



THORNE HARBOUR HEALTH ● WOMEN'S HEALTH STRATEGY



**“Communities,
countries and
ultimately the
world are only
as strong as the
health of their
women.”**

Michelle Obama



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INTRODUCTION

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." - World Health Organization constitution.

LEADERSHIP

For almost four decades Thorne Harbour Health has led the response to a broad range of health and wellbeing issues relevant to our community. Women activists have a specific and significant legacy in our community and have been part of the history of this organisation since its inception. This strategy is not merely a list of priority work areas and issues related to women's health. It has been conceived to support women's leadership in participation, planning, design and implementation of initiatives that will provide better health outcomes for all LGBTIQ women. It is envisaged that this strategy is a live instrument for us to act upon and refine in collaboration with the community and community stakeholders. Within our organisation, women continue to undertake leadership roles and ensure we are committed to our work with, and for women, over the next five years to realise this goal. The time is right for us to work with focus, passion, creativity and collaboration in achieving better health outcomes for all women in our community.

While Victorians enjoy one of the highest average life expectancies in the world, some populations experience poorer health outcomes than others. The 'Victorian public health and wellbeing plan 2019-2023'¹ recognises good health and wellbeing is not equally distributed across the population. It acknowledges certain groups are less likely to be afforded the same opportunities to lead a healthy life, and one of those groups is people who identify as LGBTIQ. While the Victorian Government identifies these outcomes as attributable to the stigma and discrimination experienced by LGBTIQ populations, for women who are LGBTIQ, additional factors contribute to their health outcomes.

According to recent research, LGBTIQ women have poorer health outcomes and inadequate health literacy compared to other populations across physical health, sexual health, mental health and social health². To further compound the issue, policies concerning the health of LGBTIQ women have been largely absent from Australian health organisations.

As we as an organisation continue to expand our areas of work, the implementation of a women's health strategy will not only address the gaps in health literacy concerning this population but also develop programs and services which will result in better health outcomes for all LGBTIQ women.

OVERVIEW

Thorne Harbour Health was formed in 1983 (initially as the Victorian AIDS Action Committee and later the Victorian AIDS Council) as a central part of the Victorian

community response to the HIV/AIDS epidemic. Since then, the organisation has established itself as a world leader in the fight against HIV/AIDS. Also in that time, Thorne Harbour Health expanded its expertise to work with the broader LGBTIQ community, implementing a comprehensive range of campaigns, programs and services.

This strategy draws from Thorne Harbour Health's vast experience in working with LGBTIQ communities, including its ground-breaking work within the trans and gender diverse communities and its recent work with LGBTIQ women's communities. Further to this, the strategy has been guided by the expertise inherent within Thorne Harbour Health's LGBTIQ Women's Advisory Group.

Recognising the unique set of challenges that face LGBTIQ women and their health and well-being, Thorne Harbour Health seeks to identify and address the existing gaps particular to this population's health outcomes. Research shows, compared to the general population, LGBTIQ women have higher rates of mental health issues, higher rates of drinking and smoking and lower rates of screening for disease such as breast and cervical cancer. In addition to these health concerns, LGBTIQ women also face increased rates of isolation and a disproportionately low understanding of their sexual health risks.

This strategy identifies four areas of health to be addressed:

- physical health;
- sexual health;
- mental health and;
- social health.

Within these areas there are several sub-categories which present their own specific challenges and needs. While several of the projects included within this strategy are already underway, the implementation of the remaining campaigns, programs, projects and services outlined here are expected to be realised within the next five years.

WHO IS THIS STRATEGY FOR?

This strategy was developed to be inclusive of all women within LGBTIQ populations. With that in mind, we recognise that lesbians, bisexual women, trans women and women who identify as intersex or queer have differing health requirements. Considering this, there are intersections which exist within these communities that will require collaborative work with other programs within the organisation.

PHYSICAL HEALTH CANCER

There are several areas of concern for LGBTIQ women and their physical health. While some of these concerns are similar to those of heterosexual women, such as breast and cervical cancer, misinformation and engaging in risky behaviours can place LGBTIQ women at higher risk of these diseases. Fear of discrimination from health practitioners can also be a barrier to LGBTIQ women accessing services, further placing this population at risk.



