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I. Executive Summary

“Probably the most serious deterrent to black lesbian activism is the closet itself. It is very difficult and sometimes impossible to organize around Black lesbian issues, such as homophobic violence, child custody, and right-wing initiatives, when you do not want people to know who you are.” Barbara Smith, (1998). The Truth That Never Hurts: Writing on Race, Gender, and Freedom

As the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) movement gains momentum around the country, it’s important to ensure that the perspectives and priorities of Black lesbians are represented. Research studies show that Black lesbians are among the most vulnerable in our society. For example, a recent study by the Williams Institute found that Black lesbians in same-sex couples had poverty rates of 21.1%, compared to 4.3% for White lesbians, and 14.4% for gay Black men. Such disparities speak to the need for a fresh assessment of the unique experiences of Black lesbian communities.

As mainstream LGBTQ organizations set their agendas, many times the most important concerns and priorities of Black lesbians are not represented. There are only a few Black LGBTQ organizations operating nationally. Additionally, outreach to the Black lesbian communities by mainstream LGBTQ organizations has been minimal. As one survey respondent commented, “[For Black lesbians] out of sight many times translates to ‘out of hearing;’ and ‘out of hearing’ sometimes translates to ‘out of luck.’” Representatives from the Zuna Institute organization understand the importance of “having a place at the table” when decision-makers and funders set priorities to support the LGBTQ community. However, in order to adequately represent Black lesbians, a national needs assessment was necessary. This survey, the National Black Lesbian Needs Assessment asks, “Who are we? And what issues/concerns do Black lesbians view as important?”

This groundbreaking survey conducted over several months in 2009-2010 provides a contemporary broad brush overview into the lives of Black lesbians. This study presents descriptive statistics. This is not an in-depth look at one person's struggle or a collection of personal writings. This study does not include youth members of the Black lesbian community; it focuses on Black lesbians ages 18-70. This quantitative study is akin to a Black lesbian “census.” Regional, statewide, and local organizations that support Black LGBTQ individuals asked Black lesbians to speak up and be heard, to stand up and be counted; 1,596 women answered that call by participating in focus groups and through an on-line survey.

This is a representative sample of Black lesbians with participants from every region in the United States. The largest percentage of the population surveyed is between 40 and 49 years of age with 84% of the participants holding undergraduate degrees and maintaining an annual salary of at least $51,000. In this survey, over 36% of the women are from the southern region of the United States, in localities where homophobia is a daily occurrence. The survey respondents challenge the view of who is traditionally viewed as Black lesbians.

Often research representing Black communities, and by extension Black lesbian community, focuses on individuals living in poverty. Even so, the statistics gathered in this study show that the impacts of invisibility and discrimination have debilitating effects in the lives of Black lesbians; these effects are similar to those reported by Black Americans who live in poverty. The literature documenting the lives of Black lesbians is not vast; it is scattered among medical studies, poverty studies, and studies on identity development. Black lesbians face triple jeopardy, the idea that gender, ethnicity, and sexual identity hinders our advancement in society. Data reveals that many women in this survey have had direct experiences with discrimination: in areas of employment, with health care providers, and in creating and protecting their families.

As the nation struggles with issues of marriage equality for gay and lesbian people, Black lesbians are continuing to create families together. This study reveals that 69.5% of
the women surveyed either have children or are planning to have children. One survey respondent commented, “Most Black lesbians don’t see marriage as an important issue-- because they haven’t had the opportunity to be in a legal same-sex marriage and have never experienced how it transforms community attitudes about homophobia, lesbian parenting, workplace acceptance, etc.” The call for visibility is the call to be recognized as a family unit with all the legal rights and privileges granted by law through legally recognized marriages.

The *National Black Lesbian Needs Assessment* found that domestic violence experienced by Black lesbians is rarely reported to authorities, but has occurred in the lives of 41.9% of the respondents. Respondents reported they had experienced domestic violence either with a man (14.1%) or in a same-sex relationship (27.8%). The study revealed that the needs of Black women in violent same-sex relationships have been overlooked on local and national levels. The call for Black lesbian visibility is the call for safety and protection.

