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The 2026 Kantar- DIVA-Curve Report

Happy, healthy and
safe? Physical wellbeing
and mental health in
the spotlight

Focusing on the lived
experiences of LGBTQIA+
women and non-binary people

Germany | India | South Africa | United
Kingdom | United States of America



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2026

The Kantar-DIVA-Curve report shines a spotlight on the lived realities of LGBTQIA+ women and non-binary people, a community that remains underrepresented in workplaces and the media, and overlooked in wider society, despite growing visibility. Their experiences are often shaped by conditional safety, uneven access to care and the need to navigate systems that were not designed with them in mind.

Why the report matters

Conversations around gender identity and sexual orientation are more visible and more mainstream than ever before. Yet across many parts of the world, the community remains contested. 34% of our respondents reported feeling dismissed, misunderstood or not taken seriously by a healthcare provider because of their identity. So while representation of LGBTQIA+ people is increasing globally, visibility alone does not guarantee inclusion. When inclusion efforts are perceived as surface-level or performative, brands and organisations risk backlash and disengagement. Meaningful progress requires understanding, authenticity and a willingness to listen to lived experience.

At Kantar, better understanding people everywhere is central to everything we do. This report is therefore aimed at understanding of the role wellbeing, safety and trust play, exploring how these factors shape everyday experiences across healthcare, work and public life. It brings together candid perspectives from LGBTQIA+ women and non-binary people, alongside clear, actionable insight into how workplaces, brands and institutions can better support them.

When we conducted the research

Fieldwork: Feb 2026, full sample detailed in

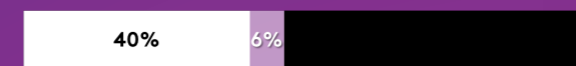
'A deep dive into our data best practice' on page 27 of this Report.

Across all markets surveyed, discrimination in physical and mental healthcare persists, resulting in

33%

of all respondents reporting they have delayed or avoided certain health care altogether.

But progress does not guarantee dignity; with close to 40-46% of respondents sharing that they still leave healthcare settings when they feel dismissed or that they're not taken seriously.



When 1 in 3 respondents say they would rather stay away and nearly half say they feel unheard in healthcare settings, this reveals the fragility of trust in this industry.

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Introduction from Kantar

Listening to lived experience to drive lasting change

2026 marks our sixth year partnering with DIVA Charitable Trust, supported by The Curve Foundation, to amplify the voices of LGBTQIA+ women, non-binary people, the wider LGBTQIA+ community and allies. This work matters deeply. While many of the responses are difficult to read, that discomfort underlines why this research is essential. Not only do we shine a light on lived reality today, we also set out practical recommendations to improve experiences tomorrow.

This year's report draws on the perspectives of more than 3,000 LGBTQIA+ respondents across India, South Africa, the United Kingdom and the United States as per previous years, with Germany included for the first time.

Conducted in February 2026, the research explores the realities facing LGBTQIA+ women through the lens of the most fundamental human rights: access to physical wellbeing, mental health and personal safety. But no two experiences are the same.

This report therefore takes a deeper look at what respondents told us about the current context with insights spanning their experiences in the workplace, in wider society, and their perspective on media representation.

The data and personal stories shared here prove especially powerful because, while many findings highlight ongoing challenges, there are also encouraging signs of progress, understanding and allyship across these regions.

But there is also still much more to do. By helping the community tell their stories, Kantar aims to play an active role in driving meaningful change.

This project is a shining example of how inclusion and diversity sit at the heart of how we work at Kantar. We embed this human-first thinking across our culture and ways of working for colleagues, clients and partners worldwide, harnessing intelligence to drive sustainable brand growth.

What to do next

The data is sobering, but reflects the reality of what it means to live as an LGBTQIA+ woman or non-binary person today. Take the time to digest the data as well as what you can do about it, as a business leader or brand ally to improve experiences of safety and wellbeing for all.

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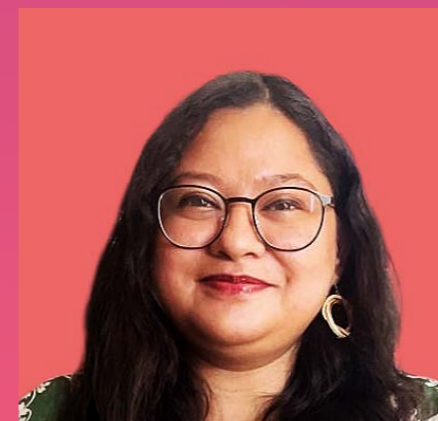
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Introduction from DIVA and The Curve Foundation

For over 30 years, both DIVA and Curve have created spaces where lesbian and queer women's voices are amplified, our stories are told, and our community is celebrated.

Lesbian Visibility Week has always been about more than visibility alone. It is about recognition, dignity, and the right for LGBTQIA+ women and non-binary people to live healthy, full and joyful lives.

This year, our focus on Health and Wellbeing arrives at a critical moment. Across the world, and increasingly here in the UK and USA, LGBTQIA+ communities are navigating a complex landscape shaped by political hostility, structural inequality, and ongoing cultural misunderstanding. For LGBTQIA+ women and non-binary people in particular, these pressures are often compounded by racism, ableism, class inequality, and other intersecting forms of discrimination.

The impact of these realities is not abstract, it is felt in our bodies, our mental health, our access to services, and our sense of safety and belonging.

That is why research like this matters.

In partnership with Kantar, the Curve Foundation and DIVA Charitable Trust are proud to once again centre the lived experiences of LGBTQIA+ women and non-binary people through data that helps illuminate both the progress we have made and the challenges that persist.

Evidence is essential if we are to advocate effectively for change, whether that is within healthcare systems, workplaces, public policy, or community spaces.

