# **EL\*C submission to the UN Independent Expert on Sexual Orientation and Gender Identity report on the enjoyment of the highest attainable standard of physical and mental health for lesbians, in relation to SDG3**

7 February 2022

**ANNEX I - RECOMMENDATIONS FOR STATE ACTORS AND OTHER STAKEHOLDERS**

1. Improve research and data collection on lesbians, particularly in studies on health of women and/or LGBTI people, by including tailored survey items and reporting disaggregated data for lesbians
2. Ensure that research and data collection efforts that focus specifically on lesbians are implemented and funded by national and international actors, and that such research specifically address barriers in lesbians’ healthcare access as well as health disparities (e.g., sexual health needs, heightened mental health vulnerabilities)
3. Ensure 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 beneficial to the community
4. Put additional efforts into reaching and studying the situation of lesbians beyond the US and those European countries that are very progressive in terms of social acceptance and legal recognition of LGBTI people
5. Promote and support research projects specifically aimed at understanding the effects of intersectional discrimination on lesbian (e.g. older, lesbians, transgender lesbians, lesbians of colour, migrant lesbians and lesbians who are asylum seekers or have refugee status) and the impact of these multi-layered discrimination on access healthcare and specific health disparities
6. Ensure equal access to assisted insemination and IVF processes for lesbians (and transgender persons) as well as to preservation of eggs, in equal terms with heterosexual couples and single cis-hetero women
7. Design targeted campaigns and training for healthcare professionals with regard to the specific needs of lesbian health, with the direct involvement and leadership of lesbian civil society organisations, and include those campaigning and training in general health-related policies
8. Strengthen and increase visibility, participation, and representation of lesbian civil society organisations in policies and policy-making processes concerning public health and healthcare services
9. Finance community-based initiatives aimed at addressing existing gaps on access to healthcare for lesbians and specific health-related disparities for this population
10. Ensure that lesbians are explicitly recognised as a target group in funding priorities and that long-term operational and action funding is provided to lesbian organisations at every level

**ANNEX II – REFERENCES**

[1] EL\*C (2021), Resistance as a way of living: lesbian lives through the COVID-19 pandemic, <https://europeanlesbianconference.org/wp-content/uploads/2021/06/Covid-Report-final-1.pdf> A data explorer is also available: <https://elc-org.shinyapps.io/lesbian-covid-survey/?fbclid=IwAR1ohBls-5Xp6WYzuMFOrCEfij9HYLb4Cm4drFCw_ExxY4EQRo4GfyxsCFw>

[2] In Switzerland, the Klamydia, Association for the sexual health of women who love women, disseminates information on the health of lesbians (https://www.klamydias.ch). Similar projects exist in France, e.g. the project “Tomber la coulotte” (<https://www.sida-info-service.org/?Tomber-la-culotte-Pour-s-informer&fbclid=IwAR2902Fvm6raGNjx-2OOylLtcuO4_JOqduIYL1MoIU4NDwmYZFueO-w09F4>) and in Belgium where the GotoGyneco (<https://gotogyneco.be>) project puts lesbian, non-binary, bi and trans women in contact with doctors, especially gynaecologists, trained in providing inclusive care.

[3] The project “Support for Lesbian, Bisexual and Queer Women in Russian-speaking Countries” (<https://europeanlesbianconference.org/locked-down-lesbians-listening-for-russian-speaking-lesbians-and-mental-health-issues/>) developed by a group Russian-speaking activists offered weekly online support groups with the presence of a trained psychologis, for lesbians living mainly in Russia and Ukraine. The Lesbian and Queer Counseling Center of Cologne (<https://www.cologne-counseling.com>) in Germany offers psychological support and therapy especially to lesbians and migrants in a very precarious and distressing situation.

[4] Lesbians organisations and groups in Europe and Central Asia survive with median annual budget of less than 5.000 euro while only 8% of global funds related to LGBTI project are directed toward LBQ women. See for example the research report “Vibrant yet under-resourced: the State of LBQ Movement” (<https://www.mamacash.org/media/publications/astraea_mamacash_lbq_report_vdef.pdf>) by the private foundation Astrea and Mamacash as well as the 2017-2018 report from the Global Philanthropy Project on Governamental and Philanthropic support for LGBTIQ Communities (<https://globalresourcesreport.org/wp-content/uploads/2020/05/GRR_2017-2018_Color.pdf>)

[5] A notable exception is the project “Salud integral de la mujeres diversas” (<https://fundacion26d.org/salud-integral-mujeres-diversas/>) of the Fundacion 26 Diciembre in Spain, focusing on health needs of women of the LGBTI community and funded by the Spanish government.

[6] Two-third of the organisations answering to EL\*C survey on the impact of COVID reported losing of funds due to the pandemic and 90% reported not being able to secure new funding to fill that gap.

