

WORKPLACE INSIGHTS



Diversity in Menopause



Focus on LGBTQ+

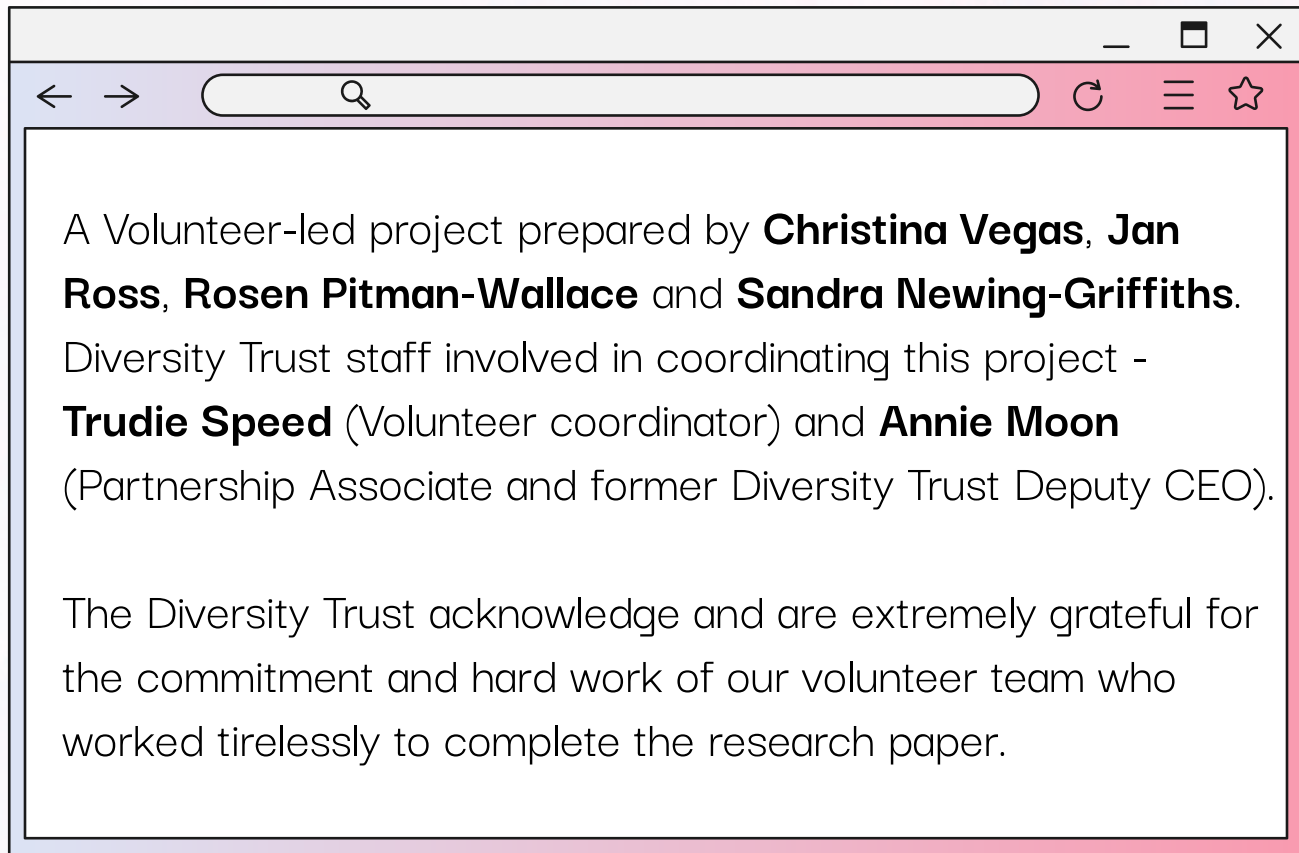
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2. INTRODUCTION

The objective of this review is to identify how menopause impacts individuals from the lesbian, gay, bisexual, transgender, queer plus (LGBTQ+) community with the goal of providing an understanding of both the experience and how it can impact the working environment and employer/employee relationship.