How we define ourselves, what we call ourselves, and when we disclose this information to health care professionals can have life or death consequences. The invisibility of Black lesbians, combined with our fluidity of identity poses health care concerns around HIV transmission. Additionally, upholding the myth of the “strong black woman” along with the lack of adequate mental health support can lead Black lesbians to higher rates of suicide. The call for Black lesbian visibility is the call to save lives.

The study also provides a peek into Black lesbians and issues of aging. The research literature focuses primarily on White gay and lesbian groups and paints a bleak vision of aging in the gay/lesbian community. The focus group data collected revealed that long-term health insurance coverage and residing in retirement communities with other Black lesbians were among the most important concerns for aging Black lesbians. The recommendation is that additional quantitative data be collected specifically focusing on older Black lesbians. At this time, no conclusions can be summarized about their specific needs. This is an area for further investigation.

This study shows that advocacy needs of Black lesbians persist in the areas of financial security, healthcare, access to education, and marriage equality.

This study has implications for helping organizations in program planning. Long-term and short-term strategies should be used to address the needs of Black lesbians. In the short-term, issues of financial security, healthcare, and access to education should be addressed. Strategic partnerships must be cultivated to provide support and to focus on civil rights for lesbian families with children. In the long-term, issues facing younger Black lesbians, as well as those facing the aging population should be further investigated.

The *National Black Lesbian Needs Assessment* revealed that Black lesbian visibility is an essential element in the political and economic landscape. This survey brings to the forefront information from a traditionally marginalized group. This survey also highlights the needs and concerns of Black lesbians as defined by them.

**II. Black Lesbians: Making the Case**

“Let me put it this way: When I show up in a place where I am lesbian, Black, and a woman, it’s very clear to me where those things fall.” (Survey Respondent)

The majority of the respondents (55%) in the *National Black Lesbian Needs Assessment* are Black lesbians in their middle years with middle class values and viewpoints. They are in a developmental phase in life that Sara Lawrence-Lightfoot states, “is a time to pause, a time for self-reflection and stocktaking, a time to re-envision the future.”

Erikson said it is a time for “focus on family” and “giving back to the next generation.” This group of Black lesbians is strategically positioned in their careers and lives to make significant political and economic differences in the United States. Their voices and experiences add a missing and necessary piece to current literature examining Black lesbian lives. The respondents to this survey dispel myths and reshape the perceptions of who Black lesbians are in this nation.

The literature quoted throughout this document was chosen because of accessibility. The studies compare Black lesbian experiences to the greater Black population and to that of the White lesbian communities and occasionally to statistics that reference Black gay men. By collecting these descriptive statistics the survey provides a baseline to measure one aspect of the Black lesbian experience.
Foundational to the development of the survey tool was the review of the results from the Mautner Project’s, *Black Women to Women Spirit Health Education Survey* (2003) with 600 participants as well as a review of the Human Rights Campaign’s (2009) “At the Intersection, Race, Sexuality, and Gender.” These reports addressed several key issues that impact Black lesbians. The *National Black Lesbian Needs Assessment* focuses on broader issues but supports some of the findings from these surveys.

Black lesbians from around the nation participated in this study stating, “Someone is finally interested in what we have to say”. Happy to break the myth of heterogeneity in Black lesbian communities, one survey respondent stated this report will “highlight the diversity within the community”. Many respondents participated to be heard and understood the importance of visibility. One respondent viewed this survey as an opportunity to make a contribution, “Black lesbians are invisible in general so I wanted to make a contribution”.

The purpose of the *National Black Lesbian Needs Assessment* is to give voice to the voiceless, to have a community define their concerns for themselves, and support organizations around the country interested in Black lesbians to set their programming priorities.

### III. Methodology

There is little data that adequately addresses the specific experiences of Black lesbians in the United States; the Zuna Institute conducted a series of focus groups in Atlanta, New York, Denver, and Chicago. Participants in each group varied in age and affiliation with LGBTQ communities and organizations. Each focus group had an average of twelve participants. The information gathered from these groups was a follow-up to the initial questions in the *National Black Lesbian Needs Assessment* – a national electronic survey of same-gender loving Black women. These focus groups provided rich qualitative data. The focus groups revealed that Black lesbians are primarily concerned with issues relating to family, health, identity, access to financial and community resources, and community activism.

The *National Black Lesbian Needs Assessment* was disseminated in partnership with regional, statewide, and local organizations that support Black lesbians. A total of 1,596 Black lesbians completed the survey.