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

[8] EL\*C (2017), Brief Report on lesbian\* lives in (parts of) Europe. Focus topics discrimination and health <https://europeanlesbianconference.org/elc-brief-report/>

[9] European Union Agency for Fundamental Rights (2014). European Union lesbian, gay, bisexual and transgender survey: Main results. Luxembourg: Publications Office of the European Union..

[10] EL\*C (2020), The state of lesbian organizing and the lived realities of lesbians in the EU and the accession countries <https://europeanlesbianconference.org/the-state-of-lesbian-organising-a-groundbreaking-research/>

[11] For example, in the EL\*C survey on the impact of COVID only 9% of the respondents were above the age of 55 and only 4% of the respondents identified as migrant, 3% as lesbian of colour and 1% as asylum seeker and refugees

[12] FRA (2019), EU survey database available here: <https://fra.europa.eu/en/news/2020/fras-lgbti-survey-dataset-now-available>

[13] Moegelin L, Nilsson B, Helstrm 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, 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.

[14] 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.

[15] Dean LT, Greene N, Adams MA, Geffen SR, Malone J, Tredway K, et al. Beyond Black and White: Race and sexual identity as contributors to healthcare system distrust after breast cancer screening among US women. Psycho Oncology. 2021;1–6. Greene N, Malone J, Adams MA, Dean LT, Poteat T. “This is some mess right here”: Exploring interactions between Black sexual minority women and health care providers for breast cancer screening and care. Cancer. 2020;127:74–81. Malone J, Snguon S, Dean LT, Adams MA, Poteat T. Breast cancer screening and care among Black sexual minority women: A scoping review of the literature from 1990 to 2017. J Women’s Heal. 2019;28:1650–60.

[16] Florquin, S(2021). Besoins et demandes en matière de santé et droits sexuels et reproductifs des femmes concernées par les mutilations génitales féminines en Région de Bruxelles-Capitale, Rapport du diagnostic communautaire mené dans le cadre du Réseau bruxellois contre les MGF. Bruxelles, Ed : GAMS Belgique. <http://www.strategiesconcertees-mgf.be/wp-content/uploads/20210531-SCMGF-DIAGNOSTIC-FR-VF-2.pdf>

[17] Meads, Hunt, Martin, Varney. A systematic review of sexual minority women’s experiences of health care in the UK. Int J Environ Res Public Health. 2019;16:3032.

[18] 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.

[19] De Oliveira JM, Almeida MJ, Nogueira C. Exploring medical personnel’s discourses on the sexual health of lesbian and bisexual women in greater Lisbon, Portugal. Rev Colomb Psicol. 2014;23:297–309

[20] Hirsch O, Löltgen K, Becker A. Lesbian womens’ access to healthcare, experiences with and expectations towards GPs in German primary care. BMC Fam Pract. 2016;17:1–9.

[21] 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.

[22] Moegelin L, Nilsson B, Helstrm L. Reproductive health in lesbian and bisexual women in Sweden. Acta Obstet Gynecol Scand. 2010;89:205–9.

[23] 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.

[24] Thompson T, Heiden-Rootes K, Joseph M, Gilmore LA, Johnson LS, Proulx CM, et al. The support that partners or caregivers provide sexual minority women who have cancer: A systematic review. Soc Sci Med. 2020;261:113214.

[25] Siegel M, Assenmacher C, Meuwly N, Zemp M. The legal vulnerability model for same-sex parent families: A mixed methods systematic review and theoretical integration. Front Psychol. 2021;12:Article 644258.

[26] Valfort M-A. LGBTI in OECD countries: A review. OECD Soc. Employ. Migr. Work. Pap. Paris; 2017. Report No.: 198. Schneebaum A, Badgett MVL. Poverty in US lesbian and gay couple households. Fem Econ. 2019;25:1–30.

[27] Plöderl M, Tremblay P. Mental health of sexual minorities. A systematic review. Int Rev Psychiatry. 2015;27:367–85. Lick DJ, Durso LE, Johnson KL. Minority stress and physical health among sexual minorities. Perspect Psychol Sci. 2013;8:521–48.

[28] EL\*C (2020). The state of lesbian organizing and the lived realities of lesbians in the EU and the accession countries <https://europeanlesbianconference.org/the-state-of-lesbian-organising-a-groundbreaking-research/>

[29] Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychol Bull. 2003;129:674–97.

[30] Siegel M, Assenmacher C,, Meuwly N, Zem, Martina (2020). The Legal Vulnerability Model for Same-Sex Parent Families: A Mixed Methods Systematic Review and Theoretical Integration Front. Psychol. 12:644258.

[31] Bos, H. M., Gartrell, N. K., van Balen, F., Peyser, H., & Sandfort, T. G. M. (2008). Children in planned lesbian families: A crosscultural comparison between the United States and the Netherlands. American Journal of Orthopsychiatry, 78(2), 211–219

[32] See for example the report published by Civio: <https://civio.es/medicamentalia/2021/11/02/ART-EU-access/>