Too often our experiences are overlooked or aggregated into broader LGBTQIA+ narratives that fail to reflect the specific realities we face. This research helps correct that invisibility by placing our voices, our health, and our wellbeing firmly on the agenda.

But visibility must lead to action.

The findings in this report provide important insight into where support systems are working, where they are failing, and where investment and leadership are urgently needed. They offer an opportunity for institutions, employers, policymakers, and community organisations to listen, learn and respond with intention.

At DIVA Charitable Trust, our mission is to ensure that LGBTQIA+ women and non-binary people are not only seen, but valued, supported, and resourced to thrive. Research like this strengthens our ability to advocate for structural change while also celebrating the resilience, creativity, and solidarity that define our communities.

We want to extend our deepest thanks to everyone who took part in this research and shared their experiences. Your voices are helping to shape the conversations and actions that must follow.

As we mark Lesbian Visibility Week, let us remember that visibility is not the destination, it is the starting point.

The goal must always be health, wellbeing, dignity and equality for all of us

About DIVA Charitable Trust

DIVA Charitable Trust is the UK's only charity dedicated to advancing the visibility, equity and wellbeing of LGBTQIA+ women and non-binary people. For more than three decades, through DIVA Magazine and our wider programmes, we have championed the stories, voices and leadership of LGBTQIA+ women and non-binary communities.

Our work spans storytelling, research, advocacy and community engagement, helping to ensure our experiences are recognised, understood and valued across society.

Through initiatives such as Lesbian Visibility Week, partnerships with leading organisations, and groundbreaking research like this report, DIVA Charitable Trust works to challenge structural inequality, increase representation and strengthen the infrastructure that supports LGBTQIA+ women and non-binary people.

We believe that visibility must lead to impact. By amplifying voices, generating evidence and building partnerships across sectors, we aim to help shape institutions, workplaces and communities where LGBTQIA+ women and non-binary people can thrive. At its heart, DIVA Charitable Trust exists to ensure that our communities are not only seen, but supported, celebrated and empowered to lead change.

For more information, visit divacharitabletrust.com and diva-magazine.com

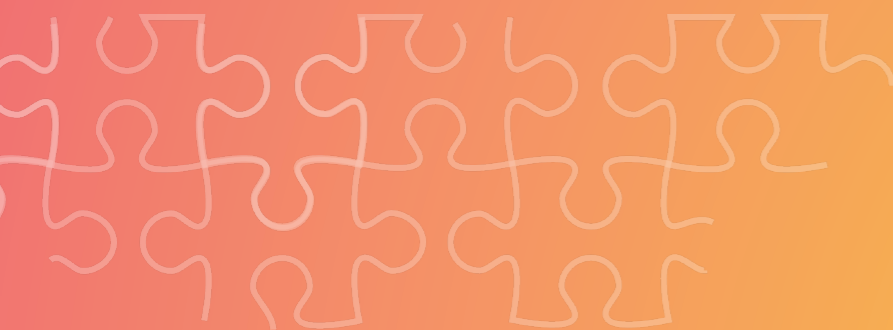
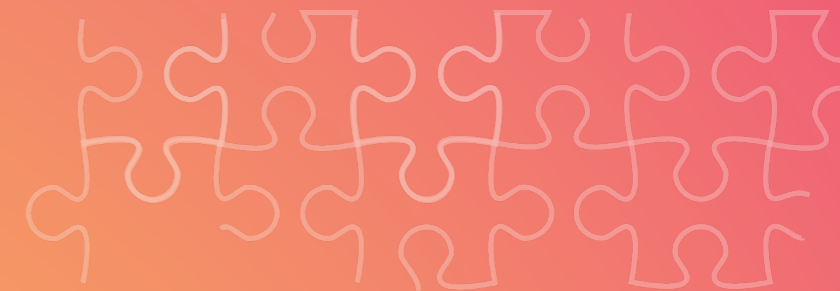
About The Curve Foundation

This year, Curve magazine celebrates its 35th anniversary, marking more than three decades of documenting and shaping the lives, culture, and leadership of lesbians and queer women.

While Curve magazine continues to tell our stories, The Curve Foundation expands that mission through intergenerational programming, community-building, and initiatives that empower the next generation of LGBTQ+ journalists.

The Curve Foundation works to empower and amplify the voices of lesbians, queer women, trans and nonbinary people of all races, ages, and abilities. Its programming includes Lesbian Visibility Week (North America), the Curve Quarterly, Curve Fellowship for Emerging Journalists, Curve Power List, and Curve Conversations — intersectional, multigenerational events providing a throughline between critical conversations from the 90s to today.

For more information, visit thecurvefoundation.org and curvemag.com



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Setting the scene

When safety and care aren't guaranteed

The 2026 Kantar-DIVA-Curve Report reveals that for LGBTQIA+ women and non-binary people, physical and mental wellbeing cannot be separated from their sense of safety, the visibility of the community in society, and their trust in businesses and institutions. The data shows that discrimination is not an abstract concern but a lived reality that shapes everyday decisions.

Overall, we found that

61%

of LGBTQIA+ women report experiencing discrimination in business environments, rising to 68% among those with disabilities.

These experiences are reflected in how the community accesses healthcare.

Access to healthcare exists, but safety and trust are not a given.

In the sample countries surveyed, over 40% of respondents said they have avoided or delayed healthcare due to fear of bias or reported discrimination, while many more report feeling dismissed, misunderstood or not taken seriously by healthcare providers.

India stands out with 58% of respondents delaying care and 60% feeling dismissed, reflecting the highest incidence of reported discrimination overall. Crucially, this is not limited to one geography or healthcare system: across all countries surveyed, significant numbers report similar barriers. Together, these findings reveal a global wellbeing gap.

The wellbeing safety gap

Lack of safety is a heavy burden on LGBTQIA+ women's wellbeing.

