

**Lesbian, bisexual women and
women who have sex with women:
An evaluation of sexual health needs
and experiences in Sheffield**



Report written by

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2009

Funded by the Centre for HIV and Sexual Health

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Glossary of terms and definitions

AIDS – Acquired Immune Deficiency Syndrome

BV – Bacterial Vaginosis

CHIV – Centre for HIV and Sexual Health

Closed question – response limited to number of options (e.g. tick box question)

GP(s) – General Practitioner(s) (family Doctor)

GUM – Genitourinary Medicine

HIV – Human Immunodeficiency Virus

LGB(T) – Lesbian, Gay, Bisexual, (Trans)

MSM – Men who have Sex with Men

NHS – National Health Service

Open-ended question – response written in participants' own words

Participants – women who completed the survey

Respondents – women who completed the survey

SHU – Sheffield Hallam University

SRE – Sex and Relationship(s) Education

STD(s) – Sexually Transmitted Disease(s)

STI(s) – Sexually Transmitted Infection(s)

THT – Terrence Higgins Trust

WSW – Women who have Sex with Women

Introduction

This evaluation is a product of collaboration between the Centre for HIV and Sexual Health (CHIV) in Sheffield, and Sheffield Hallam University (SHU), and forms part of a series of wider service developments. It builds upon an international literature review of lesbian and bisexual women's sexual health needs, commissioned by CHIV to inform their service provision (Formby, 2006).

The report is based on findings from self-completion surveys completed by fifty-four women who identified as lesbian, bisexual, or women who have sex with women (WSW), and who lived, worked or socialised in Sheffield at the time of survey completion.

The survey was designed collaboratively between CHIV and SHU. It was distributed via a number of means, including existing CHIV (and researcher) networks and personal contacts in Sheffield. Completed surveys were returned to SHU using freepost envelopes, or through an online survey website that was established for the project.

SHU are entirely responsible for the data analysis and report writing. The views expressed here may not necessarily reflect those of the Centre for HIV and Sexual Health.

Methodology

This collaborative evaluation project began with a view to informing future CHIV service development and delivery for lesbian, bisexual women and WSW in Sheffield.

The survey

The survey was designed collaboratively between CHIV and SHU. The resultant survey was a mixture of closed and open-ended questions, covering a number of themes including sexual health information, sexual health knowledge, sexual practices and staying healthy, experiences of services and wider society, and suggestions for future services. Hard copy and electronic versions of the survey were distributed via the researcher's and CHIV's personal and professional networks throughout Sheffield. SHU also created an online version of the survey which was hosted on a SHU website for the duration of the fieldwork (which participants could access via a link from the CHIV website).

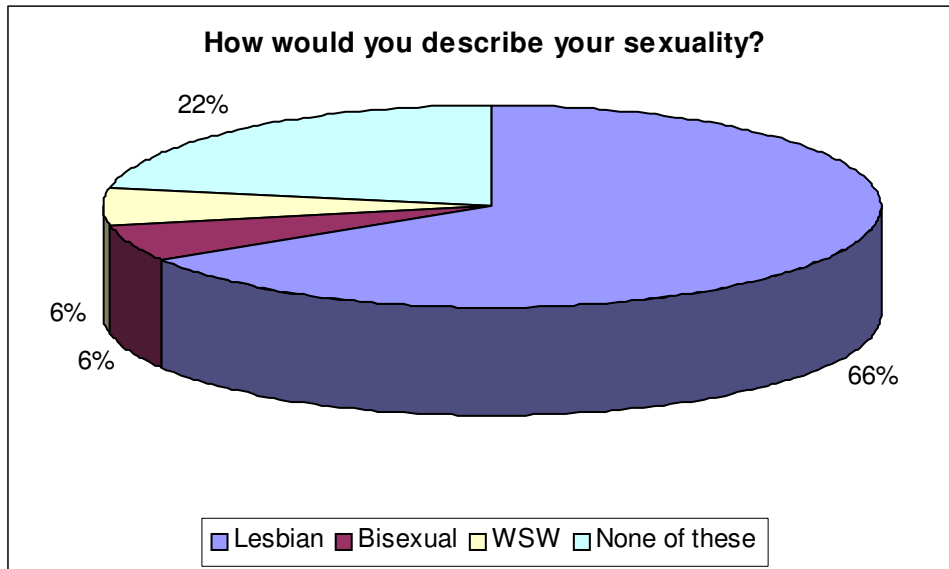
The survey was actively distributed and hosted electronically for a period of just over five months (June - November 2008). All completed surveys were collected by SHU, either electronically or in the form of free postal return envelopes. Approximately 310 (hard-copy) surveys were distributed and 41 were completed and returned; this equates to a response rate of approximately 13%. In addition, 13 electronic submissions were received. This is comparatively successful for a long self-completion survey on what could be described as a 'sensitive' topic (it is not unusual for surveys in general to have a 10% response rate). The results were inputted into SPSS (a statistical software package used in social research) and subsequently analysed by the author. Where possible, the results presented in this report refer to the 'valid percent' (this means after the number of missing answers to any particular question have been removed from the percentage).

