The Labrys Project:

Exploring the health and wellbeing of lesbian, bisexual, queer and same sex attracted women living in the Illawarra and Shoalhaven regions

RESEARCH REPORT

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the Labrys project

NSW GOVERNMENT Health
Illawarra Shoalhaven
Local Health District

acon HERE FOR HEALTH

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CONTENTS

ACRONYMS AND GLOSSARY OF TERMS

ACON – ACON is New South Wales' leading health promotion organisation specialising in HIV and LGBTI health. Incorporated in 1985 as the AIDS Council of NSW, ACON has been widely recognised as an innovative, successful organisation which has adapted to changes in the HIV epidemic and responded early to emerging health issues among our communities.

ISLHD – Illawarra Shoalhaven Local Health District. ISLHD's catchment area extends about 250km along the coastal strip from Helensburgh in the north to North Durras in the south, servicing a population of more than 390,000 residents and employing more than 7,300 workers across nine hospital sites and community health services.

SWASH – Sydney Women and Sexual Health Survey. The SWASH survey is a comprehensive survey of important health issues relevant to lesbian, bisexual and queer (LBQ) women, run by a collaboration of ACON and researchers at the University of Sydney (since 2009). It was first carried out in 1996 and has been running every two years since then.

LGBTI – lesbian, gay, bisexual, transgender, intersex.

LBQ – lesbian, bisexual, queer (women).

Same sex attracted (SSA) – People who are attracted to others of the same sex/gender, and incorporates people who identify as homosexual, bisexual, queer and other sexual identities that include same sex attraction.

Lesbian – A woman whose primary emotional and sexual attraction is toward other women.

Gay – A person whose primary emotional and sexual attraction is toward people of the same gender. This term is most commonly associated with men, but is also used by women.

Dyke – A term for a lesbian that originally had derogatory connotations, but has been reclaimed by some women to describe their sexual identity.

Bisexual – A person who is attracted to people of the same or another gender.

Trans and gender diverse – Terms used to describe the gender experience of those whose gender identity is different to how they were assigned at birth. Gender identities are typically male, female or any other number of identities including non-binary, gender diverse, trans feminine, trans masculine, genderqueer, gender fluid, bigender (encompassing both binary genders) and agender (having no gender).

Cisgender – The gender experience of a person who is not transgender and who identifies with the gender they were assigned at birth such as a cis woman or cis man. *Cis* is a latin term meaning 'on the same side as'.

Intersex – An umbrella term used to describe people whose bodies have natural congenital variations in primary, secondary and/or tertiary sex characteristics, which differ from conventional ideas about 'female' or 'male' bodies. Intersex people usually identify as male or female, but can identify as any gender identity, including intersex itself. For more information about intersex, visit Organisation Intersex International (Australia) at www.oii.org.au. Intersex is not a sexual orientation.

Queer – an umbrella term used to describe the diversity of sexual orientation, sex and gender identities, encompassing all people whose identities do not fit within the heterosexual norm, or the cisgender binary. The word 'queer' has historically had negative connotations; however it has been reclaimed by some people and communities as a positive identity.

Sistergirl – affectionate term, reflecting kinship ties used in the Aboriginal community towards women. Claimed as a word to self-identify by people who were assigned male at birth and who live partly or fully as women. Sometimes referred to as 'two-spirit' people (having both masculine and feminine spirits in one body).

Brotherboy – affectionate term, reflecting kinship ties used in the Aboriginal community towards men. Claimed as a word to self-identify by people who were assigned female at birth and who live partly or fully as men. Sometimes referred to as 'two-spirit' people (having both masculine and feminine spirits in one body).

Homophobia – A fear, hatred or intolerance of homosexuality, people who are homosexual or people who are perceived to be homosexual.

Heterosexism/heteronormativity – The social and cultural norms which make the assumption that every person is heterosexual by default and that other sexualities are 'different', 'unnatural' or 'unhealthy'.

A note on the context of the language

The terms lesbian, bisexual, queer and same sex attracted will be used collectively, as a means of representing a diverse group of sexualities. The authors recognise that not all identities will be captured in these definitions and that sexual identities can change throughout the lifetime. These terms do not attempt to define or prescribe all sexual identities.

EXECUTIVE SUMMARY

The Labrys Project is a partnership initiative between ACON and Women's Health – Illawarra Shoalhaven Local Health District (ISLHD) carried out between 2014 and 2015. While lesbian, bisexual and queer (LBQ) women's health research is increasing in Australia, epidemiological data around key issues affecting LBQ women's health is inconsistent. The Labrys Project extended objectives from the Sydney Women and Sexual Health Survey (SWASH) to provide a snapshot of LBQ women's health and wellbeing in the Illawarra and Shoalhaven regions of NSW, in order to provide a regional and rural perspective to LBQ women's health and to inform local services and strategies. Between October 2014 and March 2015, 107 LBQ women completed the *Illawarra Shoalhaven Women's Health and Wellbeing Survey*; in addition, two focus groups were held in Warilla and Nowra involving 7 LBQ women.

KEY FINDINGS

Sample: 107 responses were analysed with a 90% completion rate.

Demographics: Respondents ranged from 18 to 72 years old and were located in the Illawarra (63%) and the Shoalhaven (37%). 6 respondents identified as Aboriginal and 29% identified a cultural or ethnic background other than exclusively Anglo-Australian. Five respondents identified as trans and no respondents identified as intersex.

39% were employed full-time, 26% employed part-time, 22% students, 14% on pension/social security, 10% unemployed, 9% doing domestic duties and 8.4% not in the work force.

45% of respondents indicated they had at least one child, with a further 15% indicating they were planning on having a child in the next 2 years.

Homelessness: 4 of respondents indicated they were currently experiencing homelessness, with 35% indicating they had experienced at least one form of homelessness in their lifetime.

Sexual identity: 59% of respondents identified as lesbian/gay/dyke/homosexual, 22% as bisexual, 14% as queer and 5% as 'other' – self-defining as pansexual, poly and asexual. Younger respondents were more likely to identify as bisexual or queer and older respondents were more likely to identify as lesbian/gay/dyke/homosexual. 58% of respondents indicated their sexual attraction as 'mostly to females and at least once to a male', while 17% reported exclusive attractions to females and 18% reported attraction equally as often to males as females.

Community Engagement: 41% of respondents had attended an LGBTI event in the past 6 months in the Illawarra or Shoalhaven. Additionally, 40% had attended at least one LGBTI event in the past 6 months in a major city such as Sydney. 91% had at least a few friends who were LGBTI and 90% spent at least a little of their spare time with other LGBTI people.

19% of respondents felt 'very' or 'mostly' connected to an LGBTI community in their everyday lives. Bisexual identifying women were most likely to be 'not at all' connected to an LGBTI community, while queer women were most likely to be 'very' or 'mostly' connected.

Respondents felt most connected to the LGBTI community when hanging out at home with LGBTI friends and family, spending time with an LGBTI partner or socialising with LGBTI friends at LGBTI venues.

Sex with women: 96% had ever had sex with a woman, 66% within the past 6 months. Lesbian identifying women were most likely to have had recent sex with a woman. Of those who'd had recent sex with a woman, 90% reported only one partner in this period.

Sex with men: 22% reported ever having sex with a gay or bisexual man, with 8% having done so in the last 6 months. Bisexual, queer and 'other' identifying women were more likely to have had sex with a gay or bisexual man in the past 6 months than lesbian identifying women.

72% had ever had sex with a heterosexual man, with 17% reporting they had done so in the past 6 months. Bisexual, queer and 'other' identifying women were more likely to report recent sex with a heterosexual man than lesbian identifying women.

Relationships: 71% were in a current relationship, with a woman (55%), man (11%), gender diverse person (4%), or with multiple partners/poly relationship (4%). Compared to SWASH respondents, a higher proportion of women were in relationships lasting for more than 5 years (42% vs 29%).

Casual sex: 82% indicated they had not had casual sex in the past 6 months. Of those that reporting were having casual sex (18), they met their partners primarily through friends of friends, online dating sites, or in bars/nightclubs in a major city such as Sydney.

Pap smear tests: 80% had ever accessed a Pap smear. Respondents who had never had sex with a man were more likely to have never had a Pap smear (44%) than those who had ever had sex with a man (13%). 10% were overdue for a Pap smear (had not accessed in past 3 years).

Preventive screening: 72% had performed a breast self-examination in their lifetimes. 63% had ever accessed an STI test, 43% had ever accessed an HIV test and 42% had ever accessed a Hepatitis C test.

Tobacco: 19% indicated they were current smokers, with a further 26% indicating they were ex-smokers. This is lower than 2014 SWASH respondents (30%), but similar to women in the general population (19%).

Alcohol: 14% reported drinking alcohol more than 3 days a week on average. 66% reported at least one episode of binge drinking in the past 6 months. While respondents under 30 reported drinking less regularly on average, they reported more episodes of binge drinking and more drinking per session than respondents over 30. 61% of respondents were drinking at levels putting them at lifetime risk of injury or disease, compared to 38% ISLHD general average and 18% of NSW women on average.

Illicit drugs: 41% reported using an illicit drug in the past 6 months. Respondents were less likely to use illicit drugs than 2014 SWASH respondents; however, they were still two to three times more likely to use drugs such as ecstasy, speed, crystal meth than the general population, as well as to have ever injected drugs. Younger respondents were more likely to report any recent drug use.

Relationship with GP: 87% had a regular GP or attended the same health centre. While respondents were as likely as 2014 SWASH respondents to be very satisfied or satisfied with their GP/health centre (70% vs 75%). Of those that had a regular GP/health centre, 73% were 'out' about their sexuality to them.

Self-reported health status: 25% of respondents reported their own general health as being 'poor' or 'fair'.

Weight: 70% reported a BMI that was classified as 'overweight' or 'obese', compared to 46% of the general NSW female population. Respondents were twice as likely to be obese than the 2014 SWASH cohort or women in NSW on average.

Mental health: 75% had ever sought support for their mental health and wellbeing. 67% had ever been diagnosed with anxiety, depression or another mood disorder. Respondents were slightly more likely to be experiencing moderate or severe psychological distress (16%) than

2014 SWASH respondents (11%) and the average population of women in NSW (11%). Younger respondents were more likely to be experiencing severe psychological distress (29%).

Experiences of abuse and violence: 34% of respondents had experienced anti-LGBTI abuse or harassment in the past 12 months and one in five had talked to someone about it or sought support.

70% had experienced one or more forms of abuse and violence within a relationship, with male and female perpetrators being identified equally as frequently. Half had talked to someone else about it or sought support.

Since the age of sixteen, 57% had experienced abuse and violence from their family of origin and one in three had talked to someone else or sought support.

Very few instances of experiences of violence were reported to police.

Since the age of 16 43% had ever been forced into sexual acts by a man and 11% by a woman.

CONCLUSIONS

Generally, the results of this survey reflect the wider body of research concerning lesbian, bisexual, queer and same sex attracted women in Australia, such as higher rates of alcohol and illicit drug use, preventive screening such as Pap smears, experiences of anti-LGBTI abuse and self-reported health status. While some patterns mirror urban LBQ data sets, there are several points of distinction in key health indicators and risk factors between urban and regional/ rural data warranting attention, namely in mental health, obesity, homelessness, community engagement, and service access and response. There is also a concerning prevalence of domestic and family violence, as well as low levels of reporting these incidents to police.

LITERATURE REVIEW: LBQ WOMEN'S HEALTH RESEARCH

Same sex attracted people make up a significant proportion of Australian society, with estimates ranging from 2 to 15 percent (Fidelindo, Brown & Jones, 2013; Grulich, de Visser, Smith, Rissel & Richters, 2003; Rosenstreich, 2011). The social model of health posits that the social and environmental conditions that people live in affect their health, including socio-economic status, early life development and experiences, employment status, life stressors, ethnicity, gender and social support systems (WHO, 2005; Marmot, 1999). The minority stress model of health also posits that people from stigmatised social categories experience additional "identity-relevant stressors" which impact their health; these can include discrimination, prejudice, stigma consciousness and internalised discrimination (Kelleher, 2009; Cox, Dewaele, van Houtte & Vincke, 2011). ACON (2008) posits that sexual minority status as a gay, lesbian, bisexual, transgender or intersex (LGBTI) person is a valid social determinant of health and leads to specific *sexual minority stress*, which can include both the experience of negative events and associated negative expectations or beliefs, such as internalised homophobia, concealing one's sexual orientation or gender identity and increased vigilance of rejection in social interactions ('stigma consciousness'; Morandini, Blaszczynski, Dar-Nimrod & Ross, 2015).

The lesbian, gay, bisexual, transgender and intersex (LGBTI) population is underrepresented in health care research, despite unique health disparities being known for decades (Fidelindo, Brown & Jones, 2013). These disparities are explained in the research through the LGBTI population experiencing a greater concentration of co-occurring risk factors, such as discrimination, social isolation, homophobic and transphobic violence, domestic and family violence, homelessness, family estrangement, mental health, self-harm and suicide, sexual and reproductive health, overweight, obesity and eating disorders, increased use of tobacco, alcohol and other drugs and increased risk of some chronic or 'lifestyle' diseases (Pitts, Smith, Mitchell & Patel, 2006; McNair, Szalacha & Hughes, 2010). In addition to this, LGBTI people display differing patterns of health-seeking behaviour and preventive screening, which may exacerbate the risk of some cancers, chronic diseases and other conditions (ACON,2008; Bjorkman & Malterud, 2009; Kelleher, 2009; Kerker, Mostashari & Thorpe, 2006).

Research suggests that many of the determinants impacting women's health are magnified in the lesbian, bisexual and queer (LBQ) population of women due to added minority stress (AWHN, 2013; Rosenstreich, 2010). While women, on average, tend to live longer than men, they report more episodes of illness, take medication more often, experience chronic disease more frequently and live more years with a disability (DoH, 2010). Some 'ever-present forces' impacting on key requisites for healthy lives include women's role in the household and families, relationships as carers and caregivers, employment access and stability and gender inequity in the health care system and society at large (AWHN, 2013).

Studies have identified that LBQ women face disparate health outcomes in relation to their heterosexual peers; these include several health risk factors faced by the wider LGBTI population, intersecting with risk factors experienced by women in general (Pitts et al, 2006; McNair, Szalacha & Hughes, 2010). Despite these health inequalities being present in the research since the 1980's, some health care professionals still maintain that lesbian health is no different to women's health generally and does not constitute its own area of focus (Australian Medical Association, 2014; McNair, 2003).

The literature review conducted as part of the research aimed to explore how the research has examined and presented lesbian, bisexual and queer women's health, with a particular focus on research being conducted across regional, rural and remote areas in Australia.

Using *PubMedCentral* (PMC), an online database of research articles, articles with 'lesbian' and 'health' in the title published between 2005 and 2015 were examined. Twenty-six articles were examined for main findings and recommendations from researchers. The majority of papers explored mental health issues, discrimination and abuse, risky alcohol use and use of tobacco. Less commonly, papers explored experiences of trauma, sexual and physical assault, disclosure of LGBTI status to health professionals and communities, how LGBTI status intersects with other identities e.g. racial/ethnic, obesity, use of health insurance and experiences of LBQ women veterans. The majority of the research explored lesbians, gay men and bisexual men and women in the same study. Twenty percent of articles included trans, gender diverse or two-spirit people, three articles including queer or 'questioning' people and one article including intersex participants. Only one article was based specifically in a regional and rural area.

AREAS OF FOCUS

DISCRIMINATION AND PREJUDICE

In Australia as of 2013, federal law prohibits discrimination against a person on the basis of sexual orientation, gender identity and intersex status (Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act, 2013). However, despite legal protections, experiences of discrimination, prejudice and minority stress remain arguably the most salient social determinant affecting the lives of LGBTI people (McNair, Kavanagh, Agius & Tong, 2005; Hillier, Turner & Mitchell, 2005; Rosenstreich, 2010; AHRC, 2011; Bjorkman & Malterud, 2012; Daulaire, 2013).

Historically, LGBTI people have been subjected to significant pathologisation, stigma and discrimination (ACON, 2008). Homophobic and transphobic violence continues to be reported at significant amounts – for example, 56% of respondents in the *You Shouldn't Have To Hide To Be Safe* report had experienced homophobic abuse, violence or harassment in the past 12 months (Attorney General's Department of NSW, 2003). In *Private Lives 2* (Leonard, Pitts, Mitchell, Lyons, Smith, Patel, Couch & Barrett, 2006), a quarter of LGBTI people had verbal abuse and the rate of harassment and abuse was highest for trans women (49%) and trans men (55%). *The Out Of The Blue* report found that in Sydney, lesbians were four times more likely to be assaulted than other women (NSW Police Service, 1995; ACON, 2008).

It is important to note that several intersections increase the risk of experiencing discrimination, prejudice and abuse due to 'double minority status'; these include but are not limited to LGBTI people who are also either young (under 25) or older (over 50), Indigenous, from a culturally and/or linguistically diverse (CALD) background, living with a disability or long-term health condition, or living in regional, rural and remote areas (Scherzer, 2000; NOGA, 2003; ACON, 2006; LOVE, 2014).

SOCIAL ISOLATION

Researchers tend to agree that social isolation remains one of the most salient risk factors for LGBTI populations (ACON, 2008; Corboz, Dowsett, Mitchell, Couch, Agius & Pitts, 2008; Suicide Prevention Australia (SPA), 2009). Social support and good social relations make an important contribution to health and has even been linked to rates of premature death and heart attack survival (Marmot, 1999). SPA (2009) notes that, unlike racial and religious minority groups, LGBTI people often do not share their minority identity with their families of origin.

Therefore, connectedness with an LGBTI community has been found to benefit the health and wellbeing of LGBTI individuals and relieve minority stress (Morandini et al, 2015). A Sydney based LBQ women's survey found that 93% of respondents indicated at least a few of their friends were LGBTI and that over half reported they felt at 'mostly' or 'very' connected to the LGBTI community in their everyday lives (Mooney-Somers, Deacon, Richters & Parkhill, 2015). Social isolation can be particularly salient for some LGBTI people, such as those who are older and those who are living in regional, rural and remote areas; indeed, studies on regional, rural and remote communities indicate that community connectedness and LGBTI friendships are lower on average than their inner metropolitan peers GRAI, 2010; ACON, 2006; Morandini et al, 2015).

