



# Research snapshot:

Findings from the Women's Centre for Health Matters study into the health needs and behaviours of same-sex attracted women in the ACT

AUGUST 2019

A summary report compiled by the AIDS Action Council ACT, 2019





This report presents the key findings of research undertaken by the Women's Centre for Health Matters with the support of the AIDS Action Council into the health and health needs of same-sex attracted women in the ACT. The complete research report *'This is what the real experience is like...'* – *The views of same-sex attracted women in the ACT about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health* is available at [hwww.wchm.org.au/our-work/reports](http://hwww.wchm.org.au/our-work/reports) and [www.aidsaction.org.au/lgbqwreport](http://www.aidsaction.org.au/lgbqwreport)



Supported by ACT Health Directorate





# Introduction

This report presents the key findings of research conducted by the Women's Centre for Health Matters (WCHM) with the support of the AIDS Action Council (the Council) into the health and health needs of same-sex attracted women in the ACT. An online survey was undertaken from October to November 2018. It was designed to better understand the health behaviours and needs of lesbian, gay, bisexual and queer women (LGBQ) in the ACT, including cis and transgender women.

Six focus groups were also held between December 2018 and February 2019 to explore the themes of the survey in more detail.

A growing body of evidence indicates that the needs of LGBQ women are distinct from both the general population's and each other's. Due to their individual experiences of discrimination and stigma, as well as the structural forces of heteronormative bias, these population groups face multiple barriers to good health.

To overcome these challenges, appropriate health and wellbeing policies, community initiatives, and other service responses must be developed. These must be informed by an understanding of the health needs of these population groups, as well as their experiences of mainstream health services.

The findings of this research demonstrate the importance of inclusive health services that are informed by an understanding of LGBQ women's lives. They also show the importance of providing health information that is representative of the diversity of women's lives, including LGBQ women.

The information gathered by this research can help improve health responses and information provision, which are necessary for LGBQ women to maintain a good understanding of health and wellbeing. It is also an important contribution to making Canberra a more inclusive community that better understands the needs and experiences of LGBQ women.

## A note on terminology

This report uses the term LGBQ women to describe women across the spectrum of sex and gender diversity who are sexually and/or romantically attracted to women. This includes women who identify as lesbian, bisexual, pansexual, gay, queer, asexual, trans, gender diverse and intersex.

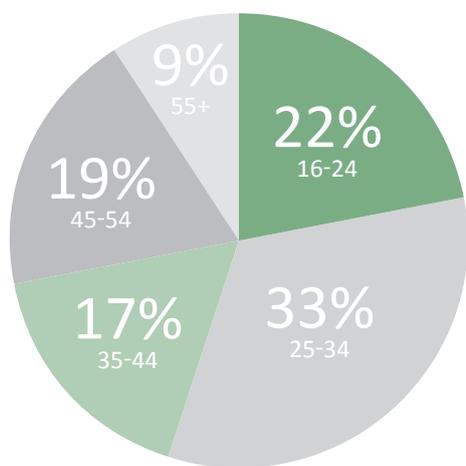
The term LGBTIQ+ is also used throughout this report when referring to health issues, needs and experiences that apply more broadly to LGBTIQ+ people and communities.



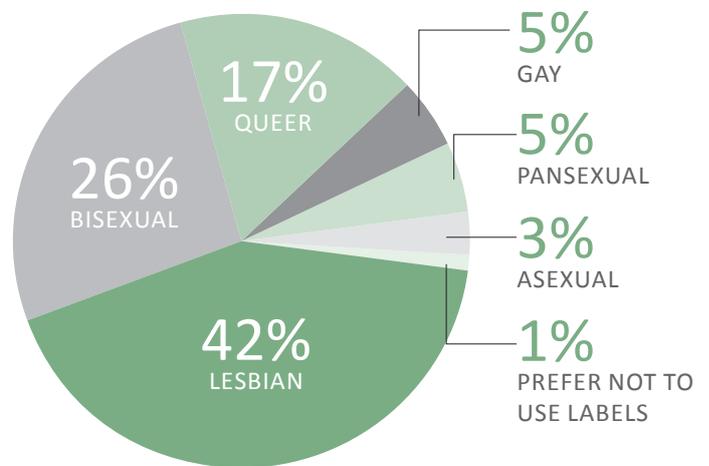
# About the participants

359 same-sex attracted women completed the survey, and 32 women attended the focus groups. Three women were interviewed over the phone. Key demographic information about the survey participants is provided below.