The participants

This section summarises the demographic information gathered from the survey.

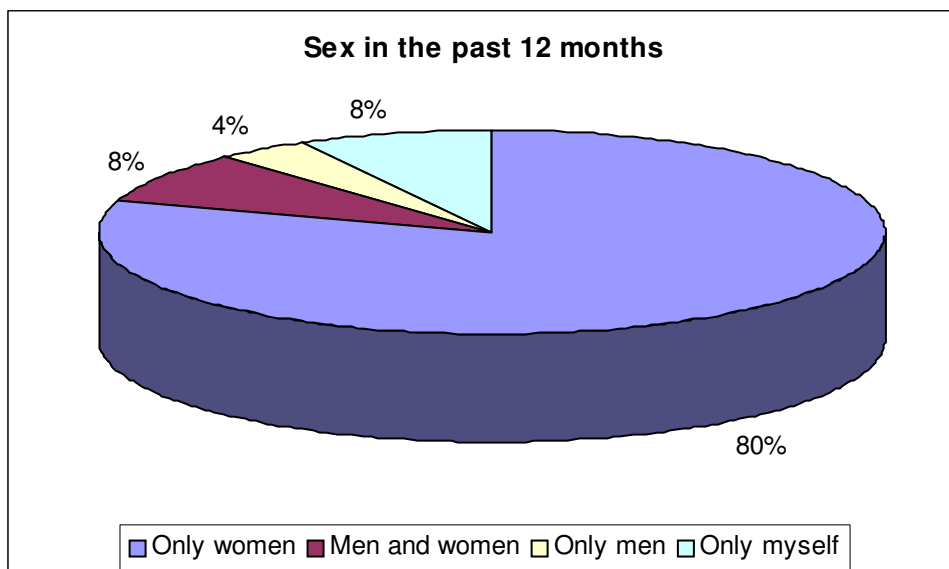
Sexual identity

The majority of participants described themselves as lesbian, as can be seen in the pie chart below.

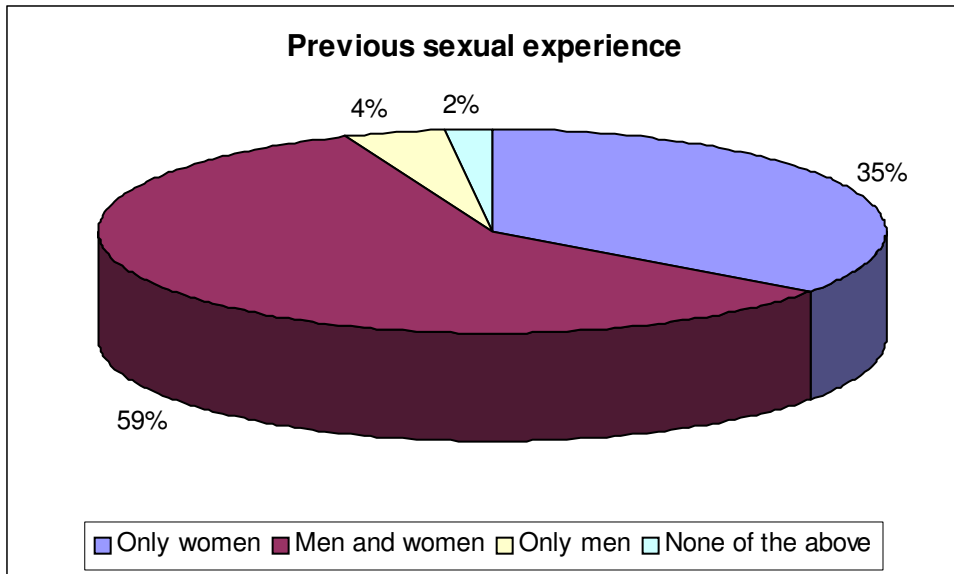


Sexual experience

In the last twelve months the majority of participants had had sex with only women, as shown below. These results are relatively similar to those of self-defined sexual identity (above).