MENTAL HEALTH, SELF-HARM AND SUICIDE

While Research has indicated that mental health issues such as anxiety, depression, self-harm and suicide are more common among LGBTI people (SPA, 2009; *Private Lives*, 2006; *Private Lives 2*, 2008; ACON, 2008). While we cannot know the true number of completed suicides by people who may have been LGBTI, nor how their LGBTI identity affected their suicide attempt, the *NSW Suicide Prevention Strategy* 2010-2015 recognises that LGBTI people are 3.5 to 14 times more likely to attempt suicide than the general population (NSW Department of Health, 2010b). SPA (2009) attributes this heightened risk to factors such as discrimination, minority stress and social isolation due to rurality. Research has also identified rates of self-harm are particularly high for bisexual men and women (Nicholas and Howard, 1998), trans men and women (LGBTI Champions Framework, 2015), Aboriginal LGBTI people (DoH, 2010) and those with religious affiliations (Barnes & Meyer, 2012).

More generally, a substantial body of research indicates that LGBTIQ people experience mental health issues more commonly than non-LGBTIQ people (McNair et al, 2005; Pitts et al, 2006; King et al, 2008; SPA, 2009; Rosenstreich, 2011; Leonard, Lyons & Barida, 2015).

DOMESTIC AND FAMILY VIOLENCE

A growing body of research indicates that the experience of domestic and family violence within LGBTIQ communities across NSW is a significant and pressing issue (LGBTIQ DFV Interagency & UNSW, 2015). Additionally, the rates of abuse are similar between same-sex and different-sex relationships (Leonard, Mitchell, Pitts & Patel, 2008; LGBTI DFV Interagency & UNSW, 2015).

Domestic and family violence is any type of abusive behaviour used to gain and maintain control over another person. LGBTI domestic and family violence (DFV) can range from physical and sexual to psychological, economic or emotional abuse, as in non-LGBTI relationships (ADFVC, 2005).

LGBTIQ people may experience unique forms of emotional and verbal abuse in relationships (LGBTIQ DFV Interagency & UNSW, 2015). In addition, there are features of abuse that are specific to lesbian and gay relationships, which relate to heterosexist and homophobic elements of society – threatening to 'out' a partner to friends, family, police, church or employer, threatening loss of parental custody due to sexuality, preventing partners from accessing services by creating the impression that those services will be homophobic, or normalising the abuse as a normal part of lesbian and gay relationships (Chan, 2005 in LGBTIQ DFV Interagency & UNSW, 2015; ACON, 2006).

Many impacts of LGBTI people experiencing domestic and family violence are similar to those of heterosexual victims; however, further complexities may arise in relation to accessing support services; services may minimise the experience of abuse due to the victim and perpetrator being the same gender, or provide inappropriate service provision (ACON, 2006).

An alarmingly small number of instances of LGBTI DFV are reported to police as a result of systematic barriers to accessing reporting and support services (Mooney-Somers et al, 2014;

ADFVC, 2005; Leonard et al, 2008; Constable, de Castro, Knapman & Baulch, 2011; LGBTIQ DFV Interagency & UNSW, 2015). In NSW, only 18.5% of domestic and family violence support services rate themselves as 'fully competent' to work with LGBTI clients (Constable et al, 2011).

ALCOHOL AND OTHER DRUGS

Research identifies a higher rate of risky drinking and other drug use among LGBTI populations (Howard & Arcuri, 2006; Pitts et al, 2006; SPA, 2009; Mooney-Somers et al, 2015). An international meta-analysis found that substance use by young LBQ women was four times higher than those of young heterosexual women (Marshal, Friedman, Stall, King, Miles & Gold, 2008) and the highest of any subpopulation group studied in the 2010 National Drug Strategy Household Survey (AIHW, 2011). Links have also been established between use of illicit drugs and poorer mental health outcomes in LGBTI populations (Leonard, Lyons & Bariola, 2015). Mooney-Somers et al (2015) urge more research into the factors that influence drug and alcohol use in LGBTI populations.

TOBACCO

Tobacco remains the most preventable cause of death and disease in Australia (WHO, 2014). Despite national declines in smoking rates in the general population and gay/bisexual men, LBQ women continue to smoke more than twice the rate of women in the general population (Hyde, Comfort, McManus, Brown & Howat, 2009; McNair, Anderson & Mitchell, 2001; Mooney-Somers et al, 2015). This disparity in the smoking rate between LBQ and heterosexual has remained large since at least the mid-1990s and remains a crucial element to LBQ women's health and wellbeing (Barbeler, 1992, in Tremellen, 1997).

HEALTH SERVICES, ACCESS, RESPONSE AND SATISFACTION

LGBTI people tend to seek health care services less than the general population and this has been observed in the LBQ women population (ACON, 2008; Steele, Tinmouth & Lu, 2006). A number of studies have concluded that a climate of heteronormativity, heterosexism and discrimination contribute to LGBTI people's hesitancy to access a health service (ACON, 2008; Pitts et al, 2006). Those LGBTI people accessing services may avoid discussing their sexuality for many reasons, the most common being 'the actual or perceived risk of entering a homophobic and potentially abusive medical system [outweighing] the perceived risk of illness' (Rankow, 1995; in McNair, 2000).

LBQ women face multiple barriers to accessing medical care and experiencing satisfactory service and treatment (Scherzer, 2000). Services have frequently stated that they do not see lesbian patients, or that women's care and lesbian care are the same, which could lead to a lack of comprehensive assessment (McNair, 2000; McNair, 2003; ACON, 2008). Finally, lesbian health issues remain all but invisible in health sciences curricula (McNair, 2003).

SEXUAL AND REPRODUCTIVE HEALTH

While LBQ women populations are at risk for STIs, sexual health promotion strategies often relate to either women who have sex with men, or men who have sex with men (QAHC, 2006). However, barriers to accessing services or discussing sexual practice thoroughly with a healthcare provider could lead to LBQ women being under-screened for STIs (ACON, 2008; Henderson, Reid, Hickson, McLean, Cross & Weatherburn, 2002). Similarly, hurried assessments of LBQ women's sexual health needs may not take into account sex with a man, which happens more regularly than is assumed (Mooney-Somers et al, 2015).

Research has identified that LBQ women access preventive screening less frequently, including Pap smears and breast examinations/mammograms, placing them at higher risk of presenting late with cervical or breast cancers (Mooney-Somers et al, 2015; ACON, 2008; QAHC, 2006; Bjorkman & Malterud, 2009). While the misconception held by, both GPs and LBQ women, that 'lesbians do not need Pap smears' seems to be fading, this has not been reflected in an increase in LBQ women seeking routine screening (ACON, 2008; Mooney-Somers et al, 2015). While breast cancer remains the most common cause of cancer-related death in Australian women, risk factors such as never having given birth, obesity, smoking and risky drinking are concentrated in LBQ populations, making them particularly vulnerable (ACON, 2008).

In regards to reproductive health, progress has been made in regards to LBQ parenting, however gaps remain. In the context of pre-natal, natal and post-natal care, homophobia and heterosexism in mainstream obstetric health settings can negatively impact on the quality of service and health outcomes for LBQ women both during and after pregnancy (ACON, 2008).

REGIONAL, RURAL AND REMOTE AREAS OF AUSTRALIA

There is considerable diversity among rural Australians, including in demographic, ethnic, cultural, economic and occupational characteristics and rural Australia has undergone dramatic changes in the last 40 years (O'Connor & Parker, 1995).

The researchers acknowledge that regional and rural communities are not homogenous; while some regional, rural and remote communities can demonstrate extreme homophobia, some other communities can demonstrate a high level of inclusivity (Gottschalk & Newton, 2009). However, LGBTI people living in regional, rural or remote communities often face a range of barriers that non-LGBTI people do not.

Early surveys of rural Australians revealed an experience of 10 per cent more illness, 28 per cent more hypertension and more psychiatric disorders than their urban counterparts (O'Conner & Parker, 1995). Health outcomes tend to be poorer outside major urban areas, with lower rates of GP consultation and higher rates of preventable hospital admission (AIHW, 2015a). Regional, rural and remote populations are also more likely, on average, to smoke, drink alcohol in harmful quantities and report a sedentary lifestyle (AIHW, 2015b). Studies have also identified rural issues of importance including increased incidence of family violence, stress-related illness, heart attacks, ulcers, alcoholism and suicide (O'Conner & Parker, 1995). Barriers such as transport options, greater travel distances, service shortage and lack of training can also contribute to relative disadvantage for rural populations' health (LOVE, 2014).

Growing up as an LGBTI person in a rural area can bring with it 'severe disadvantage' (Sidoti, 1999). A recent study by Morandini et al (2015) revealed that LGB Australians living in rural or remote areas were less likely to be 'out' to their friends or be involved with other LGB people, more likely to experience internalised homophobia and struggle with social isolation and stigma. LGB young people in rural areas experience appear to receive less support from families, schools, youth services and the broader community (Sidoti, 1999).

CONCLUSIONS FROM THE LITERATURE REVIEW

There is a clear need for empirical research into LBQ women living in regional, rural and remote communities of Australia. Future research could conduct smaller scale, regional/rural based studies, or efforts could be made to disaggregate larger state- and national-scale data sets into urban/rural comparisons. However, this would hinge on state- and national-scale data sets to include measures on sexual identity, which many do not.

There is a clear recommendation from the current research to support the development of targeted health promotion strategies for LBQ women populations.

METHODS

A community-based survey was developed in partnership between ACON, Women's Health - ISLHD and a consultation group. The consultation group was comprised of professionals working in women's health and/or LGBTI health, those of whom had an extensive knowledge of the health and human services sector across the Illawarra and Shoalhaven regions.

The basic structure of the survey was adapted from the Sydney Women and Sexual Health Survey (SWASH), a community based questionnaire run every two years in Sydney since 1996 and the longest running and only regular survey of lesbian, bisexual and queer (LBQ) women's health and wellbeing in Australia. Additional questions were adapted from the *I Want Treatment… With Respect* report developed by Equality Rights Alliance (ERA) in 2011, as well as in partnership with the consultation group. The questionnaire comprised of 89 questions covering the following broad topics:

- Demographics
- Connection to the LGBTI community
- Relationships and sex
- General health and wellbeing
- Mental health and wellbeing
- Smoking, alcohol and drug use
- Relationships and violence
- Sexual health questionnaire

The survey was made available online through *Surveymonkey*, as well as through reply-paid mail. The survey was promoted and distributed through a combination of traditional and online media, including as posters, business cards, e-newsletter, Facebook advertisements and ad-hoc networking.

Two focus groups were held during March 2015, located in Warilla (Illawarra) and Nowra (Shoalhaven) at the Illawarra Women's Health Centre and Shoalhaven Women's Health Centre respectively. Seven women attended the focus groups, four in Warilla and three in Nowra. The focus groups were facilitated by a representative from ACON and ISLHD each and recorded and transcribed by a third party, with identifying information removed. Topics of discussion included individual definitions of health, health behaviours, factors that impact health, experiences of accessing health services in the area and experiences of community connectedness. Contributions to the focus groups offered critical qualitative information to sit alongside the quantitative data obtained through the survey. Notable quotes from the focus groups will be presented throughout the body of this report.

ANALYSIS

Data were exported from the *Surveymonkey* site and loaded into MS Excel 2010 for analysis. Additional comments and answers to open-ended questions appeared in the export file from *Surveymonkey*. The analyses presented here are primarily descriptive, with cross-tabulations and correlations where relevant.

A note on the analysis:
Percentages have been calculated based on the *per-topic response rate*. As the survey was clustered into topics and the sample size is relatively small, the researchers have chosen to use the per-topic response rate – that is, how many participants responded to questions

within a particular defined topic. For example, while 102 respondents completed the questions in "Relationships and sex", 97 respondents completed the questions in "Mental health and wellbeing". In this case, percentages for all of the "Relationships and sex" questions will be based on a cohort of 102 respondents, while percentages for all of the "Mental Health and Wellbeing" questions will be based on a cohort of 97 respondents. Readers can take the 'yes' percentages as lower-bound estimates and choose whether to interpret the missing answers as likely to meaning 'no' or 'not applicable'.

Please note: In some cases, data have been compared to data from the 2014 SWASH report, the 2013 NSW Population Health Survey, the 2010 National Drug Strategy Household Survey (AIHW, 2011) and the Australian Household Survey 2011/12 (ABS, 2013). When interpreting these comparisons, it is important to be mindful that the comparisons are intended for descriptive purposes only.

Due to the large difference in sample sizes between the studies, as well as some other variances between samples (for example age distribution), a true statistical comparison cannot be made between our study and any comparison study.

Nonetheless, these findings provide an illustrative snapshot of LBQ women's health and wellbeing in the Illawarra and Shoalhaven regions, as well as a starting point for future research examining the difference between LBQ women's health in urban, regional and rural environments in Australia.

Where comparisons to 2014 SWASH have been made, the values have been adapted from the *Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014* (Mooney-Somers et al, 2015). It is important to note that the SWASH cohorts tend to be drawn from highly educated urban populations and considerations must be made when attempting to draw inferences through data comparisons with the current study.

Where comparisons to "women in NSW" has been made, data has been adapted from the 'HealthStats NSW' website and the specific data will be cited within the table.

FINDINGS

DEMOGRAPHICS

SAMPLE SIZE

129 lesbian, bisexual and queer (LBQ) women attempted the survey between October 2014 and March 2015.

EXCLUSION/INCLUSION CRITERIA

15 responses were excluded because participants identified as heterosexual/straight.

5 responses were excluded because participants did not pass beyond the first three questions.

2 responses were excluded because the participants indicated they were less than 18 years of age.

107 valid responses were analysed.

RETENTION RATES

Of 107 valid responses, 96 respondents completed the entire survey, translating to an 90% completion rate.

DEMOGRAPHIC INFORMATION

AGE RANGE

Respondents' aged ranged between 18 and 72 years old, with an average age of 39.5.

Participants were distributed into age groups as follows:

Age group	n =	%
18 - 24	21	19.6
25 - 34	24	22.4
35 - 44	22	20.6
45 - 54	17	15.9
55 - 64	17	15.9
65+	5	4.7
No response	1	0.9
Total	107	100.0

Table 1. Respondents numbers and percentages by age group.

Please note: Due to the small number of respondents to this survey,the age groups will be condensed for the remainder of the report into three larger groups – a) 18 to 29, b) 30 to 44 and c) 45 and over. While the researchers acknowledge that life stages cannot be clearly marked by a particular age, these groupings can serve to illustrate broad patterns of younger and older respondents. The groups will appear as such:

Age group	n =	%
18 - 29	35	32.7
30 - 44	32	29.9
45 and over	39	36.4
No response	1	0.9
Total	107	100.0

GEOGRAPHICAL LOCATION

Respondents were broadly categorised into different areas around the Illawarra and Shoalhaven regions, organised from northernmost to southernmost.

Area	n =	%
Wollongong northern suburbs incl Thirroul	18	16.8
Wollongong CBD and university	24	22.4
Port Kembla area	6	5.6
Dapto	8	7.5
Shellharbour/Lake Illawarra	10	9.4
Kiama/Berry area	5	4.7
Nowra/Bomaderry	10	9.4
Jervis Bay	13	12.2
Milton/Ulladulla	2	1.9
Other	9	8.4
No response	1	0.9
Total	107	100.0

Table 2. Respondents by location area.

ABORIGINALITY

Six participants (5.5%) identified as Aboriginal. No participant identified as Torres Strait Islander or both Aboriginal and Torres Strait Islander.

ETHNIC AND CULTURAL BACKGROUND

30 participants (28.7%) identified as having an ethnic or cultural background as something other than Anglo-Australian only.

Seven of these participants indicated Anglo heritage from areas other than Australia, such as Britain (n = 2), Ireland (n = 2), New Zealand (n = 1), the USA (n = 1) and Canada (n = 1).

Many respondents indicated more than one ethnic and cultural background.

TRANS RESPONDENTS

Five respondents identified as trans. The question asked “Do you identify as trans?” and did not ask for any more detail regarding a respondent’s gender identity – i.e. trans woman, genderqueer, androgynous, etc. The decision to use non-specific language was made due to the nature of the survey marketing (“Do you identify as lesbian, bisexual, queer or same sex attracted woman?”) assuming that respondents only opted in to take the survey if they felt an affinity with these identities.

INTERSEX RESPONDENTS

No respondents identified as intersex.

The authors wish to acknowledge the importance and significance of the health and wellbeing of people with intersex variations and, though our study could not cover these topics, it is crucial that future research remains inclusive of intersex populations and take steps to include them in research on LGBTI populations.

EDUCATION, EMPLOYMENT & INCOME

Employment status	n =	%
Employed full-time	42	39.3
Employed part-time	28	26.2
Unemployed	11	10.3
Doing domestic duties	10	9.3
Not in the work force	9	8.4
Pensioner/social security	15	14.0
Student	24	22.4

Table 5. Respondents by employment status.

Note: Summary table; Values add up to above 100% because respondents could be in more than one category.

Annual individual income	n =	%
Nil-$19,999	31	29.0
$20,000-$39,999	21	19.6
$40,000-$59,999	22	20.6
$60,000-$99,999	24	22.4
$100,000+	7	6.5
No response	2	1.9
Total	107	100.0

Table 6. Respondents by annual individual income.

Level of education	n =	%
Up to Year 10 / School Certificate	14	13.1
Year 12 / HSC / Leaving Certificate / IB	17	15.9
Tertiary Diploma or trade certificate	29	27.1
University or college degree	35	32.7
Postgraduate degree (MA, MSc, PhD)	11	10.3
No response	1	0.9
Total	107	100.0

Table 7. Respondents by highest level of education.

SEXUAL IDENTITY AND ATTRACTION

The majority of respondents identified as lesbian/dyke/gay/homosexual (59%). 22% identified as bisexual, 14% as queer, and 5% as 'other'. After ticking "other", respondents self-identified as pansexual (n=2), polyamorous (n=2) and asexual (n=1).

I think of myself primarily as...	**n =**	**%**
Lesbian/dyke/gay/homosexual	63	58.9
Bisexual	23	21.5
Queer	15	14.0
Other (please specify)	5	4.7
No response	1	0.9
Total	107	100.0

Table 3. Respondents by sexual identity.

The majority of respondents indicated they were attracted mostly to females and at least once to a male (58%). Exclusive attraction to women was not the majority experience (17%). 18% indicated equal attraction to males and females and 6% indicated attraction mostly to males and at least once to a female. One respondent indicated they felt attracted to no one (asexual).