This project was volunteer led by individuals from the LGBTQ+ community and allies, including those who have experienced menopausal symptoms. The methodology included participant interviews with LGBTQ+ individuals, and a review of an organisational case study regarding menopause.

Recurrent themes were identified in interview transcripts, supported by direct quotes from individual transcripts. These themes formed the basis for a full write up of observations and recommendations. (Research methodology is available in Appendix 1).

It is commonly understood that menopause occurs in women between the ages of 45 and 56 because of the loss of ovarian follicular activity, The World Health Organisation (WHO, 2024). However, non-binary people as well as trans women and trans men can also experience menopause. Various literature sources have been identified and reviewed in this paper, with an overview of commonalities and themes identified in from our participant interviews and a workplace case study example.



3. LITERATURE REVIEW

This review offers an overview of the key discussion areas in the literature surrounding LGBTQ+ experiences in menopause and provides the basis for the research presented in this paper. Various literature sources have been identified and reviewed. It is noted that a person may have a different experience while going through menopause than others depending on characteristics such as Disability, race and whether they are a member of the LGBTQ+ community or not. This may be due to cultural norms, access to healthcare, stereotypes, implications of other health conditions or many other factors. This review has highlighted some of the key discussion areas identifiable within the literature available.

It is important when understanding the challenges facing someone experiencing menopause that all their characteristics and attributes are considered. This paper seeks to take an intersectional approach to the experience of menopause, i.e. one that recognises that people's experiences of menopause are shaped by multiple overlapping and interdependent social categories, such as race, gender, and sexuality.

“An intersectional approach to diversifying a workplace or institution acknowledges the interconnected nature of social categories such as race, ethnicity, class, gender, age, ability, sexual or religious orientation, etc. as they apply to an individual or group. These interconnected social categories create overlapping and interdependent systems of privilege and advantage or discrimination and disadvantage, which shift according to geographical location and historical, political and cultural context.” (Crenshaw, 1989)



Westwood (2024a) conducted a literature review of research on LGBTQ+ experiences of menopause and emphasised the current lack of research. Further, Westwood sets out some standards for further research, suggesting that it should “be intersectional; differentiate between LGBTQ+ sub-groups; aim to understand how menopause experiences impact and are impacted by minority sexuality/gender identities; and examine how menopause healthcare and workplace support can be LGBTQ+ inclusive”.

Studies suggest that LGBTQ+ individuals may feel excluded or uncomfortable in healthcare and support settings surrounding menopause (Westwood, 2024a; Westwood, 2024b). Some reported experiencing direct discrimination or bias in healthcare encounters (Westwood, 2024b; Sobel et al, 2024). In addition, unconscious bias can influence attitudes and stereotypes, affecting judgments and actions leading to people being treated unfairly despite good intentions (Banaji & Greenwald 2013).

LGBTQ+ individuals can be in relationships with a partner who is also experiencing menopause, which presents unique challenges but may also provide a source of support (Paine et al., 2019).



As well as age-related menopause, there are also several causes of early-onset menopause, which can be the result of medical conditions or treatment (Crandall et al., 2023).

The symptoms experienced can vary and are well documented. Symptoms such as night sweats and hot flushes affect up to 75% of women, with more than 50% of women experiencing these symptoms for longer than 7 years (Avis et al., 2015). Genital and urinary symptoms of menopause, such as genital pain, vaginal dryness/burning, painful urination and recurring urinary tract infections, is experienced by 45-77% of women and generally worsens over time (Kim et al., 2015).

There is some qualitative research on trans experiences in menopause specifically, however it remains limited. Research by Toze and Westwood (2024) used a qualitative survey to examine the experiences of trans and non-binary people in menopause. Their findings showed a range of experiences but particularly highlighted the way that dominant narratives focused on cis women made trans respondents feel uncomfortable discussing their experiences and unsure about what support was available.

Similarly, Mohamed & Hunter (2018) found that many trans women were unlikely to define their experiences as 'menopause' due to the association with specific biological changes in cisgender women. Both these studies suggested trans people of any gender were less likely to feel comfortable accessing menopause related support.



