Young & Queer

In Melbourne's East

EXPLORING LGBTIQ YOUNG WOMEN'S ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

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We are sincerely grateful to everyone for supporting this work.

Women's Health East acknowledges the traditional owners of the land on which we work, the Wurundjeri people of the Kulin nation, and pay our respects to elders, past, present and emerging.

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Contents

Glossary	**3**
Executive summary	**5**
Chapter 1: Introduction	**8**
Chapter 2: Literature review	**9**
Chapter 3: Methods	**14**
Phase 1: Literature review	**14**
Phase 2: Survey	**14**
Phase 3: Focus groups	**16**
Strengths and limitations of this project	**18**
Chapter 4: Results and discussion	**20**
Theme 1: Service culture and staff communication	**20**
Theme 2: Promotion of LGBTIQ inclusive services	**22**
Theme 3: Education and awareness raising	**24**
Theme 4: Structure and operations of service	**27**
Theme 5: Relationships and sexual experiences	**28**
Chapter 5: Conclusion and recommendations	**30**
References	**33**
Appendices	**38**
Appendix A: Survey	**38**
Appendix B: Recruitment flyer	**43**
Appendix C: Host organisation invitation	**44**
Appendix D: Participant information sheet	**47**
Appendix E: Focus group run sheet	**49**
Resources	**52**

Glossary

Asexual
A person who is asexual is someone who does not experience sexual attraction. Unlike celibacy (when people choose not to have sex), asexuality is when someone does not feel the physical desire to have sex at all. Asexual people may still have sex if they are comfortable with it. Many asexual people still want to have relationships and will have a 'romantic' orientation and relationships that do not necessarily involve sex.

Bisexual
A person of any gender, who self-identifies as being emotionally, romantically or sexually attracted to people from more than one gender. Traditionally the term was used to describe someone attracted to both men and women, but it has since evolved in recognition of the growing spectrum of gender identities.

Cisgender
A person whose gender identity aligns with the sex assigned to them at birth.

Gay
A person whose primary emotional and sexual attraction is toward people of the same sex. The term is commonly applied to men, although women also use this term.

Gender
Socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for a person based on their sex. Traditionally gender constructions have been focused on rigid interpretations of femininity and masculinity. Gender expectations vary between cultures and change over time.

Gender diverse
Gender diversity includes people who identify as agender (having no gender), bigender (both a woman and a man) or non-binary (neither woman nor man). Some non-binary people identify as genderqueer or as having shifting or fluid genders. Gender diversity also refers to individuals whose gender expressions differ from what is socially expected.

Gender identity
Refers to a person's innate, deeply felt psychological identification of their gender, which may or may not correspond to the person's designated sex at birth.

Homophobia
A term coined in the late 1960s to describe a person's dislike, hatred or irrational 'fear' of people who are homosexual. Homophobia often also refers broadly to a dislike, hatred or fear of all LGBTI people. Recently, heterosexism has been used as the preferred term to highlight the systemic discrimination that LGBTI people encounter, which includes 'homophobia', 'biphobia', and 'transphobia'.

Intersex
The term intersex refers to a diversity of physical characteristics. Intersex is an umbrella term that describes people who have natural variations that differ from conventional ideas about 'female' or 'male' bodies. These natural variations may include genital, chromosomal and a range of other physical characteristics. Intersex is not about a person's gender identity.

Lesbian
A woman who self-identifies as a woman and who is emotionally, romantically and/or sexually attracted to other women.

LGBTIQ
An acronym meaning Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (or Questioning).

Pansexual
A person who is attracted to people of a number of different genders, which may include people who identify as transgender or gender diverse. Some people may use both bisexual and pansexual interchangeably to describe themselves.

Queer
An umbrella term for sexually and gender diverse people, often used to refer to the entire LGBTI community.

Sex
The biological characteristics related to sexual reproduction (including anatomy, hormones, and chromosomes) that are used to define humans as male or female.

Sexual orientation or sexuality
Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practice, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Some terms used to describe a person's sexual orientation include gay, lesbian, bisexual, heterosexual, straight and homosexual. Everyone has a sexual orientation.

Transgender
Transgender (or trans) is an umbrella term referring to people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. A transgender person may identify specifically as transgender or just male or female, or outside of these binaries. Being transgender does not imply any specific sexual orientation.

Executive Summary

Introduction

Over the past ten years there has been a growing body of research that focuses on the physical and mental health and wellbeing of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people and their interactions with the health system. However, there is still a need to further explore issues of equity and inclusion for LGBTIQ young women accessing sexual and reproductive health (SRH) services.

Young and Queer in Melbourne's East explores the SRH needs and experiences of LGBTIQ young women between the ages of 15 and 25 years within the Eastern Metropolitan Region (EMR) of Melbourne. The report includes a literature review and a presentation of results and discussion derived from data collected via an online survey and focus groups. Recommendations for health service providers and Victorian Government are provided to enable integration of the findings into programming, planning and policy for SRH services and education for LGBTIQ young women.

Methods

Data collection consisted of an online survey and three focus groups. The online survey was open for six weeks and was completed by 30 LGBTIQ young women, and three focus groups – two in the City of Whitehorse and one in Yarra Ranges – were conducted with a total of 14 participants. Survey respondents were young people self-identified in some capacity with the label 'woman'. Respondents were also required to: a) identify with a sexual minority label, such as lesbian, gay, bisexual, or queer; and/or b) identify as transgender or gender non-conforming; and/or c) have an intersex variation. Inclusion criteria for the focus groups was the same as the online survey except the age range for focus group participants was expanded to 15 to 25 years to accommodate some individuals from host organisations interested in attending.

During the focus group sessions, discussion was facilitated around these three key topics:

1. Enablers of positive experiences when accessing SRH services;
2. Barriers to accessing SRH services;
3. Suggested changes to improve experiences of SRH services.

Results and discussion

Five themes emerged from data analysis of the online survey and focus groups:

1. Service culture and staff communication;
2. Promotion of LGBTIQ inclusive services;
3. Education and awareness raising;
4. Structure and operations of service; and
5. Relationships and sexual experiences.

Findings highlighted that LGBTIQ young women have distinctive SRH needs that are not always adequately addressed by health services. Young women reported often feeling excluded from mainstream health services due to inappropriate or uncomfortable interactions with service staff and feeling unsupported in decision-making related to their SRH. Young women who participated in the project reiterated the importance of a positive attitude towards the LGBTIQ community amongst health service staff, use of language appropriate to the LGBTIQ community, and health service providers having up-to-date knowledge about the specific SRH needs of LGBTIQ young women.

Conclusion and recommendations

The experiences and reflections of the LGBTIQ young women who participated in this project reveal some of the unique enablers and barriers that LGBTIQ community members may experience when accessing SRH services. The findings detailed in this report reinforce existing evidence, as outlined in the literature review, and add to the growing evidence base demonstrating the benefits of inclusive services, and the negative implications of

non-inclusive services. The diverse SRH needs of LGBTIQ young women require the adoption of a multifaceted response from health services and government. The findings from this project suggest that by actioning the following recommendations, LGBTIQ young women in the EMR are more likely to encounter comfortable and inclusive environments, and receive SRH services and information appropriate for their needs.

Recommendations

The following recommendations are drawn from information collated within the scope of this specific project. Full details of the below recommendations can be found on page 29 of this report. To promote gender inclusivity and accessibility of services, Women's Health East puts forward the following general recommendations for health service providers:

Become Rainbow Tick accredited

Commitment to LGBTIQ pride, diversity and inclusion can be demonstrated by becoming Rainbow Tick accredited. The practical application of the below recommendations are all supported as part of Rainbow Tick national accreditation:

- *Provide competency training* to service staff.
- *Enable ongoing staff professional development* to promote understanding of health and wellbeing issues affecting LGBTIQ communities.
- *Review internal policies and procedures* that relate to client intake, and client and staff interactions.
- *Provide feedback opportunities* for LGBTIQ young people who are consumers.
- *Conduct a marketing audit* of service resources to encourage visible support of diversity.

Align to Rainbow eQuality

Private practice GPs can consider aligning practice to Rainbow eQuality, a practice guide developed by the Victorian Government.

The following are recommendations specific to key organisations who work in the Eastern Metropolitan Region of Melbourne, and have been developed with input from these organisations:

Support teachers to deliver education

Family Planning Victoria to offer a professional development session by June 2019 for teachers at government schools in the EMR to build their confidence in providing comprehensive and inclusive sexual health education.

Advocate for inclusivity

Women's Health East to advocate to all Victorian Women's Health Services about the need to be inclusive of LGBTIQ women's sexual and reproductive health needs within the priority of improving women's sexual and reproductive health.

Deliver LGBTIQ health training

Eastern Metropolitan Primary Health Network and Women's Health East to investigate the delivery of LGBTIQ health modules and training within the EMR.

The following are recommendations for the Victorian Government to contribute to an enabling environment:

Resource Rainbow Tick accreditation

Provide subsidies for all health services, including community health, to undertake the process of Rainbow Tick accreditation.

Ensure sexual health education is comprehensive and inclusive

In alignment with Safe Schools and Respectful Relationship education, ensure the needs of LGBTIQ young people are being met appropriately through the delivery of sexual health, sexuality and relationships education that is inclusive of the needs and experiences of LGBTIQ young people.

Chapter 1: Introduction

Introduction

During the past decade there has been a growing body of research that focuses on the health and wellbeing of people who identify as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ), including their experiences within the health system. Existing research in this space clearly indicates that LGBTIQ people have poorer physical and mental health than their heterosexual and cis-gendered peers (Pitts et al., 2006; Smith et al., 2014; Leonard et al., 2015; Lucassen et al., 2015). Despite the growth in existing research, there are still gaps in understanding of the sexual and reproductive health (SRH) needs and experiences of the LGBTIQ community, particularly LGBTIQ young people. Currently, research involving transgender and gender diverse young people and those with intersex variations remains rare, with significant gaps in understanding general health and the SRH needs of these young people (Lindley & Walsemann, 2015; Jones & Hillier, 2013; Garofalo et al., 2006).