Which of these six statements best describes you? "I have felt sexually attracted..."	**n =**	**%**
Only to females, never to males	18	16.8
Mostly to females, and at least once to a male	62	57.9
Equally as often to females and males	19	17.8
Mostly to males, and at least once to a female	6	5.6
Only to males, never to females	0	0.0
To no one at all	1	0.9
No response	1	0.9
Total	107	100.0

Table 4. Respondents by sexual attraction.

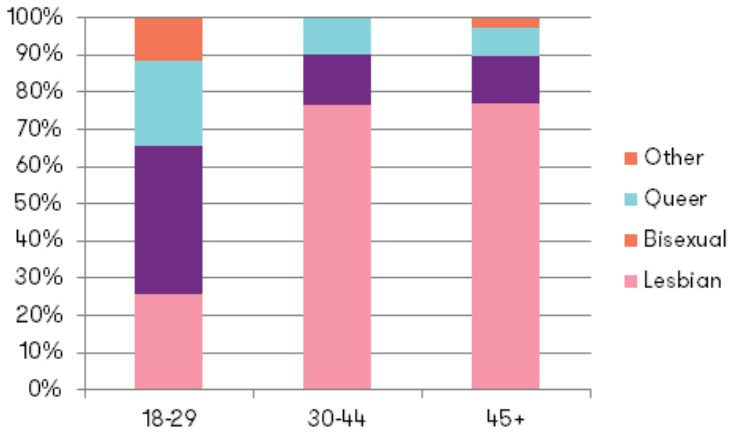

Figure 1. Respondent sexual identity by age group.

Respondents under 30 were much more likely to identify as bisexual, queer or other sexual identities such as pansexual, asexual and poly, where respondents over 30 were much more likely to identify as lesbian/dyke/gay/homosexual.

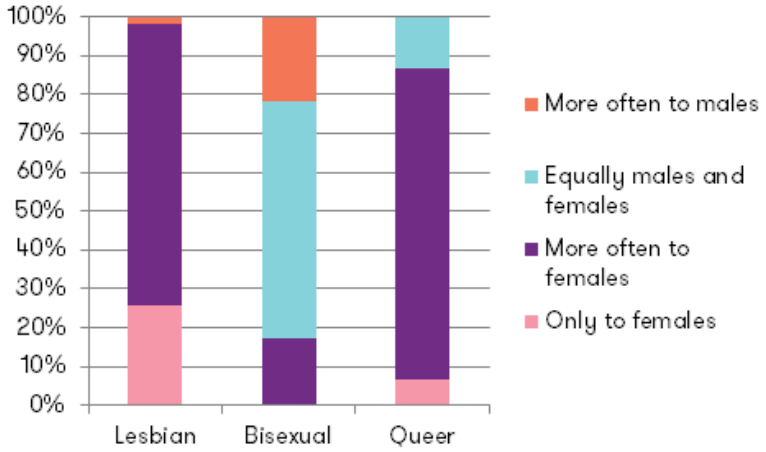

Figure 2. Respondent sexual attraction by sexual identity.

While lesbian-identified women were most likely to report exclusive attraction to females, a significant proportion indicated experiencing attraction to a male at least once (72%). Bisexual women were most likely to report feeling equally attracted to males and females, or more often attracted to males.

CHILDREN

48 respondents (45%) indicated they had children and a further 16 (15%) indicated they were planning to have a child in the next 2 years. While this is considerably higher than 2014 SWASH respondents (14%), it is important to note that SWASH asked about dependent children, where this study asked about all children, including independent children.

A similar proportion of participants between this study and 2014 SWASH indicated they were planning to have a child in the next two years (15% vs 18%).

How many children do you have?	n =	%
One	18	37.5
Two	12	25.0
Three	4	8.3
Four	8	16.7
Five	1	2.1
No response	5	10.4
Total	48	100.0

Table 8. Respondents number of children.

HOMELESSNESS

Participants were asked whether they had experienced kinds of homelessness either presently or in the past.

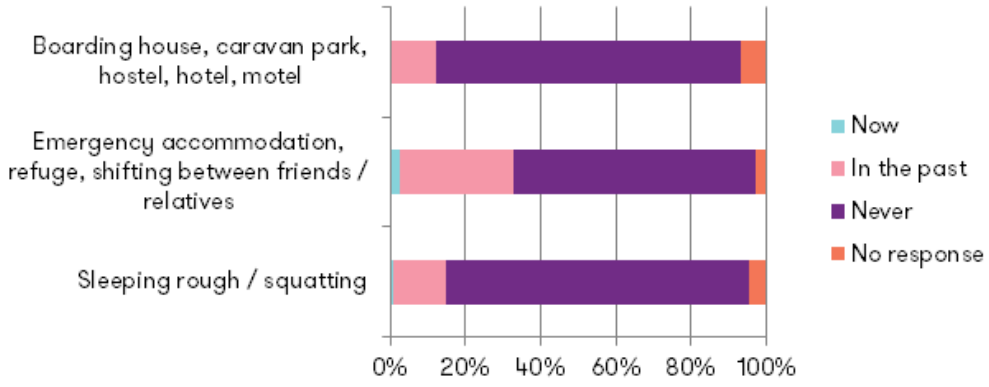

Figure 3. Stacked column of respondents by experience of homelessness and type of homelessness.

One participant indicated they were currently sleeping rough/squatting, and a further three participants indicated they were currently in emergency accommodation, a refuge, or shifting between friends and relatives.

17 participants (16%) indicated they had slept rough/squatted in the past. 35 participants (33%) indicated they had used emergency accommodation, a refuge, or shifted between friends/ relatives in the past and a further 14 respondents (13%) indicated they had lived in a boarding house, caravan park, hostel, hotel or motel in the past.

In total, 38 respondents (36%) indicated they had experienced at least one form of homelessness in their lifetimes. This is double the rate reported by 2014 SWASH respondents (17%).

SOCIAL ATTACHMENT TO THE LGBTI COMMUNITY

We asked respondents how connected they felt to an LGBTI community in their everyday lives. On average, respondents felt less connected to an LGBTI community than respondents to the 2014 SWASH survey. In total, 19% of respondents felt 'very' or 'mostly' connected to an LGBTI community, compared to 48% of 2014 SWASH respondents.

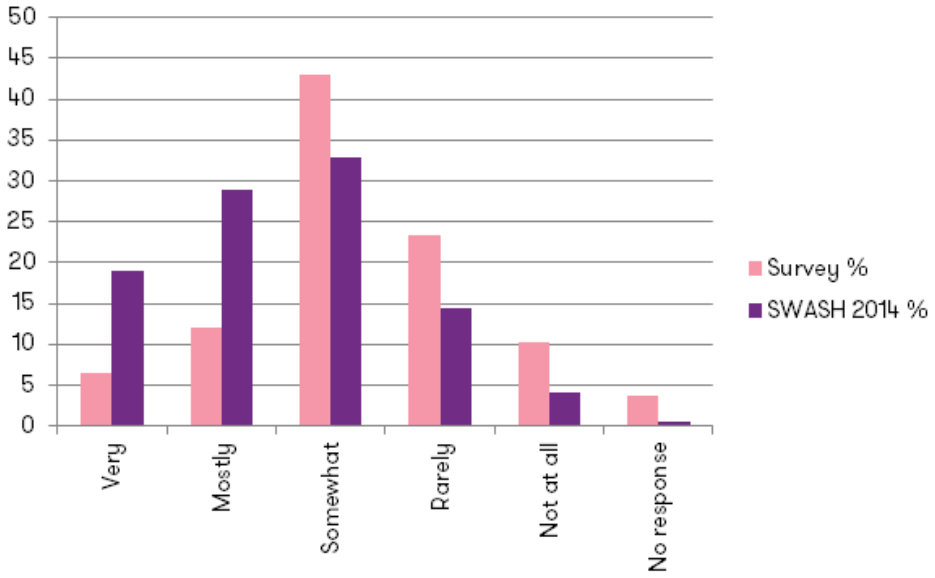

Figure 5. Raw number of respondents by self-reported connection to an LGBTI community compared to 2014 SWASH respondents.

Bisexual identifying women were more likely to be 'not at all' connected to an LGBTI community, while queer women were more likely to be 'very' or 'mostly' connected to an LGBTI community. These patterns are consistent with 2014 SWASH data.

	Very n (%)	**Mostly n (%)**	**Somewhat n (%)**	**Rarely n (%)**	**Not at all n (%)**	**No response n (%)**	**Total n**
Lesbian	3 (4.8)	7 (11.3)	31 (50.0)	15 (24.2)	4 (6.5)	2 (3.2)	62
Bisexual	0 (0.0)	2 (8.7)	11 (47.8)	6 (26.1)	3 (13.0)	1 (4.4)	23
Queer	4 (26.7)	4 (26.7)	3 (20.0)	3 (20.0)	1 (4.3)	0 (0.0)	15
Other	0 (0.0)	0 (0.0)	3 (60.0)	1 (20.0)	0 (0.0)	1 (20.0)	5
Not reported	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (100.0)	0 (0.0)	2
Total	7 (6.5)	13 (12.2)	46 (43.0)	25 (23.4)	11 (10.3)	4 (3.7)	107

Table 9. Respondents' self-reported connectedness to an LGBTI community by sexual identity.

The visibility of LGBTI communities and populations in the Illawarra and Shoalhaven is distinct from those of an urban environment such as Sydney. Respondents may not have access to the variety of LGBTI networks and opportunities than they would in a city such as Sydney.

LGBTI EVENTS IN THE ILLAWARRA AND SHOALHAVEN

We also asked respondents which LGBTI community connections they had in the past 6 months within the Illawarra and Shoalhaven regions. The total cohort for this topic was 104 respondents. 40% of respondents indicated they had attended at least one LGBTI activity in the Illawarra or Shoalhaven in the past 6 months.

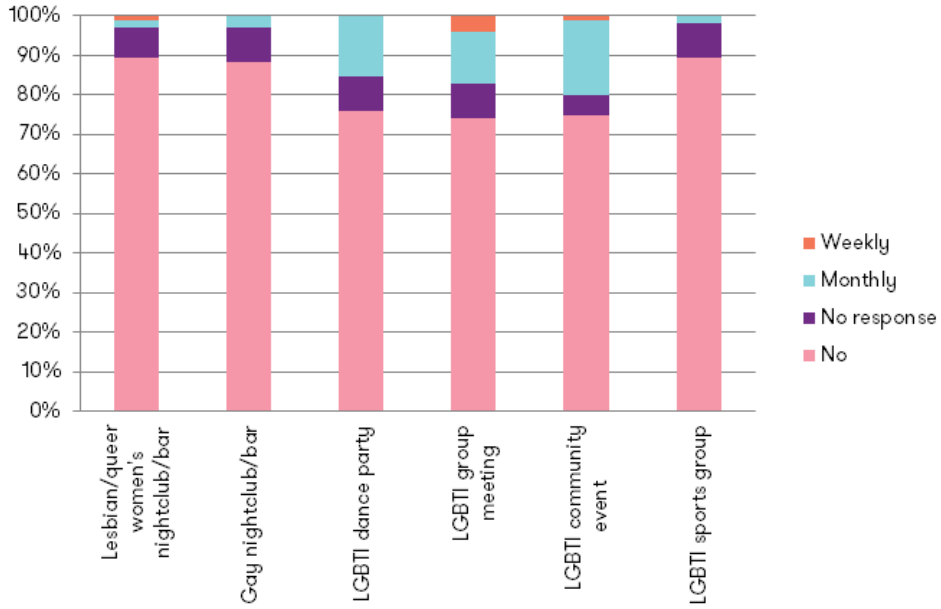

Figure 6. Stacked column of respondents by frequency of attendance and type of activity at LGBTI events in the Illawarra or Shoalhaven.

Respondents indicated they had attended events and meetings held by two community organisers – UNITY Inc and LISA (Lesbians in the Shoalhaven Area), as well as private play parties and one-off events.

Please note: While three respondents indicated they had attended a lesbian/queer women's nightclub/bar in the past 6 months, the authors are not aware of any lesbian/queer women's nightclubs/bars in the Illawarra or Shoalhaven currently operating. This is the same for the three respondents who indicated they had attended a gay nightclub/bar in the past 6 months.

Similarly, many LGBTI events in the Illawarra and Shoalhaven could belong to more than one of the above categories – for example, the UNITY dance parties could be classified as an 'LGBTI dance party' as well as an 'LGBTI community event'.

Participants in the focus groups highlighted that local LBQ women preferred to socialise within their close network of friends and family, or organise activities that were not centred around an LGBTI-specific space, but happen to be with LGBTI friends and family. Self-organising within these LGBTI communities is a major way for local LBQ women to connect with other LBQ women and LGBTI people in general.

> *We've got nowhere to go. That's why we tend to go to each other's houses and picnic areas, just to be together in that way.*
>
> *– Cynthia, 56, lesbian*

EVENTS IN MAJOR CITIES

We asked respondents how often, in the past 6 months, they had engaged with different areas of the LGBTI community in Sydney or another major city.

In total, 41% had attended an LGBTI event in a major city such as Sydney at least once in the past 6 months.

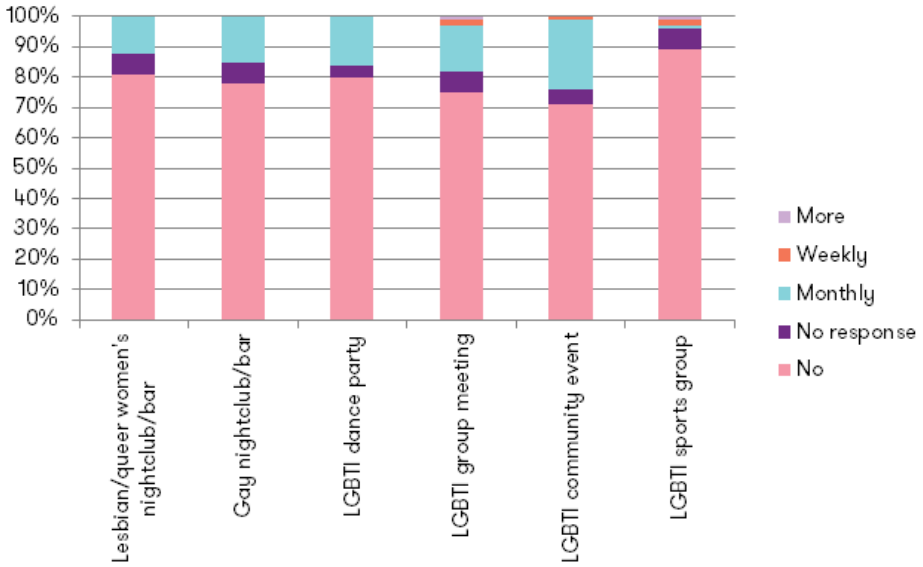

Figure 7. Stacked column graph of respondents by frequency of attendance and type of activity at LGBTI events in a major city such as Sydney.

Respondents in the survey and focus groups noted that going to an LGBTI event or activity in Sydney was often 'spontaneous' and occurred around once every three months, though the survey did not include an option for less regularly than monthly.

91.3% of respondents had at least 'a few' friends who were LGBTI, similar to 2014 SWASH respondents (95%).

How many of your friends are LGBTI?	n =	%
All	1	1.0
Most	33	31.7
Some	36	34.6
A few	25	24.0
None	5	4.8
No response	4	3.9
Total	104	100.0

Table 10. Respondents self-reported number of LGBTI friends.

> *Socialising is very important to me. If I isolate myself at home, I find myself getting depressed, but when I'm more socially active, that's what makes me happy and makes me stronger as a person.*
>
> *– Maria, 29, lesbian*

How much of your spare time do you spend with LGBTI people?	**n =**	**%**
A lot	23	22.1
Some	40	38.5
A little	30	28.9
None	7	6.7
No response	4	3.9
Total	104	100.0

Table 11. Respondents self-reported time spent with LGBTI people.

89.4% of respondents spent at least a little of their spare time with LGBTI people and 60% were spending 'some' or 'a lot' of time with other LGBTI people.

These results indicate that though, respondents were connecting with an LGBTI community less than SWASH respondents, they are perhaps connecting with less formal or 'scene' LGBTI networks, which could be made up of friends, family, colleagues and other acquaintances. Where connection with a large and visible LGBTI community is less accessible than in a major city, respondents have nonetheless found other LGBTI people in their communities and are spending time with them on a regular basis. We asked all respondents what made them feel connected to the LGBTI community.

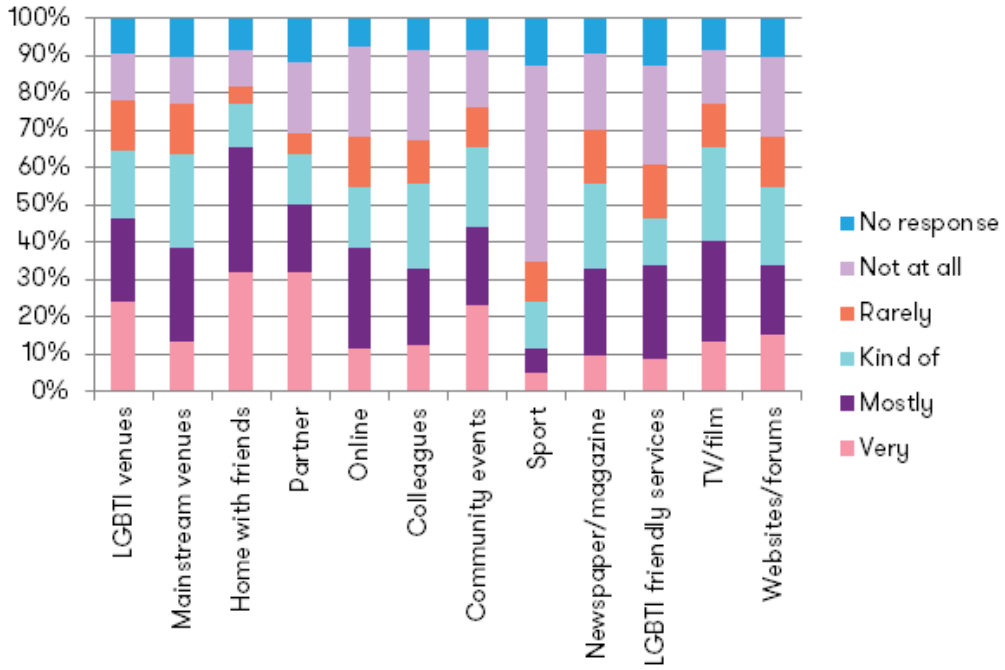

Figure 8. Stacked column graph of level of felt connectedness to an LGBTI community by type of activity.

