



Engagement Report Connecting with LGBTQ Women in London

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March 2020





Executive Summary

LGBTQ women have too often been left behind in research and support services. They are rarely at the centre of projects about women's health or at the heart of LGBTQ services. This omission isn't because LGBTQ women don't need support – there is reliable evidence that LGBTQ women face higher-than-average levels of mental ill-health, struggle with isolation, and have negative experiences in healthcare.

This report outlines London Friend's engagement project with LGBTQ women in London. By speaking directly to lesbians, gay women, bi women, trans women, and queer women in London, we wanted to find out about some of their support needs. We also connected with existing women's groups to learn about their work and build new partnerships.

The first key takeaway from the project is how difficult it was to find out about LGBTQ women's groups. We faced a number of issues: lots of groups have stopped operating, webpages are out of date, some groups are trans-exclusionary, and web searches bring up news stories about violence and harassment. An up-to-date and centralised directory would be a big asset to LGBTQ women's wellbeing.

We surveyed 17 people who facilitate groups for LGBTQ women, ranging from 7 to 4,000 members. Group leaders emphasized the need for LGBTQ women to connect, build community, and feel a sense of belonging. Almost all the facilitators said their priority is creating a safe space. Safety includes freedom from any kind of harassment or discrimination, physical safety, and not having to justify their identities. Group leaders reported that many of their members face barriers in LGBTQ services and mainstream healthcare, with one third saying that no appropriate support services exist.

We also ran two focus groups for LGBTQ women based in London. We heard from 6 people aged 22 to 53, including bi, queer, lesbian and gay women and a non-binary person. Like group leaders, focus groups members said that connecting with others is fundamental to their wellbeing. Many people struggle with loneliness. Some have to hide parts of themselves to form friendships, so

don't feel fully understood or accepted. Others experience shame and biphobia, or face judgement for not conforming to typical ideas about 'coming out'.

In healthcare services, we heard that women have had their bisexuality pathologized and been misgendered. Sexual health came up as a key issue: women struggle to find reliable information and feel dismissed in mainstream services. Most participants said they don't access LGBTQ spaces because they don't know where to find out about them. Many women who have been to mixed LGBTQ groups have felt excluded since they are mostly attended by cis White men. They told us that their ideal support package would involve connecting with other LGBTQ women in a diverse and safe space, which pro-actively includes lone people.

Our findings are in line with existing evidence about the support needs of LGBTQ women and their experiences of mainstream services. They emphasize the need for London Friend and all LGBTQ organisations to increase our efforts to work with women. London Friend already runs two support and social groups specifically for women, but it is clear that we need to do more.

We plan to take immediate action by building partnerships with groups that work with LGBTQ women. In our initial meetings, we heard that the groups need more physical space since accessible and safe spaces are hard to find in London. There is also potential for London Friend to help with capacity development, sharing volunteers, and raising awareness about what is available. By developing partnerships, we hope to share resources, expertise, and avoid duplicating efforts.

Whilst we worked to promote accessibility and inclusion, the scale of this project was small. There are many intersectional barriers facing LGBTQ women that we haven't yet addressed. Moving forwards, we will build on our initial learnings around isolation, acceptance, diversity, and safety. This report is a first step for London Friend and our findings are a starting point for future work to support LGBTQ women.

We want to extend our thanks to everyone who contributed their experience, time, and insights to the project. Thanks especially to the LGBTQ women, facilitators of LGBTQ women's groups, as well as our partners at Consortium and the National LGB&T Partnership for their input.



Engagement Report

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1 Background

London Friend is the UK's oldest LGBT charity. We have advocated to improve health and wellbeing among our communities for almost 50 years. At the heart of all our work is a holistic approach to wellbeing. In 2019, we supported LGBT people through our drugs and alcohol service, counselling, social groups, and partnerships for sexual health.

Reflecting on our work, we noticed some gaps in who uses our services. One of these gaps is women, as the majority of service users in all of our projects are men. Unfortunately, this situation is common to LGBTQ charities in the UK, especially those that were originally set up as gay men's organisations.

We are committed to making sure no one gets left behind in our work. We are not happy to assume that LGBTQ women make less use of London Friend because they do not need our support. Past research clearly shows that LGBTQ women face multiple challenges to health and wellbeing.

London Friend already runs two social and support groups for women, but we know there is more work to do. That is why we commissioned an engagement project with LGBTQ women in London. By speaking directly to lesbians, gay women, bi women, trans women, and queer women in London, we wanted to find out about some of their support needs. We also connected with existing women's groups to learn about their work.

In light of our findings, we have put together recommended next steps for London Friend. We look forward to building on this project and forming partnerships to extend our support for LGBTQ women.

