

Introduction

Women's Centre for Health Matters (WCHM) and the AIDS Action Council are conducting this survey to obtain views from ACT women* that are, exclusively or otherwise, sexually or romantically attracted to women, about:

- 1. How you understand and manage your health needs.**
- 2. Which health services, supports and information you use, and whether you experience barriers to that access.**
- 3. What barriers you experience to maintaining good health and wellbeing.**

***For the purposes of this survey, and any undertakings by the AIDS Action Council, we use the term women to describe people who identify as women, regardless of the sex they were identified as at birth.**

This survey has been designed to capture the experiences of a specific group that are part of a much broader LGBTIQ community, those that are lesbian, bisexual, or queer women. For the purposes of this survey, trans men and non-binary people have not been included.

It is important not to combine the experiences of non-binary people and trans men with those of people who identify as cis or trans women, as more specific and in-depth research is needed to do justice to these experiences. Same sex attracted women with variations in sex characteristics are encouraged to discuss issues with the healthcare system in the long form answers.

The AIDS Acton Council is committed to undertaking, in partnership with partner organisations, research with these groups in the near future. Please provide any feedback on this, and other issues, at the end of the survey.

The survey may form part of a larger consultation project and/or may be used to inform future projects and/or advocacy efforts. Your input will help guide and shape future work.

Participation in this survey is voluntary. You may withdraw your participation at any time by exiting the survey or choosing not to submit the survey. The questions are of a personal nature, but your answers will be anonymous and confidential.

This survey will take approximately 15-20 minutes to complete; however, actual completion time will vary according to individual pace. The survey will close on November 26th at 5pm.

About the AIDS Action Council

The AIDS Action Council was established in 1983 in response to the looming AIDS crisis, and we have been working with and for the community since this time. As advocates, carers and researchers, lesbian, gay, bisexual, queer and transgender women played a key role in the HIV response in Australia. HIV prevention and peer support remains at the heart of what we do at the Council, however this work now sits within a broader focus on health promotion, prevention, treatment, community acceptance and the celebration of diversity across the ACT Community. As the needs of our communities change and develop, women continue to be integral in our work at the Council.

About WCHM

The Women's Centre for Health Matters (WCHM) is a community-based not-for-profit organisation, funded by ACT Health, which works in the ACT and surrounding region to improve women's health and wellbeing. We do this in a variety of ways, including through health promotion, social research, community development, capacity building, information provision, education, and advocacy. You can find out more about us at our website: www.wchm.org.au.

If you would like further information and/or have questions about this project, please contact the Women's Centre for Health Matters: admin@wchm.org.au or (02) 6290 2166.

Please remember to click on the 'Submit' button at the end of the survey.

Privacy

About your privacy

WCHM is committed to representing participants' stories in an authentic and ethical way, and keeping your personal information safe in line with our [privacy policy](#).

The findings of the project will be used to advocate within the ACT for better access to health services for same sex attracted women. WCHM will ensure that research participants are not identifiable in the final research report.

At the end of the survey you will be invited to participate in an interview or focus group process. If you choose to do so you can leave a first name and a phone number or email address. However, you do not have to provide us with any of these details if you don't want to.

Content note: This survey will necessarily have questions on sensitive issues. This will include transphobia, homophobia, domestic and family violence, sexual assault, sex practices, alcohol and drug use, and experiences of harassment and bullying as well as systematic discrimination.

Please be aware that there are support services available to you to deal with any feelings and issues that may arise as a result of engaging in this survey.

This includes:

[Westlund Counselling](#): (02) 6257 2855

[Qlife](#): 1800 184 527

[Lifeline](#): 13 11 14

Thank you for participating in this survey. Again if you have any questions or concerns about this project, please contact the [Women's Centre for Health Matters](#): admin@wchm.org.au or (02) 6290 2166.

Qualifying questions

* 1. Are you aged 16 or older and live and/or work in the Australian Capital Territory (ACT) or surrounding areas?

Yes

No

* 2. This survey is designed to help us understand the health and healthcare needs of people who identify as women* and are, exclusively or otherwise, sexually or romantically attracted to women.

Is this you?

Yes

No

*For the purposes of this survey, and any undertakings by the AIDS Action Council, we use the term women to describe people who identify as women, regardless of the sex they were identified as at birth.

Demographic questions

* 3. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

* 4. Were you born with a variation of sex characteristics (this is sometimes called intersex)?