This project was undertaken due to a lack of research and initiatives around SRH for young women in the Eastern Metropolitan Region (EMR) of Melbourne who identify as LGBTIQ. For the purposes of this project, 'young' is defined as those aged 15 to 25 years old, and the term LGBTIQ is used to refer to the queer community. This abbreviation was chosen as it was deemed relatable to and inclusive of the target group. Organisations such as Minus18, who aim to empower LGBTIQ youth Australia-wide, use this terminology in their work with young people. By using a mixed methods approach during data collection this research project sets an agenda to understand community-relevant ways to incorporate findings into SRH planning and programming.

The aim of the project was to assess the SRH of LGBTIQ young women in the EMR. Project objectives were to:

- Better understand the SRH health needs of LGBTIQ young women living in the EMR.
- Conduct an analysis of the survey findings by exploring the lived experiences of LGBTIQ young women accessing SRH services.
- Produce results relevant to specific sub-populations that experience increased and/or unique barriers to SRH services, as well as understand the variations within the sub-populations of interest.
- Explore issues of equity and inclusion and the unique barriers that may be faced by LGBTIQ young women.

Chapter 2: Literature Review

This review of existing research specifically focused on young women (including gender diverse people and transgender young women) and their SRH needs. It includes a selection of research conducted between 2008 and 2018, both within Australia and internationally. It should be recognised that the vast bulk of the research involving LGBTIQ young people focuses on categories related to sexual identity, for example, 'sexual minority youth', 'LGB young people' or 'same-sex attracted young people', in order to compare this population group with their heterosexual-identifying peers[1]. Only recently have researchers explored distinctions between subgroups of sexual identity such as 'lesbian', 'bisexual' or 'unsure', or between the different gender identities young people may hold. Currently, research involving transgender and gender diverse young people and those with intersex variations remains rare. There are significant gaps in understanding the SRH needs of these young people, and distinguishing their needs from those who are same-sex attracted and not transgender (for example, gay, bisexual, and lesbian) is becoming increasingly important (Lindley & Walsemann, 2015; Jones & Hillier, 2013; Garofalo et al., 2006).

Gender, sexual identity, attraction and behaviour

It is well-recognised that the inter-locking concepts of identity, behaviour and attraction are an essential base to understanding sexuality and SRH issues, particularly those involving young people. For many young people, these concepts may not be congruent: those who identify as gay or lesbian may not have had sex, while those who have engaged in same-sex behaviour may identify as heterosexual (Quinn & Ertl, 2015; Mustanski et al., 2014).

Large population studies have indicated that women are significantly more likely to be more fluid in relation to their sexual identities, attraction and behaviours than men. For instance, women aged 16 to 65 years old in Australia are more likely to identify as bisexual and to report lifetime same-sex experiences compared to men (Richters et al., 2014). In the third Writing Themselves In (WTI3) report, a national Australian study of 3,134 same sex attracted and gender questioning young people aged 14 to 21 years, half (54%) of the young women were attracted to both sexes and less than one third exclusively to the same sex, whereas most young men participating in the study (84%) were exclusively attracted to men. Young men were more likely to have had sex with men (56%) and young women were almost as likely to have sex with both sexes (30%) and their own sex exclusively (28%), and 21% had sex exclusively with the opposite sex (Hillier et al., 2010). Younger women are more likely to identify as bisexual than older women, with the association between youth and bisexual identity peaking in people's twenties, followed by a fall in every age group after that (Richters et al., 2014). International and Australian research indicates that the proportion of young women identifying as bisexual is significantly higher than those identifying as lesbian (Quinn & Ertl, 2015; McNair et al., 2010). It also appears that same-sex behaviour is increasing among women both in Australia and internationally (Grulich et al., 2014; Copas et al., 2002). It is important to acknowledge the complex role that diverse identities, behaviours and attractions play in health outcomes. For instance, a growing theme in research has identified increased health risk behaviours and poor health outcomes specifically associated with adolescents with bisexual self-identity, compared to lesbian and gay-identified young people and their heterosexual peers (Coker at al., 2010).

Transgender and gender-diverse young people have largely been overlooked, or sexuality and gender have been traditionally collapsed, in population-based studies focusing on the health of LGBT youth (Garofalo et al., 2006). However, increasingly studies are suggesting these young people are at a high and different risk of depression, suicide attempts, risky sexual behaviour, violence, HIV infection, and homelessness (Smith et al., 2014; Coker et al., 2010). In general, it appears that trans women across a range of different populations and settings have a high

[1] This literature review refers to the specific terminology used by each study that is referenced.

prevalence of sexually transmitted infections (STIs) and HIV infection, and higher rates than trans men (McNulty & Bourne, 2017). In their study of risk behaviours among LGBT people, Smalley et al. (2016) observe that differences between the transgender and genderqueer participants were stark, with each having distinct health risk profiles.

First sexual experiences

Most young people between 15 and 18 years old in Australia are sexually active. Studies over the last ten years consistently indicate that the majority (60% or more) of young people report some experience of vaginal intercourse or oral sex (Smith et al., 2009; Mitchell et al., 2014). However, both international and Australian research suggests that sexual minority young people are more likely to have ever had sex (of any kind), to have earlier sexual experiences (before the age of 14 or 16 years) than their heterosexual peers, and to have more sexual partners (Saewyc et al., 2008; 1999). The representative Sex in Australia study (Rissel et al., 2014) found that nearly twice as many bisexual and lesbian women (around one in four) as heterosexual women had their first vaginal sex experience before 16 years. A major New York secondary schools survey found that nearly twice as many LGB female students compared to heterosexual female students (42% vs 22%) had their first sexual intercourse at age 13 years or younger, and more than twice as many LGB as heterosexual female students (21% vs 9%) had had six or more sexual partners (Lindley et al., 2015). Research on sexual behaviours of adolescents has consistently indicated that young people who have sexual debuts before the age of 16 are prone to engaging in sexual behaviours which carry greater risks for acquiring STIs such as being less likely to use condoms consistently, and had higher rates of unintended pregnancies, than young people who initiated sex at 16 or older (Zimmer-Gembeck & Helfand, 2008).

Differences within sexual minority young people are also apparent. Young women who are bisexual or homosexual report earlier age of initial sex than young gay or bisexual males (Saewyc et al., 1999). Research in Australia suggests that young bisexual women appear more likely to have been sexually active at an early age than their female peers (Hillier et al., 2010), and adult women who identified as bisexual have reported a significantly earlier age at first vaginal intercourse than women who identified as heterosexual or lesbian (Rissell et al., 2014). Research also suggests that young women who identify as bisexual have worse sexual and reproductive health outcomes overall in comparison to both heterosexual and lesbian young women (Flanders et al., 2017).

Sexual health and pregnancy

Although it can appear counter-intuitive, both Australian and international research indicates that adolescent girls and young women who are same sex attracted or identify as lesbian or bisexual are significantly more likely to have been pregnant than their opposite sex attracted peers. In the Australian study WTI3, 15% of the young women aged 14 to 21 years reported being pregnant at some time. Of those young women who had been pregnant, more than one in three (37%) identified as exclusively attracted to women. Of this 37%, 10% reported having had terminations and one in three had experienced a miscarriage (Hillier et al., 2010).

Such studies remind us that sexual identity does not define a woman's past or current behaviour or sexual health needs. For instance, in Australia we know that most women (75%) who identify as lesbian have had sex with a male partner (Richters et al., 2014). In addition, factors associated with teen pregnancy in the general population – such as earlier sexual initiation, more sexual partners, and the use of ineffective contraception methods – are more common in sexual minorities (Charlton et al., 2013). Hillier et al. (2010) observe that, given condom usage among the WTI3 participants was low and they were sexually active earlier than their heterosexual peers, it was not surprising that pregnancy rates were high.

We cannot assume that all pregnancies in young LBQ women are unintended or unwanted pregnancies. Research suggests that bisexual women or women who have sex with women of reproductive age are at higher risk of reproductive coercion by their male partners, which includes sabotage of contraception, threats of harm if she does not become pregnant, and control of pregnancy outcomes such as termination or continuation (Alexander et al., 2016). The Sex in Australia study found that, of the women in Australia aged 16 to 59 who had ever been pregnant, those who identified as lesbian or bisexual had two to three times the rate of terminations compared to heterosexual women, while bisexual women had used emergency contraception at twice the rate of lesbian and heterosexual women and had more than three times the rate of miscarriages (Smith et al., 2003). The high rate of teenage pregnancies among sexual minority young women is a complex phenomenon and multiple factors can be involved, including the roles that sexual identity, attraction, and behaviour play (Lindley & Walsemann, 2015). Some researchers suggest that sexual minority females can be motivated to get pregnant to 'cover up' or 'hide' their orientation, to 'test' their sexual attraction, or to provide external and internal assurance that they are heterosexual (Timm et al., 2011; Farrell et al., 2017).

High rates of teen pregnancy have been linked to the body of research that indicates sexual minority and transgender young people have higher rates of depression and psychological distress linked to their experiences of discrimination and abuse, high levels of drug and alcohol misuse, and disproportionately high levels of sexual abuse (Lea, de Wit & Reynolds, n.d.; Brewster & Tillman, 2012; McNair & Bush, 2016; Dermody et al., 2013; Russell et al., 2014; Marshall et al., 2008; Friedman et al., 2011; Mustanski, Andrews & Puckett, 2016; Everett, McCabe & Hughes, 2016; Taliaferro et al., 2018). It is important to note that there is virtually no research or literature on adolescent pregnancy among transgender young people (Lindley & Walsemann, 2015). We can speculate that some of the risk factors for pregnancy above (for self or partner) would be applicable to transgender young women and men.