4. EXPLAINERS

4.1 LESBIAN, GAY, BISEXUAL, QUEER PLUS (LGBQ+) PEOPLE

For the purposes of this white paper, LGBQ+ (lesbian, gay, bisexual and queer, non-binary individuals) are those who were assigned female at birth but whose sexuality falls outside the typical heteronormative experience. While the physiological experience may mirror a cisgender heterosexual female, their social and emotional experience may differ creating unique experiences when navigating menopause.

As previously mentioned, for women in same sex relationships where both women are experiencing menopausal symptoms simultaneously, additional challenges may be present. This can add complexity to their menopausal experience. This is explained and explored further under the 'themes' section of this report.

The British Menopause Society note that sickness absence rates at work increases with nearly a third of all employees having taken sick leave (HR News 2023) During menopause, this could disproportionality impact lesbian couples who may be experiencing symptoms.



4.2 TRANSGENDER (TRANS) WOMEN

A transgender woman is someone who identifies as female but whose gender assigned at birth was male. These individuals may or may not choose a wide range of surgical paths and procedures to help them align with their gender. A few of the options include hormone therapy, top surgery (breast implants) and bottom surgery/vaginoplasty (creating a vulva and vagina).

There is often a misconception when it comes to trans women and menopause. Since many trans women experience a testosterone-based puberty, there can be an assumption that this would preclude them from experiencing menopause.

Most trans women opt for hormone therapy (taking oestrogen and progesterone), which will change their body's hormonal dynamic and significantly alter their endocrinology. These changes can cause some trans women to experience menopausal symptoms.

Some of our research participants shared that their gender-affirming surgery contributed to their menopausal symptoms. However, even trans women who only explore hormone therapy can still experience menopausal symptoms. Trans women who don't undergo hormone therapy or have surgical procedures may not experience menopause.



4.3 TRANSGENDER (TRANS) MEN

A transgender man is someone who identifies as male but whose gender assigned at birth was female. These individuals may or may not choose a wide range of surgical paths and procedures to help them align with their gender. A few of the options include hormone therapy, top surgery (breast removal) and bottom surgery/phalloplasty (creating a penis and testicles).

Trans men who don't use gender-affirming hormone therapy or have a hysterectomy are likely to experience menopause in a physically similar way to cisgender women. Others may take testosterone, which changes their hormonal profile and gives them a different experience of menopause. Trans men who seek hysterectomy (removal of the uterus and ovaries) as a treatment for gender dysphoria can experience 'surgical menopause', because they no longer have ovaries to produce estrogen. Surgical menopause has many of the same characteristics as age-related menopause but may happen at a different time, depending on when the uterus/ovaries are removed.



5. COMMONALITIES & THEMES

The research and interviews revealed interesting commonalities and themes around menopausal experiences.

5.1 PERCEPTION AND PRODUCTIVITY

“I felt like I wasn’t as quick, but it wasn’t from a lack of effort. I was doing my best to focus.”

“Brain fog and forgetting things were quite challenging and impacted my ability to remember stuff in the same way that I used to.”

5.2 MANAGING SYMPTOMS IN THE WORKPLACE

“And managing my symptoms was like a roller coaster of stopping and starting. I didn’t feel I was in the position to take the time or have the space.”

“When the symptoms were bad, I had to take time off which put a financial burden on my partner. And when both of us were struggling, we didn’t have the option for both of us to take time off. We just couldn’t afford it.”

One of the most common themes is the conflicting and/or confusing medical advice on how to manage menopause which directly affects workplace productivity.

“We were struggling with managing symptoms, and I found that there were just too many things my doctor didn’t know.”



“My doctor has other transgender patients, but it isn’t the primary focus of her practice. The reality is, unless they specialise, many physicians don’t know a lot about the transition process.”

5.3 THE LACK OF GENERAL AWARENESS

“If you’re having a conversation with a cisgender woman and she says she’s going through menopause, it wouldn’t be shocking. However, if a trans woman mentions menopause, the reaction is often, “menopause, you can’t have that. What are you talking about?”

“I think one of the big things is not to make assumptions about trans men’s bodies because there’s a lot of that.”