- Yes
- No
- I don't know
- Prefer not to say

* 5. How do you describe your sexual orientation?

- Lesbian
- Gay
- Bisexual
- Queer
- Prefer not to answer
- Or please specify

* 6. Where do you live?

- Belconnen
- Gungahlin
- Inner North
- Inner South
- Tuggeranong
- Weston Creek
- Woden Valley
- Queanbeyan
- Other (please specify)

* 7. What is your age?

- 16-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65 years +

* 8. Are you of Aboriginal or Torres Strait Islander origin?

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin
- Prefer not to answer

* 9. Do you identify as a person with disability?

- Yes
- No
- Prefer not to answer

* 10. What is your employment and/or study status? Please select all that apply.

- Employed full time
- Employed part time
- Employed casual
- Unemployed
- Retired
- Student
- Not in the labour force
- Under-employed - I want more work
- Other (please specify)

* 11. Are you from a migrant or refugee background?

- Yes
- No
- Yes, please specify your preferred language

Health and Wellbeing

* 12. Please describe what good health means to you.

* 13. How would you rate your overall physical health?

- Very poor
- Poor
- Fair
- Good
- Excellent

* 14. How would you rate your overall mental health?

- Very poor
- Poor
- Fair
- Good
- Excellent

* 15. Do you have a regular GP?

- Yes
- No

* 16. How many different general practitioners (GPs) have you accessed in the ACT in the last 6 months?

- 0
- 1
- 2
- More than 2

* 17. Have you disclosed your sexuality or gender identity to any GPs? Please select all that apply.

- Yes, gender
- Yes, sexuality
- No
- Please tell us why or why not

* 18. Are you able to find services in Canberra that help you to obtain and maintain good health?

- Yes
- No

Health Issues

* 19. What are the top three health issues that personally concern you at the moment? (It's OK if you don't have three)

Health Issue 1

Health Issue 2

Health Issue 3

* 20. Are there barriers preventing you from addressing these health issues? If yes please describe.

Health Issue 1

Health Issue 2

Health Issue 3

* 21. Are there health services and/or supports in place to help you address these health issues? If yes please describe.

Health Issue 1

Health Issue 2

Health Issue 3

Health services accessed

* 22. In the last 12 months, have you accessed any of the following health services in the ACT? Please select all that apply.

| | For me | For my child | For my partner/s | For my parents | For others | Prefer not to answer | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Alcohol, tobacco or other drug services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allied Health Professionals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crisis Assessment and Treatment Team (CATT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Department (for emergency purposes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Department (for non-emergency purposes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Filled a prescription | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Practitioner (GP)/Doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthdirect Helpline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| National Home Doctor Service (After Hours GP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer based services (eg. A Gender Agenda or the AIDS Action Council) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pregnancy, Birth & Baby Helpline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychologist/ counsellor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reproductive health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist doctor (eg. Rheumatologists) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist sexual health service providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk-in centres | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify)

* 23. Did you experience any difficulties or barriers accessing the services? Please select all that apply.

- Affordability
- Appointment availability
- Bad experience
- Long wait times
- No convenient location
- Accessibility for disability
- Discrimination on grounds other than sexuality or gender identity
- Discrimination or harassment due to homophobia
- Discrimination or harassment due to transphobia
- Lack of signs of inclusiveness
- Nil barriers to accessing services
- Other (please specify)

24. If you would like to provide further comments about barriers to these health services, please do so here.

Information Seeking

* 25. Please list your top 3 information sources (in order of preference with Number 1 being preferred choice) that you would go to access information about your *general good health*. For example, online blog, doctor, friends etc.

Number 1 Choice

Number 2 Choice

Number 3 Choice

* 26. Please list your top 3 information sources (in order of preference with Number 1 being preferred choice) that you would go to access information about a *specific health issue*. For example, online blog, doctor, friends etc.

Number 1 Choice

Number 2 Choice

Number 3 Choice

* 27. Is there any health and wellbeing information that you were not able to obtain?

No

Yes (please describe)

28. If you have any other comments regarding information seeking for health and wellbeing, please provide them here.

Sexual practices and relationships

* 29. Have you had sex in the last 6 months?

- Yes - in a monogamous relationship/s
- Yes - in a non-monogamous relationship/s and/or in casual sex
- No

Sexual practices and relationships

* 30. In the past 6 months, how often have you used barrier protection (condoms, dams etc.)