Sexual risk taking and STIs

Lesbians and bisexual women in Australia are more likely than heterosexual women to have ever been diagnosed with an STI (Grulich et al., 2014). This is a pattern that continues in other areas of sexual and reproductive health; for instance, bisexual young women in Australia and the USA are more likely to report lower Pap test uptake, abnormal Pap test results and more Urinary Tract Infections (Agenor, 2016; McNair et al., 2011).

Same sex attracted students in Australia's Secondary Schools survey were significantly more likely than those exclusively attracted to the opposite sex to believe they were at risk of both infection with HIV/AIDS (16% vs. 5%) and STIs (15% vs. 7%) (Smith et al., 2009). In the WTI3 study (Hillier et al., 2010) only 45% of the 15 to 18 year old study participants used a condom at last penetrative sex compared with 65% of students in the Secondary Schools survey. Five percent of the participants reported that they had been diagnosed with an STI (6% young men, 4% young women, 9% gender questioning), and participants from Aboriginal or Torres Strait Islander backgrounds (11%) and gender questioning young people (9%) reported higher rates than the rest of the young people in the study.

The focus of safe sex campaigns and education among young people has invariably focused on heterosexual and male-to-male sex; hence, sexual minority women are often an overlooked population who may incorrectly perceive their risk as low (McRee et al., 2015; Bailey et al., 2004). Bisexual women in Australia and the USA have higher rates of STI infection than both lesbian and heterosexual women, while lesbian women have similar rates of STI infection to heterosexual women, both in the previous 12 months and ever (Grulich et al., 2014; Agenor, 2016). High rates among sexual minority young people are linked to their likelihood of engaging in riskier sexual

behaviours than their peers which is associated, in part, with the higher levels of alcohol and substance abuse among this group (Lindley & Walsemann, 2015; Marshall et al., 2008). In North America and Australia, young bisexual women are reported to be less likely to use condoms during vaginal intercourse compared to their heterosexual peers (Kerr et al., 2013), and are more likely to report an STI diagnosis than both heterosexual and lesbian women (Everett, 2013; Charlton et al., 2013; Logie, Navia, & Loutfy, 2014; McNair et al., 2011).

Gaps in current research

Particular sub-groups of sexual minority and gender diverse young people remain under-researched in terms of their general health as well as their SRH needs and access to inclusive services. Such groups experience multiple forms of stigma, isolation and violence. These include queer and trans young people with intellectual disabilities (Duke, 2011; McClelland et al., 2012), same sex attracted, sex and gender diverse young people who are recently arrived or refugees (Mejia-Canales, 2016), and Aboriginal young people (Hodge, 2016).

Chapter 3: Methods

There were three phases within this research project: 1) literature review, 2) survey, and 3) focus groups. Each are discussed in more detail below. The term 'participants' is used to describe young women who were involved in the focus groups, while the term 'survey respondents' is used to describe young women who completed the survey.

Phase 1: Literature review

The initial phase of this research project involved conducting a review of existing literature on the SRH behaviours and experiences of LGBTIQ young women. This review specifically focuses on young women (including gender diverse and transgender young women) and included a selection of research from 2008 to 2018 conducted both within Australia and internationally. This literature review was designed to provide readers with a general overview of the SRH behaviours and experiences of LGBTIQ young women. The literature review also informed the survey questions investigating participant identity, attraction and behaviours.

Phase 2: Survey

The second phase of this project included development and distribution of an online survey. The purpose of the survey was to receive feedback on the SRH needs of LGBTIQ young women in the EMR.

Survey development

The survey was developed using the online platform SurveyMonkey and consisted of 31 questions (Appendix A). The survey questions collected a mixture of qualitative and quantitative data, including demographic information, relationship and sexual history, and experiences accessing SRH services. The survey questions were adapted from questions in the *Sydney Women and Sexual Health Survey*, the *5th National Survey of Australian Secondary Students* and *Sexual Health, Writing Themselves In 3, and ACON's Healthy Relationship Survey for LBQ Women and Non-Binary People Who Have Sex With Women.*

Initial drafts of the survey questions were developed in consultation with the Steering Committee. To confirm that the survey questions were easy to understand and relevant to LGBTIQ young women in the EMR, the survey was piloted with two LGBTIQ young women and a staff member from the Multicultural Centre for Women's Health. Comments provided upon review of the survey were addressed by the project lead.

Participants

Inclusion criteria for survey respondents were young people who: a) self-identify in some capacity with the label 'woman'; b) identify with a sexual minority label, such as lesbian, gay, bisexual, or queer; c) identify as transgender or gender non-conforming; d) have an intersex variation; e) live in the Eastern Metropolitan Region of Melbourne; and f) are aged 16 to 24 years.

Recruitment

A flyer with information about the survey was developed by Women's Health East (WHE) staff for participant recruitment (Appendix B). The flyer was advertised through the existing communication channels of Q-East, a network of professionals working with LGBTIQ+ young people in the EMR. Other organisations who deliver services to the LGBTIQ community or work with young people were contacted directly by WHE staff via email and/or phone to encourage advertisement of the survey. The flyer was also shared through WHE's social media channels.

Data collection and analysis

The online survey was open for six weeks and was completed by 30 LGBTIQ young women. The demographics of survey respondents are outlined in Table 1. Survey respondents were able to choose multiple answers for demographic questions related to sexuality, and work and/or study status.

TABLE 1: SURVEY RESPONDENT DEMOGRAPHICS

Demographic feature	Number
Age	
16-18	8
19-21	15
22-24	7
Gender identity	
Woman	25
Trans man	1
Trans woman	1
Genderqueer/non-binary/gender non-conforming	3
Sexual identity	
Lesbian/Gay	5
Bisexual	11
Pansexual	3
Queer	10
I don't know/unsure	2
I don't label myself	3
Did not disclose	1
Intersex variation	
Yes	1
No	29
Aboriginal or Torres Strait Islander origin	
Yes	3
No	25
Did not disclose	2
Disability or long-term health condition	
Yes	6
No	23
Did not disclose	1

(TABLE CONTINUED ON NEXT PAGE)

TABLE 1: SURVEY RESPONDENT DEMOGRAPHICS (CONTINUED)

Demographic feature	**Number**
Work and study	
School	2
TAFE	2
University	18
Working full-time	2
Working part-time	10
Unemployed	3
Did not disclose	1
Highest level of education	
Year 10	1
Year 11	3
Year 12	18
TAFE certificate or diploma	3
Bachelor degree	4
Did not disclose	1
Living arrangements	
Live with family members	14
Live with partner	5
Live in share house	7
Live on my own	1
Other (student residence, caravan)	2
Did not disclose	1

An initial analysis of survey data was undertaken to inform the key discussion points and list of prompts used during focus groups. This was to ensure discussion during the focus groups provided greater depth to information collected via the survey.

Phase 3: Focus groups

The purpose of the focus groups was to build on information collected via the survey by exploring the experiences of LGBTIQ young women accessing SRH services in the EMR in greater depth.

Participants

Three organisations within the Q-East network were approached by the project lead to gauge their interest in running a focus group during an established LGBTIQ support group session. A formal invitation (Appendix C) with information about the project, including how to participate in the online survey and focus groups, was sent to these organisations via email. Upon agreeing to host a focus group, the two host organisations distributed an information sheet (Appendix D) to support group members so they could make an informed decision about

whether to participate in the focus group. Inclusion criteria for focus group participants was the same as for survey respondents, expect the age range was expanded to include young people aged 15 to 25 years. This was expanded so not to exclude existing support group members who would have been unable to attend their regularly scheduled support group session otherwise.

Three focus groups – two in Whitehorse and one in Yarra Ranges – were conducted with a total of 14 participants. The demographics of focus group participants are outlined in Table 2. Participants were given open-ended questions to self-identify for sexuality and gender identity. In addition to the details provided below, one participant aged in the 15 to 16 years age group identified as having an intersex variation.

TABLE 2: FOCUS GROUP PARTICIPANT DEMOGRAPHICS

Age	**15-16**	**17-18**	**19-20**	**21-22**	**23-25**	**Total**
Gender identity						
Female	2	1	1	2		6
Male				1		1
Trans				1		1
Trans masculine non-binary			1			1
Non-binary	1		1			2
Pansexual					1	1
Not sure				1		1
Fluctuates				1		1
						14
Sexual identity						
Lesbian		1			1	2
Gay	1					1
Bisexual	1			2		3
Pansexual	1		1	2		4
Asexual				1		1
Panromantic asexual			1			1
Not sure			1	1		2
						14

Data collection and analysis

Focus groups were held in a private meeting room at the host organisation's service location. One hour was allocated for each focus group and participants received a $20 voucher for their participation.

Two WHE Health Promotion Officers attended each focus group, one to facilitate and one to take notes. A staff member from the host organisation was also present. A run sheet (Appendix E), which included an overview of key activities, discussion points and a list of prompts, was used to guide the focus groups. Each participant was asked to complete a form with demographic information at the beginning of the session. Discussion during the focus group centred around three key areas:

1. Enablers of positive experiences when accessing SRH services;
2. Barriers to accessing SRH services;
3. Suggested changes to improve experiences of SRH services.

Upon completion of each focus group, the notes taken during discussion were reviewed by the two WHE staff members in attendance to ensure all key points were captured. These two staff members then used thematic analysis to code the notes and form initial themes. Initial themes were discussed with the Steering Committee to define and name the main themes.

Strengths and limitations of this project

Whilst reviewing the results in this report it is important to consider the strengths and limitations of this project.

Strengths

A key strength of this project was its regional focus, and its capacity to engage directly with support groups and services in the EMR to ensure the views of local young women were heard. The project created greater knowledge and awareness within the region, and among its Steering Committee members, of the SRH needs of its young people.