What we know

LGBTQ communities as a whole experience many health and wellbeing issues. Still Out There found that LGBT

people in London struggle with high levels of poverty and prejudice. Despite the demand for services, LGBT service provision is still underfunded or not available in many London boroughs¹.

Lesbian, bi, gay, trans and queer women are often hidden in discussions about health and wellbeing. Within the field of LGBTQ health, women are rarely the focus. The same is true within women's health, as LGBTQ women are often overlooked.

As a result, the evidence in this area is patchy. We know less about trans women specifically than we do about lesbian and bi women in general (though lesbian and bi women include trans women). The overall lack of evidence means we don't have a clear picture of the situation among LGBTQ women who are part of multiple marginalised groups. The LGBT Foundation explains that 'there appears to be an almost complete dearth of evidence relating to the specific needs of lesbian and bisexual women from different ethnic backgrounds and of women with disabilities.'²

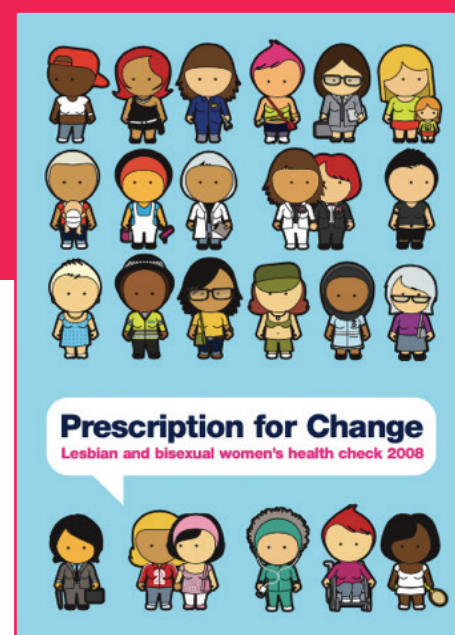
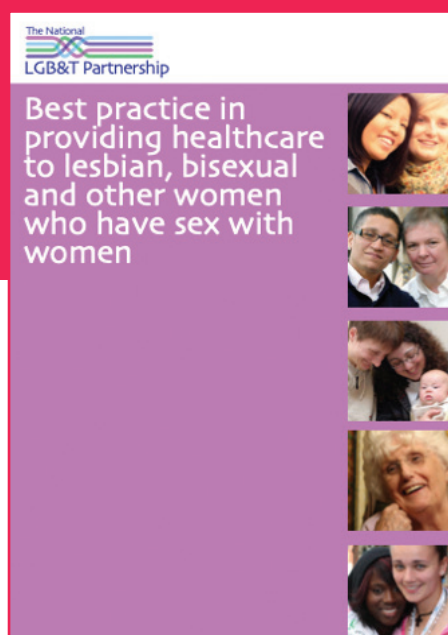
A big part of the problem is monitoring. Healthcare services do not consistently record sexual orientation, gender and trans status. That means we don't have an accurate number for how many LGBTQ women there are in the UK, let alone their health and wellbeing needs.

Recently there has been more attention on women within the LGBT sector. The LGB&T Partnership spearheads an annual LBT Women's Health Week to raise awareness. They are among a number of organisations that have published briefings, evidence reviews, and guidance about health and wellbeing among lesbian, bi and trans women.

Isolation

Isolation and loneliness are key concerns for the LGBTQ community as a whole. In 2016, 61% of LGBT people surveyed in London said they are frequently or constantly concerned about keeping an active or fulfilling social life.

¹. Trust for London (2016). Still Out There: An exploration of LGBT Londoners' unmet needs (www.trustforlondon.org.uk/publications/still-out-there-exploration-lgbt-londoners-unmet-needs/) ². LGBT Foundation (2013) Beyond Babies and Breast Cancer **3./4./5./10.** Trust for London (2016). Still Out There: An exploration of LGBT Londoners' unmet needs (www.trustforlondon.org.uk/publications/still-out-there-exploration-lgbt-londoners-unmet-needs/) **6./11.** LGBT Foundation (2013) Beyond Babies and Breast Cancer **7./8./12./15.** www.stonewall.org.uk/system/files/Prescription_for_Change__2008_.pdf **9./14.** www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf



Above: Recent reports on LGBTQ women's health by the LGBT Foundation, the National LGBT Partnership, and Stonewall

Two-thirds are worried about being isolated from their families, and half are worried about being isolated from their friends³. Among lesbian and bi women, isolation can be a particular concern because there are fewer dedicated social facilities compared to spaces for bi and gay men⁴. At the same time, there is less support from LGBT service providers in London, who often don't recognise the needs of lesbians. This isolation and invisibility can lead lesbians to seek help from within their communities, instead of in services⁵.