Using combined 'very' and 'mostly' answers as indicators, we can assume that respondents felt most connected to an LGBTI community when:

- Hanging out at home with LGBTI friends and family (65%),
- Spending time with LGBTI partner (50%), and
- Socialising with LGBTI friends at LGBTI venues (46%).

> *My partner and my mates mean everything to me, because the friends that I've got are real friends. They can tell you anything, you can tell them anything. Nothings a problem if you've got really good friends. Nothing.*
>
> *– Esther, 51, lesbian*

SEX AND RELATIONSHIPS

The cohort for this topic was 101 respondents.

96% of respondents indicated they'd ever had sex with a woman. 66% of respondents indicated they'd had sex with a woman in the past 6 months, while a further 30% indicated they had done so over 6 months ago, and 4% indicating they had never had sex with a woman.

When was the last time you had sex with a woman?	**n =**	**%**
In the past 6 months	67	66.3
Over 6 months ago	30	29.7
Never	4	4.0
No response	0	0.0
Total	101	100.0

Table 11. Respondents by history of sex with a woman.

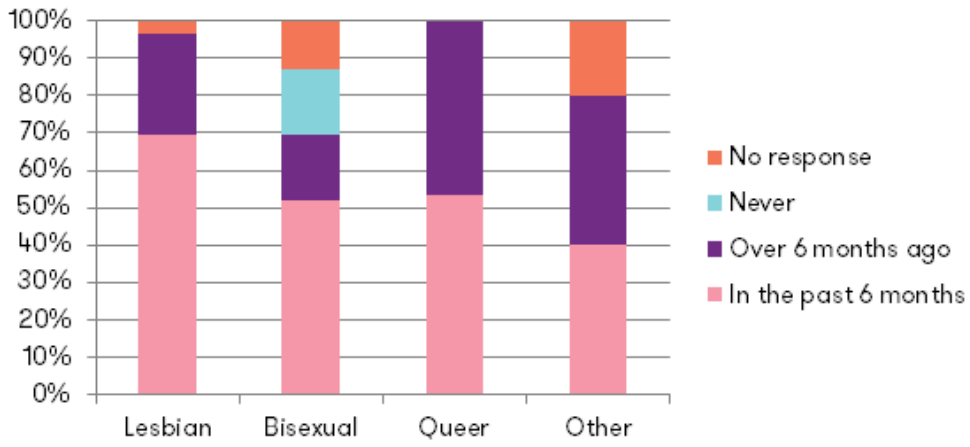

Figure 9. Stacked column graph of respondents' history of sex with a woman by sexual identity.

Respondents who identified as lesbian were most likely to have had recent sex with a woman.

In the past 6 months, how many women have you had sex with?	Survey n (%)	SWASH n (%)
One	60 (89.6)	618 (66.7)
2 - 5	5 (7.5)	176 (19.0)
6 - 10	2 (3.0)	29 (3.1)
No response	0 (0.0)	104 (11.2)
Total	67 (100.0)	927 (100.0)

Table 12. Respondents by number of women sexual partners in past 6 months, compared to 2014 SWASH respondents.

Compared to the 2014 SWASH cohort, respondents were more likely to have had one woman sexual partner in the past 6 months (89% vs 67%).

SEX WITH MEN

Eight respondents (7.9%) indicated they'd had sex with a homosexual or bisexual man in the past 6 months.

A further fifteen respondents (14.9%) indicated they'd had sex with a homosexual or bisexual man over 6 months ago.

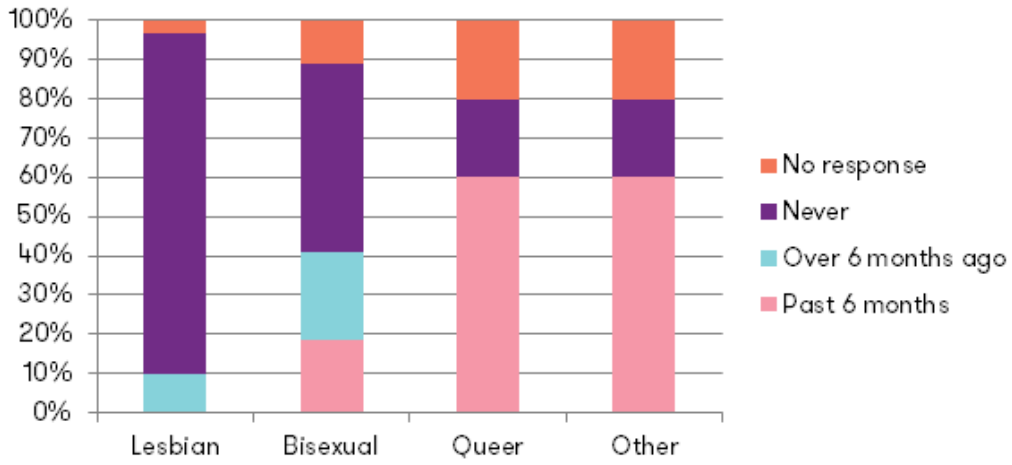

Figure 10. Sexual history with a gay or bisexual man by sexual identity.

Bisexual, queer and 'other' women were more likely to have had sex with a gay or bisexual man in the past 6 months.

Of the eight respondents who indicated sex with a homosexual or bisexual man in the past 6 months, three indicated they were having sex without a condom "Often". The remaining six respondents indicated they never had sex without a condom with a homosexual or bisexual man.

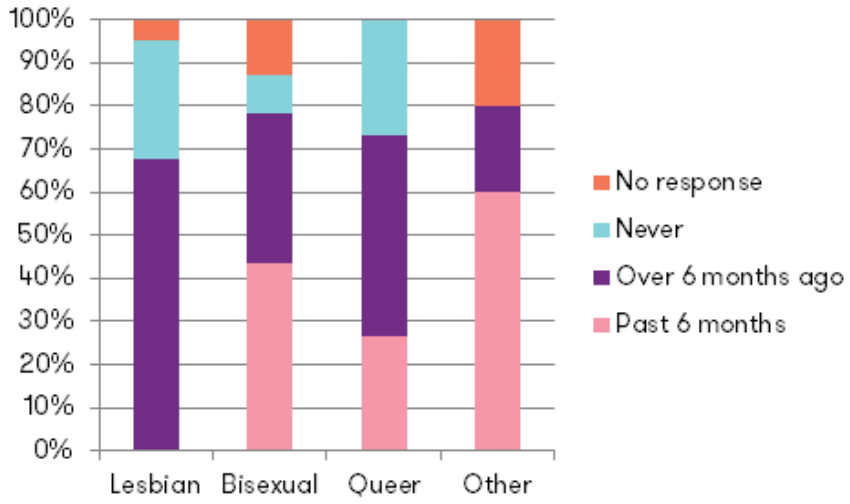

Figure 11. Sexual history with a heterosexual man by sexual identity.

17 respondents (16.8%) indicated they'd had sex with a heterosexual man in the past 6 months, with a further 58 respondents (57.4%) indicating they had done so over 6 months ago.

Bisexual, queer and 'other' women were more likely to have had sex with a heterosexual man in the past 6 months than lesbian identifying women.

Of the 18 respondents who indicated sex with a heterosexual man in the past 6 months, half (nine) were reporting sex without a condom "often", two "occasionally" and one "once". Seven were never having sex without a condom.

The fact that many LBQ women have a sexual history that includes men is 'perhaps familiar and unremarkable' to other LGBTIQ community members (Mooney-Somers et al, 2015). However, service providers should be aware that there is a proportion of LBQ and SSA women that do or have had sex with men and consider the reach of their strategies and services.

RELATIONSHIPS

55% of respondents indicated they were currently in a relationship with a woman, 11% with a man, 4% with a e person and 4% with more than one regular partner. 26% indicated they were not currently in a relationship.

Are you currently in a sexual relationship with a regular partner?	**Survey n %**	**SWASH n %**
Yes, with a woman	55	54.5
Yes, with a man	11	10.9
Yes, with a gender diverse person	4	4.0
Yes, multiple partners / poly	4	4.0
No	27	25.9
No response	0	0
Total	101	100.0

Table 13. Current relationship status

We asked respondents who indicated they were currently in a relationship (n = 74) how long this relationship has been.

Please note: For the participants indicating they were in a relationship with multiple people, there were no options to describe different lengths for different relationships.

41% of respondents in a current relationship had been in that relationship for more than five years. Respondents were more likely to be in a relationship over 5 years long in comparison to 2014 SWASH respondents, possilby due to the variance in sample age.

How long is this relationship?	Survey n (%)	SWASH n (%)
Less than 6 months	10 (13.5)	117 (15.6)
6-11 months	6 (8.1)	102 (13.6)
1-2 years	13 (17.6)	144 (19.2)
3-5 years	13 (17.6)	163 (21.7)
More than 5 years	31 (41.0)	214 (28.5)
Not reported	0 (0.0)	10 (1.3)
Total	74 (100.0)	750 (100.0)

Table 13. Length of current relationship compared to 2014 SWASH respondents.

Note: Table only includes women who reported being in a regular relationship.

CASUAL SEX

We asked respondents whether they'd had casual sex in the past 6 months. 17.8% indicated they'd had any casual sex in the past 6 months, 8% with women, 4% with men and 5% with both.

Have you had casual sex in the past 6 months?	Survey n (%)	SWASH n (%)
Yes, with women	8 (7.9)	192 (17.4)
Yes, with men	4 (4.0)	48 (4.4)
Yes, with both	5 (4.9)	68 (6.2)
No	83 (82.2)	780 (70.9)
No response	1 (1.0)	12 (1.1)
Total	101 (100.0)	1100 (100.0)

Table 14. Casual sex by type of casual sex partner.

Respondents were less likely than 2014 SWASH respondents to report any casual sex in the past 6 months (17.8% vs 29.1%).

We asked all respondents where they meet casual sex partners, regardless of whether they have had casual sex within the past 6 months. 82 respondents answered this question; 8 respondents answered 'Other' and indicated they do not have casual sex.

Where do you meet casual sex partners?	Survey n (%)	SWASH n (%)
Friends of friends	14 (82.4)	190 (61.7)
Social networking sites	7 (41.2)	62 (20.1)
Bars/nightclubs in a capital city e.g. Sydney	6 (35.3)	158 (51.3)
Online dating sites	6 (35.3)	96 (31.2)
Bars/nightclubs in the Illawarra Shoalhaven	4 (23.5)	--
Other	3 (17.6)	34 (11.0)

Table 15. Connecting with casual sex partners compared to 2014 SWASH respondents.

Note: Summary table; adds up to more than 100% because respondents could be in more than one category; table only includes women who reported recent casual sexual partners.

Respondents were more likely to have met their casual sex partners through friends of friends, social networking sites and online dating sites than respondents to the 2014 SWASH survey. Respondents indicated they also met their casual sex partners through Fetlife, LGBTI community events, friends of their partner or at private play parties. Respondents were less likely to meet their casual sex partners in bars or nightclubs than 2014 SWASH respondents.

SEX WORK

We asked respondents if they had ever done any sex work. 6 respondents indicated they had done so over 6 months ago and 1 respondent indicated they had done sex work within the past 6 months.

GENERAL HEALTH AND WELLBEING

The cohort for this question was 101 respondents.

GP ACCESS AND SATISFACTION

We asked respondents whether they had a regular GP or attended the same health centre. 75 respondents (74%) indicated they saw the same GP and a further 13 respondents (13%) indicated they attended the same health centre.

13 respondents (13%) did not have a regular GP or health centre.

Of those that had a regular GP or health centre (n = 88), we asked how satisfied they were with that GP or service. 35% indicated they were very satisfied, 35% indicated they were satisfied, 14% indicated they were neither satisfied nor unsatisfied, 5% indicated they were unsatisfied and 5% indicated they were very unsatisfied.

> *I always go to the [same] medical centre. Whoever I see, my whole record comes up in front of them. So I may not see the same doctor all the time, but [they] can look it up and see my whole history; in that respect, I do like it.*
>
> *– Cynthia, 56, same sex attracted woman.*

If you have a regular GP, how satisfied are you?	Survey n (%)	SWASH n (%)
Very satisfied	31 (35.2)	363 (42.5)
Satisfied	31 (35.2)	301 (35.3)
Neither satisfied nor unsatisfied	14 (13.7)	86 (10.1)
Unsatisfied	5 (4.9)	33 (3.9)
Very unsatisfied	4 (4.5)	21 (2.4)
No response	3 (3.4)	49 (5.7)
Total	88 (100.00)	853 (100.0)

Table 16. Respondents satisfaction with GP compared to 2014 SWASH respondents.

Note: Table only includes women who reported having a regular GP or health centre.

Of the respondents that did have a regular GP or health service, 64 (73%) reported that they were "out" to their GP or health service, while 23 (26.1%) indicated they were not. There was no correlation found between "outness" and satisfaction with a GP/health centre.

> *My doctor has been very supportive. He went through different questions with me and [told me] things I should be looking out for with a new female partner that were different to when I was with a male.*
>
> *– Rose, 32, bisexual*

SELF-REPORTED HEALTH STATUS

We asked respondents about their self-reported health status. 40% indicated their general health as excellent or very good, which is less than either LBQ women in Sydney (60%). 25% indicated their health as fair or poor, which is higher than LBQ women in Sydney (10%) and the wider community (15%; a breakdown by gender is not available).

	Survey %	SWASH 2014 %	AHS 2011/12 %
Excellent/very good	39.6	60.2	55.7
Good	34.3	29.7	29.7
Fair/poor	24.8	10.1	14.6

Table 17. Self-reported health status compared to 2014 SWASH and AHS 2011/12 respondents.

It is encouraging to see that the majority of respondents were linked in with a regular GP or health centre and that the majority of those respondents were satisfied or very satisfied with the services received from that GP or health centre. However, self-reported health status would indicate that many respondents are not feeling as healthy as they would like. Future research could explore what contributes to feelings of wellness in these populations and how a feeling of health can be improved in these communities.

For me, [health means] a lot of clean living. A hard word for me is 'moderation'… whether it's food, exercise… [moderation] would probably sum up everything for me.

- Cynthia, 56, same sex attracted woman

CHRONIC DISEASE AND CANCER

We asked respondents whether they had ever been diagnosed with any of the following conditions. 4% indicated they had ever been diagnosed with heart disease, 6% with Type 2 Diabetes, 17% with high cholesterol and 10% with high blood pressure (hypertension).

Has a doctor ever diagnosed you with…	n =	%
Heart disease	4	3.9
Type 2 Diabetes	6	5.9
High cholesterol	17	16.7
High blood pressure	10	9.8

Table 18. Diagnosis of chronic diseases.

We asked respondents whether they had ever been diagnosed with cancer. 1 respondent had been diagnosed with breast cancer, 4 with skin cancer, 4 with cervical cancer and 6 with 'other' cancers'.

Have you ever been diagnosed with cancer?	n =	%
Yes, breast	1	1.0
Yes, skin	4	4.0
Yes, lung	0	0.0
Yes, cervical	4	4.0
Yes, bowel	0	0.0
Yes, other	6	5.5
Prefer not to say	0	0.0

Table 19. Diagnosis of cancer.

'Other' responses indicated complex cancer diagnoses but included two instances of endometrial carcinoma (cancer in the uterus), lymphoma (cancer in the lymph nodes), epithelioid myeloma (cancer in plasma cells/bone marrow) and some other general answers such as "gynaecology" and "I've had CIN3 cells removed" which indicated an abnormal Pap smear test result but not necessarily cervical cancer.

When I was 30, I had a Pap smear come back positive. I had to go to day surgery. It was in early stages, so if I hadn't had the Pap smear then and I'd left it for another year or two, I might not be here.

– Cynthia, 56, same sex attracted woman.

BMI

We asked about respondents' weight and height and used their self-report answers to calculate BMIs. 95 respondents provided both a weight and height measurement. 70% of respondents reported BMIs that placed them in the overweight or obese category, which is significantly higher than the average for women in NSW (46%). Looking at obesity more closely, 41% of respondents were obese, compared to 20% of women in NSW and 16% of 2014 SWASH respondents.

BMI	n =	%	NSW avg (women) %[3]	ISLHD %[4]	SWASH 2014 %
Underweight	4	4.2	4.8	-	3.5
Healthy weight	25	26.3	49.1	-	47.6
Overweight	27	28.4	25.6	35.6	24.2
Obese	39	41.1	20.4	22.3	15.6

Table 20. BMI score compared to NSW women and 2014 SWASH respondents.

Figure 12. Comparison of percentages of respondents in each BMI category.

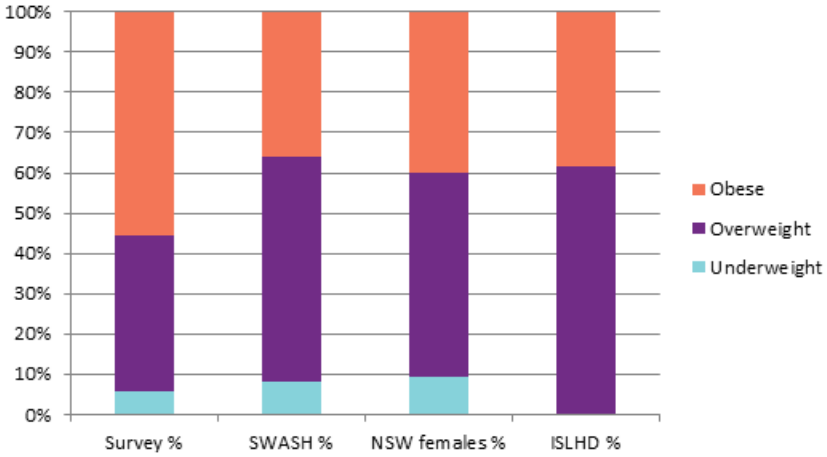

Figure 13. Stacked column percentages of BMI category by survey.

Respondents were more likely to be overweight or obese than 2014 SWASH respondents, women in NSW and the ISLHD general population. Respondents were twice as likely to be obese than any other comparison group.

There is an understandable concern among members of the LGBTIQ community regarding society's focus on body weight and ideals. The authors acknowledge that while BMI is not a perfect measure for health, levels of overweight and obesity can put women at increased risk of heart and lung disease, joint problems and diabetes (Mooney-Somers et al, 2015). When exploring LBQ women's health in general, risk factors such as overweight and obesity can intersect with other risk factors such as having never given birth, smoking, risky alcohol consumption amongst others, leading to an increased risk for breast and gynaecological cancers.