64%

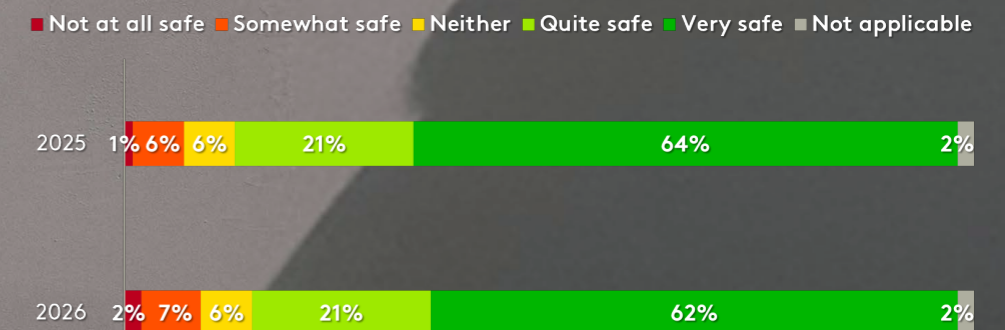
of LGBTQIA+ women respondents report feeling very safe at home, but the picture changes in public settings, with public transport, cafes, restaurants, pubs and nightclubs highlighted as environments where respondents feel least safe, at just 25%.

This contrast highlights that the community feels its safety is highly conditional and dependent in the situation, underscoring the need for greater signals of inclusion and protection in everyday public environments.

Even in healthcare settings, where safety should be assured, 13% of our overall sample described experiences of being mocked, misgendered, dismissed or denied dignity, leaving medical environments feeling unpredictable and, at times, unsafe.

The cumulative effect is a life lived on high alert, where LGBTQIA+ women feel they must constantly scan for risk, manage perceptions and self-protect. In the following pages we will explore how this gap manifests in the five countries included in our survey, and the role brands and media platforms can play in closing it.

As an LGBTQIA+ woman or non-binary person, how safe do you feel at home?



Germany

Masking in times of risky representation and visibility

For the first time, this year we spoke to LGBTQIA+ women in Germany, to shed light on their lived realities in public spaces, the healthcare system, the workplace, as well as in consumer and branding contexts. The results are clear:

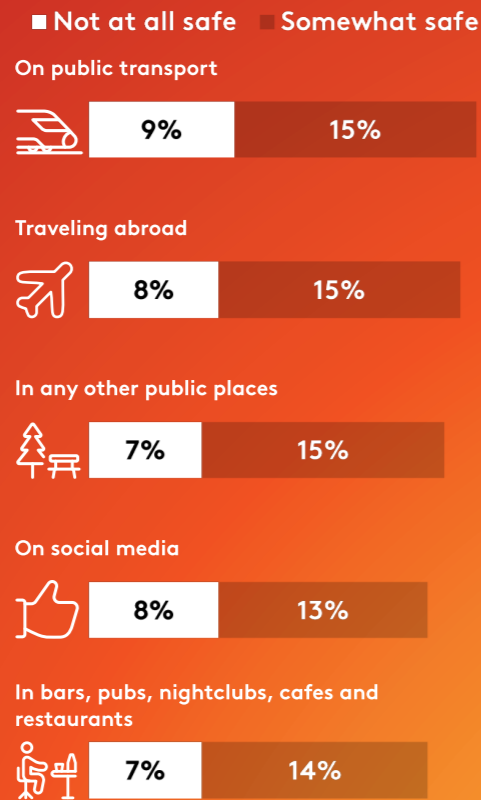
For many respondents, safety, acceptance, and participation are still not a given. Instead, they remain fraught with structural barriers, uncertainty, and the need for “masking” or adaptive strategies.

“It’s a mixed bag. It was a nice day in itself, but as soon as you turn on the TV or the radio, all you hear is negativity. You get a lot of hatred, anger, and frustration these days towards some people and their machinations.”

Safety as a structural prerequisite for participation

The responses show that in a societal climate where public debates over identity, visibility, and rights are becoming increasingly polarised, safety has become a central foundation of physical and psychological well-being for LGBTQIA+ women. This is not merely a subjective feeling, but a measurable structural feature of everyday life.

In response to the question: “As an LGBTQIA+ woman or non-binary person, how safe do you feel in each of the following places”, around one-quarter of respondents revealed they experience insecurity as a constant companion whether on public transportation, travelling abroad, in public spaces, on social media or in bars, pubs, nightclubs, cafes and restaurants. This chronic tension leads to constant stress that restricts freedom of movement, social participation, and overall quality of life. Consequently, visibility becomes a calculated risk rather than a natural state of being, seen as follows:



“The psychological aspect is more important than most people think.”

Brands, media, and the ambivalence of visibility

While a majority of respondents perceive an increase in LGBTQIA+ representation, visibility in society carries risk.

1 in 5

still feels that representation in media and advertising is insufficient or rare. Of particular concern is the perception of active exclusion: 12% of respondents felt they were not wanted as customers by a brand. This rises to 19% among transgender individuals.



These numbers highlight a central tension for brands: visibility only feels inclusive when it is authentic, consistent, and relatable. Superficial or stereotypical representation is interpreted as a signal of not belonging and can lead to a loss of trust, brand avoidance, and negative brand perception.

“If I’m in a shoe store and ask if a style I like is available in a size 11, I don’t want to be told where the men’s department is; I want to know if the shoe comes in an 11. Shoes don’t have a gender.”

For brands, these findings means inclusion cannot end with ad campaigns; it must extend into product design, customer service, and the point of sale. It is often these everyday interactions that determine brands’ representation of the community resonates or falls flat.