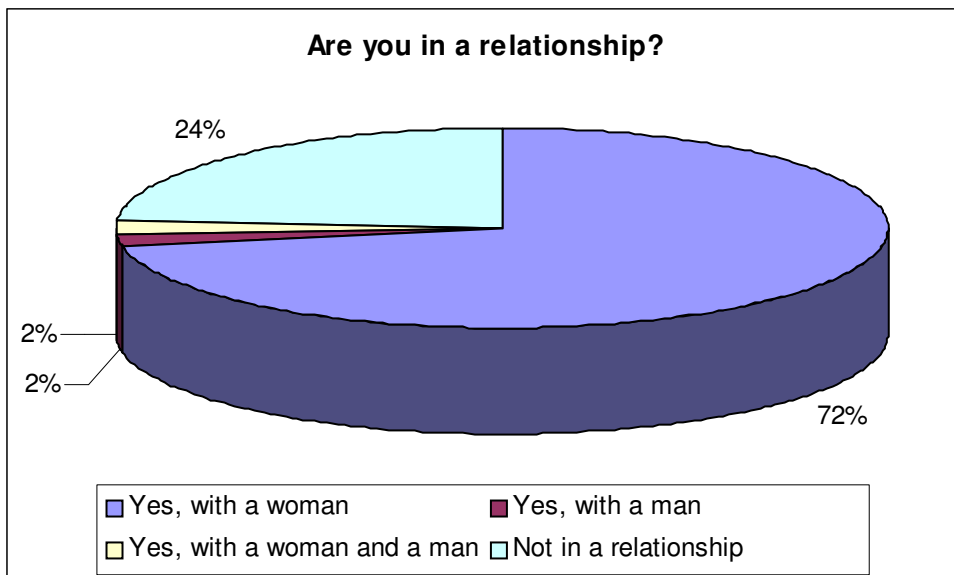


The contrast between sex in the last twelve months (see above) and previous sexual experience is interesting (see below) in highlighting that 59% of women had previously had sex with men and women. This has important implications for women's future sexual health needs.



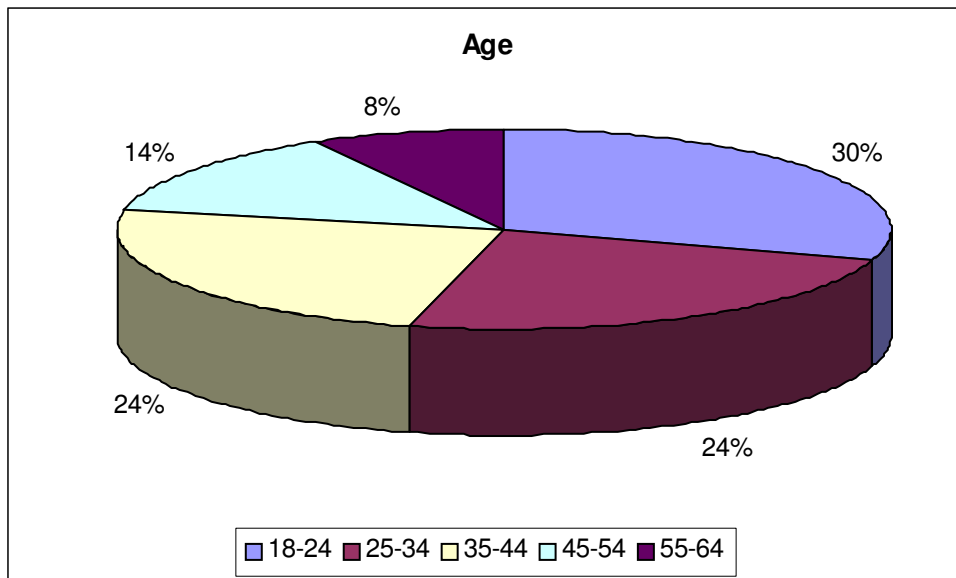
Relationship status

Participants were asked about their current relationship status, shown below. The majority were in a relationship with a woman.



Age

Respondents were spread across a wide age range, though a majority were in the younger categories (54% were 34 years and under).



Location

The majority of respondents reported living in Sheffield (90%), with 2% from Doncaster, 2% from Rotherham, and 6% from elsewhere. The reasons for coming to Sheffield for those not living in the city included: work, shopping, friends, and going out.

Ethnicity and nationality

A majority of participants in the survey described their ethnicity as white (94%), with 4% saying mixed race, and 1% being 'other'. The majority of respondents also described their nationality as British or English (91%); other nationalities reported included New Zealand and Wales.

Social class

Thirty-three per cent of participants did not state a social class in answer to this question. Of those that did, however, 19.5% described themselves as working class, 69.5% stated middle class, and 11% was made up of 'other' responses.

Disability

Eight per cent of respondents reported that they had some form of disability.

Other issues

When asked about other factors that ever impacted on their life as a lesbian, bisexual woman, or woman who has sex with women, responses included: social class, ethnicity, nationality, disability, religion, age, not being 'out', and confidence. Illustrative examples included:

"I am white, middle class and professional, so have much more privilege and can be much more open about my sexuality and relationship than less privileged lesbians"

"More confident now older"

"I am not able to come out at church"

More in-depth research methods such as individual face-to-face interviews would facilitate exploration of these issues in greater detail than a survey permits.