Future research is urged to explore factors that may more meaningfully inform health in these populations besides BMI; for example, fruit and vegetable intake, regular planned exercise, incidental exercise, cardiovascular resistance and so on (see Australian Health Survey 2011/12; ABS, 2013).

SEXUAL HEALTH AND SCREENING

We asked respondents whether they had ever performed a breast self-examination. The cohort for this topic was 98 respondents. 72% of respondents had ever performed a breast self-examination, while 28% had not.

Have you ever performed a breast self-examination?	n =	%
Yes, within past 5 years	63	64.3
Yes, over 5 years ago	8	8.2
No	27	27.6
Total	98	100.0

Table 21. Rate of ever having performed a breast self-examination.

PAP SMEARS

We asked respondents when they had their last Pap smear and how frequently they access Pap smears. 62% of respondents had accessed a Pap smear less than 3 years ago, while 16% had accessed a Pap smear more than 3 years ago (overdue), and 20% had never accessed a Pap smear.

> *I work in retail so I'm on my feet all day; we don't stop for lunch or anything like that. I've been trying to push myself again and get back on the treadmill, walk the dog and things like that.*
>
> *– Carol, 43, lesbian*

	Never had sex with a man	SWASH Never had sex with a man	Ever had sex with a man	SWASH Ever had sex with a man
	n (%)	n (%)	n (%)	n (%)
Less than 3 years ago	10 (43.5)	197 (57.4)	51 (68.0)	540 (72.2)
More than 3 years ago	3 (13.0)	22 (6.4)	13 (17.3)	76 (10.2)
Never	10 (43.5)	109 (31.8)	10 (13.3)	110 (14.7)
Not sure	0 (0.0)	10 (2.9)	1 (1.3)	16 (2.1)
Not reported	0 (0.0)	5 (1.6)	0 (0.0)	6 (0.8)
Total	23 (100)	334 (100)	75 (100)	748 (100)

Table 22. Timing of last Pap smear test, by experience of sex with men

Note: In the survey, the question's options were "Less than 2 years ago", "2-3 years ago", "3-5 years ago" and "more than 5 years ago". To keep in line with current recommendations from peak health bodies, we have collapsed responses into "Less than 3 years ago" and "More than 3 years ago".

Respondents who had never had sex with men were much more likely to have never had a Pap smear (43.5% vs 13.3%).

Respondents who had never had sex with a man were more likely to be overdue for a Pap smear than 2014 SWASH respondents who had never had sex with a man (13.0% vs 6.4%).
While 99% of respondents understand that even lesbians need Pap smears, there are a number of women who have never had sex with men and have never accessed a Pap smear. This indicates a disconnect between health knowledge and health behaviour.

On average, how frequently do you access Pap smear tests?	n =	%
Every 12 months	7	7.1
Every 2 years	34	34.7
Every 3-5 years	13	13.3
Infrequently	16	16.3
Not sure	3	3.1
Never	3	3.1
No response	26	26.5
Total	98	100.0

Table 23. Average self-reported frequency of accessing Pap smears.

23% of respondents accessed Pap smears 'infrequently', 'not sure' or 'never' – this number is higher if you assume that the non-responses are those who answered 'Never' to the previous question (Table 22, p.43).

While a majority of respondents are indicating they are having regular, timely Pap smears (55%), there remains a significant gap between knowledge and testing behaviours. Additionally,

a high number of respondents are indicating they had received an abnormal result on a Pap smear test in the past (27%).

Have you ever had an abnormal Pap smear test?	n =	%
No	47	48.0
Yes	26	26.5
Not sure	2	2.0
Prefer not to say	1	1.0
No response	26	26.5
Total	98	100.0

Table 24. Rate of ever having received an abnormal Pap smear result.

HPV VACCINATION

Since 2007, the national HPV vaccine program run in Australian schools has offered a free vaccine to young women aged 12 to 13 years; a parallel program was available through GPs for women aged up to 26 years (Mooney Somers et al, 2015).

Respondents who were under 18 at the time of the vaccine's introduction in 2007 were more likely to have ever received a dose of the vaccine (74%) than those who were over school age at the time of the vaccine's introduction (17%).

Of those that were 18 or under in 2007 - the time of the vaccine's introduction - 74% had ever received a dose of the vaccine, 13% had not and 13% were not sure.

Of those that were over 18 at the time of the vaccine's introduction, 17% had ever received a dose of the vaccine, 63% had never received a dose and 21% were not sure.

Have you ever been vaccinated against Human Papillomavirus (HPV; Gardasil/Cervarix)?	No (n =)	Yes (n =)	Not sure (n =)	Total (n =)
18 or under in 2007	3	17	3	23
Over 18 in 2007	45	12	15	72
Total	48	30	18	96

Table 25. Rate of ever having accessed one or more doses of an HPV vaccine, by age at time of introduction of vaccine.

> *I was recently overdue for a Pap smear and blood test. I get reminder letters in the mail. I got a second reminder, so I was probably 6 months overdue.*
>
> *– Carol, 43, lesbian*

STI TESTS

Have you ever had a test for a sexually transmitted infection (not HIV)?	n =	%	2014 SWASH %
In the past 6 months	13	13.3	17.9
Over 6 months ago	47	48.0	41.2
No	38	38.8	39.5
No response	0	0.0	1.4
Total	98	100.0	100.0

Table 26. Timing of last STI test other than HIV.

Rates of STI testing were similar to those of the 2014 SWASH cohort. In total, 63% of respondents had ever had accessed an STI test, compared to 59% of 2014 SWASH respondents.

Have you ever been diagnosed with an STI?	n =	%
Yes	17	17.4
No	80	81.6
Prefer not to say	1	1.0
No response	0	0.0
Total	98	100.0

Table 27. Rate of STI diagnosis.

17% of respondents had ever been diagnosed with an STI. Health services should remain aware that the diversity of sexual practices between LBQ women and their partners pose a risk of STI transmission that has historically been underestimated in research and practice.

Have you ever had an HIV test?	n =	%
Yes	42	42.9
No	49	50.0
Not sure	7	7.1
No response	0	0.0
Total	98	100.0

Table 28. Rate of ever having accessed an HIV test.

43% of respondents indicated they had ever accessed an HIV test.

HEPATITIS C TESTS

Have you ever been tested for Hepatitis C?	n =	%
Yes	43	42.2
No	45	44.1
Not sure	10	9.8
No response	4	3.9

Table 29. Rate of ever having been tested for Hepatitis C.

42% of respondents indicated they had ever been tested for Hepatitis C.

Of those that had been tested for Hepatitis C (n = 43), we asked what their result was.

Hepatitis C test result	n =	%
Positive	2	4.7
Negative	40	93.0
Prefer not to say	0	0.0
Not sure	0	0.0
No response	1	2.3

Table 30. Hepatitis C test results.

While LBQ women are traditionally thought of as being in a low-risk group for HIV transmission, it is important to acknowledge that the current research may be missing important sections of the community; for example, sexually adventurous LBQ women and LBQ women who have sex with gay or bisexual men (Richters, Song, Prestage, Clayton & Turner, 2005).

INFORMATION SEEKING

Where do you get sexual health information?	n =	%
GP	20	20.4
Online	18	18.4
Friends	13	13.3
Community organisation	9	9.2
Don't seek information	7	7.1
Other (please specify)	5	5.1

Table 31. Source of sexual health information by raw number of respondents.

Note: Summary table; Values add up above 100% because respondents could be in more than one category.

Respondents indicated their primary source of sexual health information was from their GP or online, followed by friends and community organisations. Other responses included a sexual health clinic, ACON and television.

Where do you get information relating to other women's health issues?	n =	%
Online	26	26.5
Friends	22	22.5
GP	21	21.4
Community organisation	13	13.3
Don't seek information	3	3.1
Other (please specify)	1	1.0

Table 32. Source of other women's health information by raw number of respondents.

Note: Summary table; Values add up above 100% because respondents could be in more than one category.

Respondents indicated they were more likely to seek women's health information online or from friends than from a GP.

MENTAL HEALTH AND WELLBEING

The total cohort for this set of questions was 97 participants.

We asked respondents whether they had sought support for mental health and wellbeing.

73 respondents (75.2%) indicated they had sought support for mental health and wellbeing in the past 5 years, with a further 14 respondents (14.4%) indicating they had done so over 5 years ago. This is slightly higher than the 2014 SWASH cohorts, where 60.0% had sought support in the past 5 years and 11.8% had done so more than 5 years ago.

We asked respondents where they had gone to seek this support (n = 87).

Where did you seek this support? (Tick all that apply)	n =	%
Psychologist	54	62.1
Friends	42	48.3
Counsellor (e.g. at work/uni)	38	43.7
Family	31	35.6
Phone counsellor (e.g. Lifeline)	17	19.5
Psychiatrist	12	13.8
Women's health service	10	11.5
Community organisation (e.g. ACON, headspace)	10	11.5
Inpatient service (e.g. hospital)	5	5.8
Other	10	11.5

Table 37. Sources of mental health support ever accessed.

Note: Summary table; Values add up above 100% because respondents could choose more than one answer.

A commonly cited answer in the 'Other' section was a GP, which accounted for 7 of the 10 'other' answers.

Additionally, respondents indicated they had sought mental health support through private therapists that incorporated alternative/complementary techniques, health centres and specialised services e.g. for physical rehabilitation or cancer.

While the majority of respondents self-rated their own mental health as good to excellent (60%), 39% of respondents rated their own mental health as 'fair' or 'poor'.

There is consistent and persuasive evidence that LGBTIQ populations experience higher rates of mental health issues than the wider population (McNair et al, 2005; Pitts et al, 2006; King et al, 2008; SPA, 2009; Rosenstreich, 2011; Mooney-Somers et al, 2015; Leonard, Lyons & Pitts, 2015).

There is a small but interesting discrepancy between self-rated mental health and Kessler-6 scores (Table 42). While 39% of respondents indicated their own mental health as fair or poor, 53% of respondents returned a Kessler-6 rating that put them in the moderate to high psychological distress category.

In general, how would you rate your own mental health in the past year?	**n =**	**%**
Excellent	9	9.3
Very good	21	21.7
Good	28	28.9
Fair	26	26.8
Poor	12	12.4
No response	1	1.0
Total	97	100.0

Table 40. Self-rated mental health in the past 12 months.

When discussing emotional and mental wellbeing, focus group participants reported a range of ideas regarding this domain of health.

"If I start overreacting, or I get very emotional… that's when I know I'm not taking enough time for myself." – Rose, 32, bisexual

"I find that if I'm not exercising, my emotional wellbeing doesn't go as well." – Cynthia, 56, same sex attracted woman

"I find it extremely difficult to do self-care stuff. Working, small children and trying to maintain a social life… all this stuff is difficult. Having the kids and my partner and everyone together is very important. That's when I have the ability to have that "out" breath." – Rose, 32, bisexual

"It's a bit harder to recognise your emotional wellbeing. We're not taught that in our society." – Esther, 43, lesbian

"When you talk about health, people often go to the medical model… I think the mental health stuff is more a priority. I can't look after the medical side if my mental health is not OK." – Rose, 32, bisexual

Have you ever been diagnosed with depression, anxiety, bipolar or any other mood disorder?	n =	%
Yes, in past 5 years	44	45.4
Yes, over 5 years ago	21	21.7
No	29	29.9
No response	2	2.1
Total	96	100.0

Table 41. Ever diagnosed (self-report) with anxiety, depression or other mood disorder.

67% had ever been diagnosed with depression, anxiety, bipolar or another mood disorder, compared to 49% of 2014 SWASH respondents.

We also asked whether respondents had been diagnosed with another mental disorder e.g. eating disorder, personality disorder or psychotic condition. 17 respondents (18%) indicated they had ever received such a diagnosis.

KESSLER 6

We asked respondents to complete a Kessler-6 or K6 as a simple measure for non-specific psychological distress. Respondents self-report how often they have been feeling a particular emotion in the past 4 weeks on a five value scale, ranging from "None of the time" (1) to "All of the time" (5).

Respondents can score between 6 – indicating no distress – to 30 – indicating severe distress.

Low range is defined as a score between 6 and 11, while medium score is defined as 12-19 and high range defined as 20-30.

For the purposes of this report, only respondents who had completed all 6 questions were included in the results. This means that a further 3 respondents were excluded, leaving 95 valid responses for this question.

Kessler 6 rating	n =	Survey %	NSW female %	ISLHD %	SWASH 2014 %
Low	44	46.81	70.2	--	62.4
Moderate	36	38.30	18.7	--	18.5
High	15	15.96	11.1	11.0	11.0
Total	95	100.0	100.0	--	100.0

Table 42. Kessler 6 measure of psychological distress, compared to NSW females, ISLHD average and 2014 SWASH.

Respondents were more likely to be experiencing moderate to severe psychological distress than 2014 SWASH respondents, the ISLHD average and the NSW female average.

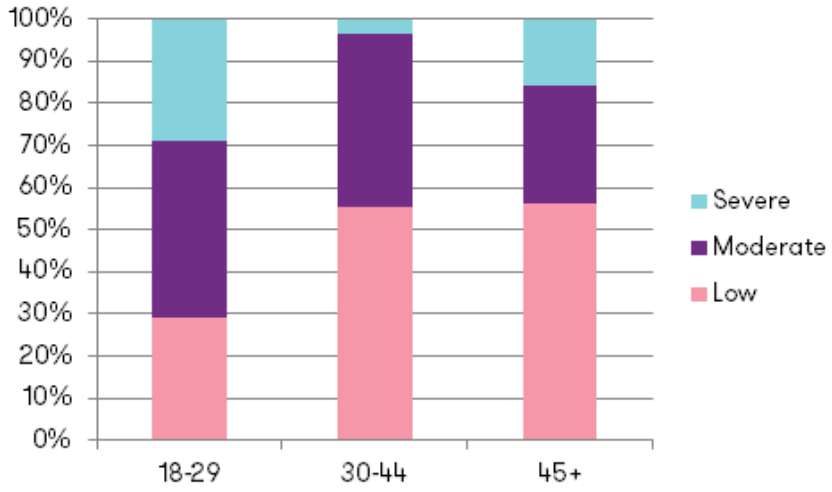

Figure 15. Stacked column percentages of Kessler 6 measure of psychological distress by age group.

Younger respondents were more likely to be experiencing moderate to severe psychological distress. However, severe and moderate distress did not seem to improve with age, as with other research.

TOBACCO, ALCOHOL AND OTHER DRUGS

The cohort for this topic was 95 respondents.

TOBACCO

We asked respondents whether they currently smoke cigarettes or other tobacco.

Do you currently smoke cigarettes or other tobacco?	n =	%	2014 SWASH %
Daily	13	13.7	--
More than weekly (not daily)	1	1.1	--
Less than weekly	4	4.2	--
Smoker (all)[6]	18	18.9	29.9
Ex-smoker	39	41.0	26.0
Never smoked / less than 100 in lifetime	38	40.0	42.3
No response	0	0.0	1.8
Total	95	100.0	100.0

Table 45. Smoking status compared to 2014 SWASH.

Respondents were less likely to be current smokers (18.9%) compared to 19.1% ISLHD average[7] and 16.4% NSW female average[8].

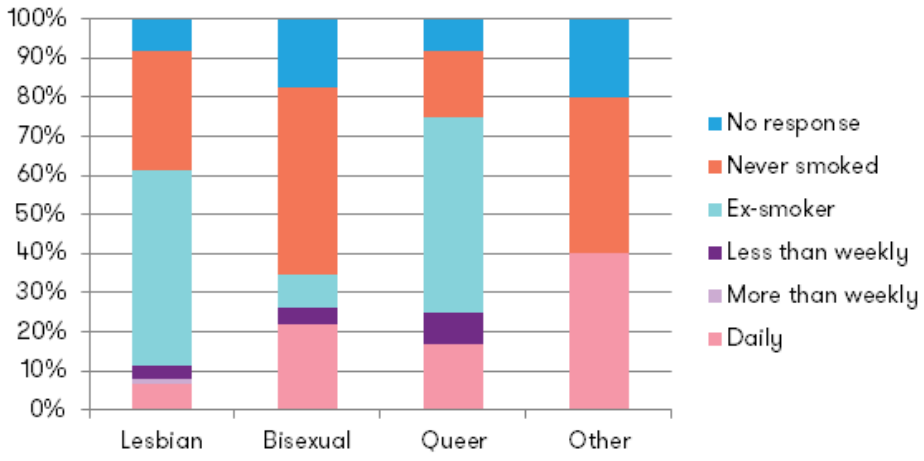

Figure 17. Stacked column percentages of smoking status by sexual identity

Bisexual women were more likely to be current smokers than queer or lesbian women.

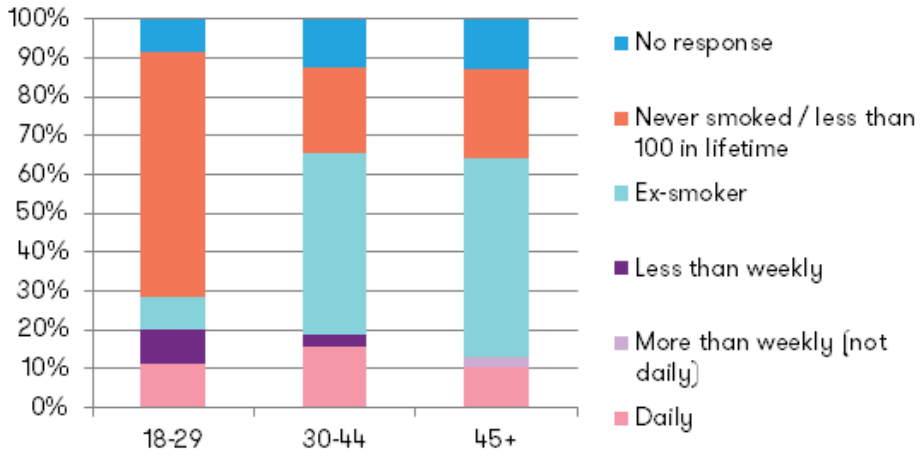

Figure 18. Smoking status by age group

Contrary to some other research, younger respondents were more likely to have never smoked.

We asked respondents whether they had ever tried any smoking cessation methods.

Of the respondents who were currently daily smokers, more than weekly (not daily) or less than weekly (n = 18) about their attempts to reduce or quit their level of smoking.

