



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

**Development of a New National Women's
Health Policy: Consultation Discussion
Paper**

July 2009

1. ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Community Support Network (CSN), the Positive Living Centre (PLC), the Lesbian and Gay Anti-Violence Project (AVP) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

The organisation has a strong history of working with government, community and mainstream health services to advocate on behalf of the GLBT community, not just in relation to HIV/AIDS. ACON's commitment to improving the health and wellbeing of lesbians and same-sex attracted women in NSW has seen the development of the first ever Australian lesbian health strategy for 2008 – 2011 titled, *Turning Point*. This strategy focuses on the need to build programs which inform and educate but also that deal with the complexities of people's lives and tackle the root causes of health problems such as social exclusion.

2. GENERAL COMMENT

We welcome the development of a new National Women's Health Policy. Encouraging dialogue amongst community groups and individuals in an effort to ensure that the planning and delivery of health services better meet the needs of Australian women – both today and in the future – is welcome and timely. By working within a framework that acknowledges gender as a significant social determinant of health, a broad range of issues associated with women's health can be addressed.

ACON applauds the development of the National Women's Health Policy Consultation Discussion Paper which broadly addresses the varied needs of women across all life stages. However, there has been a total lack of attention given to the needs of lesbians and same-sex attracted women, as a sub-group of Australian women, in the paper and we hope significant consideration of this group's health needs will be given in the development of the National Women's Health Policy through their inclusion in the consultation discussion paper as well as addressed explicitly in the Policy itself.

ACON will be submitting a more comprehensive submission to the National Women's Health Policy as part of the consultation process. The purpose of this submission is to provide an overview of why lesbians and same-sex attracted women should be recognised as specific sub-population within the National Women's Health Policy, and outline some of the key health issues facing this group.

Recognising the unique health needs of lesbians and same-sex attracted women remains an under-addressed area in Australia. Traditionally, the Australian health care system has maintained a position that lesbian health is synonymous with women's health; consequently there have been misconceptions around the risks facing same-sex attracted women. Not until recently has research focused on the practices and health

needs of lesbians and same-sex attracted women, which upon closer inspection has revealed a number of potentially health-impacting issues.

It is equally important to consider that like gender, sexual orientation is a key social determinant of health. While being a lesbian or a same-sex attracted woman is not a health problem in itself, sexual orientation can be a social determinant of health in much the same way as factors such as gender, socio-economic status, or ethnicity. Like the wider Australian female population, lesbian and same-sex attracted women will experience similar general health issues. However, the impact of having a diverse sexuality can lead to a variety of lower health outcomes through a combination of lifestyle choices such as smoking and alcohol consumption, and through the effects of discrimination. It is important to highlight that same-sex attracted women continue to face social and systemic inequalities which pose significant barriers to achieving optimum health and wellbeing.

It should be noted that there is a degree of overlap between lesbians and same-sex attracted women across all the priority sub-groups addressed in the discussion paper - Aboriginal and Torres Strait Islander women; women in rural and remote areas; women from culturally and linguistically diverse backgrounds, including refugees; and women from disadvantaged backgrounds. In developing a national policy that addresses the range of health issues affecting women across the country, we would like to point out that these women would suffer a double disadvantage in society by virtue of being female as well as being same-sex attracted.

3. KEY HEALTH ISSUES

Sexual health

Sexual practices often go undisclosed in clinical settings and the risks posed by the lack of enquiry during consultation can have serious health implications. For example, sexually transmitted infections (STI) are a very real risk for lesbians and same-sex attracted women, yet sexual health campaigns and education around sexual behaviour that target this group are almost non-existent.

Another misconception about lesbians and other same-sex attracted women is that if they are not sexually active with men, they are not in need of pap smears or cervical screenings as male-female sex has been traditionally understood as the only risk factor for women in contracting human papilloma virus (HPV) or developing cervical cancer.

Mental health

Historically, lesbians have been subjected to significant pathologisation, stigma and discrimination. Homosexuality was only removed as a psychiatric disorder from the General Assembly of the World Health Organization in 1990. Further, it was as recently as 1999 that the World Health Organisation removed all codes of homosexuality from the *International Classification of Diseases*.

Fear of discrimination and homophobia can cause reluctance to approach mental health systems. Services and health care professionals tend to have limited access to information on the intersections between sexuality and health. Lack of knowledge can lead to lack of a comprehensive assessment.