While numerous reports have addressed the plight of Black lesbians in the United States, this research has relied heavily on quantitative survey data. Although survey data can be beneficial to underscore collective, aggregate experiences, it usually does so at the expense of the individual or subjective perspective. The Zuna Institute has created a unique, robust overview of collective, as well as individual Black lesbian experience in the United States by using both survey and focus group data. Based on the analysis of the data, the Zuna Institute has clearly outlined avenues for advocacy, funding, and programming for Black lesbians.

#### A. Survey Demographics

According to the results of the *National Black Lesbian Needs Assessment*, the modal age category for respondents is 40-49 (30.2%), followed by 50 and over (25%), 31-39 (22.1%), 25-30 (15.5%), and 18-24 (7%) — see Figure 1.

Southern respondents account for the majority of participants in the study (37.8%), followed by those from the West (29.8%), Midwest (18%), and North East (14.4%) — see Figure 2.

Of these respondents, 71% reside in a “big city” and 21.8% in a “big metropolitan suburb,” as defined by the US Census Bureau. As such, a sizable majority of the sample either resides in a large urban area or lives in communities with access to a large urban area (See Figure 3).

According to 2004 US Census figures, 18% of Black women 25 and older have completed at least a bachelor’s degree, as compared to 84.4% of Zuna online respondents (See Figure 4).
**Figure 1: Age**

- 18-24: 7.0%
- 25-30: 30.2%
- 31-39: 22.1%
- 40-49: 15.5%
- 50+: 25.0%

Source: National Black Lesbian Needs Assessment, Zuna Institute

**Figure 3: County Type**

- Big City: 71.0%
- Small City: 21.8%
- Big Metro Sub: 5.7%
- Other: 1.6%

Source: National Black Lesbian Needs Assessment, Zuna Institute

**Figure 2:**

Source: US Census, 2000

**Figure 4: Education Completed**

- Some High School or less: 35.5%
- High School or GED: 48.9%
- College: 15.0%
- Graduate or professional school: .8%

Source: National Black Lesbian Needs Assessment, Zuna Institute
Furthermore, only 11.9% of the sample is unemployed. The remaining 88.1% is or has been employed in some capacity (part-time, full-time, business-owner, or retired).

Over half of respondents (54.8%) reported a household income of upwards of $51,000. According to 2008 Census data,\(^1\) the median income for Black families was $33,916, compared to $54,920 for non-Hispanic White households, $38,679 for Hispanic households, and $66,103 for Asian households. As such, the Zuna Institute sample is negatively skewed in terms of income (See Figure 5). Despite this skew, respondents’ reported concerns, risk factors, and overall challenges mirror those reported by studies of Black same-gender loving women in the United States.\(^2\) Respondents’ economic class did not lessen the impact of their sexual identity on health outcomes, family dynamics, and experiences of homophobia.

**IV. Findings**

**A. Family**

“Unless you actively work at this, establishing a family of creation as a Black lesbian can be a delicate and scary process.” (Survey Respondent)

When examining the family life of Black lesbians, one must immediately acknowledge their resilience in creating and maintaining families despite overwhelming political and financial obstacles. For example, Black lesbian couples are more likely than White gay and lesbian couples to be parenting\(^3\) and have public sector jobs that disallow domestic partner health insurance and worker’s compensation benefits for same-sex couples.\(^4\) Additionally, Black female same-sex households are nearly twice as likely as White female same-sex couples to live with a child under 18, 52% versus 32% respectively.\(^5\) Nationwide, 45% of Black female same-sex households include a biological child of one of the partners in their household, while 32% of Black male same-sex couples report a biological child present (See Figure 6). Only 29% of White female same-sex households and 17% of White male same-sex households report a biological child.\(^6\) For these reasons, anti-gay parenting policies in the United States may disproportionately affect Black lesbian parents, or would-be parents.\(^7\)
more likely they are to have children (36.1% of respondents overall report having children). This difference was most apparent between those who have been in a relationship 6-10 years and those for less than a year. Similarly, the “Say It Loud, I’m Black and I’m Proud” report found that one in four Black lesbians lived with a child for whom she had child-rearing responsibilities.  