In the last 12 months, have you: (Tick all that apply)	**n =**	**%**
None of the above	8	44.4
Tried to give up unsuccessfully	6	33.3
Reduced the amount of tobacco smoked in a day	4	22.2
Successfully given up smoking (more than a month)	2	11.1
Changed to a brand with lower nicotine/tar content	2	11.1
Nicotine replacement therapy (e.g. gum, patches)	2	11.1

Table 45. Type of smoking cessation or reduction method ranked from most to least attempted.

Note: Values add up to above 100% because respondents could choose more than one option.

We asked the daily/weekly smokers whether they would like to reduce or quit their level of smoking. 12 respondents (66.7%) said yes and 6 respondents (33.3%) said no.

We asked ex-smokers (n = 39) about their attempts to reduce or quit their level of smoking. All respondents reported they had either successfully given up (n = 6, 15.4%), tried nicotine replacement therapy (n = 1) or none of the above options (n = 29, 74.4%).

ALCOHOL

The cohort for this topic was 96 respondents.

We asked respondents how often they normally drink alcohol.

On average, how often have you drunk alcohol in the last 2 years?	n =	%	2014 SWASH %
Never	13	13.5	8.5
Less often than weekly	50	52.1	32.6
1 or 2 days a week	20	20.8	28.2
3 - 4 days a week	9	9.1	18.2
5 - 6 days a week	2	2.1	6.5
Every day	2	2.1	4.4
No response	0	0.0	1.6
Total	96	100.0	100.0

Table 46. Frequency of drinking alcohol compared to 2014 SWASH.

Respondents were much less likely to drink alcohol between 3 and 6 days a week compared to 2014 SWASH respondents.

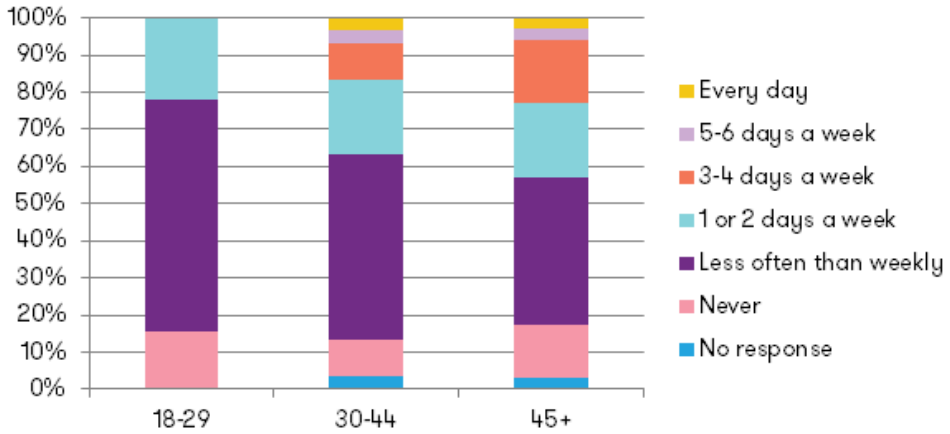

Figure 19. Frequency of drinking alcohol by age group

Respondents over 30 years of age were more likely to drink more than 3 days a week.

We asked respondents who drink (n = 82) how much they drink on a given day. According to the NHMRC guidelines, drinking more than two standard drinks on any day increases the lifetime risk of harm from alcohol-related disease or injury[9]. In this sample, 61% of respondents were

drinking more than 2 standard drinks on any day, putting them at lifetime risk. This is compared to 37.7% of ISLHD residents on average[10] and 18.1% of females on average[11].

On a day when you drink alcohol, how many standard drinks do you usually have?	n =	%	2014 SWASH %
1 - 2 drinks	32	39.0	33.6
3 - 4 drinks	37	45.1	31.6
5 - 8 drinks	8	9.8	16.9
9 - 12 drinks	5	6.1	7.6[12]
13 - 20 drinks	0	0.0	--
20+ drinks	0	0.0	--
No response	0	0.0	1.7

Table 47. Drinks consumed on a day when alcohol is consumed, compared to 2014 SWASH.

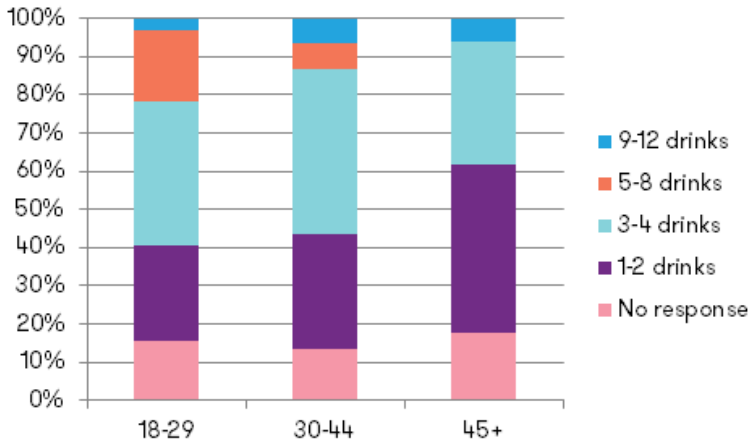

Figure 20. Drinks consumed on a day when alcohol is consumed, by age group

While younger respondents were less likely to drink as frequently as older respondents, younger respondents were more likely to drink higher amounts on a day when they do drink.

BINGE DRINKING

Of those that drink (n = 82), we asked how many times in the past 6 months they had drunk 5 or more drinks on one occasion.

In the past 6 months, how often have you drunk 5 or more drinks on one occasion?	n =	%	2014 SWASH %
Never	28	34.2	17.4
Once or twice	33	40.2	21.1
About once a month	15	18.3	26.7
About once a week	5	6.1	15.5
More than once a week	1	1.2	8.6
Every day	0	0.0	1.0
No response	0	0.0	1.1
Total	82	100.0	100.0

Table 48. Frequency of drinking 5 or more standard drinks on a single occasion in past 6 months, compared to 2014 SWASH.

Respondents were less likely to binge drink than 2014 SWASH respondents. However, 56% of respondents are still reporting at least one binge drinking episode in the past 6 months.

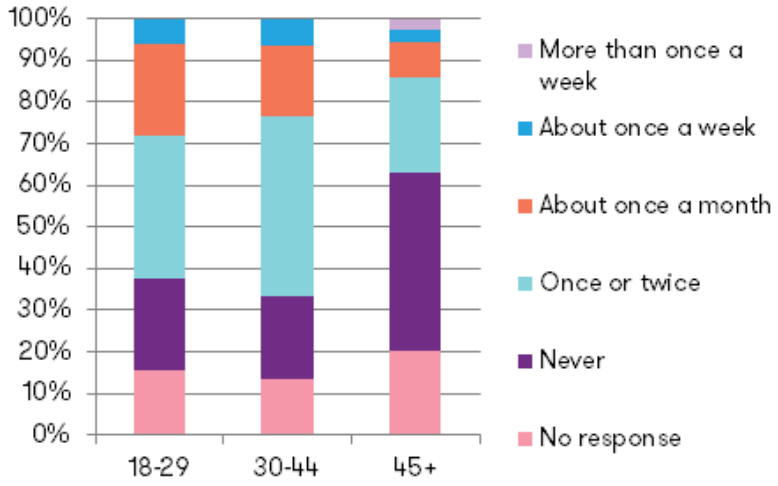

Figure 21. Frequency of drinking 5 or more standard drinks on a single occasion in the past 6 months, by age group

Contrary to previous research and expectations, younger respondents were not more likely to have reported more frequent binge drinking episodes than their older counterparts. However, respondents aged 45 and over were more likely to report 'never' binge drinking.

Of those that drink (n = 82), we asked whether they had tried any of the following to reduce or quit the amount they drink.

In the last 6 months, 30% of respondents who drink had tried to reduce the number of times they drink. 13% had stopped drinking alcohol, 7% had changed their main drink and 4% had switched to drinking more low-alcoholic drinks.

In the last 6 months, have you: (Tick all that apply)	n =	%
None of the above	49	59.8
Reduced the number of times you drink	25	30.5
Stopped drinking alcohol	11	13.4
Changed your main drink	6	7.3
Switched to drinking more low-alcoholic drinks	3	3.7

Table 48. Alcohol reduction and quit strategies in past 12 months.

Note: Summary table; adds up to more than 100% because respondents could be in more than one category; table only includes respondents who reported being a current drinker.

We also asked those who drink whether they would like to reduce or quit their current level of drinking.

8 respondents (9.8%) said yes and 71 (86.6%) said no.

OTHER DRUGS

The cohort for this topic was 95 respondents.

In the preceding six months, 41% of respondents had used any illicit drug, compared to 48% of 2014 SWASH respondents.

	Survey n (%)	SWASH 2014 n (%)
Marijuana	25 (26.3)	371 (33.7)
Benzos/valium	16 (16.8)	140 (12.7)
Ecstasy/MDMA	9 (9.5)	232 (21.1)
Any other drug	6 (6.3)	41 (3.7)
Amyl/poppers	5 (5.3)	106 (9.6)
Cocaine	5 (5.3)	209 (19.0)
LSD/trips	3 (3.2)	78 (7.1)
Crystal meth	2 (2.1)	48 (4.4)
Speed	1 (1.0)	133 (12.1)
Yes (don't know what it was)	1 (1.0)	--
GHB	0 (0.0)	26 (3.1)
Ketamine	0 (0.0)	49 (4.5)

Table 49. Use of various illicit drugs compared with 2014 SWASH.

Note: Summary table; adds up to more than 100% because respondents could be in more than one category.

While the numbers of people reporting drugs in this survey were quite low, it is possible that

there is less use of ecstasy/MDMA, cocaine, speed, GHB and ketamine in the Illawarra and Shoalhaven LBQ women population compared to the 2014 SWASH cohort. This would be illustrative of a difference between city and regional/rural environments in patterns of drug use.

Have you ever injected drugs?	n =	%
In the past 6 months	0	0.00
Over 6 months ago	3	3.13
Never	92	95.83
No response	1	1.04
Total	96	100.00

Table 50. Rate of having ever injected drugs.

Please note: This question did not ask any other question around intravenous drug use besides 'have you ever injected drugs?' However, as so few respondents indicated ever having injected drugs, no further analysis would have been indicated.

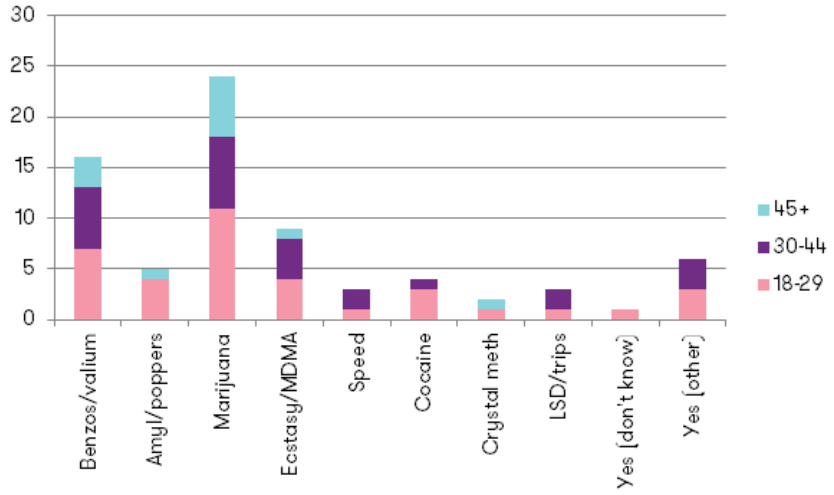

Figure 23. Stacked column of drug use by age group, combined raw values

Marijuana, benzos/Valium and ecstasy/MDMA were the most commonly cited drugs used in the past 6 months. Younger respondents were slightly more likely to report any drug use than older respondents.

Please note: Benzodiazepine ('benzos') and Valium are not illicit substances. Some respondents may have responded to this question even though their use of benzodiazepines/Valium has been medically prescribed.

RELATIONSHIPS AND VIOLENCE

The cohort for this topic was 96 respondents.

ANTI-LGBTI BEHAVIOUR

We asked about homophobic and transphobic violence.

	Yes n (%)	Reported
Verbal abuse or harassment	33 (34.4)	2
Physical threat or intimidation	11 (11.5)	1
Being pushed or shoved	5 (5.2)	0
Refusal of service	5 (5.2)	0
Refused employment/promotion	4 (4.2)	0
Being bashed	0 (0.0)	0

Table 52. Anti-lesbian, gay, bisexual, trans and intersex behaviour experienced in past 12 months.

Note: Summary table; adds up to more than 100% because respondents could be in more than one category

Of the 37% of respondents who had experienced a form of anti-LGBTI abuse, violence or discrimination, the most common form was verbal abuse or harassment. No respondents reported being bashed. While Sydney-based studies have shown that anti-LGBTI behaviour is reducing over time (from 43% in 2006 to 29% in 2014; Mooney-Somers et al, 2015), it is important to note that the responses in this study suggest that anti-LGBTI behaviour may be more common in regional and rural areas of NSW. Further research could explore the relationship between rurality and anti-LGBTI behaviour and how these may have changed over time. For example, Flood and Hamilton (2005) identified that rural areas of Australia were generally more homophobic, with some exceptions, including Newcastle and the Hunter region of NSW.

We asked whether respondents who had experienced any form of anti-LGBTI behaviour (n = 38, 39.6%) had talked to someone else about it or sought support. 8 respondents said they indicated they had talked to someone else about it or sought support, while 30 respondents said they had not.

That so few women reported this anti-LGBTI abuse and violence to police is concerning and points to a need for further work to strengthen relationships between LGBTIQ communities and the NSW police force (Mooney-Somers et al, 2015).

DOMESTIC VIOLENCE

We asked about violence and abuse within relationships.

Have you ever been in a relationship where your partner;	Yes % (either)	Yes (man)	Yes (woman)	Reported to police
Yelled at or harassed you	49 (51.5)	25	32	5 (10.2)
Acted over-protective or became jealous for no reason	49 (51.5)	25	30	1 (2.0)
Humiliated, called you names	46 (47.9)	21	26	2 (4.3)
Stopped you – or tried to stop you – from seeing friends or family	44 (45.8)	18	23	0 (0.0)
Said or did something, then deny it; made you feel like you were 'going crazy'	44 (45.8)	17	29	0 (0.0)
Hit, kicked, pushed or thrown things at you	34 (35.4)	17	18	4 (11.8)
Threatened to hit, kick or throw things at you	33 (34.4)	17	16	3 (9.1)
Forced you to engage in sexual acts that you weren't comfortable with	25 (26.0)	17	6	0 (0.0)
Controlled your money against your will	19 (19.8)	11	7	1 (5.2)
Threatened to 'out' you to your friends or family	17 (17.7)	4	10	0 (0.0)
Threatened to hurt your pets	13 (13.5)	6	4	0 (0.0)
Threatened to hurt your children	12 (12.5)	6	2	1 (8.3)

Table 53. Number of respondents who experienced domestic violence in a relationship, by gender of perpetrator and whether the incident was reported to police.

Note: Summary table; adds up to more than 100% because respondents could be in more than one category

70% of respondents indicated they had ever been in a relationship where their partner had demonstrated a form of abusive or violent behaviour. The most common types of domestic violence included yelling and harassing (52%), being over-protective (52%), humiliation and name-calling (48%), social abuse (46%), gaslighting (46%), hitting/kicking/throwing things (35%) or threatening to hit/kick/throw things (34%).

Of 67 (70%) respondents who indicated one or more forms of intimate partner domestic violence, 33 (49%) of them said they had talked to someone about it or sought support. 33 (49%) respondents said they had not.

> *Often, with domestic abuse people don't recognise the kind of abuse they're getting and think it can only be physical. Unless you're taught or have some understanding that it's so much more – there's financial, there's emotional, there's sexual, there's everything – there are a lot of women I know who don't understand what domestic violence is, really.*
>
> *– Rose, 32, bisexual*

This data presents several distinct themes. Firstly, that domestic violence is common, with between 12 and 52 per cent reporting at least one form of abuse in their lifetimes. This echoes reports that 1 in 3 women experience domestic violence at some point in their lives (WHO, 2013).

Secondly, it echoes findings that LGBTI domestic violence is as common as domestic violence in the wider community (Pitts et al, 2006).

Thirdly, it presents possible differences between the nature of domestic violence and abuse between men and women partners; while men partners were more likely to have controlled their partner's money, forced them into sexual acts and threatened to hurt their children, women partners were more likely to threaten to 'out' them to friends or family, yell at or harass them and to 'gaslight' them – say or do something, then deny it.

Finally, this research highlights the low likelihood of reporting an incident of domestic violence or abuse to the police. While respondents were most likely to report to police when their partner hit, kicked or threw things at them, or yelled at or harassed them, this number was still under 12% of all instances. On average, around 4% of all instances were reported to police. On the other hand, almost half of respondents had talked to someone about what had happened.

FAMILY VIOLENCE

We asked about violence from family members. In total, 55 respondents (57%) had experienced one or more forms of violence or abuse from their immediate family or relatives. The most common forms of abuse were being yelled at or harassed, being humiliated or called names, or being 'gaslighted' – when someone does or says something and then denies it with the purposeful intent on making the victim feel like their version of reality is incorrect.

Since the age of 16, have you experienced any of the following behaviour from your immediate family or relatives?	**Yes n (%)**	**Reported to police n**
Yelled at or harassed you	48 (50.0)	1 (2.1)
Humiliated, called you names	40 (41.7)	0 (0.0)
Said or did something, then deny it; made you feel like you were 'going crazy'	31 (32.3)	2 (6.5)
Hit, kicked, pushed or thrown things at you	25 (26.0)	0 (0.0)
Threatened to hit, kick or throw things at you	25 (26.0)	0 (0.0)
Stopped you - or tried to stop you - from seeing friends or leaving the house?	23 (24.0)	1 (4.3)
Acted over-protective and became jealous for no reason	17 (17.7)	1 (5.9)
Controlled your money against your will	14 (14.6)	0 (0.0)
Cut off – or threaten to cut off – contact with you or your children	12 (12.5)	1 (8.3)
Threatened to hurt your children	8 (8.3)	2 (25.0)
Threatened to hurt your pet/s	8 (8.3)	0 (0.0)
Threatened to 'out' you to friends or family	7 (7.3)	0 (0.0)

Table 54. Number of respondents who had experienced family violence from their immediate family and whether the incident was reported to police.