The healthcare system as a critical bottleneck

Respondents reported structural barriers as particularly glaring in the healthcare system. In response to the question: “Do you feel the healthcare system adequately meets the needs of LGBTQIA+ women and non-binary people”,

36%

of respondents said “no” and that their specific needs are ignored. The psychological consequences are severe: one in three individuals report that they postpone necessary medical treatment out of fear of prejudice, misunderstanding, or a lack of recognition regarding their identity. As a result, 20% of respondents conceal their identity even in medical contexts to protect themselves from further disadvantages. These reported experiences demonstrate that good care requires more than medical knowledge. Acceptance, empathy, and knowledge of diverse identities are seen as indispensable core competencies for medical professionals. When these are missing, gaps in care emerge with long-term effects on mental health and disease progression, with direct implications for employers, insurers, and corporate health management.

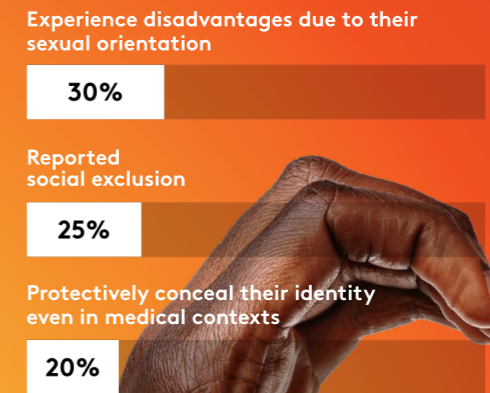
“I have to fight just to have my symptoms taken seriously.”

The workplace: Visibility as a career factor

The professional world does not always offer a safe haven, either. While a slim majority generally feels safe, 21% of German respondents report discrimination based on their gender identity. Simultaneously, only 56% of those affected reported feeling comfortable reporting incidents to HR or management, which is an indicator that businesses may not know the full scale of the problem.



Additional barriers appear in career development: 30% of respondents report experiencing disadvantages due to their sexual orientation, and 25% report social exclusion. These experiences can be described as a “visibility tax”: the additional emotional, social, and professional costs when people live their identities openly.



Implications and corporate responsibility

The results of the Kantar-DIVA-Curve report make it clear: brands and companies are not just economic actors; they actively shape social norms. Communication, product design, and service experiences directly influence whether safety, belonging, and trust are fostered.

For companies in Germany, these responses translate into a clear agenda for action:

- Inclusion must be tangible** across the entire customer journey, not just in marketing.
- Leadership, HR, and Customer Experience (CX)** bear responsibility for psychological safety and credible “speak-up” structures.
- Authentic representation** can dismantle prejudice and strengthen loyalty, whereas a lack of relatability reinforces exclusion.

Brands possess reach, the power to shape social norms and play a role in our daily lives. Every credible commitment to diversity is therefore not just a communications statement, but a concrete contribution to the safety, health, and social participation of LGBTQIA+ women.





India

Conditional safety from social and structural barriers

In India, while LGBTQIA+ women report access to healthcare, emotional and psychological safety within these systems are not guaranteed.

Healthcare is available but safety is conditional

While **74%**

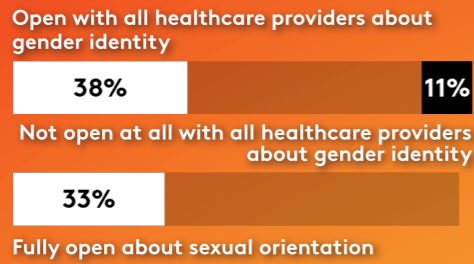
Of respondents say the healthcare system meets the needs of LGBTQIA+ women and non-binary people, lived experience reveals persistent gaps. 58% state they have avoided or delayed healthcare because of concern about bias or discrimination, and 60% have felt dismissed, misunderstood, or not taken seriously by a healthcare provider because of their identity.



As a result, healthcare is often approached less as a guaranteed right, but instead as a space where they LGBTQIA+ women have to compromise their dignity to access treatment.

Healthcare providers are among the spaces where LGBTQIA+ women and non-binary people reported relatively higher openness, but this openness is conditional and fragile.

38% of our respondents say they are open with all healthcare providers about their gender identity, and 33% are fully open about their sexual orientation.



At the same time, 11% of respondents are not open at all with healthcare providers about their gender identity, reflecting continued fear that disclosure may lead to judgement, awkward interactions, or compromised care.

“At a routine health appointment, I remember feeling anxious before even walking into the clinic, unsure whether I would be respected or misgendered. The intake forms only had “male” and “female,” and I had to explain my identity multiple times to different staff members. While the doctor was polite, they lacked knowledge about LGBTQIA+ health needs and avoided certain topics altogether, which left me feeling unseen. However, a year later, I visited a different clinic where my experience was completely different. The forms included inclusive gender options, staff asked my pronouns without hesitation, and the provider was knowledgeable about both physical and mental health considerations for LGBTQIA+ patients. That contrast showed me how much progress is possible but also how inconsistent access still is depending on where you go.”

Healthcare feels safer than many public spaces, but not reliably so

Compared to other environments, healthcare is perceived by respondents as relatively safer, but not unequivocally inclusive. 72% of our respondents say they feel quite or very safe when seeking physical or mental healthcare, while 15% feel not at all or only somewhat safe.



These reported experiences reflect a recurring pattern: individual providers may be respectful, but systems and processes often undermine safety through binary intake forms, misgendering, and heteronormative assumptions.

“I feel uncomfortable when I visit at a clinic. The staff assumed I had a male partner even after I corrected them. I stopped speaking up.”

The most significant barriers are social and structural

Fear of judgement, lack of provider sensitivity, and cis-normative healthcare systems are the reported primary roadblocks to care. At these times, LGBTQIA+ women feel their needs for mental health support, sexual health conversations, and gender-affirming care are trivialised or treated as something unusual or problematic.