The expertise of the external consultant, who was familiar with existing literature on LGBTIQ young women's SRH needs and experiences, also ensured an evidence-based and ethical approach to recruitment, data collection and data analysis processes. Finally, input from staff from the Multicultural Centre for Women's Health and LGBTIQ young women was sought to inform the survey questions and ensured the instrument was appropriate to the target group prior to dissemination.

Limitations

The research team were not successful in reaching the required number of survey respondents to ensure results were statistically significant. Despite this, the qualitative survey and focus group data provided a wealth of information that brought to life the perceptions of LGBTIQ young women in the EMR. In addition, the findings of this research project aligned with the findings in the existing literature, thereby reinforcing its credibility and providing a sound basis for further research.

Lastly, the small sample size meant the research team was unable to meet one of the project objectives to produce results relevant to specific sub-populations within the LGBTIQ community. The project objectives are revisited in the conclusion section of this report.

Chapter 4: Results & Discussion

Half of the survey respondents indicated that they had used a health service for SRH in the last two years. Of these, the most common reasons for accessing a service were for STI testing and contraception, and in the majority of cases the individual had seen a general practitioner (GP). Of the respondents who had accessed a service in the last two years, a number of these indicated dissatisfaction with their experience. To better understand what makes a good experience when accessing a SRH service, qualitative data from the survey and focus groups was analysed and generated five themes:

1. Service culture and staff communication;
2. Promotion of LGBTIQ inclusive services;
3. Education and awareness raising;
4. Structure and operations of service;
5. Relationships and sexual experiences.

The content of each theme is grouped in three sub-headings to capture young women's responses: 'enablers', 'barriers', and 'suggested changes'. When considering how to create an inclusive and accessible health service for LGBTIQ young women, the five themes should be taken together rather than considered in isolation. The research team were not successful in reaching the required number of survey respondents to ensure results were statistically significant. As such, quantitative survey data is not quoted throughout the results and discussion section.

Theme 1: Service culture and staff communication

This theme explores the influence that the health service culture, as experienced by interactions with service staff, has on the experience of LGBTIQ young women accessing SRH services.

Enablers

When discussing communication with service staff, participants identified the use of preferred pronouns as an important enabler to building rapport. Some described the significant impact this could have on their comfort levels and stated that if they were having a bad day and a health professional used their preferred pronoun, it would be a "breath of fresh air" and immediately lift their mood. This is consistent with findings from research that examines the needs of transgender and gender variant youth and adults. A health service provider's acknowledgment of the individuality of identity and the respect shown by appropriate name and pronoun use, specifically over the phone and whilst making appointments, is of great importance (Bockting et al., 2004; Hawkins, 2010).

Research has suggested that health providers need to explore ways to provide a welcoming and respectful environment for LGBT youth (Kitts, 2010; Steever et al., 2014; Travers, 2010; Coker et al., 2011). Survey respondents and participants across all focus groups stated that friendly and approachable staff were essential to support the creation of a welcoming environment for young women to feel comfortable. Focus group participants provided specific examples of feeling most comfortable with staff who demonstrate friendly customer service skills such as smiling, using first names and engaging in small talk upon arrival. Furthermore, when health service providers build rapport with clients, rather than moving straight into the formalities of a consultation, participants felt more comfortable to share their thoughts and experiences without fear of judgement. In these instances, the service provider was seen to be making a genuine effort to break down existing power dynamics and get to know their client.

Barriers

Many focus group participants and survey respondents felt that service providers made assumptions about their gender identity and sexuality and engaged in inappropriate questioning that made them feel attacked or judged. Survey respondents and participants provided specific examples of service providers' body language and tone changing once they had disclosed such information, including becoming visibly uncomfortable and awkward or making assumptions that they were promiscuous and very sexually active. Numerous survey

respondents reported that they chose not to be open about their sexuality or gender identity when they accessed a health service. This was partially attributed to being fearful of a negative response from the service provider. This has implications for young women's overall service experience, with a recent study finding that Victorian LBTIQ women who had discussed their identity with their general practitioner had slightly more positive attitudes regarding services than those who did not (McNair, 2015).

"GPs can be incredibly awkward about queer identities and because of this I am uncomfortable talking about it with them."
– Survey respondent

Making assumptions about a young woman's gender identity or sexuality, not initiating discussion about this topic and not creating a comfortable environment for this conversation to occur, were all identified as problematic for young women in this study. Without trust in their service providers, young women may not seek medical advice at all, and for those who do, they may not be receiving the most accurate information relevant to their health issue.

"GPs often don't ask questions about this [who you're having sex with] and just make assumptions about your gender and sexuality."
– Survey respondent

Suggested changes

Service staff who were open to hearing about different experiences and new information were looked upon favourably by participants. As discussed in 'enablers', participants across the three focus groups recognised the influence of language used by service staff. Participants stated that collecting information such as gender identity, sexuality and preferred pronouns in intake forms, then using the terms as specified on this form, would immediately create an inclusive and welcoming environment. Existing literature on LGBT health care experiences reiterates the importance of not assuming an individual is heterosexual, and instead asking open-ended questions, using gender-neutral pronouns, and asking the client how they identify in terms of gender and sexual orientation (McClain et al., 2016). In addition, participants said that having clear complaint procedures, so they felt safe to request improvements when necessary, would be beneficial. Having staff who openly identify as part of the LGBTIQ community was also suggested by participants as a useful way to engage LGBTIQ young women with the service. There can benefits associated with having LGBTIQ-identified staff within a health service, including increased ease in creating a safe space for the disclosure and discussion of sexual orientation and gender identity; however, it has been noted that the vast diversity of identities within the LGBTIQ umbrella does not afford knowledge and insight into all identities (Rutherford et al., 2012).

"They don't have to accept it [gender identity and/or sexuality] but they do need to listen and be respectful."
– Focus group participant

In several USA studies involving LGBTQ youth, young people indicated that they wanted health care professionals to exhibit good listening and communication skills during consultations (Coker et al., 2011). Focus group participants suggested that health service providers could provide information in multiple formats, such as verbal discussion and take-home resources for further reading, so young women could feel more engaged in and informed about decisions related to their health.

Theme 2: Promotion of LGBTIQ inclusive services

This theme unpacks discussion regarding the importance of marketing services to highlight LGBTIQ inclusivity, and how such promotion supports young women to develop trust in services and the information they provide.

Enablers
Participants in all three focus groups identified marketing tools such as displaying a rainbow flag, sticker or sign in visible places within entrance spaces of health services, as mechanisms which create perceptions of a safe space. It was agreed in one focus group that LGBTIQ young women should be able to access any mainstream SRH service and feel confident that staff will be respectful and welcoming. However, as this is not always the case, participants said they relied on marketing mechanisms, such as the displaying of a rainbow flag, to direct them to safe spaces. There is potential for mainstream services to more closely reflect the marketing often seen in LGBT-specific clinics which make special efforts to bring attention to inclusive imagery, advertisements and art, and particular language and information on website and signage (McClain et al., 2016). It is important to note, as mentioned earlier in this chapter, that only displaying marketing mechanisms is not sufficient to create a safe and inclusive health service for LGBTIQ young women. Displaying LGBTIQ marketing materials discussed by participants should be completed in conjunction with mechanisms discussed within the other four themes and within the recommendations for health services found on page 31 and 32 of this report. Completing this activity in isolation, such as displaying a rainbow flag without upskilling health service providers to work with the LGBTIQ community, could have detrimental effects for LGBTIQ young women accessing the service. Although the rainbow flag can create positive feelings and help young people make decisions about spaces and people, additional training around LGBTIQ+ sexual health issues can increase the effectiveness of young people's processes for finding respectful treatment and support (Wolowic et al., 2017).

Services with good reputations for being friendly, inclusive and well-educated about the SRH needs of LGBTIQ young women, as identified by focus group participants, included Northside Clinic, Equinox, Melbourne Sexual Health Clinic, Family Planning Victoria, EACH (Ringwood clinic specifically mentioned) and Yarra Community Health. Information sessions run by Family Planning Victoria were identified as great learning opportunities and useful for sharing experiences with other young people. Other trusted sources for SRH information and recommendations for services included peers, health professionals who young people have established relationships with, such as support group leaders, and the Internet, specifically Tumblr (searching 'sexual health') and blogs (tags such as 'sexual health' and 'LGBT'). Survey respondents identified similar trusted sources for information on SRH with health professionals, the Internet, youth workers and friends ranked highly by respondents.

These findings reflect results in the most recent Sydney Women and Sexual Health Survey (SWASH), where respondents aged 16 and above were asked where they obtained sexual health information. The most commonly reported sources were online (58%) and general practitioners (GPs) (53%) (Mooney-Somers et al., 2017). Other Australian research has found similar preferences for Internet and GPs as sources of information on sexual health amongst young people who identify as LGBTIQ (Mitchell et al., 2014). The fact that health service providers are so highly regarded highlights the importance of ensuring services are accessible, appropriately marketed to highlight inclusivity, and foster a culture that is welcoming to LGBTIQ young women as discussed in previous themes.

Barriers
In general, when marketing mechanisms, as discussed within 'enablers', are lacking, young women said they felt unsure about what services are LGBTIQ friendly. Most participants, particularly those living in the Yarra Ranges, were unsure what SRH services would be supportive in their local area and were particularly uncertain where to get support for unplanned pregnancy and to access abortion services. Increasing the visibility of LGBTIQ-friendly services in the EMR to LGBTIQ young women would be beneficial.

During discussion about what health services to access for unplanned pregnancy and abortion, participants highlighted that places that provide such services are often women's health services; for example, the Royal Women's Hospital (located outside of the EMR). Some focus group participants highlighted that depending on your gender identity, for example if you are pregnant but do not specifically identify with the label 'woman', seeking support from a women's health service may lead to stress and identity confusion. It was suggested that these services consider marketing mechanisms that signify, for example, that pregnant people of all gender identities are welcome.