A number of studies have suggested that mental health issues such as anxiety, depression and self-harm are more common amongst GLBT people.¹ Available research on lesbians and mental health has identified that lesbians experience higher rates of mental illness than the general population. The report titled *Private Lives* also revealed relatively high rates of same-sex attracted women experiencing mental health problems, mainly depression, anxiety and self harm.² A significant 44% had experienced a major depressive episode at some time.³ A report titled *What's the Difference?* suggests a link between rates and patterns of mental illness among GLBT people, and their shared experiences of sexual orientation and gender identity discrimination.⁴

Smoking and Alcohol Consumption

The use of alcohol and tobacco is a growing area of concern amongst lesbian and same-sex attracted women. Many studies indicate an extremely high number of women using alcohol and tobacco on a regular basis. Understanding why is an area that requires more research.

The Longitudinal Study of the Health of Australian Women found that same-sex attracted women in the younger cohort (aged 22-27 years) were significantly more likely to report risky alcohol use (7% compared to 3.9%) than their heterosexual counterparts.⁵

Same-Sex Domestic Violence

To date, there is little accurate Australian research that records the level of domestic violence in lesbian relationships. However, a very high proportion of lesbians in the *Private Lives* survey indicated that they had been in a relationship where the partner was abusive. Abuse was reported more frequently by lesbians and same-sex attracted women than gay and same-sex attracted men (40.7% compared to 27.9%).⁶ A number of overseas studies also suggest that general patterns and levels of domestic violence in same-sex relationships are about the same as in heterosexual relationships. These studies also show that once the violence starts it is likely to get worse.

Barriers to Accessing Health Care and Disclosure

GLBT people use health services less than the general population. Measuring this difference can be complex but a number of studies have concluded that a climate of heteronormativity, heterosexism and discrimination can result in lower rates of GLBT people accessing health services and disclosing their sexuality to health care providers.⁷ This can lead to under-screening for a number of common conditions and presenting much later for treatment, which can be risky and have direct impacts on the physical health of same-sex attracted women. This raises a number of issues regarding

¹ Pitts, Marian; Anthony Smith; Anne Mitchell & Sunil Patel. *'Private Lives: A report on the health and wellbeing of GLBTI Australians.'* ARCSHS, La Trobe University, Melbourne. March 2006.

² Ibid.

³ Ibid.

⁴ *What's the Difference?: Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.* Ministerial Advisory Committee on Gay and Lesbian Health, Melbourne, 2002.

⁵ Hillier L, Dempsey D, Harrison L, et al. *Writing Themselves In: a national report on the sexuality, health and well-being of same-sex attracted young people.* Australian Research Centre in Sex Health & Society, La Trobe University, Melbourne, 1998.

⁶ Pitts, Marian; Anthony Smith; Anne Mitchell & Sunil Patel. *'Private Lives: A report on the health and wellbeing of GLBTI Australians.'* ARCSHS, La Trobe University, Melbourne. March 2006.

⁷ Ibid.

lesbian and other same-sex attracted women's use of sexual health services, where disclosure of sexual practices and sexual identity can impact on quality of care and health outcomes.

GLBT people across Australia continue to be a marginalised group, subject to stigma and discrimination, including in work and medical settings. Living in regional or rural areas and identifying as GLBT can place someone in an even more vulnerable situation, increasing isolation and reducing access to information and services. This in turn can lead to higher rates of depression, self-medication with drugs or alcohol and suicidal ideation especially in young people.

4. CONCLUSION

Lesbians and same-sex attracted women continue to face stigma and discrimination in general society, including in mainstream health care settings. Sexual identity and behaviour often remain undisclosed to health care providers to avoid discomfort and as a result, appropriate health care does not occur.

Awareness of the diversity of women in Australia in health care settings needs to be paramount, including the different life stages that all women, including same-sex attracted women, may experience. This includes youth related issues, mental and physical health, including sexual health, and issues related to ageing.

Mainstream health care providers, in partnership with local government and community organisations, need to create systems and processes that allow services to be accessible and culturally appropriate for lesbians in order to build the health literacy of all women, regardless of their sexual background.

Further, the double disadvantage and specific health promotion challenges faced by lesbians and same-sex attracted women who are Aboriginal or from a culturally or linguistically diverse background and/or live in a regional or rural setting need to be addressed.

Partnerships with local area health services, clinical services and community organisations are vital to developing and delivering accessible and appropriate health promotion messages and services for lesbians and same-sex attracted women in NSW, free of discrimination and stigma.

In order to achieve better health outcomes for lesbians and same-sex attracted Australian women, their unique health needs need to be explicitly mentioned as a priority group in both the consultation paper and the development of a new National Women's Health Policy.