The report

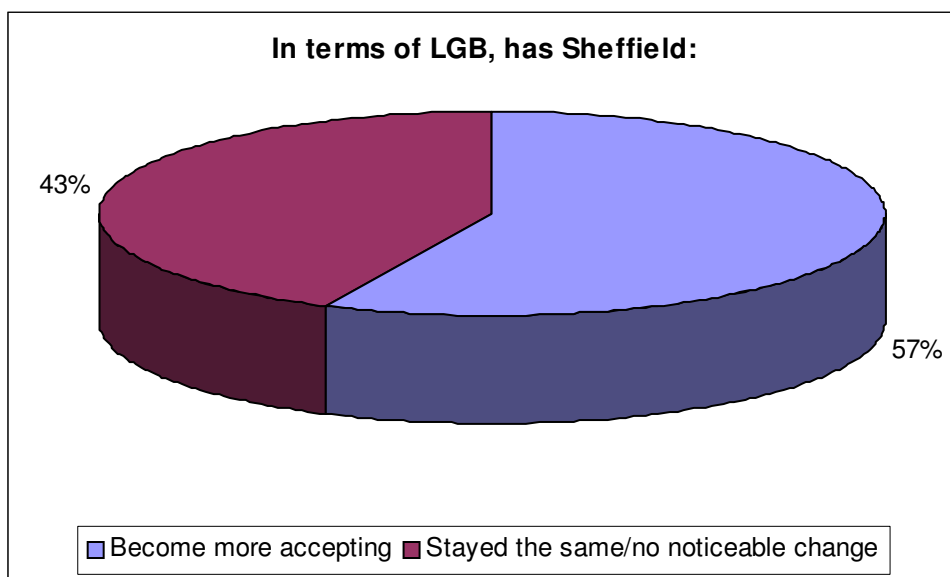
Throughout this report, quotes from the surveys are used to illustrate the experiences and opinions of the participants. The report is designed to be concise. Reporting sections follow the themes covered in the survey, namely:

- Social context in Sheffield
- Sexual health knowledge
- Sexual health information
- Having sex and staying healthy
- Experiences of local sexual health services
- Future sexual health services
- Conclusions
- Recommendations

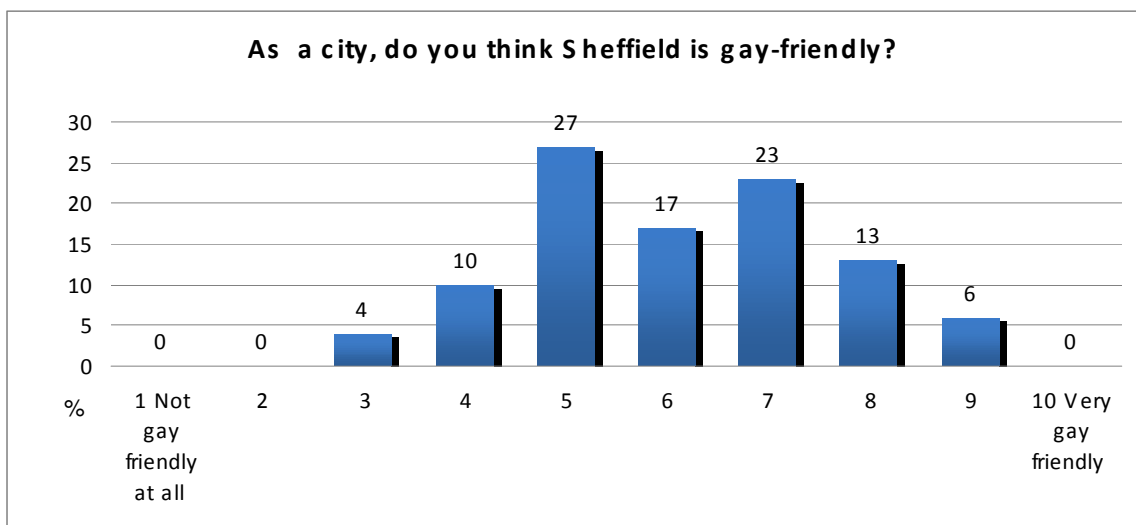
Social context in Sheffield

The survey included a number of questions about broader experiences of living, working or socialising in Sheffield.

When asked the question 'In terms of lesbians, gay and bisexual men, and in your opinion and experience, do you think Sheffield has become more 'accepting' in the last few years, become less 'accepting' in the last few years, or stayed the same / no noticeable change', the majority of respondents answered positively (see below). No-one thought it had become less accepting. When compared to the recent sexual health evaluation concerning gay and bisexual men and men who have sex with men (MSM) in Sheffield (Formby, Hirst and Willis, 2009), results differ somewhat, with more men thinking that Sheffield had become more accepting in that research (69%), and less thinking it had stayed the same (28%).



Respondents were also asked how gay-friendly they thought Sheffield was. Answers are displayed below, equating to a mean average rating of six. This is the same mean average response as gay and bisexual men and MSM in the other recent Sheffield sexual health evaluation (Formby, Hirst and Willis, 2009).



Additional comments tended to centre on either a lack of gay social spaces and/or, more positively, a lack of violent homophobia present in Sheffield. Examples included:

- *"Don't get much gay bashing as you do elsewhere"*
- *"Generally accepting but poor gay bars/clubs and events"*
- *"Relatively low hate crime yet still very limited social scene especially away from pubs and clubs"*
- *"City hall very positive civil partnership"*
- *"Pockets of warm gay friendliness but no gay phonenumber advertised in local papers. No gay contact Ads in local papers. Pride was great (but not well advertised)"*
- *"Generally relaxed with a few idiots!"*
- *"It's not that great. Not many resources and is worse than places like Nottingham / Manchester. Any gay places are tucked away as if they are ashamed leading to even more isolation and the general public being less aware. We did have a gay pride though (that was tucked away as well)."*
- *"I've hardly had any problems, and know of local schools who teach about LGBT issues in their PSHE lessons"*

In terms of experiencing 'prejudice or homophobia', 65% of respondents said that they had experienced this occasionally, and 13% regularly; 22% said they had never experienced any (equating to 78% experiencing some form of prejudice). This is a larger proportion than experienced by men in the corresponding sexual health evaluation in Sheffield, where a total of 60% reported ever having experienced prejudice or homophobia (Formby, Hirst and Willis, 2009).