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Research and anecdotal evidence suggest a significant number of LGBTIQ women have experienced misleading health information from their GPs, especially around the need to screen for cervical cancer. In fact, one in five Victorians with a cervix who identify as LGBTIQ have never had a cervical screening. The top two reasons LGBTIQ Victorians don't undergo cervical screening is because they were embarrassed and frightened, or because they thought they did not need to³. Cancer Council Victoria recommends all women and people with a cervix aged 25 to 74 who've ever been sexually active should have a Cervical Screening Test every five years, even if they're no longer having sex.

In November 2019, Thorne Harbour Health partnered with Cancer Council Victoria to create the Public Cervix Announcement campaign to raise awareness around cervical screening. The ongoing implementation of this campaign is vital in encouraging LGBTIQ women and trans men to regularly screen with the aim to prevent unnecessary deaths from undiagnosed and untreated cervical cancer.

Similarly, LGBTIQ women record lower rates of screening for breast cancer. Research undertaken by BreastScreen Victoria shows that LGBTIQ women experience unique barriers to participating in screening⁴. Thorne Harbour Health has partnered with BreastScreen Victoria to create a campaign which will raise awareness around who should screen and how often. While research shows being female at birth places you at a higher risk of breast cancer, there are also guidelines around breast screening for trans women and chest screening for trans men. All campaigns developed by Thorne Harbour Health will be inclusive of our LGBTIQ communities who are affected by the issue being addressed.

ALCOHOL AND TOBACCO

Due to LGBTIQ women engaging in higher rates of risky drinking (more than five standard drinks in a single session)⁵ and smoking at rates over double the national average⁶, LGBTIQ women are at higher risk of developing multiple physical health issues. While Thorne Harbour Health is already working to address issues around drinking and smoking for LGBTIQ women, further campaigns and programs are needed to create behaviour change and effectively have an impact on lowering this population's engagement with smoking and risky drinking behaviours.

ACTIVE HEALTH

While previous research from the SWASH (Sydney Women and Sexual Health) studies have consistently shown that LGBTIQ women report being above 'healthy weight', due to sensitivities around focussing on body weight, and the shift away from measuring weight via the BMI index, the study now reflects general health and wellbeing. The 2020 SWASH study found 32 per cent of LGBTIQ women said they had a disability or a long-term physical or mental health condition that lasted six months or longer. VicHealth states that 'regular physical

activity has major benefits for health and wellbeing. This included reducing the risk of conditions like heart disease, type 2 diabetes and cancer. It also helps reduce social isolation, strengthens social connection and improves mental wellbeing'⁷. Given the widely accepted benefits of physical activity for both physical and mental health, Thorne Harbour Health considers the development of campaigns, which encourage active health among LGBTIQ women, to be vital.

HEALTH LITERACY

Resources for LGBTIQ women are a useful way to increase health literacy, engage with community members and lead to increased access to appropriate health care services. It is also a vital way for Thorne Harbour Health to continue to raise its profile among this demographic. To establish Thorne Harbour Health as a source of reliable and relevant information for LGBTIQ women, new resources around the issues pertinent to the community need to be produced and disseminated.

KEY PRIORITIES:

- Advocate for more research into LGBTIQ women's physical health;
- Advocate on behalf of our LGBTIQ women's communities at the State Government policy level;
- Contribute to closing the gaps in physical health between LGBTIQ women and non-LGBTIQ women.

KEY ACTIVITIES:

- Continue to develop campaigns which encourage LGBTIQ women (and trans men where appropriate) to regularly screen for both cervical and breast cancers;
- Continue to implement Drink Limits and ReThink the Drink programs to address issues related to alcohol use and misuse;
- Continue working with QUIT Victoria to reduce smoking-related harms and to de-normalise smoking behaviours;
- Continue to offer specialist expertise to, and partner with, mainstream health services to ensure they are culturally appropriate and inclusionary in practice;
- Educate health practitioners about the need for LGBTIQ women (and trans men where appropriate) to regularly screen;
- Develop a comprehensive website addressing the health needs of LGBTIQ women.