1. Parenting

While close to one third of respondents (30.5%) reported that they do not plan to have children, the remaining 69.5% either plan to or already have children, or have parented a child in the past (See Figure 7). Close to 45% of respondents are currently raising children or plan to co-parent.

For Black lesbians, the experiences and difficulties of childrearing have also been ignored in research and advocacy. As those who bear the brunt of childrearing activities among same-sex couples, Black same-gender loving women may be disproportionately affected by policies which limit benefits for same-sex partners, as well as anti-gay parenting policies. For example, under the George W. Bush administration, government officials moved to extend certain monetary benefits only to married couples, a status unattainable to same-sex partners at the time. Additionally, states such as Florida have effectively banned gays from adopting children. This action not only harms LGBTQ communities but also the entire Black population, for Black children are greatly overrepresented in the foster care system and are most likely to be adopted by Black women.

2. Domestic Violence

Black lesbians may face additional family obstacles in terms of reporting, or leaving violent relationships. In the report “Black, Lesbian and Speaking Out,” authors Kewsi and Webster write,

A lesbian seeking help is at risk of further victimization because of her sexuality, whereas heterosexual women, with the exception of prostitutes, do not experience this. Lesbians are less likely to turn to family members for support, particularly if they are not out and even if they are, they may fear reinforcing stereotypes of the ‘immorality and sickness’ of lesbian relationships.

In many violent relationships, lesbians are hesitant to file charges of domestic violence or rape because police officers are not as likely to identify violence between members of the same sex.

Accordingly, 41.9% of Survey Respondents report having been in a domestic violence situation. More specifically, 14.1% report having been involved in a domestic violence situation with a man, while 27.8% report having experienced domestic violence with a woman (See Figure 8).

As previous scholarship and the National Black Lesbian Needs Assessment indicate, the needs of Black women in violent same-sex couples have been overlooked on the local and national level. While domestic violence is prevalent in both heterosexual and homosexual relationships, police and advocacy groups are likely to ignore the experiences of Black lesbians, as domestic violence is generally construed as a heterosexual issue.
B. Health

1. Mental Health

“I would also like to mention an issue that might come under mental health: internalized homophobia. If people think they’re less than, that they’re going to hell, or whatever, then they don’t have it within themselves to really join a community and try to get something achieved.” (Survey Respondent)

On most health outcome indicators, Black women evidence more negative health status and riskier health behaviors than do their White counterparts. Research has shown that, irrespective of physical and emotional stress, racial minorities in the United States underuse formal systems of mental health services. More specifically, Black lesbians are less likely to seek out traditional professional mental help than are their White counterparts, even when combating grave mental health concerns. For example, there is a pattern of higher suicide rates among Black lesbians, and particularly higher rates among those from economically disenfranchised communities. Scholars have primarily associated these higher suicide rates with one’s ability to deal with ‘coming-out’, and the social construction of the ‘strong Black woman’.

According to Matthews and Hughes, the trope of the “strong Black woman” may decrease the amount of emotional support available to Black lesbians and discourage the self perception of the need for mental health services. The researchers go on to note that,

Lower rates of therapy among African American lesbians may not necessarily reflect less need for services. Out of necessity, lesbians of color have had to learn to cope with extremely adverse conditions, which may mask the need for support and contribute to underuse and vulnerability to increased rates of negative psychological outcomes.

Accordingly, lack of access to affordable, or culturally competent mental health services can discourage Black women and Black lesbians in particular, from seeking formal mental health services. According to the National Black Lesbian Needs Assessment, 16.9% of the respondents were uninsured compared to 24% of Black women nationwide (See Figure 9). Moreover, the odds that Blacks are underinsured are almost three times that of their White counterparts. As one might assume, rates of insurance and economic class are highly correlated. Survey Respondents earning less than $30,000 were significantly less likely to have insurance than those in all other income brackets, particularly those earning $101,000 and up.

2. Physical Health

“As a breast cancer survivor, I’ve had lesbians contact me who have been recently diagnosed who don’t want anybody to know that they have cancer. And I’m just astounded at that.
“They don’t want to tell anybody, so they probably just need to talk to somebody, because they need to be able to talk about their feelings.”