"[Services] need to be inclusive of different gender identities even when accessing something like pregnancy or abortion services."
– Survey respondent

Suggested changes

Along with using marketing tools such as displaying a rainbow flag, sticker or sign in visible places, participants in one focus group suggested that additional measures such as using LGBTIQ inclusive language and images on websites and resource materials, such as posters and brochures, would be beneficial. In addition, having a visible sign with a statement such as 'we are Rainbow Tick accredited'[2] or 'ask us about LGBTIQ sexual and reproductive health' creates an environment where young women feel comfortable asking questions. With such mechanisms implemented young women held perceptions, founded or unfounded, that the responses to questions would be free from judgement and that staff in the service would be educated about LGBTIQ SRH needs.

Finally, participants in two out of three focus groups stated that the creation of a collective place online, such as sexual health website targeting LGBTIQ young women, would be useful to increase access to credible information about SRH and to obtain recommendations for accessible and inclusive services. Promotion of the websites and online resources from Thorne Harbour Health and Family Planning Victoria could be more directly targeted at LGBTIQ young women in the EMR to increase awareness of their existence amongst this group.

"It [collective website] could say: these places are LGBTIQ inclusive and educated."
– Focus group participant

Theme 3: Education and awareness raising

This theme explores the importance of professionals having a strong understanding of LGBTIQ inclusive practice and current knowledge about the SRH needs of LGBTIQ young women. The theme is broken into discussion on two key areas: 1) education for professionals in the health sector; and 2) sexual health education in schools.

HEALTH SECTOR

Enablers

When asked what they look for when choosing a SRH service, survey respondents ranked 'doctor is informed about sexual and reproductive health' highest. Focus group participants also identified specific knowledge of SRH health for LGBTIQ young women and inclusive practice for members of the LGBTIQ community as important enablers to accessing health services; although they did not always feel this was a common feature of the services they had accessed.

Barriers

Despite expressing a preference for seeing GP's and attending health services that are informed about SRH, there was an assumption amongst most participants and survey respondents that health service providers' knowledge about the SRH needs of LGBTIQ young women was quite general. They reported that there were gaps in service providers', particularly GPs, understanding of LGBTIQ inclusive practice such as use of correct terminology for gender identities and sexualities. Participants in one focus group expressed a belief that inclusive practice was not a major part of training

[2] Rainbow Tick Accreditation supports organisations to implement inclusive service delivery for LGBTI people, and provides national recognition for those who meet the outlined standards.

for health service providers, leading to inappropriate questioning, even when most providers were perceived as having good intentions. Furthermore, there was general agreement in one focus group that it was disheartening when health service providers were not across information about LGBTIQ young women's SRH needs. In such circumstances, participants and survey respondents felt an unfair responsibility to share their own knowledge to support the capacity building of the professional.

"The doctor didn't care to talk to me about what protection I could use with my female partner and I had to ask for all tests to be taken when they only checked for HIV."
– Survey respondent

Research has indicated that health and other service providers need to be educated about societal homophobia and transphobia and its consequences for health outcomes among LGBT people, including higher levels of substance use, mental ill-health and sexually transmitted infections (Kitts, 2010; Steever et al., 2014; Travers, 2010; Coker et al., 2011). However, some research has reported that physicians feel that they do not have the skills needed to address issues of sexual orientation and gender diversity among young people (Kitts, 2010).

Suggested changes

Participants, across all three focus groups, suggested that encouraging health service providers, including GPs, to upskill on LGBTIQ inclusive practice throughout their career is important. Such education would include information around terminology, the needs of people with diverse gender identities and sexualities and how to bring up topics such as gender identity and/or sexuality in appropriate ways during a consultation. Incorporating more substantial education into medical curriculum during under-graduate medical training was also deemed important by focus group participants. Participants suggested this could include medical and nursing students being encouraged to undertake placement in community health services where they can gain increased exposure to the LGBTIQ community. Although this may not be viable, these ideas represent a need for ensuring education and training in tertiary institutions includes opportunities to work with diverse community groups such as the LGBTIQ community. This may mitigate knowledge gaps, as well as increase health service providers' comfort and skill levels in working with people of diverse gender identifies and sexualities as discussed in previous themes. As young women in this project identified that they trust the expertise of health professionals, it is particularly important that health service providers have a solid understanding of SRH needs of the LGBTIQ community.

"I have met a few doctors who... take note that vagina-vagina sex is still something that can cause STDs and ... offer safe sex education where schools have otherwise not."
– Survey respondent

Participants stated that the above suggestions should occur in conjunction with general training for the entire service workforce to support the creation of cultures, spaces and practices which are inclusive.

SCHOOLS

Enablers

As a key setting where many young people spend a significant amount of time, schools have the potential to be an important source of SRH information and education for LGBTIQ young women. However, no young women involved in the survey or focus groups identified specific enablers in their experiences of these settings.

Barriers

Schools were not rated highly as a trusted source of SRH information by survey respondents nor focus group participants. Participants discussed the inadequate SRH education they had received or were receiving at school. In the Australian study WTI3, it was stated that less than

one in five young people were able to access relevant information about gay or lesbian safe sex from school (Hiller et al., 2010); however, even the information that was accessible did not include safe sex information for trans or gender diverse young people (Jones, 2017). These comments from respondents and participants also reflect the findings of international research studies that note LGBTIQ young people are often required to fill knowledge gaps through other sexual health education, such as referring to books and relying on personal communication (Dehaan et al., 2013).

Participants stated that SRH education in schools is largely targeted at heterosexual young people, rarely includes discussion about the contraception needs of LGBTIQ women, and often does not include discussion on sex and sexual relationships. In their experience, participants felt the focus of SRH education was usually male/female reproduction, prevention of STI's and pregnancy, and, within discussion on these topics, does not account for the experiences of LGBTIQ young people. LGBT young people rarely have access to useful information at school due to a situation where the vast majority of Australian secondary school sex education classes focus exclusively on heterosexual sex (Mitchell et al., 2014).

Suggested changes

Participants suggested that educators with specialised SRH knowledge should be involved in education in schools to ensure content is inclusive and relevant to all young people. The Australian Association for Adolescent Health (2018) position paper recommends that trained SRH experts support teachers in delivering sexuality education.

"There is no such thing as too much information, if I had known half the information I do now acceptance of myself and my identity would have been far less daunting and I would not have had a fear of sex."
– Survey respondent

Theme 4: Structure and operations of service

This theme is comprised of discussion around aspects of service structure and operations which contribute to accessibility and inclusivity, including geographical location, cost, opening hours, service provision, and aesthetics of the service environment. The aspects of service structure and operations identified potentially also relate to young people in general.

Enablers

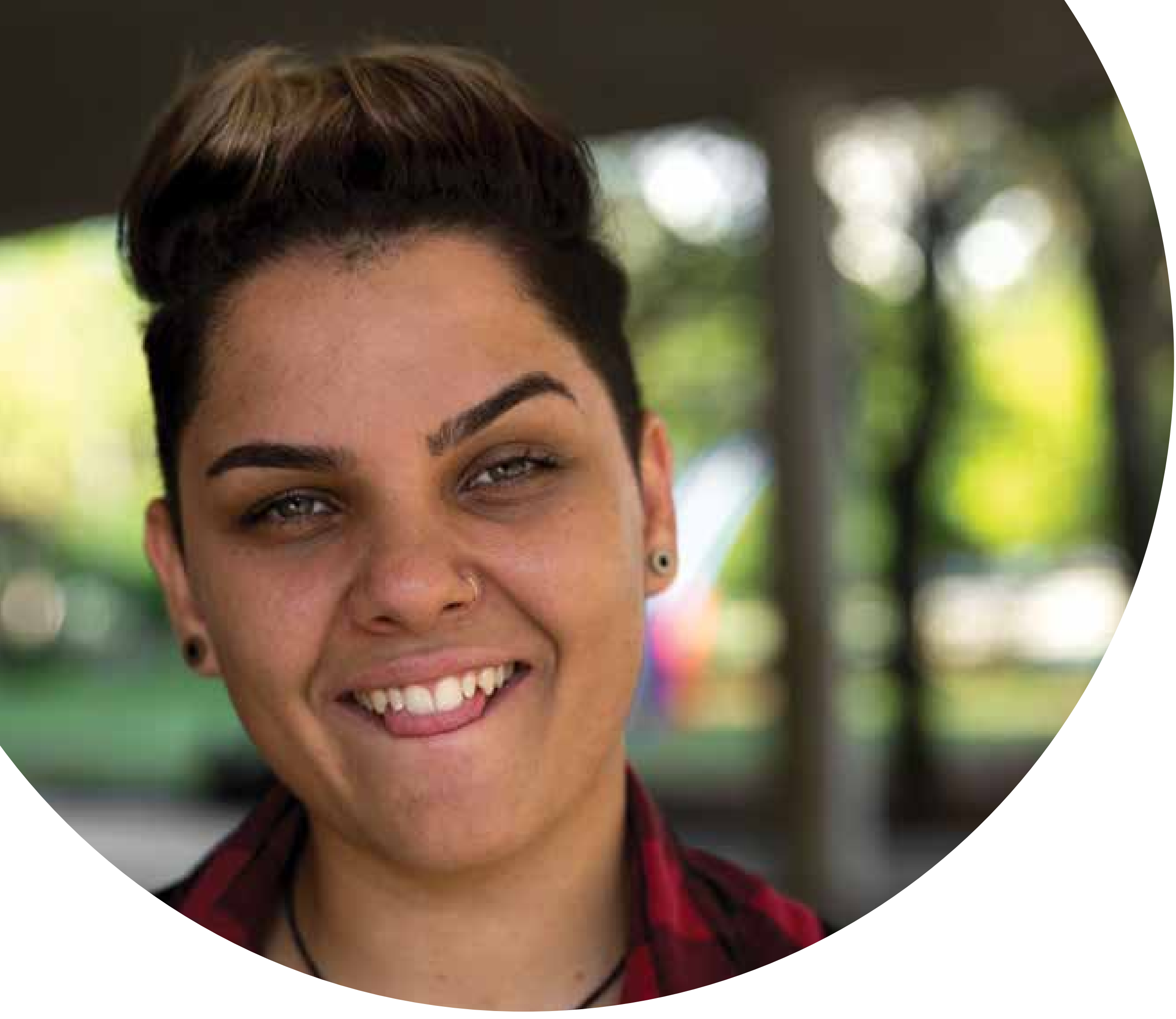
Services with flexible opening hours were looked upon favourably, with participants from two focus groups stating that 12 to 24 hour operating times with options for evening appointments to accommodate different schedules are useful. The importance of such considerations was cemented by survey respondents ranking 'ease of access', including opening hours and location, third highest when asked to rate what they look for when choosing a SRH service. In addition, numerous survey respondents ranked 'low cost' highest, and focus group participants reiterated that, for young people who are not financially independent, bulk billing or low-cost services were the most accessible types of service providers.