## Age

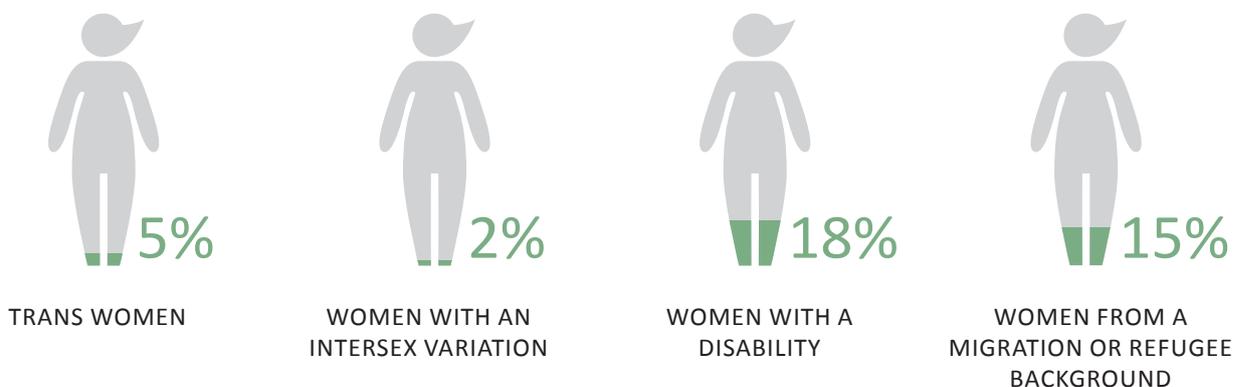


## Sexual identity



\*Percentages have been rounded off.  
2% of respondents chose not to answer.

## Other identities and experiences



# Findings

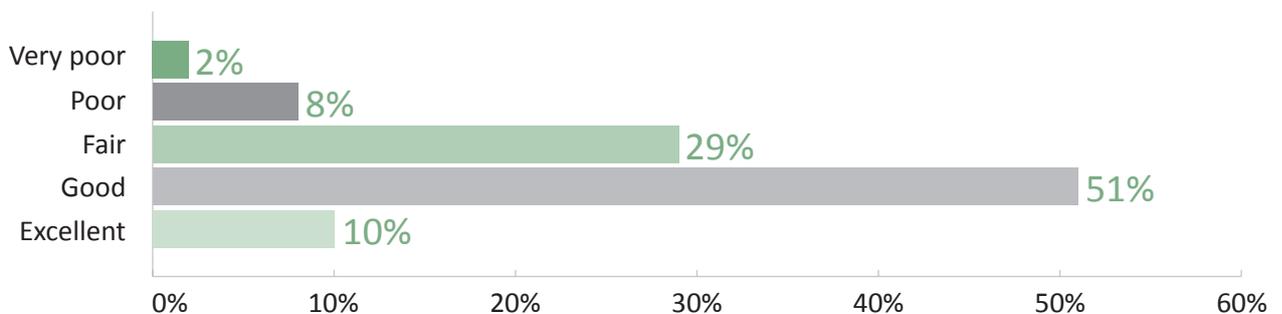
## LGBQ women's health and wellbeing

### LGBQ women's perceptions of health

#### Physical health

61% of women rated their physical health as either good or excellent. However, more bisexual and pansexual women reported poor or very poor physical health compared to lesbian women.