Mental health

There is a great deal of evidence about mental health problems among LGBTQ women. Both lesbian and bisexual women are more likely than straight women to suffer a long-term mental health problem, with prevalence particularly high amongst bisexual women⁶. Depression and anxiety are key concerns, along with self-harm. In 2008, 20% of lesbian and bisexual women said they deliberately harmed themselves in the last year, compared to 0.4% of the general population⁷. In the same year, 5% of lesbians had attempted suicide, increasing to 7% of bisexual women, 7% of BME and 10% of disabled lesbian/bisexual women⁸. We don't have specific evidence for trans women, but over half of trans people surveyed have self-harmed at some point, and 84%, had thought about ending their lives at some point⁹.

Negative experiences in healthcare

Alongside poor mental health, there are many reports of LGBTQ women having bad experiences of healthcare. The majority of LGBTQ people surveyed in London are reluctant to share their LGBT status with staff in mainstream organisations, because they fear negative reactions from staff¹⁰. Lesbian and bi women are more likely to report negative experiences of healthcare than either gay and bisexual men, or heterosexual women¹¹. In one survey, half of lesbian and bi women had recent negative experiences of healthcare¹².

LGBTQ women report feeling that their specific needs are dismissed by healthcare providers. Almost one quarter of trans women felt their needs related to their gender were ignored when accessing healthcare¹³. Similarly, 29% of trans people have had their gender identity invalidated as a symptom of mental ill-health within mental health services¹⁴. Among lesbian and bi women, just one in ten report that workers gave them information relevant to their sexual orientation¹⁵.

There are still key misconceptions about the LGBTQ health and wellbeing among healthcare providers. In the North West 37% of lesbian and bisexual women report being told that lesbian and bisexual women do not need cervical screening tests¹⁶.

13. Government Equalities Office. (2018) National LGBT Survey: Research Report. Government Equalities Office. Available at: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report> **16.** Light, B., Ormandy, P. (2011) Lesbian, Gay & Bisexual Women in the North West: a multi-method study of cervical screening attitudes, experiences and uptake. University of Salford. Available at: <https://eprints.qut.edu.au/65501/>

2 Our approach

How are we defining women?

London Friend is a trans-inclusive organisation. In this project we included women as well as non-binary people who feel connected to women's communities. We only spoke with groups that are explicitly inclusive of trans people.

Intersectionality

It isn't possible for us to address the huge variety of needs and experiences across all LGBTQ women in London in one project. We understand that women face intersectional barriers based on other parts of their experience like race, class, disability, nationality, neurodivergence, faith, and many more factors. Being a woman and being LGBTQ is clearly not the only thing that defines LGBTQ women.

This report is a summary of our engagement process, and we can only speak about the people who we engaged with. Since this wasn't a comprehensive study of all LGBTQ women in London, we are careful not to make decisive conclusions from this project.

Access

Information about our project was primarily shared online, in social media and email campaigns. In the online content we offered to give information over the phone and on paper, both of which were requested. This helped people to access our project. We also asked partners at other LGBTQ charities and women's groups to share our work with their members. Our strategy didn't target people who don't have internet access at all, or people who do not receive any support. That means we likely didn't hear from some of the most isolated and more vulnerable women.



At the focus groups, we worked to improve access in several ways. Every person was paid an honorarium for their time plus travel expenses. We ran one group during the morning and another in the evening to fit around different work and care schedules. We shared autism-friendly information about the group as well as information about physical accessibility to the building. We explicitly welcomed women of colour, women with disabilities, trans women, and women of faith in our messaging. We didn't have a budget to offer language or BSL translation, so there were limits to the accessibility of our groups.

Partnership working

We worked together with partners to deliver this project. The LGBT Consortium shared knowledge and resources with us and supported in disseminating the survey. We linked up with ELOP to pass on the findings from our mapping exercise. We also joined discussions about the National LGBT Partnership's Lesbian, Bi and Trans Women's Health Week 2020.

3 The process

Resource mapping

The first part of the project was mapping out what groups already exist in the UK for LGBTQ women. We reached out to contacts in the sector for word of mouth recommendations. We also carried out extensive online searches. We included searches for specific groups like bi women's, groups for trans women, and lesbian groups.

It proved surprisingly hard to track down LGBTQ women's groups for several reasons:

- The search results included many negative news stories about LGBTQ women being attacked and harassed.
- It was difficult to discern whether groups were trans-inclusive from their websites, because many pages didn't make it explicit.
- Many of the groups we found turned out to be inactive or closed down, despite still having websites.
- Several LGBTQ charities run women-only events or projects, but this information was only available by searching through their websites and did not come up on Google searches.
- There are simply very few groups or projects that are specifically for LGBTQ women.

Our difficulty in finding what resources are out there indicates how hard it can be for LGBTQ women themselves to find support. Having to scroll past news reports about violence could be triggering for many people. For trans people, not knowing if a group is inclusive can make it completely inaccessible. Coming across so many dead ends would likely be disheartening. For someone in a vulnerable situation, these barriers could be enough to stop them from accessing support at all.