“Often trans men don’t want to talk about that area of their body because they might have dysphoria attached to it.”

Employers should be aware of the sensitivities around the physiological aspects of menopause within the LGBTQ+ community and the need for privacy. Solution focused rather than intrusion is a more positive and respectful approach.



6. WORKPLACE CASE STUDY

- ArvatoConnect (Supporting Menopause in the Workplace)

ArvatoConnect is a UK-based digital transformation partner, specialising in customer experience and business process optimisation, and known for its socially conscious values. Employing approximately 1000 people, the organisation has taken meaningful steps to support staff experiencing menopause. Through inclusive policies and open communication, ArvatoConnect fosters a workplace culture centred on wellbeing and equity.

A key strength of ArvatoConnect's approach is the visibility and leadership shown from the very top. CEO Debra Maxwell openly shared her personal experience through the internal "Fan at My Side Chat" series, helping to normalise conversations around menopause. This was echoed by Chief People Officer Sally Neale's participation in the Be More Orca podcast, which explored how employers can create supportive environments for menopausal employees. These leadership voices play a vital role in reinforcing the message that menopause support is a company-wide priority and part of a broader wellbeing culture.

The company's menopause policy stands out as another positive development. It recognises that menopausal symptoms are not limited to cisgender women and can affect a diverse range of employees. The policy encourages open and respectful conversations, outlines practical workplace adjustments, and signposts employees to occupational health, the WeCare 24/7 online support service, and information sessions.



Their supportive framework has been further strengthened by the 'Pause for Support' peer network, which is inclusive and open to all staff, including those who wish to better support friends, family, or colleagues going through menopause.

While this work has laid a strong foundation, there are areas where the approach could be further enhanced; such as;

Including the experiences of trans and non-binary colleagues through a careful review of wording to help ensure the policy is fully reflective of the diverse identities of the workforce.

Improving access and transparency by making the menopause policy more visible by publishing it internally and externally, particularly for prospective employees exploring the company's workplace culture.

Introducing a light-touch, confidential feedback process which could help assess effectiveness and inclusivity, particularly for LGBTQ+ staff and inform ongoing improvements. Subtle evaluation like this supports responsive, tailored approaches that reflect the diverse needs of all employees while preserving privacy and dignity.

arvato
connect



7. SUMMARY

It became evident quite quickly that there is a lack of existing research on the impact of menopause on the LGBTQ+ community which made it quite difficult to link our findings to existing studies. However, it is hoped that our findings will provide employers with an increased understanding of the experiences LGBTQ+ individuals face and in turn inform their policy and practice.

The research that we were able to find recommended that we should take an intersectional approach when considering the impact of menopause. To be able to take an intersectional approach, employers would be advised to ensure that those that are responsible for supporting staff are aware of the potential challenges faced by individuals from the LGBTQ+ community, some of whom may be experiencing discrimination beyond their menopausal experience and within the medical profession.

The Advisory and Conciliation Service (ACAS) notes that providing workplace supervisors with the tools and skills could help ensure all employees feel included and supported, which in turn may have a positive impact on recruitment and retention.

Several themes emerged from our research which could be useful to employers in understanding and responding to the needs of LGBTQ+ individuals, and in doing so, create a more inclusive workplace environment. Our case study organisation, ArvatoConnect has made meaningful progress in recognising and addressing menopause in the workplace.



Leadership involvement, having a dedicated policy, and peer support have already helped foster a culture of openness and care. By continuing to refine the language of its policy, improve visibility, and evaluate impact, ArvatoConnect can ensure its support remains as inclusive, effective, and forward-thinking. These enhancements will help solidify its position as a progressive employer that values the lived experience of every team member.

It does seem that while some organisations are making significant attempts to be inclusive around their policies, there are still gaps in pertaining to the LGBTQ+ community and menopause.

This is where agencies such as THE DIVERSITY TRUST, who specialise in the LGBTQ+ space, can help organisations to comply with legal requirements and showcase best-case practices.



8. RECOMMENDATIONS

8.1 TRAIN MANAGERS AND LEADERS

Provide all managers, supervisors, and HR staff with training on:

Menopause symptoms and stages – including LGBTQ+ experiences.