In addition to the data collected on Black lesbians and mental health, scholarship suggests that women of color have higher physical health risks than their White counterparts. For Black lesbians, physical health risks often increase with the lack of a primary healthcare professional. In a report entitled “Health Issues of Aging African American Lesbians,” Crawford, Dribble, and Nussy found that:

Lesbians were more likely to have no regular source for medical care, be uninsured, be overweight/obese, be a current smoker, drink > 3 drinks per drinking day, and take medication when diagnosed with hypertension. Heterosexual women were more likely to have their cholesterol checked, have a pap test in the past two years, have a clinical breast examination in the past two years, and be on hormone replacement therapy.²⁹

In addition to the risks outlined above, studies indicate that Black lesbians have shorter life expectancies, higher death rates from heart disease, diabetes, and cerebrovascular disease, lower levels of physical activity, higher levels of dietary fat consumption, and fewer daily servings of fruits and vegetables.³⁰ For example, Thompson’s research found that eating disorders are also likely to increase in response to sexism, sexual abuse, racism, classism, heterosexism, and poverty.³¹ For example, heterosexism was a key factor in the onset of bulimia, compulsive eating, and extensive dieting.³²

As numerous health risks are linked to economic factors, poor women of color often do not have access to the preventive care that could ward off the threats of common diseases and ailments. For example, in the National Black Lesbian Needs Assessment, respondents earning over $51,000 per year were more likely to see a physician for (at least) annual check-ups than were those who made under $30,000 annually. In terms of reproductive health, respondents with higher incomes were also more likely to have a regular gynecologist. In total, nearly 35% of respondents did not see a gynecologist regularly (at least once a year, see Figure 10).

C. Disclosure and Invisibility

“I am out to probably 98% of the people in my life… the other 2% are people who I feel my personal life, sexual orientation, etc. is none of their business because I don’t want to be close to those folks -- don’t trust them to have my best interest at heart or those of the people I love and care about.” (Survey Respondent)

Homophobia is closely linked to “intersectional invisibility,”³³ a term that refers to oppression LGBTQ individuals face as victims of sexism, heterosexism, and racism within both the dominant culture and varying racial and ethnic communities. For many in the LGBTQ community, disclosure of one’s sexual identity is often
accompanied by harassment, mental and/or physical abuse, as well as alienation and isolation from the dominant culture. For example, while there are federal laws prohibiting discrimination in the workplace based on race, national origin, sex, age, and disability, there is no federal law banning employment discrimination based on sexual orientation. Consequently, disclosing one’s identity in the workplace can often lead to exclusion from “networking opportunities and/or company events, being restricted in contracts with clients and customers,” or even termination. Fear of these repercussions leads many to mask their sexual identity.

While non-disclosure may serve immediate protective aims, the invisibility of lesbians in the broader culture poses numerous physical health risks. For example, contracting HIV through female-to-female interaction is possible but largely overlooked by the medical community. For example, the Centers for Disease Control and Prevention (CDC) reports that female-to-female HIV transmission is a “rare occurrence,” leading many women to engage in risky behavior due to a “false sense of security that they will not get AIDS.” This threatens Black lesbian communities in particular “[s]ince most WSWs (women who have sex with women) of color are disproportionately affected by other HIV risks such as drug use and homelessness.”

Although some epidemiological data have argued that lesbians are not in a high risk group for HIV, we need to think more broadly. For many years, organizations on the forefront of the battle against the disease have proclaimed the need to be inclusive in public health education and services. Black women, regardless of how they identify their sexual orientation, may or may not have sex with men. They may or may not fall into other high-risk groups. Thus, to the extent public policy officials cast a wider net, the more effective they can be in providing comprehensive public health to all.

Lesbians are present in every community and experience where women are present. Therefore, whatever happens to Black women happens to lesbians; whatever happens to poor people happens to poor lesbians. If HIV is over-represented among poor black women, then it is over-represented among poor Black lesbians. Whether they number ten thousand, one hundred thousand, or a million, they deserve information, and their lives need to be protected.

In addition to Black lesbian invisibility in medical literature, many Black lesbians also face personal obstacles in disclosing their identities to medical professionals. As one scholar notes, “Both the legal and medical profession is riddled with homophobia and insensitivity to the needs of lesbians.” Interestingly, within the Zuna Institute sample, approximately 71% of respondents reported that they would be comfortable telling their doctor about their sexual orientation (See Figure 11). There was, on the other hand, some variation in who felt this was important; 74.4% of women who identify as lesbian said it was important for doctors to know a patient’s sexual orientation, in contrast to only 53.9% of women who identify as bisexual.