Survey

We produced a survey for people who run projects, groups, and events for LGBTQ women. Group facilitators often learn a lot about their members, including their health and wellbeing needs. We asked facilitators to explain the key needs among their members, and what barriers stop them from getting support they need.

To learn from their work, we also asked group leaders about what works well in their group. By gathering their responses, we have consolidated advice about running a women's group. We hope this information will be useful for London Friend and other organisations moving forward.

We included questions for London-based groups about whether they might be interested in building partnerships. From the 7 responses we got, we chose to interview 3 organisations who we felt we would be best placed to support.

The survey was shared on social media and sent to our database of women's groups. We sent paper copies to those who requested it and offered to support people to fill in the survey over the phone.

Focus groups

A central part of this project was speaking directly with LGBTQ women in London. We held two focus groups, using creative methods including photography and drawing. The group discussed their support needs, what support they receive, and what their experiences have been in mainstream wellbeing services and LGBTQ-specific services.

We recruited 11 people to two focus groups, and 6 people attended. As we told the people at the focus group, we didn't expect them to speak on behalf of all LGBTQ women. Each person was invited to share their own experiences. It was valuable for us to learn about their different perspectives and to facilitate discussions about what they shared.

Partner interviews

Based on the survey responses, we interviewed 3 organisations that run projects with LGBTQ women. We used semi-structured interviews to cover their current work in detail, including what support they would benefit from, and how London Friend might provide that support. We invited a two-way exchange to think about the potential for us to build a partnership.

4 Survey of people who run LGBTQ women's group

About the groups we spoke to

We heard from 17 group leaders. 12 of these are partly or entirely based in London, with the others in major UK cities or smaller towns, and 3 online and national groups. Just 3 groups receive funding, so most are unfunded. The groups are all different sizes. Many are fairly small; 7 groups have under 20 members. Three groups have over 200, and the two largest online communities have up to 4,000 members.

The groups we spoke to do a range of activities. Three-quarters socialise and make friends, and two-thirds hold events. Half of the groups spend time discussing experiences, sharing meals, or in the arts. Around one quarter campaign or learn skills, and a small number of groups offer physical activities and counselling.

Group members

4 groups were open to all LGBTQ people, whilst 13 were open to a broad definition of women, including trans women, transfeminine people, non-binary people, lesbians, queer women, bi women, and gender fluid people. All of the groups were surveyed are trans-inclusive.

When we asked who actually attends, all leaders said their groups include bi, lesbian, and queer women. Over two-thirds said their group is attended by cis women, disabled women, migrant women, older women, trans women, White British women, women of colour, women of faith, women who are asylum seekers or refugees, working-class women, and younger women. The responses suggest that the groups we reached are accessed by women from many different backgrounds.

Around half of group leaders reported their groups are attended by women with long-term health conditions, and transfeminine people. Similar numbers said they include neurodivergent women (women whose brains or minds work differently than social views of the neurological norm, such as those with ADHD, autism, bipolar, dyslexia and other variations). Only four people reported their group to include intersex women, whilst 3 groups have women who are sex workers.

We would need to survey group members themselves to get a full and accurate picture. Group leaders could only respond to our survey based on things their members have said to them personally. Nonetheless, we want to draw attention to the groups reported to be less represented in LGBTQ+ women's groups: particularly women who are sex workers and intersex women, as well as neurodivergent women, women with long-term health conditions, and transfeminine people.

Connections

The overwhelming majority of group leaders said women come to their group to be less isolated. 15 out of 17 group leaders said their members come to connect with other LGBTQ+ women and 'to get a sense of belonging'. Four-fifths of group leaders told us that their members struggle with isolation, loneliness, and mental health issues. This underlines the need for social spaces for LGBTQ+ women.

Some groups focus on specific issues like the asylum process, queer films, or walking outdoors, so their members come to learn as well as to meet women with a shared interest. There is clearly a real need for spaces where LGBTQ+ women can meet, socialise, and feel part of a community.

Safe spaces

Among the 17 groups we heard from, 16 said their aim is to create a safe space. The safe space means women know they will not face 'harassment [or] unwanted comments about their sexuality'. One leader explained that 'personal safety is utmost important', and another agreed that 'safety is paramount'. Some groups create a safe space with shared rules, like 'being able to share or not and leave and join at any time'. Others keep the safe space with a zero-tolerance approach to discrimination.

Good facilitators

Some pointed out that facilitators play a big part in creating a safe space. One leader mentioned paid staff who are 'passionate and dedicated', and another said facilitators 'make sure that every one of our members know how important they are to us'. Two leaders

emphasized that all their facilitators and volunteers are LGBTQ+ themselves, which means members don't worry about being judged.