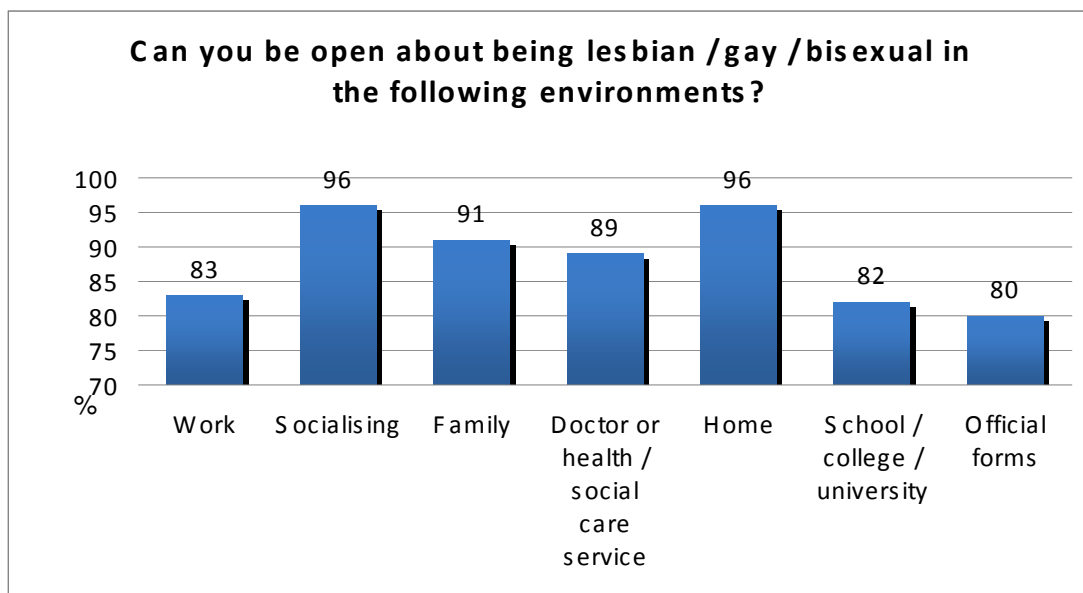
Examples were provided by respondents (included below), many of which mentioned verbal abuse in public:

- *"Experienced some judgements as a lesbian parent, when my son young - though as he got older he chose who to tell what to, which worked for him and so for me"*
- *"Verbal abuse in park. Eggs/stones thrown at windows. Car scratched"*
- *"I was sacked for being gay in 2000"*
- *"Where I live and on local transport"*
- *"Not accepted at B&B's. Stared at, kids following me around shouting 'lesbian'. Young lads trying to wind me up etc"*
- *"Have once been spat at in the street for holding hands with a partner"*
- *"Whilst in the Northern General as an inpatient - Did depend to a great extent what staff were on shift - both nursing and doctors. Sometimes my partner was included and sometimes deliberately and maliciously excluded"*
- *"Stereotypical comments about lesbians"*
- *"I experience internalized homophobia due to the homophobia that is rife in society"*
- *"Name calling from strangers"*
- *"Verbal assaults. Mud thrown at windows"*
- *"Had to move house due to mud thrown at windows and called Dirty Lesbians"*
- *"Me and my partner have been shouted at in the street several times and very crude comments made about how they'll join in and show us what we're missing etc. Most of the comments have been made by men who are black, Somali and Turkish. A group of young Turkish men were staring at us and we stopped"*

holding hands and then they stood in our way when we tried to pass them on the pavement. It was a scary situation.”

- *“Hit by a heterosexual man in a club for kissing my girlfriend, shouted abuse at in the street.”*
- *“I often get nasty comments, and even have had physical abuse, mainly from men. I am often confronted in public toilets and told to leave, and that I am in the wrong ones.”*
- *“I get hassle at club nights if I'm there with my girlfriend, and my mother is massively homophobic. So is my dad, but in a less verbally abusive way”*

When asked about being ‘open’ about being lesbian / gay / bisexual in particular settings, the majority of participants responded positively (see below). More women have said that they can be open in each of these environments than men did in Sheffield’s corresponding sexual health evaluation (Formby, Hirst and Willis, 2009). Higher numbers of women reporting being open about being lesbian / gay / bisexual is interesting in relation to the higher numbers of women experiencing prejudice or homophobia, reported previously. This could relate to a ‘more out = more discrimination’ equation, but much more and/or in-depth research would be needed to explore this hypothesis further. Future research could, for example, examine fear of homophobia, and its effect on levels of openness.