These challenges are further intensified by high treatment costs, long waiting times, and limited insurance coverage, particularly for transgender and non-binary people who are less likely to be adequately covered by employer benefits.

“The biggest barrier for me has been long waiting times and difficulty finding affordable, inclusive healthcare providers who understand my needs.”

“I wish for healthcare providers to understand that our healthcare needs are real and not niche. Our mental health needs are not lifestyle issues. Gender-affirming care is not cosmetic and sexual health isn’t immoral.”

Small acts of inclusion make a difference

Despite systemic gaps, respondents are clear about what makes healthcare feel safer. Correct pronoun use, respectful language, and non-judgemental listening are repeatedly described as foundational, not optional, to quality care. Even small moments of affirmation can significantly reduce anxiety and build trust.

However, these positive experiences are not the reported norm, reinforcing that inclusion often depends on individual providers rather than embedded standards.

“There are some health centres where staff behave very nicely and co-operate... making us feel better and comfortable.”

“During a routine healthcare visit, I felt hesitant to openly discuss my identity due to fear of being judged. The provider made assumptions about my relationship and did not ask about my preferred pronouns, which made the experience uncomfortable. However, in a later visit with a different provider, I was treated with respect and understanding. That positive experience showed me how inclusive and informed healthcare can significantly improve trust, comfort, and overall wellbeing.”

“I once felt anxious about accessing healthcare as an LGBTQIA+ [woman], unsure if I would be respected. Fortunately, the provider was inclusive and used the correct language, which made a big difference. While progress is being made, many people in the community still face barriers to affirming care.”



South Africa

The mental health access cost and being "othered"

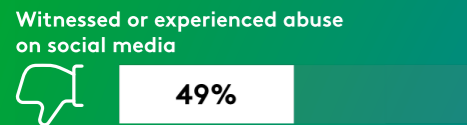
Safety remains a top concern for LGBTQIA+ women in South Africa with gender-based violence, including femicide and "corrective" rape, officially declared a national disaster by South Africa's president in late 2025*. Despite this, South African respondents report feeling safest at home and when seeking mental or physical healthcare, with

71% having found a provider they trust.



However, in broader public spaces and social platforms, the feeling of safety dissipates. Respondents feel the least safe in bars, pubs, nightclubs, cafes and restaurants, in public spaces and on public transportation.

Half do not feel a strong sense of safety on social media, with 16% feeling not safe at all. Social media is also where 49% report having witnessed or experienced any abuse because of their own or others' sexual orientation.



So, while the findings point to progress in some areas, respondents shared what more needs to change...

Being 'othered' by society, professionals and the system

In some instances, respondents feel healthcare spaces mirror the broader stigma faced by the community, ranging from subtle judgements and invasive questions to outright refusal of care. These reported experiences impact the quality of clinical treatment and create an environment marked by fear, embarrassment and hypervigilance. Some respondents also describe feeling "othered" the moment they enter a healthcare facility: being stared at, laughed at, misgendered, questioned unnecessarily, or treated as a problem rather than as a patient.

This hostility has a measurable mental-health cost with reports of anxiety, avoidance of healthcare, internalised shame, and even thoughts of self-harm. This accumulates over time, making healthcare feel unsafe and unpredictable for LGBTQIA+ women, who want to feel seen, respected, and safe in healthcare environments at all times.

Respondents add that inclusive care is not about special treatment, it's about not being treated differently. They say getting this right is simple: ask for and use correct pronouns and chosen names, even if they differ from legal records. Don't assume a patient's gender or sexual orientation based on their appearance, voice, or presence of a partner.

Respondents feel younger generations are more open to and accepting of different lifestyles and, as elsewhere, South African LGBTQIA+ women want healthcare providers to take the time to listen and communicate respectfully.

"We require health services, not interviews about why we are the way we are."

"My personal doctor is an LGBTQIA+ member and that makes life easier and comfortable for me."

"I haven't experienced barriers, but I have to 'act straight' sometimes to avoid being treated differently or given strange looks."

Financial and structural access barriers amplify stress and delay care

South Africa has among the strongest legal protections for LGBTQIA+ women*, but how this plays out in real life is often a different story. The main reported barriers to healthcare access include the distance to facilities, long queues – sometimes just to book an appointment – and poor transportation infrastructure to healthcare facilities, especially in rural areas.

The cost of services and lack of medical aid insurance compounds this, especially for the estimated **8million+** people living with HIV/AIDS**, currently highest among adults aged 15-49 in rural areas.

Promisingly, HIV incidence has decreased, alongside significantly increased antiretroviral treatment (ART) coverage and Pre-Exposure Prophylaxis (PrEP)**. But for LGBTQIA+ women, reported stigma associated with seeking treatment further reinforces their fears of medical discrimination. This creates an environment where seeking help overwhelms.

Our respondents paint a picture of a reality where structural inequality exacerbates mental-health strain, especially for already-marginalised communities like LGBTQIA+ women.

"Not everyone has a traumatic story, some of us are just confused and need someone to talk through it with us."

Mental-health strain from societal judgement, religion and family rejection

A significant thread running through the responses is the deep mental-health impact of societal judgement and family rejection, often reinforced by religious beliefs. Many describe growing up or living in environments where their identity is framed as "wrong," "sinful," or "embarrassing," which creates long-term psychological distress. This reported stigma often predates their healthcare encounters, shaping how they experience care and seek support.

Emotional burdens reported range from fear of being outed to shame instilled from religious teachings, and the trauma of being judged by the very people who should provide safety. This contributes to depression and anxiety, social withdrawal and self-silencing.

The cumulative reported effects of moral condemnation, cultural stigma, and familial hostility deepen vulnerability and influence whether individuals feel safe seeking care or disclosing their needs.

"Some people end up committing suicide as they are afraid to embarrass their family and also afraid to access healthcare for mental wellbeing."