Atmosphere

Creating a supportive environment is also important. Leaders explained that a 'friendly, warm, and relaxed atmosphere... enables returning members to feel at home in the space, laugh and have a familiarity with the facilitator'. One person said, 'we have a reputation for being friendly and welcoming', and another explained that 'humour is a powerful tool'. It isn't easy to create this atmosphere; one leader explained that 'It takes time to build up rapport with service users so that they feel able to share'.

Inclusion

Several people said the key strength of their group is that they include women from all backgrounds. One leader said, 'having a very strong culture of inclusion and really being present for them in every interaction makes all the difference'. Group leaders explained that inclusion takes work and advised us to 'be explicit about who your event is for'.

Another person agreed: 'if you are inclusive of queer women who aren't cis lesbians make that clear because otherwise many will assume you're not.'

We asked what group leaders do to promote inclusion and access. A number of people said they state that they welcome all women in written materials and at events. One person works to make sure venues feel safe to members by briefing security and venue staff about gendered language.

Two group leaders said they deliberately vary the format of events to accommodate different social and communication needs. They offer events at different times of day, run short and longer events, have one to one and group events, and offer separate quiet rooms. Several people pointed out that they struggle to find accessible venues for queer women in London.



Health & wellbeing issues

Two-thirds of group leaders said their members struggle with financial stress, and many have physical health problems. Just under half said their members are affected by sexual violence, and alcohol and drugs.

We asked group leaders how well LGBTQ spaces and mainstream health services meet the needs of their members. In mainstream health services, we included public healthcare and social care not specifically for LGBTQ people. Leaders ranked the services on a sliding scale from 0 ('not at all') to 100 ('completely'). LGBTQ spaces were ranked slightly better, getting an average of 53 out of 100. That compared to 44 out of 100 for mainstream services.

In mainstream services, three-quarters of leaders said that group members face barriers because of bi-/homo-/queer-/transphobia. Similar numbers said women are stopped from accessing services because they fear coming out and facing judgements and assumptions from staff. Around half of leaders mentioned money, cultural barriers, racism, xenophobia, and accessibility as barriers for their group members.

In LGBTQ spaces, the main barriers were the location, bad past experiences, money and accessibility. Around half of leaders said their group members struggle to access LGBTQ spaces because of alcohol and drugs, age, cultural barriers, racism, xenophobia, as well as bi-/homo-/queer-/ and transphobia. Over one-third of group leaders said that no appropriate services exist for their members, whether in mainstream or LGBTQ sector.

5 Focus Groups



Above: Participants drawing and writing about their lives, identities and wellbeing.

Participants

Most of our focus group participants were cis women, with one non-binary person. There was a mixture of sexualities including bi, queer, lesbian and gay. The age range in our groups spanned from 22 to 53. Almost all participants said they live with a health condition, impairment, learning difference or neurodivergence (one person specified anxiety and one person specified Asperger's). Around half of the people at the focus group had a religion, faith, or spirituality (including Christian and Deist). Most of the participants were White, including a mixture of White British and White European people, and we had one Black African participant. One person said they are a part-time carer.

Key wellbeing issues

Loneliness

Almost all participants said that feeling close with other people is the most important thing for them to feel well. Building connections can be tricky for a number of reasons. Some women we spoke to have close family who live abroad, leaving them feeling that 'something is always missing'. Others struggle to find friends in spaces

for queer women, which are often geared towards dating. Some are held back by shame. Building relationships is particularly difficult in the city:

“London can be very isolating and it can exacerbate existing isolation, so to reach out across those boundaries can be really hard.”

Several members feel they aren't fully understood by friends. They might be straight friends who don't understand what it means to be queer. They can be White queer friends who can't grasp Black African culture. Many women said they end up hiding parts of their identity and lives to connect with others. They would like to feel accepted as a whole person, without pressure to fit a certain box or journey.

Pressures around coming out

Many participants said that they struggle with the expectations about 'coming out'. The group spoke about the dilemmas around being seen or not being seen by people close to you.



Above: Participant photo in a park, showing nature keeps her well.

Participants pointed out that coming out is always a process. Often, the experience is wrapped up in feelings of shame.

"It really hurts me that I have to tell them. Coming out is something that I hate doing because it's the one thing that still makes me feel shame. And it's not my shame – I don't feel any shame in myself for being queer, that shame belongs to the world. It's forced on me whenever I have to do a public announcement that I'm slightly different and wait for you to tell me that I'm okay. To do that is really awful and I hate it."