"Bulk billing is a lifesaver for my family."
– Focus group participant

In addition, participants in two focus groups highlighted the usefulness of multiple services being available at one location; with pap smears and pathology testing specifically mentioned as useful services to have available at the same location as a consultation.

Barriers

A combination of long wait times, cost and availability of services in the local area sometimes limited participants' ability to develop an ongoing relationship with a service or GP. Existing research highlights the link between an ongoing relationship with a GP or service and service experience satisfaction. Women in the SWASH who had a



regular doctor or health centre were more likely to be open about their sexuality (76%) than women who did not (31%), and more commonly reported being satisfied with their experience at services (Mooney-Somers et al., 2017).

When discussing their experiences accessing SRH services, participants in all focus groups expressed that, ideally, SRH services would be available in more locations throughout the EMR. For some participants, particularly those living in the Yarra Ranges, locations such as Box Hill were deemed too far away to access regularly. Proximity to public transport was a major factor in young women's decision to use a service. Participants stated that they generally travel into Melbourne's Central Business District to access health services, as transportation to the city is readily available and more direct than to some locations in the EMR.

"Often parents aren't told when their kid has sex or is having sex, thus a trusted, easy to access, probably bulk billing, welcoming doctor is often sought out when needing treatment or resources."
– Survey respondent

Suggested changes

The aesthetics of service spaces, including waiting areas and consultation rooms, were particularly important to support young women in this project to feel comfortable. Participants suggested colourful walls, posters, use of non-plastic chairs, and creating open spaces with windows contributed to creating a welcoming physical environment. Existing research identifies the important role a welcoming health service environment, including presence of windows and artwork, plays in supporting patients to have satisfying health care experiences (Schweitzer, Gilpin, & Frampton, 2004; Dijkstra, Pieterse, & Pruyn, 2006).

Finally, participants suggested that it would be beneficial to have a larger variety of clinical services attached to existing community services with good reputations amongst young people. This would offer convenience, as young people may already visit these services regularly for other programs such as support groups or counselling.

Theme 5: Relationships and sexual experiences

This theme summarises discussions regarding healthy relationships and the sexual experiences and behaviours of young women in the LGBTIQ community. The emergence of content relating to this theme was somewhat unexpected. As such, discussions within this theme were kept brief as drawing out further information on this topic from young women involved in this study was outside the scope of the project.

Enablers

Our Watch (n.d.) states that a respectful relationship refers to '...relationships among intimate, romantic or dating partners characterised by non-violence, equality, mutual respect and consideration and trust.' Responses from survey respondents indicated that young women had a sense of the values of what are widely thought to constitute an equal and respectful relationship, using terms such as 'communication', 'trust', 'respect', 'consent', 'loyalty', and 'honesty' when asked to describe what makes a healthy intimate relationship. Although survey respondents identified values of a healthy relationship, there was no information collected as to whether these values were present within their current relationships.

"Communication is number one; love, respect, honesty and loyalty are all the things needed to support a healthy relationship."
– Survey respondent

Barriers

Participants in one focus group discussed numerous assumptions within the broader community about LGBTIQ relationships including perceptions that: abusive relationships do not exist in relationships that do not have male/female dynamics; women cannot be abusive; and there needs to be one partner exhibiting what are generally perceived to be masculine characteristics and one partner exhibiting what are generally perceived to be feminine characteristics in any relationship. Participants believed that these assumptions were largely influenced by the media's portrayal of LGBTIQ relationships. How and why these perceptions about relationships in the LGBTIQ community exist was not explored further with participants, as this was outside the scope of this project as discussed earlier in this theme.

Suggested change

Participants suggested young people need: more education about what constitutes a healthy relationship focused on the different issues and dynamics of LGBTIQ relationships; more visible role modelling of equal and respectful LGBTIQ relationships; options for specialist couples counselling; and more outlets to share their experiences to prompt discussion amongst peers about what positive sexual experiences look like. Participants also felt it was appropriate for GPs to deliver information about healthy relationships during consultations.

Questions about relationships for young LGBTIQ people were asked within the survey as it was identified within Free From Violence (2017), Victorian Government's strategy to prevent family violence and all forms of violence against women, as an area for further investigation. As a result of the inclusion of these questions and the discussion that resulted from the survey and the focus groups, WHE will build upon this data by undertaking a new project around prevention of family violence for LGBTIQ young people entitled Voices for Equality & Respect.

Chapter 5: Conclusion & Recommendations

The aim of this project was to assess the SRH of LGBTIQ young women in the EMR. Through an exploration of the lived experiences of LGBTIQ young women who attended the focus groups and contributed qualitative data to the online survey, we have a better understanding of this group's SRH needs and the unique barriers they face when accessing health services. Although we were unable to produce results relevant to specific sub-populations, the richness of the data provides a sound basis for future research.

The results of this project reveal that, in general, many LGBTIQ young women in the EMR feel somewhat excluded from mainstream health services for a variety of reasons. Although some potential barriers to accessing SRH services, such as location, cost and operating hours are potentially applicable to all young people in this age group, there is much to learn about what makes SRH services accessible to and inclusive of LGBTIQ young women.

Young women reiterated the importance of a positive attitude amongst health service staff that is open to hearing about different experiences, learning new information and listening to the client. This included the use of language appropriate to the LGBTIQ community, such as using preferred name or pronouns. The high level of trust many LGBTIQ young women expressed they had in health service providers when seeking SRH information highlights the importance of health service providers having a strong understanding of inclusive practice, as well as up-to-date knowledge about the SRH needs of LGBTIQ young women. The results of this research also revealed the importance of marketing services to highlight LGBTIQ inclusivity, and how such promotion supports young women to develop trust in services and the information they provide. A combination of the considerations discussed within this report would create service environments LGBTIQ young women feel comfortable to access and where they can gain SRH services and information appropriate to their needs.

Recommendations

The following recommendations are drawn from information collated within the scope of this specific project. To promote gender inclusivity and accessibility of services, Women's Health East puts forward the following general recommendations for health service providers:

• Become Rainbow Tick accredited

Commitment to LGBTIQ pride, diversity and inclusion can be demonstrated by becoming Rainbow Tick accredited, which involves meeting six nationally recognised LGBTIQ-inclusive practice standards. This is a resource intensive process that can take over a year with an allocated project officer, so leadership should make these staffing and financial considerations during their service's annual planning cycles. Further details about Rainbow Tick can be found here. The practical application of the below recommendations are all supported as part of Rainbow Tick national accreditation:

- *Provide competency training* to service staff. Training suggestions can be found here.
- *Enable ongoing professional development* to promote understanding of health and wellbeing issues affecting LGBTIQ communities. Peak body organisations such as National LGBTI Health Alliance provide information about upcoming events on their website.
- *Review internal policies and procedures* that relate to client intake, and client and staff interactions. For

example, consider intake forms that include diverse gender options and preferred names.

- *Provide feedback opportunities* for LGBTIQ young people who are consumers.

- *Conduct a marketing audit* of service resources to encourage visible support of diversity.

• Align to Rainbow eQuality

Private practice GP's can consider aligning practice to Rainbow eQuality, a practice guide developed by the Victorian Government. Rainbow eQuality is an accessible online practice guide to assist mainstream health and community services to identify and adopt inclusive practices and become more responsive to the needs of the LGBTI community. Keep in mind this guide only provides generic suggestions and health services must specifically tailor them appropriately for the community that is being served. The Rainbow eQuality guide can be found here.

The following are recommendations specific to a number of organisations who work in the Eastern Metropolitan Region of Melbourne, and have been developed with input from these organisations:

• Support teachers to deliver education

Family Planning Victoria to offer a professional development session by June 2019 for teachers at government schools in the EMR to build their confidence in providing comprehensive and inclusive sexual health education.

• Advocate for inclusivity

Women's Health East to advocate to all Victorian Women's Health Services about the need to be inclusive of LGBTIQ women's sexual and reproductive health needs within the priority of improving women's sexual and reproductive health.

• Deliver LGBTIQ health training

Eastern Metropolitan Primary Health Network and Women's Health East to investigate the delivery of LGBTIQ health modules and training within the EMR.

The following are recommendations for the Victorian Government to contribute to an enabling environment:

• Resource Rainbow Tick accreditation

Provide subsidies for all health services, including community health, to undertake the process of Rainbow Tick accreditation.

• Ensure sexual health education is comprehensive and inclusive

In alignment with Safe Schools and Respectful Relationship education, ensure the needs of LGBTIQ young people are being met appropriately through the delivery of evidence-based and age-appropriate sexual health, sexuality and relationships education that is inclusive of the needs and experiences of LGBTIQ young people, as part of the government school curriculum.