Summary: Social context in Sheffield

- On the whole, Sheffield is a relatively gay-friendly city, though the number of gay social spaces could be improved
- However, homophobia is not uncommon with many women experiencing public verbal abuse
- Despite this, most women were open about their sexuality, including in health settings

Sexual health knowledge

The majority of respondents did not state that they had any concerns about their sexual health, but nine women did state concerns. Comments included:

- *“Changes due to ageing - dryness due to menopause. How to use sex toys safely and hygienically”*
- *“Safe sex with women, I don't know anything and have been with my partner for 5 years”*
- *“What STDs can women get from women”*
- *“Want to become more confident in what I already know and gain in confidence/self assurance as I learn more”*
- *“I am not sexually active but have an unusual (for me) discharge. I'm not sure where I can go to get advice and help that is aimed specifically at Lesbians, whatever their age.”*
- *“I have never had my sexual health checked. I've been sexually active since I was 17 and I'm now 33.”*

When asked about their understanding of ‘safer sex’, women gave a variety of responses. Comments have been coded below, and examples provided.

Theme of comment	Number of women
Use of protection / barrier methods such as dental dams, condoms or gloves	18
Importance of washing bodies or toys before, during and/or after sex	11
Partner choice and/or communication	10
Having general awareness about the potential of STI transmission	9
Being cautious about or avoiding exchange of fluid and/or blood	7
Having regular sexual health check-ups	4
Consensual sex	3
Enjoyable and/or loving sex	2
Being physically safe	1
Don't know	1

- *“Sex in the context of loving relationships, sex with known partner(s) in safe places, completely consensual sex”*
- *“Washing before and after sex, [using] separate toys or whatever for anal and vaginal penetration”*
- *“To be safe don't sleep with just anyone”*
- *“Being careful about any exchange of bodily fluids. Not sure what else I need to worry about”*
- *“Not assuming that infections cannot be transmitted due to sex being with a female partner. General hygiene. Keeping nails short. Dental dam”*
- *“Being honest with each other about status re HIV/AIDS/STDs and other issues to do with sexual health then agreeing on sexual activity and precaution of disease in relation to the status of each of you”*
- *“Clean hands, no dirt under fingernails”*
- *“Using safe sex aids such as dental dams when engaging in oral sex. Using condoms on toys/dildos if they're being shared and washing them afterwards.”*

Getting regular sexual health check ups, especially if you don't have a long-term partner."

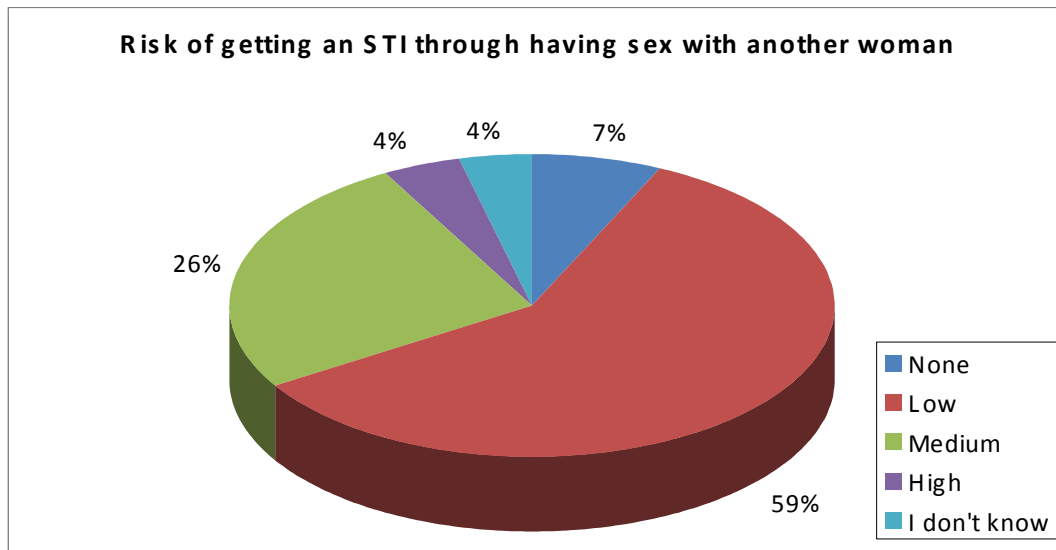
- *"Making sure your nails are short, you don't have any cold sores and using a condom on any 'toys' you may use."*
- *"Using gloves if you have open cuts."*

Similarly, in relation to understandings of 'unsafe sex', comments have been coded and examples provided below.