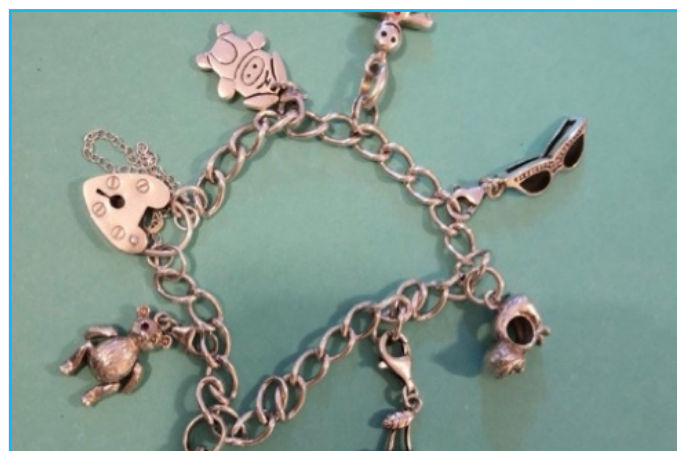
For other participants, coming out is not an option. Two people shared that they will not come out to their immediate and extended families. Whilst they have made peace with their decisions, they face judgement in LGBTQ spaces. LGBTQ people often 'assume coming out is a rite

of passage that you are then forced to do even if it puts you in danger.'

"I know my parents, I love them, and I want to keep them in my life so it's a decision I've had to make and being made to feel bad about it when it's a terrible decision, it's not something that I want to deal with. I don't want to get kicked out the house, I don't want to never speak to them again. And I'm not ashamed of being Nigerian, I just wish people were more willing to accept that difference."

Recognition

Several women talked about not feeling recognised as queer. This was mentioned by almost all the bi women who came to the focus groups.



Above: Participant photo: charm bracelet gifted by loved ones, who help to make her feel well.

“Going through the world with the privileges I have including the luxury of being read as straight, I don’t often give enough credit to how much it takes it out of me to have to constantly come out all the time and have to fight to be seen as queer”.

Bi women spoke about not feeling ‘queer enough’ to be in LGBTQ spaces. This comes with pressure to prove themselves by performing a certain identity or fulfil certain boxes. Several bi women felt they would be rejected if they talked about their attraction to men. Others said they only felt able to go to LGBTQ events once they had a girlfriend.

“How exhausting and demoralising it is to be read as straight all or most of the time even in queer-dominated spaces.”

Invisibility

Some participants talked about feeling invisible in their everyday lives. They pointed to media coverage of LGBTQ lives, which tends to focus on gay men. Despite more acceptance of gay men in popular culture, LGBTQ women can still be in the background.

“When people talk about ‘gay’ they think about gay men. That’s the impression you get from the media, and especially social life in London.”

In social spaces and media, ‘LGBTQ’ can be a stand-in to mean ‘gay men’. That contributes to feelings of being invisible as LGBTQ women.

Experiences in health services

Inclusion

Participants shared positive experiences of care in mainstream services. One person spoke highly of NHS therapy. She had initially looked for a private therapist because she wanted to make sure they would be LGBTQ-inclusive. The participant ended up using the NHS and reported that her NHS therapist was completely accepting and put her at ease.

Others said they appreciated some of the inclusion efforts in NHS services.

“My GP service has a poster on the wall about being LGBT friendly. It hasn’t actually changed anything I’ve spoken to them about, but a tiny symbol like that makes a massive difference. I really notice efforts like that.”

Coming out

One participant explained that she tries to avoid using healthcare services, in large part because she doesn’t want to disclose her gender or sexuality.

“I feel like I am bothering them, like it’s too much information... You get that message that people don’t want to know and don’t want to hear about it.”

The participant worried that discussing her LGBTQ status would be treated as a burden by healthcare providers.



Above: Focus group 2 reflections on mainstream services.

Pathologisation

One participant lost trust for mental health services. She described how clinicians labelled her bisexuality as 'acting out', because she had a diagnosis of Borderline Personality Disorder (BPD). She knew she was bi from a young age and that it wasn't a symptom of her BPD. A number of participants echoed her experience of having their bisexuality pathologized. Many have close friends who are bi and have BPD and have come across the same issue.

Misgendering

Several women experienced misgendering by healthcare professionals. In an assessment for NHS therapy, one participant explained her partner is non-binary and uses 'they' pronouns. In the letter the counsellor sent to her GP, she saw that the wrong pronouns were used throughout. She feels that many professionals do not respect gender diversity or pronouns.

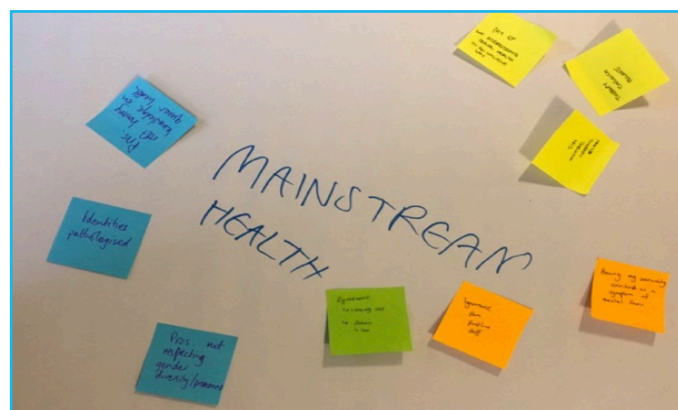
Another participant felt frontline staff were ignorant about trans identities after presenting in hospital. In her assessment, she disclosed that she is bi and has an ex-girlfriend. The nurse misunderstood and seemed to believe she was trans. More worryingly, the nurse kept switching pronouns when speaking about her, which could have been deeply upsetting.