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Appendices

Appendix A: Survey

SURVEY – LGBTIQ YOUNG WOMEN LIVING IN THE EASTERN REGION*

*(Eastern region includes the municipalities of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges).

Women's Health East (WHE) wants to hear from young women who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) who are:

- aged 16 to 24 years, and
- living in the Eastern region.

Women's Health East works to improve women's health, safety and wellbeing in our region, and we have a particular focus on improving women's sexual and reproductive health, including access to quality information about respectful relationships, sex, contraception and sexually transmitted infections (STIs). In this project we want to know more about the sexual and reproductive health needs of young women who identify as LGBTIQ and what they want from their local health services. We believe that it is the basic right of all people, regardless of their sexuality and gender, to have a satisfying and safe sex life, the ability to reproduce, and the information to make the right to make decisions, free from discrimination, coercion and violence.

We will use the information from the survey to help services in the Eastern region become more inclusive of LGBTIQ young women.

This survey asks questions about your experiences of health services. It is strictly anonymous; we will not know who you are. Please help us by completing as many questions as you can. You can add your views on any issues raised by these questions.

The survey will take approximately 20 minutes to complete and it closes on Sunday 29th April 2018 at midnight.

This survey is also available on paper – please contact Lara Gerrand on 9851 3700 if you would prefer a copy mailed to you.

IMPORTANT: If this survey raises any questions or concerns for you about your health or current situation, please check out the list of services available to you that are listed at the end of the survey.

If you have any questions about this survey or the project please contact Lara Gerrand at Women's Health East on 03 9851 3700 or lgerrand@whe.org.au. More information about the work of Women's Health east can be found at http://www.whe.org.au

1. How old are you?
16 – 18 years
19 – 21 years
22 – 24 years

2. What is your postcode? (If unsure of postcode just put in suburb)

3. When babies are born they are assigned male (boy) or female (girl). Which were you assigned when you were born?
Male
Female

4. What is your current gender identity?
Man
Woman
Trans man
Trans woman
Genderqueer / non-binary / gender non-conforming
Different Identity: (please state)

5. Intersex is a term for people born with atypical physical sex characteristics. There are many different intersex traits or variations. Do you have an intersex variation?
Yes
No

6. How do you currently identify yourself? (Please select all that apply)
Lesbian/Gay
Bisexual
Pansexual
Queer
I don't know/unsure
I don't label myself
Other (please specify)

7. What country were you born in?
Australia
China
India
Malaysia
Other – please specify

8. Are you of Aboriginal or Torres Strait Islander (ATSI) origin?
Yes
No

9. Do you have a disability or long-term health condition?
Yes
No

10. What are you doing at the moment (please tick all that apply)?
I am at school
I am at TAFE
I am at Uni
I am working full time
I am working part-time
I am unemployed

11. What is your highest level of education?
Yr 8 – 9
Yr 10
Yr 11
Yr 12
TAFE certificate or diploma
Bachelor degree

12. Where do you currently live?
With family members
With my partner
Share house
On my own
Out of home care (residential care/foster care/kinship care)
Couch surfing
Other (Please specify)

13. Over the last 2 years, have you used any health services for sexual and reproductive health? (Tick more than 1 if required)
No
Yes (tick which services you required)
- Sexually transmitted infections testing
- Contraception
- Pap test / cervical screening
- Fertility (in order to get pregnant)
- Pregnancy testing
- Support with pregnancy
- Termination of pregnancy
- Other (please specify)

14. What type of services/providers? (Tick all that apply)
General GP practice
Community health clinic
Sexual and reproductive health clinic
Hospital
Other (please specify)

15. The last time you accessed a service were you open about your sexuality and/or gender identity?
Yes
No

16. The last time you accessed a service, how satisfied were you with the service:
1 – Very Unsatisfied
2 – Unsatisfied
3 – Neutral
4 – Satisfied
5 – Very Satisfied

17. Please tell us more about your experience/s with sexual and reproductive health services: (Both positive and negative experiences)

18. What would / do you look for in choosing your sexual and reproductive health services or providers?
Rank 1 – 3, with 1= most important.
Promotion to young LGBTIQ people
Word of mouth / recommendation
Free/low cost
Ease of access (time/location)
Doctor is informed about sexual and reproductive health
Inclusive services for LGBTIQ young people

19. Who or what is your most trusted source of information about your sexual and reproductive health?
Rank 1 – 3, with 1= most important.
Health service and/or professional
School teacher / lecturer
Youth worker
Internet websites
Mother
Father
Friends
Siblings

20. Do you have any other comments about accessing sexual and reproductive health services as an LGBTIQ young woman in your local area?

We'd like to ask you some questions about your sexual behaviours and sexual health. Only answer the ones you want to, it is up to you.

21. Which of the following best describes your sexual behaviour over the past 2 years?
I have never had sex
I've had sex with both guys and girls
I've only had sex with girls
I've only had sex with guys

22. How old were you when you first had sex? (this includes oral sex, fingering, anal and vaginal penetration)

23. Were you drunk or high the last time you had sex?
Yes
No

24. Have you ever been tested for sexually transmitted infections (including chlamydia, gonorrhoea, HIV etc.)?
Yes
No
I don't know/Unsure

25. Do you currently use any form of contraception?
No

If not, can you tell us the reason why? (text box)
Condoms
Withdrawal
The Pill
Other forms of contraception (implanon/the rod, IUD, depo shot)
Unsure what was used

26. The last time you had sex – if it was penis/vagina or penis/anus sex – was a condom used?
Yes
No
Not applicable

27. Have you ever been pregnant?
Yes
No

If you answered yes, what happened with the pregnancy?

28. Have you ever had sex in exchange for money, drugs, housing or food?
Yes
No

29. Have you ever been in an intimate relationship where your partner has abused you? (this includes physical, emotional, sexual, financial or social abuse)
Yes
No
Not sure
Prefer not to answer

30. We are interested in what you think makes a healthy intimate relationship. Can you tell us what you think are the things that make a relationship good?

31. You have come to the end of the survey. Is there anything else you would like to tell us about any of the issues we have covered?

Thanks you for taking the time to assist us with this project. We appreciate hearing your ideas.

The results of this survey will be used to inform local services about the needs of LGBTIQ young women and their access to sexual and reproductive health services. The report will be publicly available on the WHE website from [date]. If you would like a copy emailed directly to you, please contact Lara Gerrand at Women's Health East on lgerrand@whe.org.au

Links to some health and support services currently available to young LGBTIQ people:

Family Planning Action Centre
Phone: (03) 9660 4700
Freecall: 1800 013 952

QLife (Gay and Lesbian Switchboard)
1800 184 527, Switchboard Victoria is a community based not for profit organisation that provides peer based, volunteer run support services for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) people and their friends, families and allies.

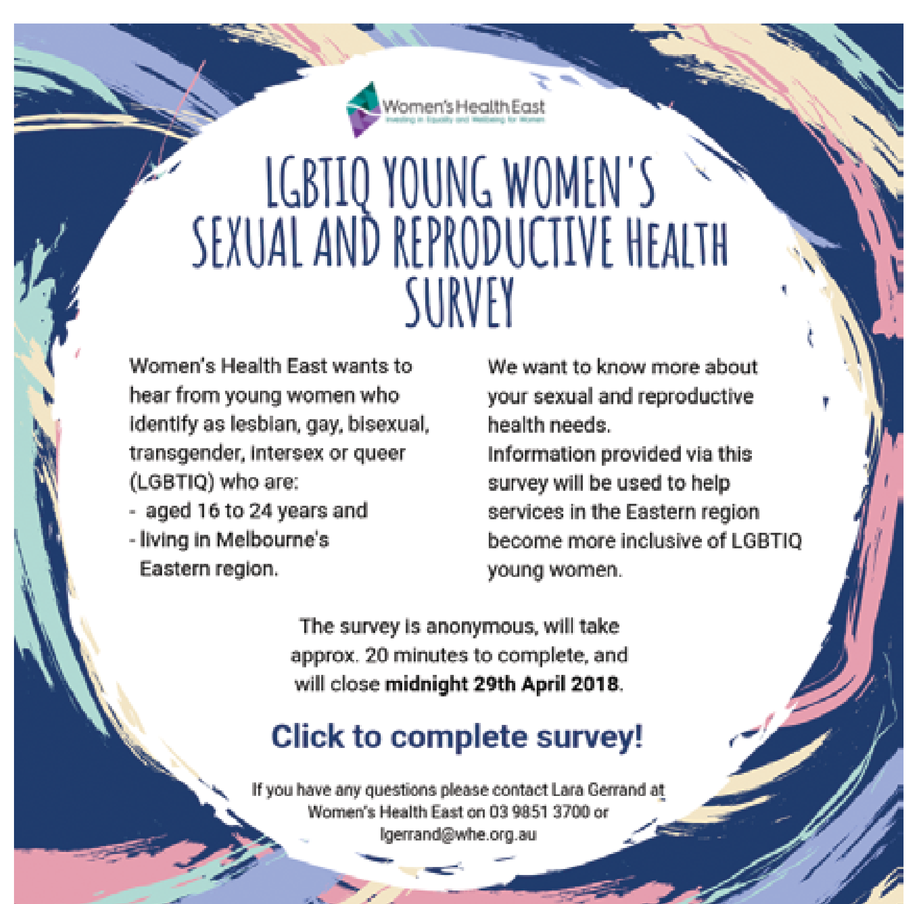
Kids Helpline
1800 55 1800, for people aged between 5 and 25 years. 24/7 phone and online services www.kidshelpline.com.au

EDVOS
9259 4200 M-F: 9am-8pm & Sat: 9am-5pm EDVOS is a specialist family violence service for women and their children who are currently living with or have experienced family and domestic violence

Eastern Centre Against Sexual Assault
(ECASA) 1300 342 255

1800RESPECT
1800 737 732, The national sexual assault, domestic and family violence counselling service. 24/7 phone and online services. www.1800respect.org.au

Appendix B: Recruitment Flyer



Appendix C: Host Organisation Invitation

INFORMATION FOR HOST ORGANISATION

Date: May 31st 2018

Project title: LGBTIQ young women's sexual and reproductive health in the Eastern Metropolitan Region

Organisation responsible for project: Women's Health East
Research team: Lara Gerrand (Health Promotion Officer, Women's Health East), Philomena Horsley (Private consultant), Taylor Nally (Health Promotion Officer, Women's Health East)

Women's Health East would like your organisation's support conducting a focus group for this research project. This document contains key information about the project background, methods, and dissemination, as well as, how confidentiality of the young people who participate will be protected and potential benefits and risks of participation. If you have any questions about the project after reading this document you can contact Lara Gerrand (contact details can be found on page 3).