#### SELF-RATED PHYSICAL HEALTH

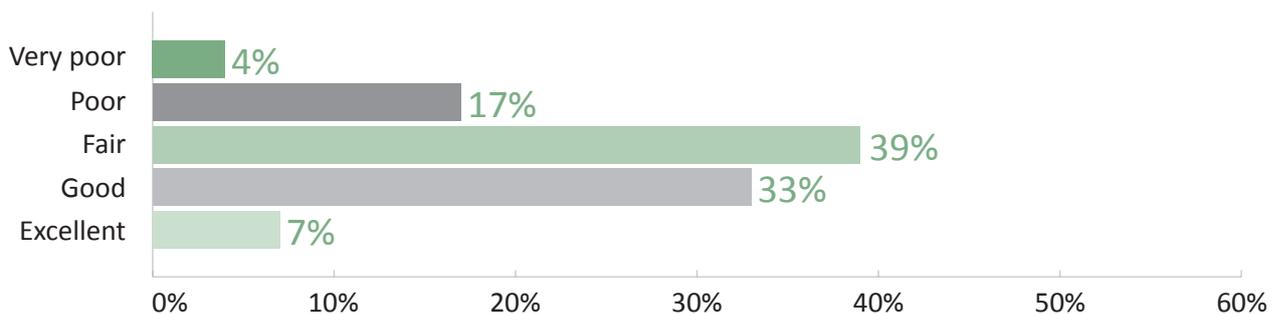


#### Mental health

60% of women rated their mental health fair, poor or very poor. This is significantly higher than women in the general population, with 40% rating their mental health as fair, poor or very poor in the WCHM's ACT Women's Health Matters! 2018 report.<sup>1</sup> As with physical health, more bisexual and pansexual women reported poor or very poor mental health compared to lesbian women.

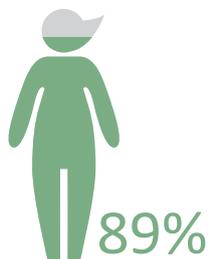
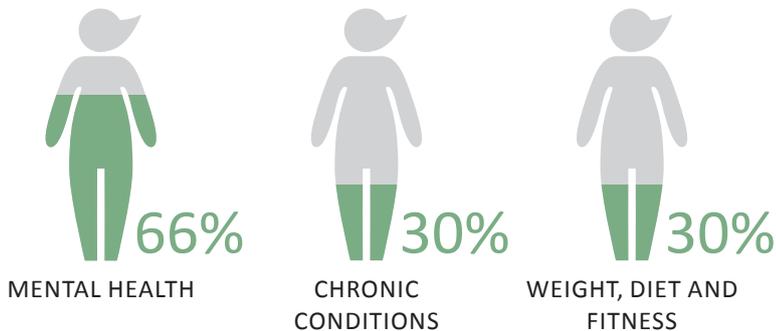
Self-rated mental health improved with age. 68% of women aged 55 years and above rated their mental health as good or excellent, compared to only 31% of women aged between 16 and 24.

#### SELF-RATED MENTAL HEALTH



# LGBQ women's health issues

Women were asked to identify their top three health issues. The most common issues were:



89% of the trans women surveyed listed mental health as one of their top three health issues. Studies show that trans women have poorer mental health than other populations of women.<sup>2</sup> They have higher levels of depression, anxiety, post-traumatic stress disorder, body dysmorphia, autism spectrum disorder, self-harm, suicidal ideation, and gender dysphoria.<sup>3</sup>

## Mental health

Of the 66% of women who identified mental health in their top three health issues::



Other conditions mentioned were self-harm and suicidality, compulsive disorders, attention deficit hyperactivity disorder, bipolar disorder, autism and eating disorders.



58% of women had accessed a psychologist or counsellor in the last 12 months. By comparison, only 18% of women in the 2018 ACT women's health study had accessed mental health services.<sup>4</sup>

## Chronic conditions

Of the 30% of women who listed chronic health in their top three health issues:



25% had an endocrine condition, including poly-cystic ovary syndrome (PCOS), diabetes and endometriosis. Women aged 25–35 had the highest reported rates of endocrine conditions.



12% had a gastrointestinal condition, including irritable bowel syndrome (IBS), gall bladder issues, diverticulitis, and stomach pains.



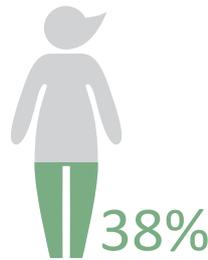
8% had a circulatory condition, including heart conditions, heart and blood pressure issues.



8% had an autoimmune condition, including Hashimoto's disease, Crohn's disease, multiple sclerosis, and rheumatoid arthritis.

## Weight, diet and fitness

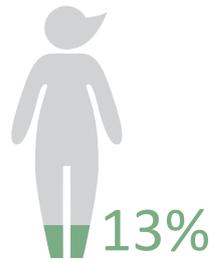
Of the 30% of women who identified weight, diet or fitness in their top three health issues:



MENTIONED  
WEIGHT



MENTIONED  
FITNESS



MENTIONED  
NUTRITION AND DIET

## Alcohol, tobacco and other drugs

### Smoking tobacco



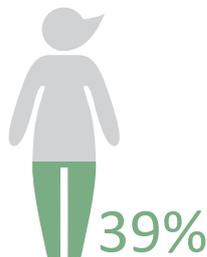
22% of women smoked cigarettes. This is double the percentage of smokers in the general population of women in the ACT.<sup>5</sup>

### Drinking



44% of women were drinking four drinks or more on a single occasion. This is far higher than the general population of women in the ACT, of which only 29% drink four or more drinks on a single occasion.<sup>6</sup>

### Illicit drug use



39% of women had taken drugs in the last six months. The drugs most commonly used were marijuana, cocaine and ecstasy.