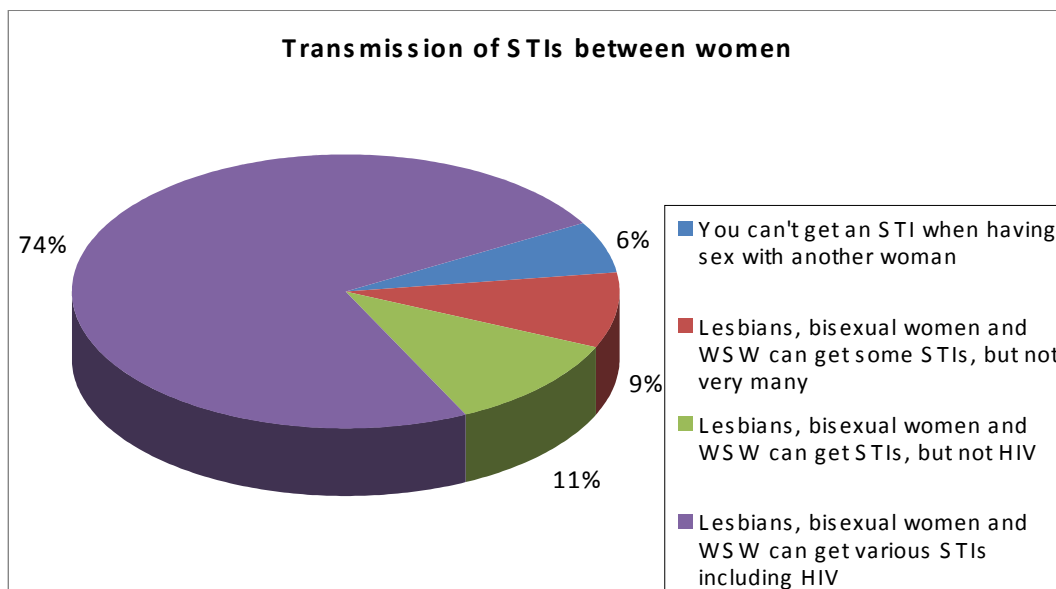
Theme of comment	Number of women
Partner choice, knowledge of partner, regularity of different partners and/or poor partner communication	16
Not using protection / barrier methods	13
Exchanging body fluids and/or blood	11
Sharing sex toys	7
Poor body or sex toy cleanliness	6
The opposite of safe sex	5
Lack of awareness of STI transmission	3
Sex in unsafe settings e.g. unknown place or in public	2
Don't know	2
Choice of sexual activity e.g. S&M	2
Enforced and/or violent sex	1
Lack of sexual health check-ups	1
Sex under the influence of alcohol and/or drugs	1

- *"Sex with a woman who has multiple partners. Sex in unsafe places (parks, on the street, etc)."*
- *"With a new or one night stand partner"*
- *"Having sharp nails"*
- *"Sharing unclean toys"*
- *"Blood to blood exposure"*
- *"Not having precautions to ensure risk minimisation e.g. not using barriers when open sores are present on fingers; not using condoms if sharing sex toys, etc"*
- *"Multiple partners. Sharing toys (or not keeping them clean). Oral sex with a cold sore"*
- *"Not discussing status of each of you re HIV/AIDS/STDs... taking risks in sexual activity and not using any preventative methods or reducing spread of diseases"*
- *"Dirty hands"*
- *"Certain more extreme practices: scarification, blood letting, piercing, etc"*
- *"Several partners - non monogamous"*
- *"Engaging in sex when the other person is menstruating."*
- *"I think it's important to talk about previous sexual partners and when they last had a sexual health check up"*
- *"Sex which happens when one or both people have not either used appropriate contraception (which lesbians do, though, really?) or had a discussion about sexual history including any STIs etc they might have come into contact with."*
- *"Not washing sex toys before sharing them. Not getting checked out regularly."*

In relation to perceived risk of getting an STI through sex with another woman, opinions were mixed, as shown below.



It is of some concern that a total of 11% did not know or thought that there was no risk of getting an STI through having sex with a woman. When asked about specific statements, the majority of women identified that lesbian, bisexual women and WSW can acquire a variety of STIs, including HIV, through having sex with other women (see below). A total of 26% lacked some appropriate sexual health awareness in believing that they could not get any or many STIs, or HIV, through having sex with women.

