence triggered by "too masculine" gender expression, by the intention of "cleaning up public spaces" or by witnessing signs of affections among women (and people perceived as such). This is particularly notable for trans lesbians, who are exposed simultaneously to homophobia, mysogyny, and transphobia, as well as intersectional forms of these (e.g. lesbophobia and transmisogyny, or the intersectional marginalisation of trans women on the basis of being women and of being trans).

Additionally, the higher prevalence of violence perpetrated by police officers and border guards against trans lesbians is reinforced also by data collected during the COVID-19 pandemic, when encounters with law enforcement were made compulsory by measures aimed at restricting social contacts. In particular, in the EL*C Survey on the impact of the pandemic on lesbians, a significantly higher prevalence of abuse by state authorities was found in case of respondents who were trans, non-binary or otherwise did not identify as cisgender women [19] (31% vs 22% of cisgender respondents) [20].

18. EL*C (2021), *Lesbophobia: an intersectional form of violence*, p 12-13. Available from: <https://europeanlesbianconference.org/wp-content/uploads/2021/10/Lesbophobia-3.pdf>

19. The EL*C COVID-19 survey did not collect information on sex characteristics. However, it is important to notice that intersex respondents to the FRA LGBTI Survey II showed the highest prevalence of violence perpetrated by police or border guards. It is therefore likely that also violence against intersex lesbians perpetrated by those public authorities increased during the pandemic

20. EL*C (2021), *Resistance as a way of living: lesbian lives through the COVID-19 pandemic*, pag 13 <https://europeanlesbianconference.org/wp-content/uploads/2021/06/Covid-Report-final-1.pdf>

Conclusion

The objective of this briefing note was to provide an in-depth analysis of the results of the FRA LGBTI Survey II, taking into consideration the point of view of lesbian respondents. The political and socio-cultural developments of the last years, in particular the resurgence of far-right politics and by the so-called “anti-gender” movement, have shown the clear points of contact between the defense of the rights of women and LGBTI people. Recent crises, such as the COVID-19 pandemic and the Russian invasion of Ukraine, are a clear reminder, with their heightened impact on women and minorities, of the fact that the achievements of recent years of political struggles cannot be considered permanent. The political and cultural backlash against women and LGBTI people and the heightened risks to which they are exposed in crisis situations underlines the need to increase focus on those parts of the LGBTI community whose struggles are connected to both movements.

From our analysis, two clear recommendations have emerged that would contribute building a more complete understanding of lesbian lived experiences and struggles:

1. Increase research and data collection, enlarge outreach to less represented groups and improve intersectional analysis of those data

The way in which data are collected, analysed and disseminated always has political consequences and is itself a political choice. In this sense, the artificial separation between cisgender and trans lesbians as well as endosex and intersex lesbians is a disservice to the lesbian community, preventing the drawing of a full picture of lesbian lived realities. Additionally, by offering a more detailed disaggregation based on several perceived or claimed social identities, such as gender identity, sex characteristics, ethnic minority status and disabilities, this briefing offers a more accurate picture of the diversity of the community.

One clear outcome of our analysis is that to build a more complete understanding of the experiences of and marginalisation faced by lesbians in general and certain populations of lesbians in particular, it is fundamental that more data be collected. It is also key that in building and developing future research in the area, there is a need to focus on outreach to diverse parts of the community. A view of the situation of lesbian communities in relationship to other societal issues (e.g. taking into account class and citizenship status as well racial and religious minority status) is also lacking and should be subject to more in-depth analysis.

2. Include in the analysis of data concerning the LGBTI community a gendered analysis and analysis on intersectional forms of marginalisation (such as lesbophobia and transmisogyny)

The experiences of the members of the LGBTI community cannot be fully separated from the broader societal phenomena related to sexism and misogyny; similarly gender equality issues cannot be considered without also taking into consideration marginalisation linked with sexual orientations and gender identities that defy cis-heteronormative societal expectations and gender roles.

The data collected in this briefing indicate that a gendered lens on the FRA LGBTI Survey II data reveals significant coherence with data found in gender equality assessments. For this reason, in the assessment of both the LGBTI populations and gender-related issues, data need to be examined considering intersectional forms of marginalisation, such as lesbophobia and transmisogyny. Further analysing their common roots as well as the impact that they have on the lived experiences of lesbians offers the opportunity not only to improve the rights of lesbians but also to better comprehend and tackle more in general societal phenomena such as sexism, mysogyny, heteronormativity and stigma related to being a sexual and/or gender minority.

Annex 1: Methodology and survey background information

Background: FRA LGBTI II Survey 2019

The statistics used to write this brief come from the 2019 EU LGBTI II Survey conducted by the European Union Agency for Fundamental Rights. The survey was open to individuals who were 15 years of age or older who self-identified as lesbian, gay, bisexual, trans and/or intersex. The survey was conducted online in 27 EU Member States, the UK, Serbia and North Macedonia between May and July of 2019. The respondents were asked a series of questions about their lived experiences, including information about their experiences of discrimination, harassment, violence, openness about their sexual orientation, gender identity, and sex characteristics experiences in education and at work, their relationships and parenting, health, housing difficulties, living conditions and socio-economic status.

Representativeness of the results used in the report

The survey was available to the interested LGBTI people who had access to the internet. Due to the survey being in an opt-in form it did not follow the procedure of random sampling, which would have made it representative of the LGBTI community in Europe. However, we applied weights developed by FRA (2019) [21] so the results presented in the report are as representative of the population as possible.

Sample

This briefing provides information on lesbians, which was a subset from the entire sample of respondents resulting in a sample size of 26,220 (18.76% of the total respondent population of 139,799 respondents). The subsetting process followed a procedure of removing the answers of respondents who did not select “Lesbian” as their sexual orientation (question A4).

Statistical methods

The report is based on descriptive statistics extracted from the survey. The primary method used is cross tabulations, which is used to quantitatively analyse the relationship between multiple variables.