## LGBQ women's experiences of violence

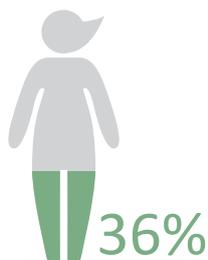
More than half of respondents had experienced sexual, domestic or family violence (59%), and 13% had experienced all three types of violence. 75% of the women who had experienced violence said that mental health was one of their top three health issues.

### Intimate partner violence



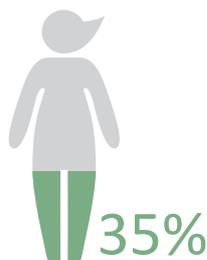
34% of women had experienced violence from a partner or ex-partner.

### Sexual violence



36% of women had experienced sexual violence.

### Family violence



35% of women had experienced violence from a family member.

## Public anti-LGBTIQ+ behaviour



55% of women experienced anti-LGBTIQ+ behaviour in the previous 12 months.



33% experienced verbal abuse or harassment. This increased to 63% for trans women.



28% experienced unwanted disclosure of their sexuality or gender. This increased to 63% for trans women.

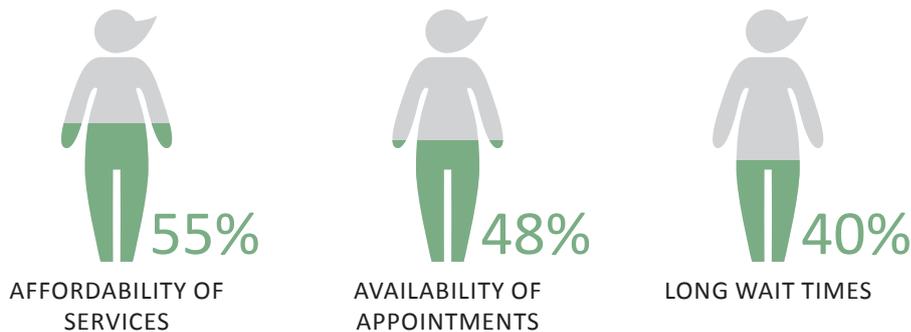
Some women highlighted that they experienced anti-LGBTIQ+ behaviour related to the marriage equality debate - which took place in the 12 months prior to this survey.

“ *It was horrible. Comments and opinions from strangers about my life and whether I could marry or not. Very sad and depressing. I unfriended a family member because of it.*”



# Barriers to maintaining health and accessing health services

82% of women were able to find services in the ACT that helped them obtain and maintain good health. However, 76% of women experienced barriers to accessing services, including:



Other barriers identified include discrimination or harassment due to homophobia and transphobia, discrimination on grounds other than sexuality or gender, and inaccessibility for people with disabilities.

## Mental health services

For many women, the cost of accessing mental health services was a significant barrier. Some women were frustrated that they had to pay a high cost for a service that may not meet their needs.

Availability of appointments was also an issue, with women noting that getting appointments with psychologists and psychiatrists was especially difficult.

“ There are no psychiatrist options at all in the ACT. None with open books at all.”

Women found it difficult to find health professionals with the expertise required to respond to their diverse mental health needs, including the diagnosis of autism and attention deficit disorder in women.

“ In Canberra there is a severe lack of adolescent psychologists and psychiatrists, and even less for those with LGBT+ issues.”

Women also reported that fear of experiencing stigma and discrimination from mental health service providers was a barrier.

“ It can be tricky to work out beforehand whether someone will be queer friendly.”

Positively, a number of women specifically listed the AIDS Action Council, ANU Counselling, and Headspace as helpful local health services offering counselling.

## LGBTIQ+ inclusive and competent services

### *Identifying inclusive services*

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Women were asked how they knew a service was inclusive. The most common responses were that they chose services recommended by other same-sex attracted women and that they looked for outward signs of visibility, such as rainbow flags and descriptions of inclusivity on a provider's website.

“ It's also word of mouth, you know the queer women community is small enough that you know plenty of people who could give a review, positive or otherwise, of a health care service that they've accessed.”