Case Study: Public Cervix Announcement

Our cervical cancer screening awareness campaign was developed in response to research which showed one in five LGBTIQ people with a cervix have never had a Pap test (the former method of cervical screening). We partnered with Cancer Council Victoria to create the 'Public Cervix Announcement'⁸ campaign and the response went well beyond our expectations. Our creative which featured an older lesbian, a young queer woman and a trans man, not only saw a 7843 percent increase in visits to Cancer Council Victoria's LGBTIQ webpage, but also saw us become a 'highly commended'⁹ finalist in the 2019 Victorian Public Healthcare Awards⁹.



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SEXUAL HEALTH

The Victorian State Government's 'Women's Sexual and Reproductive Health: Key Priorities 2017–2020' identifies several areas of importance for women's sexual and reproductive health. The plan focuses on the following key priority areas¹⁰:

- knowledge and awareness of factors that affect the ability to conceive a child;
- access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights;
- early diagnosis, effective treatment and management of specific reproductive health issues, such as endometriosis, polycystic ovary syndrome and menopause, to reduce their impact on women's health, wellbeing and social participation; and
- prevention, early diagnosis and treatment of sexually transmissible infections (such as chlamydia) to reduce their impact on women's sexual and reproductive health.

A lack of research around LGBTIQ women and sexual health, and the subsequent lack of knowledge and misunderstanding within LGBTIQ women's communities around sexual health issues and sexually transmitted infections (STIs) has led to several concerning outcomes for these women.

As The Victorian Government aims to improve the sexual and reproductive health of all Victorian women, it is vital LGBTIQ women are included in campaigns and programs which are developed to address the above priorities.

REPRODUCTION

While lesbian, bisexual and queer (LBQ) women have been able to access In vitro fertilisation (IVF) since 2007, many LBQ women still require information and support when considering accessing IVF and embarking on making a family. In 2018, Thorne Harbour Health, in partnership with The Broadtree Foundation, engaged a consultant to work on The Surrogacy Project. Subsequently, this work strengthened the relationship between Thorne Harbour Health and Rainbow Families Victoria. To further this work, it is recommended Thorne Harbour Health continue to seek out opportunities to work with Rainbow Families Victoria to assist LBQ women who wish to have children to have access to contemporary, safe and equitable fertility control services.

MENOPAUSE

In recent years, menopause has been identified as a 'focus area' by public health organisations¹¹. For all women, menopause has been an area grossly under researched and subsequently, largely misunderstood. Symptoms of menopause and peri-menopause can be debilitating. In recent years, there has been a push to address the gaps in knowledge around menopause and provide support for women experiencing the effects of both peri-menopause and menopause. Some LGBTIQ women are at higher risk of poorer health outcomes from menopause due to avoiding seeking medical help due to fear of discrimination from health practitioners and/or embarrassment of having to disclose their sexuality. As menopause is now a stated key priority for the Victorian Government, it is vital Thorne Harbour

Health develop campaigns and programs appropriate for our LGBTIQ women's communities around this issue.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Rates of STI's among women who have sex with women is estimated to be the same as heterosexual women, but research indicates that only 37 per cent of women and non-binary people in LGBTIQ communities have ever had an STI test¹². This is due to the presumption that women who have sex with women have a 'low' to 'no risk' of infection.

While some women within LGBTIQ communities do have a lower risk of sexually transmitted blood-borne viruses (e.g. HIV), they are at risk of other sexually transmitted infections, such as genital herpes and bacterial vaginosis (BV). In fact, research shows LGBTIQ women experience higher rates of BV which, if left untreated, may increase the risk for other STIs and the development of pelvic inflammatory disease which can lead to infertility¹³.

With regard to sexual health, it is also important to take into consideration the diversity of sexual experiences within LGBTIQ women's communities. While women who exclusively have sex with women have a low risk of contracting HIV, other LGBTIQ women who have sex with men have a higher risk of contracting HIV and other STIs, such as gonorrhoea and chlamydia. SWASH data indicates that 49 per cent of respondents reported that they had ever had sex with a man, 46 per cent with a cisgender man and 10 per cent with a transgender man¹⁴. 32 per cent of respondents had ever had sex with a man who has sex with other men¹⁵.