![Figure 11: Yes, It Is Important For A Doctor To Know A Patient's Sexual Orientation](image)

<table>
<thead>
<tr>
<th>Lesbian Respondants</th>
<th>Bisexual Respondants</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.4%</td>
<td>53.9%</td>
<td>71.4%</td>
</tr>
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In terms of being “out” to wider communities (outside of medical professionals), a majority of Survey Respondents reported coming out – to varying degrees – when they were under 25 years old (63.7%) — see Figure 12. On a scale of how “out” one is, only 26% of the sample were out to “all groups” (groups defined as extended family, work colleagues, your boss, religious community, friends, and immediate family).

Additionally, about half of the respondents (48%) reported that at some point in their lives, they had been rejected or discriminated against based on their sexual orientation (See Figure 13).

Overall, Black lesbians face invisibility on two fundamental levels: coerced invisibility to protect jobs or other social relations and absence from formal discourses.
The degree to which one is coerced into invisibility is often related to the degree of discrimination, as well as the subjective experience and the negative consequences thereof. Furthermore, the overall invisibility of Black lesbians in formal discourses not only belies U.S. democratic ideals, but negatively impacts mental and physical health outcomes for Black same-gender loving women.

When it comes to Black homosexual identity, discussions about the complex social and cultural contexts in which Black same-gender loving women live their lives is found in commentary on movies and other forms of popular culture. Unfortunately, in the fields of sociology and psychology (Malebran, Fields, Bryant and Harper; Crawford; Wilson and Miller), the majority of literature on Black homosexual identity focuses primarily on Black gay men.

Of the literature available on Black lesbian identity, emphasis is primarily placed on gender performance and the fluidity of identity throughout the life course. As Henderson notes, sexual identities for Black same-gender loving women are “not binary nor fixed, but rather are historically contingent, culturally specific, and shaped by social, economic, and cultural forces.” Collins reports that it is the daily homophobia faced by Black lesbians that is the major influence on their “angle of vision.”

While the vast majority of Survey Respondents identified as lesbian (64%), identity varied by geographic location and age. In the North, a higher percentage of respondents identified as queer (11.5%), followed by the West (7.3%), the South (2.8%), and the Midwest (1.5%) — see Figure 14. Similarly, the 18-24 age group was the least likely to identify as lesbian (69.3%), and most likely to identify as queer (18.2%).
Additionally, the predominant categories of identification for the women surveyed were femme (35.6%) and ‘none of the above’ (44.5%) — see Figure 15.

The results from the National Black Lesbian Needs Assessment indicate that many Black same-gender loving women are, in their individual lives, rejecting binary categorization. As opposed to describing themselves simply as butch or femme, lesbian or straight, Black same-gender loving women are creating categories of identification that fit the specificities of their lived experience. As one respondent explained, “love is love. I’m open to all regardless of orientation.” Similarly, another online respondent indicated that she simply “prefers no labels.”

Additional analyses should be completed to understand the intersections between sexual identification and age. Many groups, such as Blacks, Afro-Americans, or African-Americans-slide between identities based on national political sentiment. The identities of “butch” and “femme” are frequently associated with White lesbians in the 1950s. Perhaps Black lesbians identify as “gay” or as “womanist” depending on their generational connections. Terms such as “Dom,” “Aggressives” and “Queer” are relatively new in the gay lexicon. This study showed the diversity of identities within Black lesbian communities.

Research has shown that identity development can be positively influenced by group affiliations. Support groups or organizations that encompass multiple parts of a person’s identity help to foster greater self-esteem. This research, focusing on the transitory nature of identity, shows that there is an important role for organizations that support the Black LGBTQ community in fostering high self-esteem.
V. Areas for Future Investigation

This report has revealed that additional research is needed to identify and assess the needs of older Black lesbians. This needs assessment does not address the needs of younger Black lesbians, further research should include these stakeholders. Economically disadvantaged Black lesbians and Black lesbians in rural areas also deserve specialized attention.