Note: Summary table; adds up to more than 100% because respondents could be in more than one category

Of those that had ticked one or more of these (n = 55; 57%), we asked whether they had talked to anyone about it or sought support. 20 (37%) indicated they had and 34 (62%) indicated they had not.

Again, this data indicates that a low number of incidents are being reported to police, and that a low number of people are seeking support from others following these incidents. While this research does not distinguish between whether these respondents experienced abuse and violence in their family of origin because of their sexuality or gender identity, or because of other factors, it is still worth noting that a large proportion of LBQ women are reporting violence and abuse from their family of origin.

SEXUAL COERCION

We asked whether, since the age of 16, they had been forced or frightened into doing something sexually that they didn't want to do, by either a man or a woman. In total, 42 respondents (44%) had experienced sexual coercion since the age of 16.

Since the age of 16, have you been forced into doing something sexually that you didn't want to do?	**n =**	**%**
Never	53	56.4
Yes, by a man	40	42.6
Yes, by a woman	10	10.6

Table 55. Number of respondents who had ever experienced sexual coercion.

Note: Summary table; adds up to more than 100% because respondents could be in more than one category

Respondents were much more likely to have experienced sexual coercion from a man than from a woman; however, considering 11% of respondents had experienced sexual coercion by a woman, it is important that the myth that only men can perpetrate this kind of violence is challenged.

> *If you think that you're going to have an easier life because 'women are more nurturing than men', think again. I've found that some women are nastier than men and that when it hurts, it hurts even more.*
>
> *– Carol, 43, lesbian*

SEXUAL HEALTH KNOWLEDGE

We asked respondents a series of True/False questions about sexual health.

Knowledge of sexual health and screening is high, with the vast majority demonstrating knowledge that you can have an STI without any symptoms and that lesbians need Pap smears. While 19% did not demonstrate knowledge that if a person experiencing a cold sore outbreak has oral sex, they can give their partner genital herpes; however, the wording of this question may be confusing and so the responses need not be a cause for alarm.

1. "If a person experiencing a cold sore outbreak has oral sex, they can give their partner genital herpes"

	n =	%
Correct response (True)	78	81.3
Incorrect Response (False)	18	18.8

2. "You can have an STI and not have any symptoms"

	n =	%
Correct response (True)	95	99.0
Incorrect response (False)	1	1.0

3. "Lesbians do not need Pap smears"

	n =	%
Correct response (False)	93	96.9
Incorrect response (True)	3	3.1

HEALTH SERVICE ACCESS, APPROPRIATENESS AND RESPONSE

We adopted questions from the 'I want treatment with respect' report released by Equality Rights Alliance (ERA) in 2011. These questions asked around what respondents felt was important when choosing or staying with a health or mental health professional, as well as what factors have caused delay to seeking health care or mental health care in the past 2 years. We also asked around which services they had accessed in their local community that they would recommend or not recommend to others.

The cohort for this topic was 98 respondents.

> *As much as I have been emotionally abused a lot in my youth and younger life, the core person of who I am has always been strong.*
>
> *– Esther, 51, lesbian*

FINDING HEALTH CARE

What is important to you when choosing or staying with a health care professional (e.g. GP)?	n =	%
Located in my local community	75	76.5
LGBTI friendly	64	65.3
Bulk billed or free	64	65.4
Female only	38	38.8
Recommended by someone I trust	37	37.6
Speaks my language	33	33.7
Public transport available	15	15.3
Other	14	14.3

Table 33. Factors of importance when choosing or staying with a health professional, ranked by order of importance from most to least.

Note: Summary table; Values add up above 100% because respondents could choose more than one answer.

Respondents were twice as likely to want their health professional to be located in their local community, LGBTI friendly and bulk billed or free than any other factor. Respondents also indicated in the comments section that they needed their GP to be knowledgeable about their particular specialist conditions, that they are friendly, good communicators, active listeners, respectful, thorough, "culturally safe" and committed to their profession. Other answers included that they take the respondents seriously and incorporate complementary and alternative approaches into their practice.

DELAYING HEALTH CARE AND MENTAL HEALTH CARE

Have any of the following caused you to delay seeking support in the past 2 years?	General health services n (%)	Mental health services n (%)
No timely appointments	20 (20.6)	44 (44.9)
Cost	40 (41.2)	34 (34.7)
Time	28 (28.9)	43 (43.9)
Lack of services	27 (27.8)	20 (20.4)
Concern about how I will be treated	30 (30.9)	26 (26.5)
Other	9 (9.3)	10 (10.2)

Table 34. Factors that have delayed seeking health services and mental health services in the past two years.

Note: Summary table; Values add up above 100% because respondents could choose more than one answer.

The main issues respondents indicated had impacted on their ability to seek health services were that there were no timely appointments available, cost of the service and time to attend the

service. Compared to mental health services (Table 39), respondents were much more likely to say that there were no timely appointments available for general health services.

Respondents commented that factors such as shyness, embarrassment, shame and anxiety disclosing sensitive issues remained significant barriers for them in accessing a health care provider.

One respondent indicated they had experienced discrimination in a health care setting. Another respondent indicated that they avoided attending one of the only health services in the area because of the lack of anonymity in the health practice. One respondent commented that "male doctors always go straight to weight loss as the panacea", indicating they were not receiving thorough medical examinations due to their weight overriding other presenting issues.

"It's kind of sad that I find it exceptional that [my doctor] will take the time. He'll talk to you rather than just medicate you." – Esther, 51, lesbian

"I don't go to the doctor's that often. I have to be sick before I go. Or go for a test. Otherwise, I avoid it like the plague." – Cynthia, 56, lesbian

"I find that I'm constantly fighting against time. I used to love painting and pottery. I don't do that anymore. All I seem to do is work." – Carol, 43, lesbian

Around a third of respondents indicated they have delayed seeking mental health support in the past 2 years because of concern about how they will be treated. It is crucial that mental health services signal and demonstrate their LGBTI-friendliness as a measure to ensure LGBTI people feel comfortable accessing these services.

In comparison to Table 34, more respondents indicated a lack of mental health services in their community compared to general health services.

Other responses included that respondents could 'anticipate' what the therapist was going to say, stigma, fear, an uncooperative partner or a lack of specialised services for trans and gender diverse people in the community. One respondent indicated they felt much better since coming out and have not sought support after this.

> *[My partner] rang everywhere and said she'd like a woman doctor and someone that bulk bills – that was nearly impossible.*
>
> *– Rose, 32, bisexual*

HEALTH SERVICE EVALUATION

We asked people about services that they've accessed that they would or would not recommend to others.

Would recommend	n =	%
GP	74	75.5
Public hospital	36	36.7
Women's health centre	16	16.3
Community organisation (e.g. ACON)	15	15.3
Sexual health clinic	11	11.2
Nurse clinic	10	10.2
Private hospital	10	10.2
Crisis service	7	7.1

Table 35. Services that respondents would recommend to others.

Note: Summary table; Values add up above 100% because respondents could choose more than one answer.

It would appear that a significant proportion of respondents were currently quite satisfied with a certain GP or public hospital, though the nature of the survey would not allow the researchers to determine which GPs or hospitals specifically. While numbers are lower for other organisations, this does not mean they are necessarily less well received than GPs and public hospitals, but rather that they account for a smaller number of clients accessing these services. Similarly, perhaps respondents ticked 'GP' when they saw a GP at a women's health centre or sexual health clinic. Respondents extrapolated on their positive experiences with health services during the focus groups:

"I feel safe coming to the Women's Health Centre, talking to people and having a check-up, because I know it's confidential." – Maria, 29, lesbian

"I'm with the Aboriginal Medical Service because I know, culturally, I'll be supported. I don't think that has anything to do with my sexuality, but my culture." – Rose, 32, bisexual

"Women's health centres are really good for regular blood tests, STD checks and Pap tests." – Carol, 43, lesbian

We asked respondents which services they would not recommend to others. These responses could be interpreted as services which respondents experienced a negative experience; this negative experience could have been due to discrimination on the basis of sexual identity, discrimination due to another factor such as gender, race, ethnicity, religion and so on, failure of the practitioner to deliver a comprehensive assessment, or any other number of reasons.

Would not recommend	n =	%
GP	23	23.5
Public hospital	17	17.3
Crisis service	3	3.1
Private hospital	2	2.0
Community organisation (e.g. ACON)	2	2.0
Women's health centre	2	2.0
Nurse clinic	1	1.0
Sexual health service	0	0.0

Table 36. Services that respondents would not recommend to others.

Note: Summary table; Values add up above 100% because respondents could choose more than one answer.

Where respondents seem to be quite satisfied with a number of GPs (Table 35), at least a quarter of respondents have had an experience of a GP which led them to say they would not recommend that GP to others. The same could be said of a public hospital, though again, which particular hospital or division within it, the data does not allow us to say.

"I went to that [mega clinic] on Worrigee St [Nowra] and I saw one doctor and she was brilliant. Then I saw someone else there for a Pap smear – nightmare! Horror! She finally finds a room, does not tell me what she's putting on the speculum. I said to her "this is not right, what is going on? Please stop now" and she said "we have to use this lubricant". I didn't feel confident that doing anything would have gotten me anywhere. And that's not the only practice they're running." – Florence, 48, lesbian

"I turn up to see this [male doctor] in Kiama. He was an hour and a half late. No apology from him. Then he just gave me a script and said it if it doesn't work, take this other script and if that doesn't work, then another one." – Esther, 43, lesbian

"This woman [GP at mega clinic on Worrigee St] just looked straight through me. There were two other women GPs that I saw that really just disturbed me. If I hadn't been confident enough [to assert myself]… There are a hell of a lot of women who don't have those skills."
– Florence, 48, lesbian

We asked respondents what is important to them when choosing or staying with a mental health care professional. The three most commonly expressed factors were that they were LGBTI-friendly, located in their local community and bulk-billed or free.

LGBTI-friendliness ranked number one for mental health services, whereas it ranked number two for general health services.

What is important to you when choosing or staying with a mental health care professional? (Tick all that apply)	n =	%
LGBTI friendly	62	63.9
Located in my local community	60	61.9
Bulk-billed or free	54	55.7
Recommended by someone I trust	40	41.2
Female only	39	40.2
Speaks my language	25	25.8
Public transport available	9	9.3
Other	8	8.2

Table 38. Factors of importance when choosing a mental health care professional, ranked in order of importance from most to least.

Note: Summary table; Values add up above 100% because respondents could choose more than one answer.

Other responses included the therapist being LGBTI identified, having genuine compassion, non-judgemental, someone who can give a 'different perspective' to the standard responses, someone who is professionally ethical and someone who understands specific mental health conditions.

Would recommend	n =	%
Psychologist	43	44.3
Counsellor (e.g. at work/uni)	15	15.5
Community organisation (e.g. ACON, Headspace)	14	14.4
Phone counsellor	11	11.3
Online (e.g. QLife, Moodgym)	10	10.3
Women's health centre	10	10.3
Psychiatrist	5	5.2
Domestic violence crisis service	4	4.1
Public hospital	4	4.1
Crisis service	4	4.1
Other	2	2.1
Private hospital	1	1.0

Table 43. Services that respondents would recommend to others.

Note: Summary table; Values add up to above 100% because respondents could choose more than one option.

Would not recommend	n =	%
Public hospital	15	13.4
Counsellor (e.g. at work/uni)	6	6.2
Psychiatrist	5	5.2
Community organisation (e.g. ACON, Headspace)	3	3.1
Phone counsellor	2	2.1
Private hospital	2	2.1
Psychologist	2	2.1
Women's health centre	1	1.0
Crisis service	1	1.0
Other	1	1.0
Domestic violence crisis service	0	0.0
Online (e.g. QLife, Moodgym)	0	0.0

Table 44. Services that respondents would not recommend to others.

Note: Values add up to above 100% because respondents could choose more than one option.

The three most commonly recommended services were a psychologist, counsellor at work or university or a community organisation such as ACON or Headspace, though which particular service they are recommending is not known. Respondents were more likely to not recommend the public hospital for mental health concerns than they were to recommend it, indicating an issue with service provision in the area of mental health for public hospitals.

CONCLUSION

The research conducted by the Labrys Project in 2014 and 2015 provides a snapshot of the health and wellbeing of lesbian, bisexual, queer and same sex attracted women living in the Illawarra and Shoalhaven regions of NSW.

The survey and focus groups have highlighted several areas of concern, including homelessness, risky use of alcohol and other drugs, overweight and obesity, mental health and experiences of violence and abuse.

This survey has several limitations, including that the sample size was relatively small. Where data has been compared to other surveys, true statistical associations cannot be made. As data collection was online and opt-in, the research is a convenience sample rather than a true random sample. A survey of this sort is not likely to include people with same-sex attractions about which they are not confident, nor is it likely to include people who do not want to associate with an LGBTI community. These results generally reflect the features of a relatively community-attached group of women and do not include all women who have had sex with women or who do not identify as heterosexual.

Additionally, the survey did not ask any questions around other salient health factors, such as fruit and vegetable intake and planned exercise. The survey also did not ask around other salient determinants of mental health, including experiences of self-harm and self-injury and suicidal thoughts and behaviours.

Further research into regional and rural LBQ women's health provides an opportunity to better inform how sexual identity and rurality may intersect and how these intersections may impact on health outcomes.

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APPENDIX 1 – ILLAWARRA SHOALHAVEN WOMEN'S HEALTH AND WELLBEING SURVEY 2014

Illawarra Shoalhaven Women's Health and Wellbeing Survey 2014

This survey is based on the Sydney Women and Sexual Health (SWASH) survey, which is run by ACON and the University of Sydney.

Have you ever completed the SWASH survey? Yes ☐1 No ☐2

About You

1. What is your age? _____years

2. Postcode or Suburb/town where you live _____

3. Are you of Aboriginal or Torres Strait Islander origin?
No ☐1 Yes, Aboriginal ☐2 Yes, Torres Strait Islander ☐3 Yes, both ☐4

4. What is your ethnic or cultural background?
(*e.g. Macedonian, Italian, Spanish, Arabic, Vietnamese*)
Anglo-Australian only ☐1 Other (*specify*) ☐2 _____

5. Do you think of yourself primarily as:
Lesbian/dyke/gay/homosexual ☐1 Bisexual ☐2 Queer ☐3 Heterosexual/straight ☐4 Other (specify) ☐5 _____

6. Which of these six statements best describes you? *I have felt sexually attracted—*

Only to females, never to males	☐1
More often to females, and at least once to a male	☐2
About equally often to females and to males	☐3
More often to males, and at least once to a female	☐4
Only to males, never to females	☐5
To no one at all	☐6

7. Are you transgender or transsexual? No ☐1 Yes ☐2
Yes, identify as a woman ☐4 Prefer not to say ☐3
Yes, identify as a man ☐5

8. Are you intersex? No ☐1 Yes ☐2 Prefer not to say ☐3

9. Are you: *(Tick all that apply)*
Employed full-time ☐1 Employed part-time ☐2 Unemployed ☐3 Doing domestic duties ☐4 Not in the work force ☐5 Pensioner/social security ☐6 Student ☐7

10. What is your annual income before tax?
Nil–$19,999 ☐1 $20,000–$39,999 ☐2 $40,000–$59,999 ☐3 $60,000–$99,999 ☐4 $100,000+ ☐5

11. What is the highest level of education you have completed?

Up to Year 10 / School Certificate	☐1
Year 12 / HSC / Leaving Cert / IB	☐2
Tertiary diploma or trade certificate	☐3
University or college degree	☐4
Postgraduate degree (MA, MSc, PhD)	☐5

12. Do you have any children? No ☐1 Yes ☐2
If yes, how many?_____

13. Are you planning to have a child in the next **2 years**? No ☐1 Yes ☐2

14. Have you ever been homeless? *(Tick all that apply)*

	Now	Past	Never
Sleeping rough/squatting	☐1	☐2	☐3
Emergency accommodation, refuge, shifting between friends/relatives	☐1	☐2	☐3
Boarding house, caravan park, hostel, hotel, motel	☐1	☐2	☐3

Community

LGBTI means Lesbian, Gay, Bisexual, Transgender, Intersex

15. Do you feel connected to the LGBTI community in your everyday life?
Very ☐1 Mostly ☐2 Somewhat ☐3 Rarely ☐4 Not at all ☐5

16. In the past **6 mths** have you attended **in a capital city (e.g. Sydney)**:

	No	Monthly	Weekly	More
Lesbian/queer women's nightclub/bar	☐1	☐2	☐3	☐4
Gay nightclub/bar	☐1	☐2	☐3	☐4
LGBTI dance party	☐1	☐2	☐3	☐4
LGBTI group meeting	☐1	☐2	☐3	☐4
LGBTI community event	☐1	☐2	☐3	☐4
LGBTI sports group	☐1	☐2	☐3	☐4

17. In the past **6 mths** have you attended **in the Illawarra Shoalhaven area**:

	No	Monthly	Weekly	More
Lesbian/queer women's nightclub/bar	☐1	☐2	☐3	☐4
Gay nightclub/bar	☐1	☐2	☐3	☐4
LGBTI dance party	☐1	☐2	☐3	☐4
LGBTI group meeting	☐1	☐2	☐3	☐4
LGBTI community event	☐1	☐2	☐3	☐4
LGBTI sports group	☐1	☐2	☐3	☐4

Other: _____

18. What makes you feel connected to the LGBTI community? *(Tick all that apply)*

	Very	Mostly	Kind of	Rarely	Not
Socialising with LGBTI friends at LGBTI venues	☐1	☐2	☐3	☐4	☐5
Socialising with LGBTI friends at mainstream venues	☐1	☐2	☐3	☐4	☐5
Hanging out at home with LGBTI friends and family	☐1	☐2	☐3	☐4	☐5
Spending time with LGBTI partner	☐1	☐2	☐3	☐4	☐5
Socialising with LGBTI friends online (Facebook, PinkSofa)	☐1	☐2	☐3	☐4	☐5
Having LGBTI colleagues at work/uni	☐1	☐2	☐3	☐4	☐5
Attending LGBTI community events (FairDay)	☐1	☐2	☐3	☐4	☐5
Playing sport with LGBTI teams	☐1	☐2	☐3	☐4	☐5
Reading LGBTI newspapers, magazines	☐1	☐2	☐3	☐4	☐5
Using LGBTI friendly services (health services, gym, café)	☐1	☐2	☐3	☐4	☐5
Watching LGBTI-themed TV/film; reading LGBTI-themed books	☐1	☐2	☐3	☐4	☐5
Visiting LGBTI websites/forums	☐1	☐2	☐3	☐4	☐5