Due to a lack of health literacy and barriers to health care, LGBTIQ women are often not aware of their risks for STIs. Through an evidence-based approach, Thorne Harbour Health will develop resources which will raise awareness around STI risks for LGBTIQ women and engage in proactively educating the community about their sexual health risks.

WOMEN LIVING WITH HIV

Thorne Harbour Health has been working with women living with HIV since its inception. Whilst these women are often not part of the LGBTIQ community, Thorne Harbour Health envisions a world without HIV and remains committed to this work. Working alongside Positive Women Victoria, Thorne Harbour Health recognizes the impact gender has on the way women experience HIV and the delivers a range of services and supports to these women.

KEY PRIORITIES:

- Advocate for equitable investment in LGBTIQ women's sexual health by both LGBTIQ and mainstream health organisations;
- Be an exemplar by initiating health promotion campaigns which address neglected areas of reproductive health for LGBTIQ women;
- Seek to understand the drivers of inequality in sexual health; and,
- Advocate for the experience of women living with HIV to



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inform policy and service development.

KEY ACTIVITIES:

- Work to establish the evidence base to determine future sexual health program priorities;
- Develop resources that address the sexual health issues for LGBTIQ women highlighted in existing research;
- Work with peak bodies, state organisations and other stakeholders to lead effective campaigns to address the inherent risks and needs in LGBTIQ women's sexual health;
- Develop an LBQ women's clinic at Thorne Harbour Health;
- Seek out collaborative approaches and partnerships to develop campaigns and projects to address the unique health needs of LGBTIQ women;
- Continue to offer specialist expertise to, and partner with, mainstream health services to ensure they are culturally appropriate and inclusionary in practice;
- Influence public policy and law reform by using health data and other evidence to further our research and policy agenda.

Case Study: Women's Health Survey

The Thorne Harbour Health LGBTIQ Women's Health Survey was the first of its kind in Victoria. In 2019, over three hundred participants took part in the inaugural survey which asked questions about a range of health and wellbeing issues that included: mental health, physical health, sexual health, cancer, cervical screening, chest and breast screening, alcohol and drug use, relationships and family and domestic violence. As part of the survey, we asked the question, 'Have you experienced discrimination from a health care professional', with over a third of respondents indicating in the affirmative (36 per cent). While this number is concerning, it appears to be worse for those from rural and regional areas with ChillOut participants reporting much higher rates of discrimination (64 per cent). Subsequently, it is unsurprising the majority of participants (83 per cent) said 'yes' when asked if they would prefer a dedicated LGBTIQ clinic for women.

MENTAL HEALTH

Research shows that LGBTIQ women experience higher rates of mental health issues than their non-LGBTIQ women counterparts. The SWASH Study has consistently shown that respondents report high or very high psychological distress. SWASH 2020 reported that there has been a decrease in LGBTIQ women's mental health with 'half of all respondents being diagnosed with a mental health disorder in the past five years.' Forty five per cent reported high or very high acute psychological distress in the past four weeks¹⁶. This is in comparison to 14.5 per cent of women in general who experienced high or very high levels of psychological distress¹⁷. Most worryingly, almost a third of SWASH respondents said they felt in the past year that life was not worth living, and 12 per cent had deliberately harmed themselves.

In the last two years, Thorne Harbour Health has conducted the LGBTIQ Women's Health Survey, (see case report, Women's Health Survey) and similarly to

the SWASH survey, respondents report high levels of concern around mental health issues. In fact, when asked to indicate whether there were any aspects of their health that had been of personal concern to them in the previous 12 months, the main area of worry for respondents was mental health (72 per cent), especially in the areas of anxiety and depression¹⁸.

While it is acknowledged that mental health issues for this group can be the result of minority discrimination, isolation and/or stigma, more research is needed to determine why this population experiences such high levels of anxiety and depression.

KEY PRIORITIES:

- Advocate for improved mental health and wellbeing for all LGBTIQ women;
- Highlight the inequity between LGBTIQ women's mental health and the general population;
- Support LGBTIQ women to realise their full potential.