Sexual health

Sexual health came up among many participants. Group members had questions about sexual health and safe sex beyond condom use, and didn't know where to find reliable information. They reported getting mixed advice in mainstream health services. That confusion feeds into the information that is shared between LGBTQ women about measures like dental dams. Some participants have had bad experiences when trying to discuss their sexual health with clinicians.

"When you say you aren't having sex with someone with a penis at that point you get dismissed. There's no information for you so they just say you'll be fine."

Another participant described how a close lesbian friend asked if she needed a smear test if she had never had penis-in-vagina sex. The nurse became hostile and couldn't answer the question.



Above: Focus group 1 reflections on mainstream health services.

Lack of information

Participants said they also struggle with not knowing where to find information as LGBTQ women. One participant wants to stop using oral contraception as there is no chance of her becoming pregnant. She doesn't want to have to come out to her GP but doesn't know who to else she can speak to about it. Without knowing where else she can access support, she hasn't received any guidance.

Climate of austerity

All participants spoke about cuts to mental health services and pressure on GPs. Across the board austerity has affected their ability to get the help they need, including NHS counselling services. Austerity was named as a key part of the bigger picture that harms their wellbeing.

Experiences in LGBTQ spaces

Information

There is no centralised place to find out about services, groups, and information related to LGBTQ women. Participants said they simply don't know where to start looking for support. One woman explained that she would like to go to a BAME LGBTQ space that isn't focussed on drinking but doesn't know how to find out about groups.

‘I know that there are some out there but I don't know where to find them’.

Lack of diversity

The main issue that came up around LGBTQ spaces was a lack of diversity. Some people have gone to mixed events and been the only woman in the room. Diversity goes beyond having women in the room; many participants said they would only go to an LGBTQ group that is trans-inclusive and includes people of colour.

“Sometimes you go to something thinking it will be really diverse but then it's just gay men. Things say they are LGBT+ and then it's a room of gay and usually White men.”

The group spoke about how important it is to represent groups and events accurately in the promotional materials so that people know what to expect before they come.

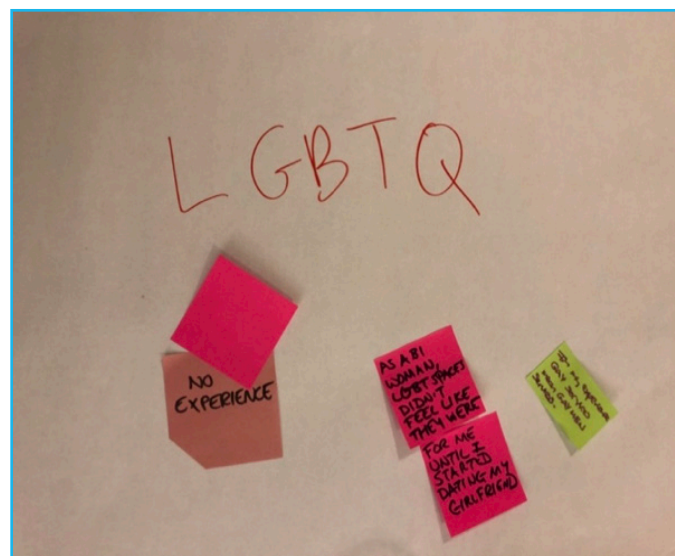


Above: Focus group 1 reflections on LGBTQ services.

Discrimination

All bi participants spoke about fearing biphobia in LGBTQ spaces. They struggled with internalised biphobia and worried they wouldn't be seen as 'queer enough'. Others felt they would be dismissed if they spoke about male partners or their attraction to men. One participant pointed out that there can be an expectation of hostility between lesbians and bi women.

One bi woman had never been to an LGBTQ space before. She always identified as bi whilst but 'didn't really feel like they were spaces for me until quite recently', when she started a relationship with a woman.



Above: Focus group 2 reflections on LGBTQ services

Ideal support services

Connection

People we spoke to would like a chance to connect with other LGBTQ women. Some would like a formal group therapy for LGBTQ women who are suicidal, depressed or anxious. Others would enjoy a social, fun space to do activities and meet people.