Although resilient in the face of extreme obstacles, Black lesbians are severely disadvantaged in contemporary American society. In areas of family, health, visibility, identity, class, and aging, Black lesbians suffer disproportionately in comparison to straight Whites and Blacks, as well as to the broader LGBTQ community. As research on LGBTQ communities continues to burgeon, the experiences of Black lesbians must remain at the heart of advocacy, funding, and research.

VI. Implications for Programming

The National Black Lesbian Needs Assessment’s goal was to identify important issues for Black lesbians in the United States. The final results show that respondents were most likely to rate jobs and financial security (40%), health care (40%), and education (34%) among the five top issues most impacting their lives (See Figure 16). In addition, respondents ranked issues of civil rights (marriage and power of attorney for a partner) highly at 26% and 23% respectively. Mental health also ranked highly at 24%.

Program planning by advocacy organizations should take into consideration all of the data provided through the National Black Lesbian Needs Assessment to develop strategies for long and short-term program implementation.

On-going and long-term goals of organizations should include partnering with organizations to advance the civil rights of lesbians, in the form of family rights. Additionally, partnerships with the mental health community should be made, and education in areas of cultural sensitivity while working with LGBTQ communities of color should be a priority.

E. Aging

“I’ve found myself worried more about retirement and long term care insurance and where I could use that insurance. Are there Black lesbian retirement homes where I can go into my golden years around other Black lesbians? With this economy and the housing crisis, aging brings many financial concerns for me as a Black lesbian.” (Survey Respondent)

According to the recent report by the National Gay and Lesbian Task Force entitled “Outing Age 2010,” LGBTQ elders are at a higher risk of poverty and homelessness than their heterosexual counterparts. Additionally, the report notes that lesbian and bisexual women are about one third more likely to live alone than are heterosexual women. While no specific information is available on the impact of race, one can only expect that Black lesbian’s pre-existing economic disadvantage increases their likelihood, over other LGBTQ groups, to live in poverty, live alone, or face homelessness as they age.

Twenty-five percent of the survey respondents were over the age of 50. Additional in-depth research should be conducted to adequately assess their needs. This survey has established that they are a population that needs further attention.
As the political climate continues to shift in the United States, future research and funding should also address the specific needs of Black lesbians in terms of civil rights, the impact that their denial has on political, social, economic, and health outcomes for Black lesbians. Moreover, while the general needs of LGBTQ communities continue to be addressed in policy and research, the experiences of Black lesbians must not become invisible in this process. As this report has demonstrated, the needs and experiences of Black lesbians need to rise to the level of local advocacy and national visibility.

VII. About Zuna Institute

Organized in 1999, Zuna Institute is a national non-profit 501c3 advocacy organization for Black lesbians that address issues such as health, economic development, education, and public policy. Zuna Institute brings about visibility and empowerment to the Black lesbian community, and strives to eliminate barriers that are deeply rooted in public policies that encourage homophobia, economic and educational injustices, and other forms of social discrimination.
VIII. References


6. Ibid.


9. The United States Census Bureau classifies an urban area as any census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile. For more information, please see US Census Bureau. (2000). Census 2000 Rural and Urban Classification.


15. Ibid, 6.


25. Ibid.

26. Ibid, 84.

27. Ibid, p 77.


Ibid.
Special thanks to the following for graciously convening and hosting our focus groups:

<table>
<thead>
<tr>
<th>Kim Ford</th>
<th>Kim Hunt</th>
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<tr>
<td>Bronx, NY</td>
<td>Affinity Community Services</td>
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<td>Astraea Lesbian Foundation for Justice</td>
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<td>Nita Henry Mosby, Ph.D.</td>
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<td>The Kaleidoscope Project</td>
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Community partners who assisted in distributing the survey:

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<tr>
<th>Angela Amos</th>
<th>Jeannette Bronson</th>
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<td>Women of Distinction</td>
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<td>Kaz Mitchell</td>
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<td>Women with a Vision</td>
<td>Chris Smith</td>
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<td>Jasmyne Cannick</td>
<td>Sheila Alexander-Reid</td>
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<td>Los Angeles, CA</td>
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<td>Marquita Thomas</td>
<td>Washington DC</td>
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<td>Out &amp; About</td>
<td>Vallerie Wagner</td>
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And many more…

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Photography provided by Jeannette Bronson.