KEY ACTIVITIES:

- Engage with researchers already working in this area to gain further insight into mental health issues for LGBTIQ women;
- Partner with mainstream mental health organisations to shape policy to ensure the inclusion of LGBTIQ women;
- Create resources and programs to proactively engage with women who are experiencing mental health issues;
- Further expand Thorne Harbour Health's current counselling programs and services to specifically target LGBTIQ women;
- Create support groups for LGBTIQ women experiencing mental health issues;
- Develop campaigns to raise awareness of mental health issues for women and where to get help;
- Work to establish the evidence base to determine future program's priorities and secure resources for these;
- Influence public policy and law reform by using health data and other evidence to further our research and policy agenda;
- Continue developing online programs to reach LGBTIQ who are isolated and/or in regional and rural areas.

Case Study: LGBTIQ Women's Health Conference

Perhaps the most significant finding of both the SWASH and Thorne Harbour Health's surveys is the prevalence of mental health concerns among LGBTIQ women's communities. The LGBTIQ Women's Health Conference¹⁹ explores intersectionality and the part that plays in the health and well-being of LGBTIQ women. It is important to acknowledge that discrimination and oppression have been a significant lived experience for many LGBTIQ women, firstly due to gender and then sexuality. As our communities grow to understand the correlation between long-term discrimination and its effects on self-esteem and mental health, it is important that forums such as the LGBTIQ Women's Health Conference continue to thrive and provide opportunities for discussion, exploration of LGBTIQ women's health needs as well as profiling new and emerging research, innovative programs and existing services.



Partnerships are integral to the success of Thorne Harbour Health's programs and campaigns. The diversity of LGBTIQ women's communities mean that working with community groups is vital in developing programs and campaigns which address the needs of all LGBTIQ women.

SOCIAL HEALTH

A changing cultural landscape among LGBTIQ women's populations has led to several concerning outcomes for the social health of this group. The lack of venues for LGBTIQ women has seen it become increasingly difficult for women's communities to physically socialise together; with this especially evident for LGBTIQ women in regional and rural areas. Additionally, LGBTIQ women, particularly older women, have not accessed social media or dating apps to connect as readily as other populations.

The SWASH study found 53 percent felt 'mostly' or 'very connected' to LGBTIQ communities in their everyday life, however, as the study states this was unsurprising given the sample was generated through LGBTIQ community events and networks. While this figure equates to one in two feeling connected to community, in contrast, the Australian Loneliness Report found only one in four people in the general population have experienced feelings of isolation²⁰. Additionally, the Thorne Harbour Health LGBTIQ Women's Health Survey found that only 26 per cent of respondents were connected to LGBTIQ+ specific groups or clubs²¹.

Community engagement is vital in providing individuals with access to healthy and meaningful relationships with other community members. For decades, Thorne Harbour Health has successfully implemented social health programs for gay men (e.g. Peer education groups and a variety of other community activities). These initiatives have established the organisation as a reliable and safe space to explore issues around building happy relationships, self-esteem, homophobia, biphobia and transphobia, coming out and community.

In 2019, the organisation began its first peer education program for LGBTIQ women called Scope. Scope, is a series of workshops (either a one day or six-week program) for LGBTIQ same-sex attracted women (including those who identify as trans or gender diverse). These workshops provide an opportunity for participants to meet new people and expand their social network. They also offer an interactive and informative space for LGBTIQ women and their peers to talk about sexual health, sexuality, coming out, relationships, boundaries and exploring communities.

In addition to Scope, the organisation recognises the need to develop more opportunities for LGBTIQ women to come together. In March 2020, as part of International Women's Day, Thorne Harbour Health invited six prominent LGBTIQ women to share their stories around their experiences of being an LGBTIQ woman as part of an intergenerational storytelling event. The event, 'Wise Words – An Intergenerational Night of Storytelling', drew a capacity crowd providing further evidence of the need for creating safe social engagement spaces for these communities and Thorne Harbour Health's unique ability to deliver this.

KEY PRIORITIES:

- Seek to understand why LGBTIQ women experience a

lack of social connectivity;

- Support and develop ways to connect LGBTIQ women;
- Advocate for the inclusion of LGBTIQ women in Government social inclusion initiatives.