Legal protections and the Equality Act 2010.

Using sensitive and inclusive language in conversations.

Available support and adjustments.

Creating individual action plans.

Trained staff would provide increased knowledge, skills and awareness around menopause and thereby help develop a more inclusive culture that would support all parties allowing them to feel safe to discuss menopause from the perspective of intersectionality and workplace productivity. (Acas 2024)

Note: some trans people may prefer to use different language around their bodies, whether regarding menopause or specific parts of their anatomy. It is important to be sensitive to their preferences and autonomy in this regard.

8.2 APPOINT MENOPAUSE OR WELLBEING CHAMPIONS

As recommended by ACAS, implementing a 'Wellbeing Champion' is a great starting point. Designating a first line of contact for people experiencing menopause would allow trained staff to facilitate initial conversations, provide peer support, and share appropriate resources.



8.3 ENSURE LEGAL COMPLIANCE

Understand how menopause may relate to protected characteristics under the Equality Act 2010 (age, sex, disability and gender reassignment).

8.4 ADJUSTMENTS TO CONSIDER

A UK policy paper Shattering the Silence about Menopause (2024) suggests that menopause costs the economy 14 million working days every year, due to women taking time off due to their symptoms. Further, 10% of cisgender women leaving work due to experiencing menopause without support and a further 13% taking a downgrade or backwards step in their careers, exploring alternative scenarios such as 'work-from-home' or 'seat restructuring'. These adjustments could allow employees to continue to be productive during menopausal symptoms. Proactive initiatives and accommodations could ensure higher employee retention leading to uninterrupted productivity, Tomlinson (2024). Of course, any adjustments offered to cisgender women should also be offered to members of the LGBTQ+ community.

8.5 MENOPAUSE POLICY

Develop and implement a fully inclusive menopause policy that includes support the LGBTQ+ individuals and considers intersectionality.



9. HOW THE DIVERSITY TRUST CAN HELP

This whitepaper takes a deeper dive into how menopause is experienced by people in the LGBTQ+ community. The Diversity Trust has a wealth of knowledge and expertise to help you achieve your goal of supporting all your employees.

We can help you tailor an action plan and support you every step of the way. Our support includes advice, training, consultancy, auditing, and coaching. Our team of equalities experts offer a mix of professional and lived experience, encompassing all the protected characteristics and more.

Diversity Trust Menopause related training

Diversity in Menopause: Looking at the menopause through the lens of Diversity. Research has shown that menopause can be more difficult and different for people of the global majority, for those with underlying conditions, and those with a disability.

Menopause Awareness at Work: This menopause awareness session is designed to educate everyone on the issue, creating a caring and supportive company culture with menopause on the agenda.

Menopause Champion Training: Menopause Champions help to create an inclusive and supportive work environment to help raise awareness, provide education and resources and offer practical solutions to support employees going through menopause.



FURTHER RESOURCES

Research, such as this whitepaper. You can access the first one, focusing on Disability Launch of Workplace Insights: Diversity in Menopause - Focus on Disability - White Paper 1 (July 2024) - <https://www.diversitytrust.org.uk/wp-content/uploads/2024/07/WORKPLACE-INSIGHTS-Diversity-in-Menopause-Focus-on-Disability-WHITEPAPER-1-July-2024.pdf>

The British Menopause Society - British Menopause Society | For healthcare professionals and others specialising in post reproductive health

Managing the menopause - Menopause at work - ACAS

<https://www.queermenopause.com/resources-1>

<https://www.menospace.co.uk/free-resources>

Contact details: info@diversitytrust.org.uk



10. GLOSSARY

Cisgender - A person whose gender identity aligns with their sex assigned at birth.

Dysuria - Pain or burning sensation during urination, which can be caused by urinary tract infections or menopausal changes affecting the urinary tract.

Early Menopause - Menopause occurring before age 40 due to surgery (e.g., oophorectomy), medical treatment, or genetic conditions.

Erythrocytosis - An abnormal increase in red blood cells, which can occur as a side effect of masculinising hormone therapy (testosterone).