“My ideal service would be something that would be part of your life all the time and not just in a crisis or when something has gone wrong. Being part of something in an everyday sense, having friends, it being a social comfortable space that would allow you to access counselling and other kinds of support. The baseline could be something really simple like a regular coffee morning and just making contact.”

Creating a comfortable environment is key. Participants spoke about wanting to feel at ease, without pressure to justify who they are. They would like to feel accepted for all parts of their identity, with no pressure to prove that they are ‘queer enough’.

Diversity

Almost all participants insisted that they would like to be part of diverse groups and networks. They would like to include all LGBTQ women, so that bi, lesbian, queer, and trans women can relate on the shared parts of their identities. Almost all participants said they would only go to an event that was explicitly intersectional, trans-inclusive, and includes women of colour.

Safety

Participants said they would like to join groups with guidelines in place to deal with harmful comments. It isn't about finger-pointing or creating a blaming culture. They want to make sure that they and others feel safe and included.

“It just takes one thing to go unchallenged for people to never come back... There's the possibility that going to something will make your wellbeing worse if you feel excluded in any way.”

Lone people

Ideal support would make sure to include lone people. Participants have turned up to events alone and felt excluded, even when events advertise that single people are welcome.

“That is a thing that stops you, thinking I don't have anyone that I can take to this particular thing. Sometimes I have gone and it's been great and I've met people, but other times I have just been stood there waiting on the grace of people who have come with friends to talk to you.”

Some participants would like a buddy system, and others suggested events that are only for lone people. All events should give people a chance to be introduced to others. The group felt this was particularly important in London, since there isn't a culture of speaking to strangers in the city.

6 Interviews with partner organisations



Key learnings

Capacity

The organisations we spoke to all struggle with capacity. They face competing priorities, urgent issues, and practical difficulties with running events. As a result of these pressures, some issues inevitably get side-lined.

Recruiting women

Of 3 organisations, 2 run projects for women as part of wider LGBTQ community work. Those two have many more men among their services users than women. One responds with an open policy to prioritise women and trans people in all their work, making sure they are seen first, don't face waiting lists, have separate rooms and workers. The other would like to be putting more energy into outreach, without compromising on safety.

Physical space

Every group struggles with resources and space. New groups can't be run without access to good materials or a space to hold meetings. All provide free services to their members so that money isn't a barrier to service users.

There is currently no map of spaces where LGBTQ people can go and know they are safe (especially for people who are part of more than one minority group). Existing maps don't include reviews and aren't vetted, so some providers don't have many places where they can refer people to.

Safety

Safety is a key concern for all work with LGBTQ women. Any project or partnership needs to prioritise safeguarding.

7 Conclusions

Lack of information

The women we spoke to said they don't know where to look to find social groups or reliable sexual health information for LGBTQ women. Similarly, it proved surprisingly difficult for us to find services for LGBTQ women, both in London and UK-wide. A centralised resource directory of services for LGBTQ women would be immensely valuable, including up-to-date information and contact details. Some facilitators would like a directory to include reviews from members to ensure the safety of the group.

Lack of services

One third of group facilitators said no appropriate support services exist for their members, either in LGBTQ or mainstream services. Our findings in the resource-mapping exercise backs this up. There are simply very few groups that are specifically for LGBTQ women, and far fewer social spaces than there are for LGBTQ men.

Diversity

A key barrier that stops LGBTQ women from accessing LGBTQ spaces is a lack of diversity. In part, that is because most people at mixed LGBTQ spaces are men, so several participants have been the only woman in the room. Our focus groups were clear that they would only go to spaces that explicitly include trans women and women of colour. Advertising for groups should refer to inclusion, and accurately represent the group so people know what to expect.

Safety

Creating a safe space is essential. Facilitators play a major role in making people feel comfortable and taking action to maintain the safety of group members. Safety includes having clear guidelines about behaviour and how to use the space, as well as a zero-tolerance of any discrimination including biphobia, racism, and transphobia. Women explained that feeling safe also means not having to justify their LGBTQ identity.



Connection

Group facilitators emphasized the need for LGBTQ women to build a sense of community and belonging. The LGBTQ women who we spoke to agreed that close relationships are essential for their wellbeing. Many struggle with loneliness and isolation and find it hard to connect fully with others. Social spaces for LGBTQ women can be focussed on dating or alcohol, and people often feel unable to go if they are alone. Participants would like specific events for lone people, or strategies like buddy systems to make sure lone people are included in social events.

Acceptance

We heard from many women who feel unable to express all parts of themselves in social spaces. They have faced shame in both LGBTQ and non-LGBTQ spaces. Many spoke about pressures to be 'queer enough' or to hide their attractions to men. Others were judged for not being publicly 'out' as LGBTQ despite their circumstances. Focus group participants said they want to be seen and understood as a whole person, and not forced to hide anything. A safe space also means women know they will not be judged for any part of their identities or lives.



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