### *Disclosure of sexuality and gender*

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Disclosure of sexuality to health professionals is a necessary part of a person's health and influences their health care. However, the most cited reason for not disclosing sexuality was because women felt it wasn't relevant to their care. Without knowledge of their patients' sexuality, health professionals may be unable to educate them on relevant issues.

42% of women had not disclosed their sexuality to their GP or health professional.

“ I find it hard to raise my sexuality with doctors because I am afraid they will judge me or ask awkward questions.”

100% of trans participants had disclosed their gender to a GP.

“ As a trans woman I've had to talk to multiple GPs regarding medical transition.”

## LGBTIQ+competent healthcare

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Many health professionals lack knowledge about LGBQ women's sexual health needs and sexual behaviour. This can lead to the mistaken belief that some LGBQ women aren't really sexually active.

“ I'm terrified of pap smears and doctors can't tell me if I've been sexually active or not (full penetration was never achieved and there's no agreement if this 'counts').”

The misconception that lesbian sex is not 'real sex' is a barrier for LGBQ women accessing health care, with sex between two women being seen as safe and low risk. This misconception contributes to lower STI screening rates among LGBQ women. 45% of women reported that they never get tested for STIs, with many feeling it was unnecessary. This compares to 24% of the broader ACT population of women.<sup>7</sup>

Some trans women reported that it was difficult to access suitable services. They highlighted that there were not enough health care providers who specialised in trans issues, and that those who did were not widely advertised.

“ There are a limited number of... GPs who can deal with transgender health in the ACT, you can count them on one hand, and they all seem to have closed books.”

## Appropriate information

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LGBQ women described having difficulties accessing quality health information that was specific to their health needs. They also noted that sex education at school did not provide information about safe sex for same-sex couples.

“ If I think back further to sex education in schools they don't talk about...the concept of same sex relations, same sex safety...that means you have a lot of young people at risk out of ignorance.”



# Recommendations for improving health services for LGBTIQ+ women in the ACT

There is a clear need for information and services that are tailored to the specific health needs of LGBQ women, including sex and gender diverse women. Health care providers need to be knowledgeable about these health needs, and the services provided need to be inclusive. Research shows that trying to be neutral in health care provision can have negative consequences as it fails to recognise the specific health needs of LGBQ women. Health services and professionals need to acknowledge, understand and accommodate diverse sexualities and genders.

Based on the findings of this report, LGBQ women would benefit the most from increased access to the following LGBTIQ+ inclusive and competent health care services:

- Mental health services, such as counselling, psychologists, and psychiatrists
- Sexual and reproductive health services, such as cervical cancer screening, STI testing, information about safer sex practices, and assisted reproductive technology for fertility treatment
- Drug and alcohol services
- General practitioners

## The AIDS Action Council's recommendations for ACT service providers

1

Undertake peer-led training on LGBTIQ+ issues and inclusion.

2

Actively consider sexuality as part of a person's whole-of-life care needs.

3

Keep informed about research on LGBQ women's health needs.

4

Ask people about their sexuality or gender identity upon entry into your service.

5

Have visible signs of inclusion in your clinics and consumer communications. For example, employ queer people, display rainbow and trans flags, put up and communicate notices about consumer rights in health care services, and display policy statements about inclusion and anti-discrimination measures.

## Endnotes

- 1 E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health, Women's Centre for Health Matters, Canberra, 2018.
- 2 R McNair & R Bush, 'Mental health help seeking patterns and associations among Australian same sex attracted women, trans and gender diverse people: a survey-based study', BMC Psychiatry, vol. 16, no. 209, 2016, pp. 1-16; W Leonard et al, Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians, Monograph Series Number 86, The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, 2012.
- 3 P Strauss et al, Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results, Telethon Kids Institute, 2017, Perth, Australia.
- 4 E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health, Women's Centre for Health Matters, Canberra, 2018.
- 5 Australian Bureau of Statistics, National Health Survey: First Results, 2017-2018, Canberra, 2018, retrieved on the 23rd of April 2019; <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001?OpenDocument>
- 6 Australian Bureau of Statistics, National Health Survey: First Results, 2017-2018, Canberra, 2018, retrieved on the 23rd of April 2019; <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001?OpenDocument>
- 7 J Tran, Improving choices and options: The views of ACT women about their sexual and reproductive health needs, Women's Centre for Health Matters, Canberra, 2018.



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