"Honestly? It's the constant undertone of not being taken seriously. As a Black, bigger woman, I walk into a clinic already bracing myself not just for symptoms to be assessed, but for my body to be judged..."

51% of South African respondents believe social acceptance of LGBTQIA+ individuals varies based on factors such as race, ethnicity, or socioeconomic status in their country compared to 46% across the five countries we studied.



*"Violence against women in South Africa: intersecting vulnerabilities," Human Sciences Research Council, November 2025

** The paradox of LGBTQIA+ rights in South Africa," Human Rights Day issue of Business Day as published on the University of South Africa website, April 2025

***"South Africa charts a new frontier by rolling out a twice-yearly injection which is almost 100% effective in preventing HIV," UNAids.org feature story, October 2025



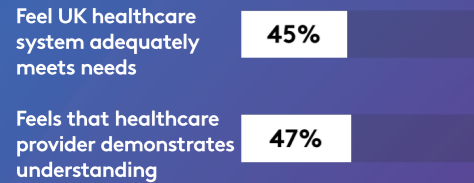
United Kingdom

Misunderstandings and unclear medical guidance

In the UK, while **70%**

of LGBTQIA+ women report feeling safe when seeking physical or mental healthcare, the research spotlights the ways healthcare systems can better support the community. Only 45% of respondents feel the UK healthcare system adequately meets the needs of LGBTQIA+ women and non-binary people, with less than half (47%) saying their healthcare provider demonstrates understanding of these identities and experiences.

LGBTQIA+ women and non-binary



38% of respondents have felt dismissed or misunderstood by a healthcare provider due to their identity,



and 31% of respondents have avoided or delayed healthcare due to concerns around bias or discrimination.

These barriers are felt even more by transgender respondents, with 49% reporting having had a bad experience with healthcare providers and 43% delaying healthcare.

Transgender experience



The importance of ensuring a safe, supportive healthcare system is echoed in recent findings* from the Office of National Statistics (ONS), which showed people identifying as LGB+ face lower average life expectancy from age 20 than their straight counterparts. ONS analysis also found higher risks of alcohol-specific and drug-related death for LGB+ people, with death by suicide as the second leading cause of death for LGB+ people – higher than the straight population, and an even higher risk for younger LGB+ people.

“The heteronormativity is difficult. Having to come out multiple times within one interaction with healthcare has an emotional toll.”

“I had to skip a medical appointment because of the frustrating experiences I had in previous encounters.”

“Talking honestly about my sexual health, I pretend that I’m straight when talking to healthcare professionals because I’m afraid of how they will talk to me and treat me.”

Unclear medical guidance

When asked about their experiences and barriers to healthcare, multiple respondents mentioned past confusion about the applicability of various screening tests. Worryingly, this confusion wasn’t just expressed by respondents themselves but also reflected in comments they report having heard from healthcare professionals.

Despite official NHS guidance stating that everyone with a cervix aged 25 to 64 should be offered cervical screening, respondents stated healthcare providers had told them this was unnecessary upon learning patients’ sexuality. Feedback also highlighted a need for healthcare providers to understand and address screening tests for trans men and non-binary people, as well as the fact that STIs remain a potential risk regardless of sexuality. From a patient perspective, respondents referenced confusion as a result of unclear guidance from medical providers.

“[Cervical screening information was] mostly about having sex with a man, which confused me as to whether I needed one or not.”

This reported confusion, and potential reduced sense of safety, has real-world consequences.

Compared to women exclusively having sex with men, UK medical research* found that those having sex with other women were less likely to attend cervical or breast cancer screenings.

On the other hand, there’s no difference in consideration of bowel cancer screening uptake. This suggests the intimate nature of these tests as a factor.

“A male doctor unsubscribed me from getting smear tests when he learned I was a lesbian.”

“Whilst not out at my GP surgery I delayed getting a smear as I had, years ago, been told I didn’t need one.”

“They need to be more considerate of the fact we may have risk of STIs while at the same time having penetrative sex less often.”

Intersectional knowledge and open-minded approaches

More broadly, respondents spoke to the importance of healthcare providers remaining open-minded and seeking out opportunities to learn. This feedback highlighted the need for a patient-centred approach: being mindful of the unique needs of the LGBTQIA+ community, avoiding assumptions, using neutral language, and acknowledging the likelihood of previous bad healthcare experiences.

29%

of UK respondents reported not having a regular healthcare provider they trust. While building trust may take time, many reported changes to improve the experience of LGBTQIA+ patients can be small but effective.

In addition to inclusive language, for instance, feedback suggested how environments can use physical signals of being in a safe space.

“Everyday interactions and environments impact health. It’s not just about clinics or doctors. It’s about whether forms, signage, conversations, and staff behaviours signal safety and inclusion.”

“Respect, inclusive language, and awareness of medical and mental needs are as important to us as to any other person.”

“When I went for my smear test, the nurse looked at me like I was crazy. I present more on the masculine side... In such a vulnerable situation, the last thing I needed was someone question[ing] my validity to be there and receive medical treatment.”

“I get very tired of the assumption that my partner is male... But even worse are questions about pregnancy and sexual health, especially online. ‘Do you have sexual intercourse with men?’ and similar are difficult to answer when you are a cis woman dating a trans woman... Upsetting amounts of heteronormativity.”

“Providers must respect pronouns, avoid heteronormative assumptions and address specific health disparities to ensure safe, equitable and dignified patient care.”

*No information on gender identity was used in this release. Given the level of uncertainty associated with the responses to the Census 2021 gender identity question, the data cannot be used to give precise estimates of the size of the relationship between gender identity and health outcome data.