- Always
- Usually
- Sometimes
- Rarely
- Never
- Depending (please specify)

* 31. What strategies do you use to lower your risk of contracting an STI?

Sexual and reproductive health

32. Have you accessed sexual and reproductive health services?

- No
- Yes (please specify)

* 33. Do you experience any difficulties or barriers accessing sexual and reproductive health services? Please select all that apply.

- Affordability
- Appointment availability
- Bad experience
- Long wait times
- No convenient location
- Accessibility for disability
- Discrimination on grounds other than sexuality or gender identity
- Discrimination or harassment due to homophobia
- Discrimination or harassment due to transphobia
- Lack of signs of inclusiveness
- Nil barriers to accessing services
- Other (please specify)

* 34. Where do you obtain your sexual health information?

* 35. How often do you get tested for sexually transmitted infections (STIs)?

- After unprotected sex (any type)
- Before every new sexual partner
- 2-4 times per year
- Once a year
- Every few years
- Never (please specify why not)

* 36. Do you know how to do a breast self-exam?

- Yes
- N/A
- No (please specify why not)

* 37. Do you get the following health checks? Please select all that apply

| | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| Cervical screening (pap smears) every 5 years | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prostate or PSA tests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mammograms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If no (please specify)

Smoking, drinking, and drug use

* 38. In the last 6 months, have you smoked cigarettes or other tobacco?

- Daily
- Only socially (less than daily)
- Never
- Ex smoker

Smoking, drinking and drug use

* 39. Have you ever tried to quit smoking?

- Yes
- No
- I don't want to quit

Smoking, drinking, and drug use

* 40. How many standard drinks do you drink in an average week?

- I don't drink or drink very rarely
- 1-2 standard drinks per week
- 3-4 standard drinks per week
- 5-10 standard drinks per week
- 10-14 standard drinks per week
- 14 plus per week

* 41. In the last 6 months, how often have you had more than four alcoholic drinks on one occasion?

- Never or rarely
- Every couple of weeks
- Once a week
- Twice a week
- 3-4 times a week
- More than 4 times per week

Smoking, drinking, and drug use

* 42. In the last 6 months, how often have you used non prescription or illicit drugs?

- 1-5 times
- 6+ times
- Not in the last 6 months
- Prefer not to answer

Smoking, drinking and drug use

* 43. How often have you used these drugs and where, in the last 6 months? Please select all that apply

| | Once/ twice | At least monthly | Every week | Home | Party/ venue | During sex | Not in the last 6 months | Prefer not to answer |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Amyl (poppers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Viagra/ Cialis/ Levitra | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MDMA (ecstasy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crystal meth (ice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GHB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ketamine (special K) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heroin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Steroids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other drug | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify)

Violence

* 44. Have you ever experienced the following. Please select all that apply.

- Domestic Violence - including sexual, financial, physical and emotional from a partner or ex partner
- Family Violence - including sexual, financial, physical and emotional from a family member
- Sexual Violence - from someone you know or a stranger
- Never
- Prefer not to answer

* 45. From whom have you experienced domestic, family or sexual violence. Please select all that apply.

- Partner or ex partner
- Immediate family member
- Other family member
- Someone you know - friend, colleague, acquaintance
- Stranger
- N/A
- Prefer not to answer

* 46. In the last 12 months, have you experienced any of the following anti-LGBTQ behaviour from someone you know or a stranger?

- Verbal abuse or harassment
- Being pushed or shoved
- Being bashed
- Physical threat or intimidation
- Refusal of service
- Refusal of employment/ promotion
- Bullying
- Unwanted disclosure about your sexuality or gender
- Nil unwanted behaviour
- Prefer not to answer
- Other (please specify)

Additional comments

47. If you feel that you haven't been able to sufficiently address the questions in the survey, please take the opportunity to do so here.

48. Do you have any other comments or feedback for us?

Thank you for completing this survey and providing valuable feedback. The results of the survey will be available to the public through WCHM and AIDS Action Council next year.

We may conduct focus groups and/or interviews to further explore any issues identified in this survey. If you would be interested in participating in these, please provide your contact details below. To protect the anonymity of your survey answers, any contact details provided will be separated from your survey answers.

To complete and submit the survey, please remember to click the 'Submit' below.

Please encourage your friends to do our survey by passing it on after you complete it. The more information we have, the more we can do to support you and the rest of our community.

49. If you would like to participate in a focus group please list your contact details below.

Name

Email Address

Phone Number