Background and purpose

Women's Health East works to improve women's health, safety and wellbeing in the Eastern Metropolitan Region (EMR). We have a particular focus on improving women's sexual and reproductive health, including access to quality information about respectful relationships, sex, contraception and sexually transmitted infections.

This project is being undertaken because there is a lack of research and initiative around sexual and reproductive health (SRH) for young lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) women in the Eastern Metropolitan Region (EMR).

Methods

The first stage of this project involved asking LGBTIQ young women aged 16 to 24 years in the EMR to complete an online survey.

The second stage of this project involves conducting focus groups with LGBTIQ young women. Anyone who feels they share this identity is welcome to attend.

Focus group discussion will focus on three key areas:

- *Enabler* – What do you think makes/looks like a positive experience for LGBTIQ young women when accessing SRH services? What has worked well?
- *Barriers/Challenges* – What are the key issues around SRH services?
- *Change* – Ideas for things to change/get better. What does that look like?

The focus group discussion will be facilitated by Lara Gerrand (Women's Health East). Taylor Nally (Women's Health East) will also be in attendance to take notes during the session.

What participation will involve

During the session participants will be asked to comment on SRH experiences of LGBTIQ young women. We ask that they do not directly comment on their own personal experiences during discussion but instead use terms such as 'my friend...', 'someone I know...' etc. to de-personalise examples and stories. The focus group will last for 1 hour.

Potential benefits for participants and the wider community

The report produced as a result of this project will be used as a basis for advocacy in the EMR to ensure health services and practice is inclusive and sensitive to the SRH needs of young LGBTIQ women.

Potential risks

Participants have control over what they share with the group and facilitator, and can pause or stop sharing at any stage. No adverse effects are predicted, however, there may be additional unforeseen or unknown risks.

We ask that the (insert name of host organisation representative) is present during the focus group. If anyone feels the need to leave the room or disclose anything after the session the (insert name of host organisation representative) will be available to provide support.

How privacy and confidentiality will be protected
Demographic information collected at the start of the focus group and any notes taken during the focus group will be typed and stored on password protected computers at Women's Health East. This information and data will only be accessed by members of the research team.

It will not be possible to identify anyone in the final project report. Where data from the focus groups is used, names or any information that might make an individual identifiable will be removed from the data before it is incorporated into the report.

Results of the project
Data collected via the online survey and focus groups will be used by Women's Health East to write a project report. This report will be available on the Women's Health East website and will be sent directly to the organisations involved in the steering committee and focus groups to disseminate directly with workers, young people and those involved in the project.

Payment to participants
All focus group participants will receive a $20 gift voucher to thank them for their time.

Participation is voluntary
Participation in this research is completely voluntary. If young people do not wish to participate they can decide not to attend the session or leave at the beginning of the session.

Any questions?
If you have any questions about the information contained in this document please contact Lara Gerrand. Lara's contact details can be found below.

Contact details
Lara Gerrand
Health Promotion Officer, Women's Health East
Phone: (03) 9851 3709
Email: lgerrand@whe.org.au

Appendix D: Host Organisation Invitation

INFORMATION FOR PARTICIPANTS

Women's Health East would like you to participate in a focus group for our research project: 'LGBTIQ young women's sexual and reproductive health in the Eastern Metropolitan Region'.

What is the project?
We are doing this project because there is a lack of information around sexual and reproductive health (SRH) for young lesbian, gay, bisexual, transgender, intersex and queer women in the Eastern Metropolitan Region (EMR).

SRH includes having access to information about respectful relationships, sex, contraception and sexually transmitted infections, having enjoyable and safe sexual experiences, and freedom to choose if and when/if you have children.

The first part of this project involved asking LGBTIQ young women aged 16 to 24 who are living in the EMR to complete an online survey.

The second part of this project involves conducting focus groups with LGBTIQ young women. If you feel that you identify in this group you are welcome to attend.

What do I have to do?
Please attend our focus group which will be held during your normal support group.

Participation in the focus group is voluntary - if you do not want to take part you do not have to. The focus group will last for 1 hour. You will be asked to comment on sexual and reproductive health experiences of LGBTIQ young women. You will not be directly commenting on your own personal experiences but instead will use words such as 'my friend…', 'someone I know…' etc. when sharing stories.

Discussion during the session will be focused on these areas:

• *Enabler* – What do you think makes/looks like a positive experience for LGBTIQ young women when accessing SRH services? What has worked well?
• *Barriers/Challenge*s – What are the key issues around SRH services?
• *Change* – Ideas for things to change/get better. What does that look like?

You will receive a $20 gift voucher for your participation.

Who will be at the focus group?
• Two Health Promotion Officers from Women's Health East – Lara (facilitator) and Taylor (note-taker)
• Peers
• (insert name of host organisation representative)

What will you do with the information I provide?
The data will be used by Women's Health East to write a project report. It will not be possible to identify who you are in the project report.

Demographic information collected from you and any notes taken during the focus group will only be seen by the project team at Women's Health East.

How will participation benefit me?
The project report will be used as a basis for advocacy in the EMR to ensure health services and practice is inclusive and sensitive to the SRH needs of young LGBTIQ women. We hope that this will lead to positive SRH experiences for you!

What are the risks of participating?
You will be asked to comment on LGBTIQ young women's SRH experiences. There is the possibility that past experiences may cause you to have an emotional response. Remember that you have control over what you share with the group and can stop sharing at any time.

Beck will be present during the focus group. If you want to leave the room or disclose anything the FAN worker will be available to support you.

Any questions?
If you have any questions please contact Lara Gerrand. Lara's contact details can be found below. If you want to keep your identity private while asking your questions you can do so by using the phone.

Lara Gerrand
Health Promotion Officer, Women's Health East
Phone: (03) 9851 3709
Email: lgerrand@whe.org.au

Appendix E: Focus Group Run Sheet

Time	What	Resources
5 minutes	Introductions Acknowledgement of Country Brief intro of project	Project info sheet Data form
5 minutes	Group Agreement Ice-breaker – What super power would you want and why?	Butchers paper Textas
40 minutes	Write the questions/prompts up onto butchers paper. Do each question briefly with group. Get them to write a few ideas down on post it notes and put them on the most appropriate questions. Go over all the answers and draw anything out that needs to be drawn out.	Butchers paper Pens Post it notes
10 minutes	Divide into 2 groups with cards with some of the top things and get them to rank them	Cards
Additional activity if time	In groups draw/design what an inclusive SRH service is and maybe a campaign strategy. How are we going to get these things?	Butchers paper Textas

Key topics for discussion:

• ***Enabler*** – What do you think makes/looks like a positive experience for LGBTIQ young women when accessing SRH services? What has worked well?
• ***Barriers/Challenges*** – What are the key issues around SRH services?
• ***Change*** – Ideas for things to change/get better. What does that look like?

Additional prompts (if required):

- Open about sexuality/gender with GP
- Majority said their experience was neutral, neither unsatisfied nor satisfied with the SRH service.
- Top reasons for choosing health services: Free/low cost, accessible, DR informed about SRH, inclusive services for LGBTIQ
- Most trusted source of info about SRH is with health professional
- If Dr is informed about SRH what does that look like? Testing, contraception, general srh, sexuality, gender identity
- Large majority hadn't ever been tested for STI's
- Why a condom might not be used for penetrative sex?
- Barriers?

Resources

Rainbow eQuality

Rainbow eQuality is an online practice guide that supports health and community services to be more inclusive of the LGBTI community. It outlines standards that should be met when caring for LGBTI clients, understanding LGBTI health issues and best-practice examples of inclusive service delivery in Victoria.

Rainbow Tick

The Rainbow Tick program was developed by GLHV in partnership with Quality Innovation Performance (QIP), a not-for-profit, national accreditation body. The accreditation program consists of organisations meeting six LGBTI-inclusive practice standards against which services can be accredited by QIP.

Living LGBTI – Half day training session

This training is facilitated by GLHV and explores LGBTI people's everyday lives and the ways in which systemic discrimination, including homophobia, biphobia and transphobia, affect their health and wellbeing.

HOW2 Program

This training program delivered by GLHV aims to create an LGBTI inclusive organisation by supporting the development of health and human services that are inclusive of LGBTI clients and staff. The program involves 4 x 4.5 hour sessions that are held 6 to 8 weeks apart. The sessions are delivered by highly-experienced GLHV facilitators. Participants are required to be involved in some out-of-session work, which involve practical activities at participants' workplaces that relate to the content of the sessions.

Thorne Harbour Health

Thorne Harbour Health (previously VAC) provides training in all areas of LGBTI inclusion and affirmative practice. This training includes sexual health, trans and gender diverse health and LGBTI cultural sensitivity and awareness training.

Women's Health East acknowledges the support of the Victorian Government.

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