Other: _____

19. How many of your friends are LGBTI?
None ☐1 A few ☐2 Some ☐3 Most ☐4 All ☐5

20. How much of your free time do you spend with LGBTI people?
None ☐1 A little ☐2 Some ☐3 A lot ☐4

Relationships and sex

21. When was the last time you had sex with a **woman**?
Never ☐1 (*Go to Q24*) Over 6 mths ago ☐2 (*Go to Q24*) In the past 6 mths ☐3

22. In the past **6 mths**, how many women have you had sex with?
None ☐1 One ☐2 2-5 ☐3 6-10 ☐4 More than 10 ☐5

23. In the last **4 weeks**, how many times have you had sex with a woman? (*write a number*) _____times

24. When was the last occasion you had sex with a **gay/homosexual/bisexual man**?
Never ☐1 (*Go to Q26*) Over 6 mths ago ☐2 (*Go to Q26*) In the past 6 mths ☐3

25. In the past **6 mths** have you had vaginal or anal intercourse with a **gay/bisexual man** (regular or casual partner) **without** a condom?
Never ☐1 Once ☐2 Occasionally ☐3 Often ☐4

26. When was the last occasion you had sex with a **straight/heterosexual man?**
Never ☐1 (*Go to Q28*) | Over 6 mths ago ☐2 *(Go to Q28)* | In the past 6 mths ☐3

27. In the past **6 mths** have you had vaginal or anal intercourse with a **straight/heterosexual man** (regular or casual partner) **without** a condom?
Never ☐1 | Once ☐2 | Occasionally ☐3 | Often ☐4

28. Are you currently in a sexual relationship with a regular partner?
No ☐1 *(Go to Q30)*
A woman ☐2 | A man ☐3 | Multiple regular partners/poly ☐4 | Yes, with a gender diverse person ☐5

29. How long is this relationship?
Less than 6 mths ☐1 | 6-11 mths ☐2 | 1-2 yrs ☐3 | 3-5 yrs ☐4 | More than 5 yrs ☐5

30. Have you had casual sex in the past **6 mths**?
No ☐1 (*Go to Q32*) | Yes, with women ☐2 | Yes, with men ☐3 | Yes, with both ☐4

31. Where do you meet casual sexual partners? (*Tick all that apply*)
- Bars/night clubs (**capital city e.g. Sydney**) ☐1
- Bars/night clubs (**Illawarra Shoalhaven area**) ☐2
- Online dating sites ☐3
- Social networking sites ☐4
- Friends of friends ☐5
- Other *(specify)* _____ ☐6

32. Have you **ever** done any sex work?
Never ☐1 | Over 6 mths ago ☐2 | In the past 6 mths ☐3

General health and wellbeing

33. Do you have a regular GP?
No ☐1 (*Go to Q36*)
I see the same GP ☐2 | I attend the same health centre ☐3

34. If you have a regular GP, how satisfied are you?
Very satisfied ☐1 | Satisfied ☐2 | Neither ☐3 | Unsatisfied ☐4 | Very unsatisfied ☐5

35. Are you "out" to your GP about your sexuality/gender identity?
No ☐1 Yes ☐2

36. In general, would you say your health is?
Poor ☐1 | Fair ☐2 | Good ☐3 | Very good ☐4 | Excellent ☐5

37. What is important to you when choosing or staying with a health care professional (*e.g. GP*)? (*Tick all that apply*)

Female doctor ☐1	Speaks my language ☐2
Bulk-billed or free ☐3	Recommended by someone I trust ☐3
Located in my local community ☐4	Public transport available ☐5
LGBTI friendliness ☐6	*Other:* _____

38. Have any of the following caused you to delay seeking health services in the past two years? *(Tick all that apply):*
- Cost ☐1
- Time ☐2
- Lack of available services in my community ☐3
- No timely appointments with my health service provider ☐4
- Concern about how I will be treated ☐5
- Other: _____

39. Has a doctor ever diagnosed you with: *(Tick all that apply)*
Heart disease ☐1 | Type 2 diabetes ☐2 | High cholesterol ☐3 | High blood pressure ☐4

40. Please tick any services you accessed in your local community in the past 2 years and **would recommend** to others:

GP ☐1	Women's health centre ☐2	Nurse clinic ☐3
Private hospital ☐4	Public hospital ☐5	
Community organisation (*e.g. ACON*) ☐7	Crisis service ☐8	Sexual health clinic ☐9

Other: _____

41. Please tick any services you accessed in your local community in the past 2 years and **would not recommend** to others:

GP ☐1	Women's health centre ☐2	Nurse clinic ☐3
Private hospital ☐4	Public hospital ☐5	
Community organisation (*e.g. ACON*) ☐7	Crisis service ☐8	Sexual health clinic ☐9

Other: _____

42. How tall are you without shoes? _____cms

43. How much do you weigh (no clothes/shoes)? _____kgs

44. Have you ever been diagnosed with cancer? No ☐1
Yes, breast ☐1 | Skin ☐2 | Lung ☐3 | Cervical ☐4 | Bowel ☐5 | Other ☐6 *(please specify)* _____ | Prefer not to say ☐6

45. Have you ever received instruction on how to perform a breast self-examination?
Yes ☐1 | No ☐2

46. Who provided you with this instruction?

☐ Family member	☐ Online
☐ Friend	☐ Magazine
☐ Health professional	☐ Flyer, brochure
☐ Women's health service	☐ Other _____

47. Have you performed a breast self-examination?
Yes, within past 5 years ☐1 | Yes, over 5 years ago ☐2 | No ☐3

48. When did you have your last Pap smear test?
Less than 2 yrs ago ☐1 | 2-3 yrs ago ☐2 | 3-5 yrs Ago ☐3 | More than 5 yrs ago ☐4 | Never ☐5 | Not sure ☐6

49. On average, how frequently do you access Pap smear tests?
Every 12 months ☐1 | Every 2 years ☐2 | Every 3-5 years ☐3 | Infrequently ☐4 | Not sure ☐5 | Never ☐6

50. Have you ever had an abnormal Pap smear test?
No ☐1 | Yes ☐2 | Not sure ☐3 | Prefer not to say ☐4

51. Have you been vaccinated against Human Papillomavirus (HPV; *Gardasil/Cervarix*)?
1 dose ☐1 | 2 doses ☐2 | 3 doses ☐3 | Never ☐4 | Not sure ☐5

52. Have you ever had a test for a sexually transmitted infection (**not** HIV)?
No ☐1
Over 6 mths ago ☐2 | In the past 6 mths ☐3

53. Have you ever been **diagnosed** with an STI?
No ☐1 | Yes ☐2 | Prefer not to say ☐3

54. Have you ever had an HIV test?
No ☐1 | Yes ☐2 | Not sure ☐3

55. Have you ever been tested for Hepatitis C?
Yes ☐1 | No ☐2 | Not sure ☐3
If **yes**, are you - Positive ☐1 | Negative ☐2 | Not sure ☐3 | Prefer not to say ☐4

56. Where do you get sexual health information?
Online ☐1 | Friends ☐2 | GP ☐3 | Community organisation ☐4 | Other (specify) _____ ☐5 | Don't seek Information ☐6

57. Where do you get information relating to other women's health issues?
Online ☐1 | Friends ☐2 | GP ☐3 | Community organisation ☐4 | Other (specify)_____ ☐5 | Don't seek Information ☐6

Mental health and wellbeing

58. Have you **ever** sought support regarding your emotional and mental health and wellbeing?

No ☐1 *(Go to Q60)* | Yes, in past 5 yrs ☐2 | Yes, over 5 yrs ago ☐3

59. Where did you seek this support? *(Tick all that apply)*

☐ Phone counsellor (e.g. *Lifeline*)	☐ Psychiatrist
☐ Counsellor (e.g. at uni/work)	☐ Women's health service
☐ Psychologist	☐ Inpatient services
☐ Friends	☐ Community organisation (e.g. *ACON, Headspace*)
☐ Family	☐ Other: _____

60. Have any of the following caused you to delay seeking support for mental health and wellbeing in the past two years? *(Tick all that apply):*

Cost	☐1
Time	☐2
Lack of available services in my community	☐3
No timely appointments with the service provider	☐4
Concern about how I will be treated	☐5

Other: _____

61. What is important to you when choosing or staying with a mental health care professional? (*Tick all that apply):*

Female only ☐1	Speaks my language ☐2
Bulk-billed or free ☐3	Recommended by someone I trust ☐3
Located in my local community ☐4	Public transport available ☐5
LGBTI friendly ☐6	

Other (please specify): _____

62. Please tick any mental health services you accessed in your local community in the past 2 years and **would recommend** to others (*Tick all that apply)*

Phone counsellor (e.g. Lifeline) ☐1	Women's health centre ☐2	Psychologist ☐3
Counsellor (e.g. at work/uni) ☐4	Public hospital (e.g. emergency department) ☐5	Psychiatrist ☐6
Domestic violence crisis service ☐7	Community organisation (e.g. ACON, Headspace) ☐8	Crisis service ☐9
Online (e.g. QLife, Moodgym) ☐10	Private hospital ☐11	Other: _____

63. Please tick any mental health services you accessed in your local community in the past 2 years and would **not recommend** to others (*Tick all that apply):*

Phone counsellor (e.g. Lifeline) ☐1	Women's health centre ☐2	Psychologist ☐3
Counsellor (e.g. at work/uni) ☐4	Public hospital (e.g. emergency department) ☐5	Psychiatrist ☐6
Domestic violence crisis service ☐7	Community organisation (e.g. ACON, Headspace) ☐8	Crisis service ☐9
Online (e.g. QLife, Moodgym) ☐10	Private hospital ☐11	Other: _____

64. In general, how would you rate your own mental health *in the past year?*

Poor ☐1 | Fair ☐2 | Good ☐3 | Very good ☐4 | Excellent ☐5

65. Have you **ever** been diagnosed with depression, anxiety disorder, bipolar disorder or other mood disorder?

No ☐1 | Yes, in past 5 yrs ☐2 | Yes, over 5 yrs ago ☐3

66. Have you ever been diagnosed with any other mental health condition? (e.g. Borderline Personality, Eating disorder, Psychotic condition)

No ☐1 | Yes ☐2 | Prefer not to say ☐3

67. During the past **4 weeks**, how much of the time did you feel

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
So sad nothing could cheer you up	☐1	☐2	☐3	☐4	☐5
Nervous	☐1	☐2	☐3	☐4	☐5
Restless or fidgety	☐1	☐2	☐3	☐4	☐5
Hopeless	☐1	☐2	☐3	☐4	☐5
That everything was an effort	☐1	☐2	☐3	☐4	☐5
Worthless	☐1	☐2	☐3	☐4	☐5

Smoking, alcohol and drug use

68. Do you currently smoke cigarettes or other tobacco?

Daily ☐1 | More than weekly (not daily) ☐2 | Less than weekly ☐3 | Ex-smoker ☐4 | Never smoked/less than 100 in lifetime ☐5 *(Go to Q71)*

69. In the last **12 mths**, have you: *(Tick all that apply)*

Successfully given up smoking (more than a month)	☐1
Tried to give up unsuccessfully	☐2
Changed to a brand with lower tar/nicotine content	☐3
Tried to change to a brand with lower tar/nicotine content, but were unsuccessful	☐4
Reduced the amount of tobacco you smoke in a day	☐5
Tried to reduce the amount of tobacco smoked in a day, but were unsuccessful	☐6
Nicotine replacement therapy (e,g, gum, patches)	☐7
None of these	☐8

70. Would you like to **reduce or quit** your current level of smoking? No ☐1 Yes ☐2

71. On average, how often have you drunk alcohol in the last **2 years**?

Never ☐1 (*Go to Q76)* | Less often than weekly ☐2 | 1 or 2 days a week ☐3 | 3-4 days a week ☐4 | 5-6 days a week ☐5 | Every day ☐6

72. On a day when you drink alcohol, how many standard drinks do you usually have? *(1 drink = a small glass of wine, a middy of beer or a nip of spirits)*

1-2 drinks ☐1 | 3-4 drinks ☐2 | 5-8 drinks ☐3 | 9-12 drinks ☐4 | 13-20 drinks ☐5 | 20+ drinks ☐6

73. In the past **6 mths**, how often have you drunk 5 or more drinks on one occasion?

Never ☐1 | Once or twice ☐2 | About once a month ☐3 | About once a week ☐4 | More than once a week ☐5 | Every day ☐6

74. In the **last 6 mths**, have you: *(Tick all that apply)*

Reduced the number of times you drink	☐1
Switched to drinking more low-alcoholic drinks	☐2
Stopped drinking alcohol	☐3
Changed your main drink	☐4
None of the above	☐5

75. Would you like to **reduce or quit** your current level of alcohol use? No ☐1 Yes ☐2

76. How often have you **used** these drugs in the last **6 mths**?

	Never	1–5 times	6–10 times	11-20 times	More than 20 times
Benzos / Valium	☐1	☐2	☐3	☐4	☐5
Amyl / poppers	☐1	☐2	☐3	☐4	☐5
Marijuana	☐1	☐2	☐3	☐4	☐5
Ecstasy/MDMA	☐1	☐2	☐3	☐4	☐5
Speed	☐1	☐2	☐3	☐4	☐5
Cocaine	☐1	☐2	☐3	☐4	☐5
Crystal meth	☐1	☐2	☐3	☐4	☐5
LSD / trips	☐1	☐2	☐3	☐4	☐5
GHB	☐1	☐2	☐3	☐4	☐5
Ketamine	☐1	☐2	☐3	☐4	☐5
Yes, but don't know what it was	☐1	☐2	☐3	☐4	☐5
Any other drug	☐1	☐2	☐3	☐4	☐5

77. Have you ever **injected** drugs?

Never ☐1 Over 6 months ago ☐2 In past 6 months ☐3

78. Have you ever sought support to reduce or quit your level of drug use in the last 12 months? Yes ☐1 No ☐2

79. Would you like to reduce or quit your current level of other drug use? Yes ☐1 No ☐2

Relationships and violence

80. In the last 12 months, have you experienced any of the following **anti-LGBTI behaviour**[1]? (*Tick all that apply)*

	Yes	Never	Tick if reported to police:
Verbal abuse or harassment	☐1	☐2	☐3
Being pushed or shoved	☐1	☐2	☐3
Being bashed	☐1	☐2	☐3
Physical threat or intimidation	☐1	☐2	☐3
Refusal of service	☐1	☐2	☐3
Refused employment/promotion	☐1	☐2	☐3

81. Did you talk to someone else about it or seek support/help? No ☐1 Yes ☐2

82 Have you ever been in a relationship where your **partner** (*Tick all that apply):*

	Never	Yes (man)	Yes (woman)	Tick if reported to police
Yelled at or harassed you	☐1	☐2	☐3	☐4
Humiliated, called you names	☐1	☐2	☐3	☐4
Threatened to 'out' you to friends or family	☐1	☐2	☐3	☐4
Threatened to hurt your children	☐1	☐2	☐3	☐4
Threatened to hurt your pet/s	☐1	☐2	☐3	☐4
Acted over-protective and become jealous for no reason	☐1	☐2	☐3	☐4
Controlled your money against your will	☐1	☐2	☐3	☐4
Hit, kicked, pushed or thrown things at you	☐1	☐2	☐3	☐4
Threatened to hit, kick, push or throw things at you	☐1	☐2	☐3	☐4
Forced you to engage in sexual acts that you weren't comfortable with	☐1	☐2	☐3	☐4
Stopped you – or tried to stop you - from seeing your friends or family?	☐1	☐2	☐3	☐4
Said or did something, then deny it? Made you feel like you were 'going crazy'?	☐1	☐2	☐3	☐4

83 Did you talk to someone else about it or seek support/help? No ☐1 Yes ☐2

84. **Since the age of 16**, have you experienced any of the following behaviour **from your immediate family or relatives?** (*Tick all that apply):*

	Never	Yes	Tick if reported to police
Yelled at or harassed you	☐1	☐2	☐3
Humiliated, called you names	☐1	☐2	☐3
Threatened to 'out' you to friends or work	☐1	☐2	☐3
Threatened to hurt your children	☐1	☐2	☐3
Threatened to hurt your pet/s	☐1	☐2	☐3
Acted over-protective and become jealous for no reason	☐1	☐2	☐3
Controlled your money against your will	☐1	☐2	☐3
Hit, kicked, pushed or thrown things at you	☐1	☐2	☐3
Threatened to hit, kick, push or thrown things at you	☐1	☐2	☐3
Cut off – or threaten to cut off – contact with you or your children	☐1	☐2	☐3
Stopped you – or tried to stop you – from seeing your friends or leaving the house?	☐1	☐2	☐3
Said or did something, then deny they did? Made you feel like you were 'going crazy'?	☐1	☐2	☐3

85. Did you talk to someone else about it or seek support/help? No ☐1 Yes ☐2

86. Since the age of 16, have you been forced or frightened into doing something sexually that you didn't want to do? (*Tick all that apply):*

Never ☐1 Yes, by a man ☐2 Yes, by a woman ☐3

Finally, please indicate whether you consider the following statements **true** or **false:**

87. If a person experiencing a cold sore outbreak has oral sex, they can give their partner genital herpes.

True ☐1 False ☐2

88. You can have an STI and not have any symptoms.

True ☐1 False ☐2

89. Lesbians do not need Pap smears.

True ☐1 False ☐2

Thank you for taking the time to complete this survey.

If you are feeling vulnerable due to the nature of this survey, please feel free to contact any of these services for support:

Lifeline 24 hours, 7 days a week	13 11 14
QLife LGBTIQ phone / online counselling 5:30pm – 10:30 pm	1800 184 527 qlife.org.au
Rape and Domestic Violence Services Australia 24 hours, 7 days a week	1800 424 017 nswrapecrisis.com.au
ACON's LGBTI Anti-Violence Project Report line, info and referral service 10am – 6pm Mon – Fri	1800 063 060 anothercloset.com.au
Beyondblue Info line	1300 22 4636 beyondblue.org.au
Inner City Legal Centre's Safe Relationships Project	1800 244 481 iclc.org.au/srp/
Immigrant Women's Speakout Migrant / refugee / CALD	02) 9635 8022 speakout.org.au
Wirringa Baiya Indigenous women's support	02) 9569 3847 1800 686 587

[1] Anti-lesbian, gay, bisexual, trans or intersex, e.g. homophobic, transphobic

the Labrys project

NSW GOVERNMENT Health
Illawarra Shoalhaven
Local Health District

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