Genitourinary Syndrome of Menopause (GSM) - A collection of symptoms including vaginal dryness, pain during intercourse, and urinary issues, due to decreased oestrogen levels.

Gender Affirming Hormone Therapy (GAHT) - Medical treatment using hormones to align a person's physical traits with their gender identity (e.g., oestrogen for trans women, testosterone for trans men).

Gender-Affirming Surgery - Procedures that align physical traits with gender identity (e.g. vaginoplasty, mastectomy, hysterectomy).

Gender Dysphoria - Distress caused by a mismatch between a person's gender identity and their sex assigned at birth.

Genderqueer - A gender identity that rejects traditional gender distinctions. Genderqueer people may identify as both male and female, neither, or as a different gender entirely.

Heteronormativity - The assumption that heterosexual and cisgender identities are the default or norm.

Hysterectomy - Surgery to remove the uterus and cervix; may also include removal of fallopian tubes, ovaries, womb, and surrounding tissues.

Inclusive Care - Healthcare that respects and supports diverse identities.

Minority Stress - Chronic stress faced by members of stigmatized groups due to prejudice, discrimination, and social exclusion, which can compound physical and mental health challenges.



Myocardial Infarction - Also known as a heart attack

Non-binary - An umbrella term for gender identities that are not exclusively male or female. Non-binary people may identify as both, neither, or move between genders.

Oocyte Production - The process by which the ovaries produce and release eggs (oocytes) for potential fertilization. Oocyte production declines with age, leading up to menopause.

Osteoporosis - A condition where bones become weak and fragile, more likely in post-menopausal individuals and those on certain hormone treatments.

Ovarian Insufficiency - A condition where the ovaries stop functioning properly before natural menopause, leading to reduced hormone production and early menopause symptoms.

Perimenopause - The transitional period leading up to menopause, marked by hormonal changes and symptoms such as irregular periods, hot flashes, and mood changes.

Queer - A broad term for identities outside of heterosexual and cisgender norms.

Surgical Menopause - Menopause triggered by surgical removal of reproductive organs, often part of gender-affirming care.

Surgical Oophorectomy - Surgical removal of one or both ovaries, often causing immediate menopause.

Transmasculine Person - Assigned female at birth, identifies with a masculine gender.

Vasomotor Symptoms - Common menopausal symptoms such as hot flushes and night sweats, caused by hormonal changes.

Venous Thromboembolism (VTE) - A condition where blood clots form in the veins, which can block blood flow. It includes deep vein thrombosis (DVT) and pulmonary embolism (PE) and can be a risk associated with some hormone therapies.



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12. APPENDIX

RESEARCH METHODOLOGY

Methodology

The project was volunteer led by people from the LGBTQ+ community and allies, including those that have experienced (peri) menopause. The methodology incorporated participant interviews with LGBTQ+ people with experience of menopause and a case study of organisational practice regarding menopause. This was supported by a literature review and supplemented with written explainers and glossary to provide necessary context and clarify terminology.

Literature Review

An initial literature review covering LGBTQ+ menopause related research was conducted in the early phases of the project. This was later supplemented by an updated trans-specific section collating the research on trans menopause issues.

Participant Recruitment

Participants were recruited through a combination of social media advertisement and researchers' networks.



Interviews

Interviews were conducted over video chat by staff and volunteers. The interviews were loosely structured, touching on key questions and themes but allowing significant flexibility for the conversation to evolve, giving participants the freedom to share what felt significant to them.

Transcription

Interviews were transcribed in full by volunteers. Thematic Analysis
Recurrent themes were identified in interview transcripts, supported by direct quotes from individual transcripts. These themes formed the basis for a full write up of observations and recommendations from this part of the research.

Explainers and Glossary

Explainers and glossary were written up by volunteer researchers with lived experience in the relevant communities, supported by the literature review and other background research.

Case Study

This was conducted by a volunteer with ArvatoConnect, a company who partner with The Diversity Trust. A generic case study was produced regarding their best practice for menopause in the workplace. With ArvatoConnect's permission, we then critiqued their best practice from an LGBTQ+ perspective.