KEY ACTIVITIES:

- Expand the range of Peer Education programs to target a more diverse range of LGBTIQ women (e.g. women over 45, women from ethnically and culturally diverse backgrounds);
- Develop a broad suite of social engagement events to improve social connectedness and empower LGBTIQ women;
- Work with stakeholders to co-create programs and events which encourage social health among LGBTIQ women's communities;
- Raise Thorne Harbour Health's profile within LGBTIQ women's communities as a safe and inclusive space;
- Continue to develop and implement online events and workshops.

Case study: Scope

As part of Thorne Harbour Health's suite of peer education workshops, Scope is for lesbian, bisexual, queer and other sexually diverse women, including trans, gender diverse and non-binary people. Developed via extensive consultation with a community advisory/working group in late 2018, Scope workshops have grown and been delivered throughout 2019, 2020 and will continue in 2021. The aim of the workshops is to allow space for participants to socialise, connect and learn. Scope also strives to empower LGBTIQ women. Peer education workshop participant's benefit from hearing like-minded people talk about what is important to them, exploring more about themselves and sharing with others. For some, this is the first time they have been in a room full of other LGBTIQ+ people. Facilitated by peer volunteers, the workshops are guided by content that is relevant and informative about identity, relationships, boundaries, consent, sex and sexual health, and community.

FAMILY & INTIMATE PARTNER VIOLENCE

LGBTIQ women are impacted by intimate partner violence, and despite a lack of research in this area, there are several indicators about the significance of this problem. Intimate partner violence is found to be at similar or higher rates in same-gender relationships when compared to heterosexual relationships²². Forty two per cent of SWASH respondents reported that they had ever been in a relationship where a partner had physically or emotionally abused them²³. This is a similar rate reported by the Private Lives 3 national study²⁴. Bisexual women report higher rates of intimate partner violence than lesbian or heterosexual women²⁵. There are indications that trans women report higher rates of intimate partner violence than trans men²⁶. Only 28% of Private Lives 3 participants who reported having experienced intimate partner or family violence said that they reported the most recent incident to a relevant service, revealing the large gap in support service access. Rainbow Health Victoria's Pride in Prevention report implied that LGBTIQ community awareness of intimate partner violence is low.²⁷ Thorne



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Harbour Health has a duty to meet the needs of LGBTIQ women facing intimate partner or family violence.

KEY PRIORITIES:

- Recognising and responding to the unique needs of LGBTIQ women experiencing family violence.

KEY ACTIVITIES:

- Centre the voices of LGBTIQ women in our family violence service delivery.
- Ensure the lived experience of LGBTIQ women is seen and understood in the mainstream family violence sector through our advocacy and engagement activities.

PARTNERSHIPS & OPPORTUNITIES

Partnerships are integral to the success of Thorne Harbour Health's programs and campaigns. The diversity of LGBTIQ women's communities mean that working with community groups is vital in developing programs and campaigns which address the needs of all LGBTIQ women. Working with mainstream health organisations, health care providers and researchers provides a broad range of benefits. These include: increased reach of our programs and campaigns; accessing expert advice to inform our campaigns from organisations such as Cancer Council Victoria; supporting non-LGBTIQ organisations to become more inclusive via participating in action committees and working groups; and removing stigma that may be associated with some mainstream

health organisations due to perceived discrimination by demonstrating their investment in LGBTIQ women's health. Thorne Harbour Health's Women's Project currently partners and works with a wide range of organisations and groups and seeks to expand our reach in this area. Thorne Harbour Health has a duty to invest in partnerships to ensure better health outcomes of LGBTIQ women.

PARTNERING WITH COMMUNITY

As an LGBTIQ community controlled health service, Thorne Harbour Health has been initiated by, is governed by and operated by LGBTIQ people and people living with HIV, for LGBTIQ people and people living with HIV. It is based within its community and is accountable to its members, who are its community. As such, the voice of LGBTIQ women is integral to the development and success of its women's services. LGBTIQ women have led the development of this strategy and will deliver its success.

KEY PRIORITIES:

- Maintain engagement of LGBTIQ women in Thorne Harbour Health and the delivery of this strategy

KEY ACTIVITIES:

- Increase LGBTIQ representation in Thorne Harbour Health's membership; and,
- Establish an LGBTIQ Women's Advisory Committee.

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