*Saunders, Catherine L et al. “Cervical screening attendance and cervical cancer risk among women who have sex with women.” Journal of medical screening vol. 28,3 (2021)





United States of America

Limited rights and lived discrimination revealed

In 2025, over

600

anti-LGBTQIA+ bills were introduced in state legislatures that limit access to gender-affirming healthcare, ban transgender participation in youth sports or public facilities, and censor classroom discussions of LGBTQIA+ topics.* Over half of the country's states now restrict or outright ban gender-affirming healthcare.

Judgement and stigma put LGBTQIA+ lives at risk

In the United States, healthcare is increasingly challenging to navigate, with respondents reporting high cost of treatments, difficult insurance processes, and legal uphill battles. In addition to this financial barrier to care, LGBTQIA+ women state they also face the risk of discrimination, judgement, and dismissal, leading some to avoid potentially life-saving care altogether.

40% of respondents have felt dismissed by a healthcare provider due to their identity. Consequently, 36% of respondents have avoided or delayed care because of fear of discrimination, and more than half believe the healthcare system does not meet the needs of LGBTQIA+ women and non-binary people.



Faced with a jarring lack of understanding and inclusivity, the data shows that for LGBTQIA+ women in the United States of America, healthcare spaces have become a place of fear rather than safety.

The voices of our respondents

“

“Not wanting to bring up issues like gender-affirming care because I don't know what the provider believes.”

“They assume heterosexuality every time.”

”

The key to safer healthcare

The research shows small acts of inclusion can make the world of difference. Our respondents reported they felt immediately safer when their providers showed an understanding of LGBTQIA+ experiences, facilitated open, judgement-free communication, and used inclusive language.

Combating heteronormativity therefore presents as the first step towards making LGBTQIA+ women feel safer in the healthcare system.

“

“A nurse used correct pronouns without hesitation. This made me feel safe.”

”

New threats in healthcare

Respondents also noted new challenges created by recent anti-abortion and anti-trans sentiments, which make seeking medical care even harder for all, including LGBTQIA+ women. In the data, emphasis is placed once again on needing providers' understanding and tolerance, as well as the unequivocal right to choose.

“

“Being able to make decisions for our appearance or reproductive systems without it being treated like a sin.”

“That healthcare providers' explicit and vocal, visible support, allyship and advocacy for us and our queer and transgender communities is the key to helping us feel safe and cared for physically, socially and mentally.”

“I'm most concerned about the whittling away of trans/non-binary rights. Increasingly, this population is treated as criminal and not worthy of respect, rights, and protection.”

”



*Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2025,” American Civil Liberties Union (ACLU), updated Last updated on December 29, 2025

The numbers signal a big problem

Behind every statistic is a lived experience.



Respondents report avoiding or delaying healthcare due to concerns about bias or discrimination as follows:

“

“Assumptions can lead to missed care.” UK

“[The experience] impacted my willingness to go back to any gynaecologist, as it created a fear that I may experience something like that again.” South Africa

”

This data shows that discrimination is actively shapes behaviour and decision-making, with real consequences for physical and mental health.

Importantly, these findings also point to opportunity: With meaningful investment in diversity and inclusion training across healthcare systems globally, experiences of care can be transformed.

By equipping providers to recognise bias, challenge default assumptions and create environments where people feel seen and respected, these hard statistics can change, helping to close the wellbeing gap and rebuild trust in care for all.

“

“Distinction and humiliation.”
Germany

“The negativity makes me afraid to seek care.”
US

“Once I visited a doctor and she judged me instantly and made fun of me in front of other patients.”
India

”

Brands, media and platforms

Responses show that for LGBTQIA+ women and non-binary people, seeing themselves reflected in advertising campaigns, research and public health messaging is not just symbolic. It validates lived experiences and helps ensure their needs are not overlooked. There's been progress on this as 80% of all respondents feel brands do want their business and 66% feel represented or that they see 'people like me' in campaigns. Despite this positive shift, there's still a disconnect that plays out differently across markets:

The need for authentic representation and visibility

In India, 78% of respondents strongly agree that brands should actively promote diversity and inclusion; although fewer feel outright rejected by brands, more than a third report being denied service because of who they are.

Public support and protection in an increasingly online world

The need for visibility is also strong in Germany, where respondents stress the need for normalisation through representation across media, public spaces and healthcare, alongside stronger legal protection:

“We need normalisation through increased visibility and support in public spaces, media, film, and literature... and we need better legal protection against online hate speech.”

A call for brand bravery and all-year activism

In the US, while

50%

of respondents believe brands are making an effort to be more diverse and inclusive, there is also growing fear that some companies have retreated from their LGBTQIA+ support.

Social media as a key engagement platform

In South Africa, half of respondents report having witnessed or experienced negativity around LGBTQIA+ identity on social media, a critical concern given that 81% use these platforms regularly to not only communicate with friends and family but also engage with brands across digital and broadcast media around personal preferences.

“We are telling our own stories, building platforms, and being represented in media in ways that were rare even a decade ago. That visibility helps normalise our existence and gives young people space to understand themselves earlier, more safely.”

Weave inclusion into every touchpoint

In the UK, while 65% of respondents believe it is important for brands to actively promote diversity and inclusion, 60% have experienced a negative brand interaction linked to their gender identity or sexual orientation (rising sharply to 80% among transgender respondents), with over a quarter reporting poor treatment from in-store staff. Additionally, 60% reported a negative brand experience based on their gender identity or sexual orientation. This jumped to 80% for transgender respondents, including 27% reporting poor treatment from in-store staff.

Brand growth lessons for any brand in any geography

When brands actively reflect and normalise diverse identities within local contexts, they help shift societies toward greater inclusion which has positive cumulative effects because a fundamental way to grow your brand is to predispose more people to it.

From a brand growth perspective, Kantar's Brand Inclusion Index highlights the risk of under- or mis-representing diverse populations. In the UK, this equates to a potential loss of £33 billion if the LGBTQIA+ inclusion gap isn't closed. As highlighted by respondents, however, visibility matters most when backed up by a tangible sense of authenticity.

Together, these perspectives show the power brands have: There's a business case for inclusion, and companies have real power to shape social discourse.

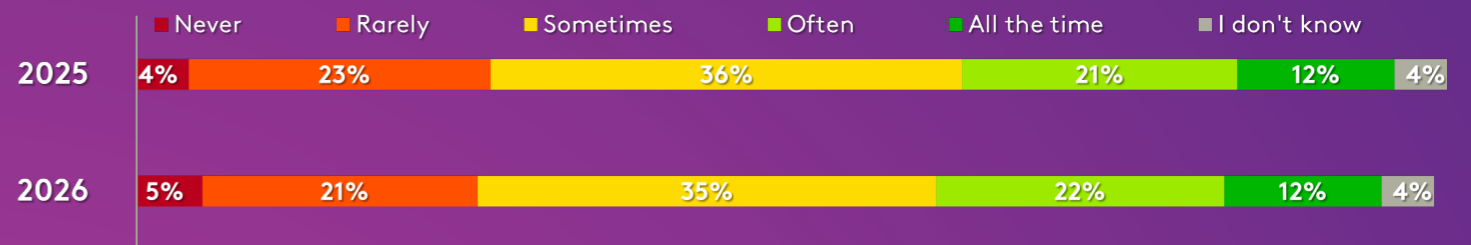
Research from Unstereotype Alliance and Said Business School further proved the positive impact of inclusive advertising on business outcomes in both the short- and long-term. The Inclusion = Income study found that inclusive ad campaigns deliver 3.5% higher shorter-term sales and 16% higher longer-term sales and 15% higher customer loyalty.

“[Inclusion] seems to be put in shows and adverts but to sell the product, not to be inclusive.”

“We need to be more present, have more role models. Gay men are shown in adverts, female homosexuals are still invisible. There are not many times that a female couple is shown as happy and relaxed.”

“I found it heartbreaking to see companies back pedal on their positive strides because it's not the way the wind is blowing.”

How often do you see people like you well-represented in brand content or advertising?



What media do you frequently notice?



A way forward

From conditional safety to structural safety

This research points to a health and wellbeing crisis shaped by environments that LGBTQIA+ women and non-binary people experience as unsafe, inconsistent, and unpredictable.

The data shows that across healthcare systems, workplaces, public spaces, and brand interactions, safety is situational. Respondents feel trust is fragile and inclusion varies by context and by who is present. As a result, many LGBTQIA+ women adapt their behaviour to protect themselves. They delay or avoid care, limit disclosure, self-censor, and remain constantly alert to risk. Over time, this sustained vigilance erodes physical health, mental wellbeing, and ultimately, quality of life.

Moments of inclusion matter. Being addressed respectfully, listened to, and treated with dignity are all ways that can ease individual interactions. Lasting wellbeing, however, depends on environments that feel reliable and secure every time.

Progress now requires a shift toward structural safety, where inclusion is embedded into systems, practices, and everyday experiences.

Safety must be consistent, dependable, and designed in.

This is the next phase of inclusion: One that prioritises trust, reduces harm, and delivers measurable wellbeing outcomes.

The role of brands

Brands shape everyday environments, interactions, and expectations. Through products, services, communications, workplaces, and partnerships, brands influence whether LGBTQIA+ women and non-binary people feel safe, welcomed, and able to care for their health and wellbeing.

Addressing this crisis therefore requires brands to move beyond visibility and act with intent. What are you doing about it?

Our data best practice

Our sample

3212 anonymous online surveys were fielded in total in February 2026 with 542 in Germany, 497 in India, 525 in South Africa, 642 in the UK and 1006 in the US. All respondents identified as LGBTQIA+ women or non-binary.

How we collected the data and built the insights

As the world's leading marketing data and analytics business, Kantar has the reach and expertise to capture a robust picture of lived experience across markets. This research is brought to life through close collaboration with members of Kantar's global Pride Employee Resource Group, whose insight and commitment help ensure the findings are grounded, relevant and responsibly interpreted.

Combined with Kantar's expertise in inclusive growth, the report moves beyond diagnosis to action. It connects lived experience to practical implications for brands and organisations, supported by tools such as Kantar's Brand Inclusion Index, which helps organisations understand where inclusion efforts resonate, and where more work is needed.

Our methodology

While verbatims were encouraged and included in this report, anonymity was paramount to ensure our respondents felt safe, respected and valued. This report is grounded in primary research exploring the lived experiences of LGBTQIA+ women and non-binary people.

Quantitative analysis leads the narrative, with qualitative perspectives included to deepen understanding and bring the data to life. This approach reflects Kantar's commitment to rigorous, evidence-led insight, while recognising the value of lived experience in shaping meaningful, responsible thought leadership.

We invite organisations to use these findings as a starting point for reflection and action to test assumptions, inform strategy, and explore how inclusive practices, products and communications can better reflect the realities of the people they serve.

On designing inclusive surveys

A mindset shift is required, with a few key areas needing special attention:

- Demographic data needs to be collected in nuanced ways, moving beyond age and gender to incorporate other identity categories like racial and ethnic background or primary language. Responses were therefore captured in English and German.

- Questions must reflect a broader lived experience and set of attitudes to invite responses from a more diverse pool for a more detailed and true-to-life view of the population surveyed.

- Such practices include using clear, unbiased wording throughout, allowing skip logic for questions that may not apply, and identifying questions where minority groups may have unique and valuable perspectives.

Ultimately, surveys must be representative in the same way media and advertising must be.



The 2026 Kantar-DIVA-Curve Report

Happy, healthy and safe? Lived experiences of LGBTQIA+ women and non-binary people

India | South Africa | United Kingdom | Germany | United States of America

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