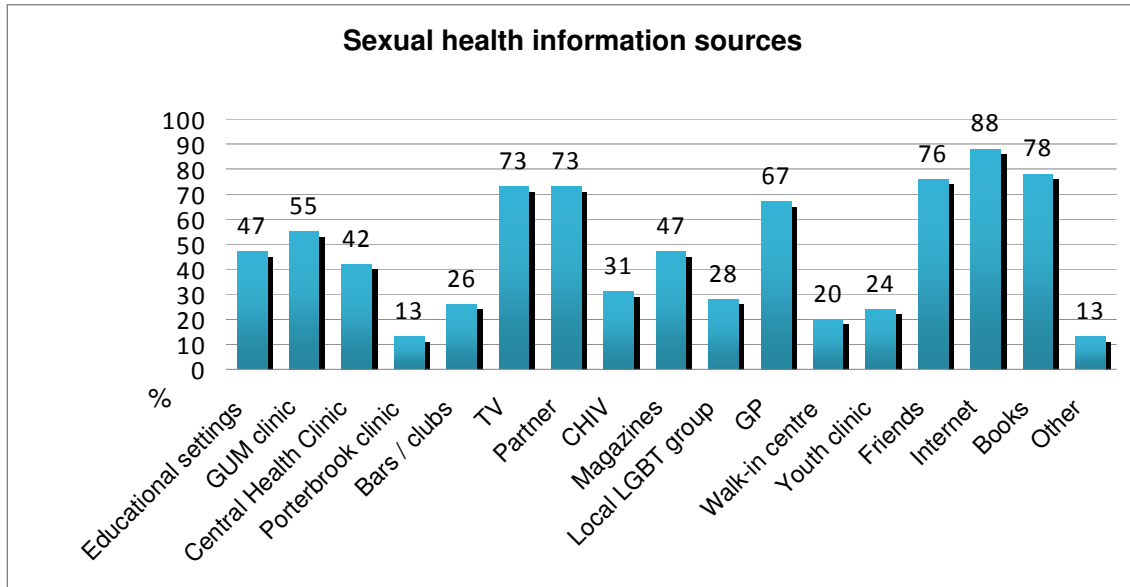


Summary: Sexual health knowledge

- Sexual health knowledge levels vary, with some women lacking appropriate knowledge
- Decisions about safer sex were sometimes based on perceptions of partner choice, rather than sexual activity

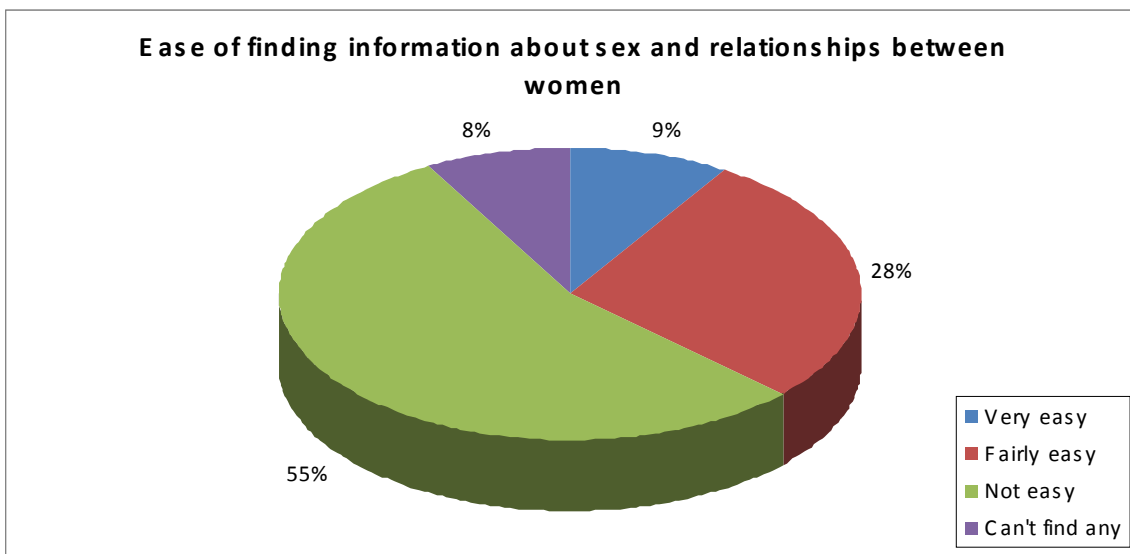
Sexual health information

Respondents were asked about current sources of sexual health information: the answers are shown below. Magazines named were Diva, Eve, Red, and Marie Clare. A local LGBT group named was Sheffield 2GB. Newspapers were named as an 'other' source of information.



Seventy per cent of respondents said that they had found what they were looking for from the information, though 53% said that they (still) did not feel they had enough relevant information about sex and relationships between women.

A total of 63% did not find it easy to find much or any relevant information about sex and relationships between women, as can be seen below (conversely, 37% found it fairly or very easy).



The majority of participants had had Sex and Relationship Education (SRE) at school (83%), though no-one said that this contained any information about sex and

relationships between women. It was reported to be, for example, *“only heterosexual technicalities”*.

A total of 24% had seen the CHIV ‘More than just friends’ leaflet. Comments about it included:

“Good discrete size to fit in bag or pocket - so user friendly, good summary of risks/conditions/precautions. I’ve only had a quick flick through it so will read it again”

“I didn’t even know that 2 women having sex could get AIDS or HIV”

Just seven women (17%) had seen the NHS information leaflet. Comments on this included:

“Good that it exists. More detail than the friends one”

“Very clear, informative”

Comments on both the leaflets suggested that many women had not seen any information until recently when CHIV provided it to them, often on the same occasion that they completed the survey (e.g. at Spring Out).

Just two women had seen any other relevant information: these were reported to be the Lesbian and Gay Foundation ‘Beating around the bush’ resource, and THT information on HIV and AIDS for lesbians. The latter was described as:

“Very good, realistic summary of risks and preventative measures. Lovely sensual photos so stops the info being overly clinical.”

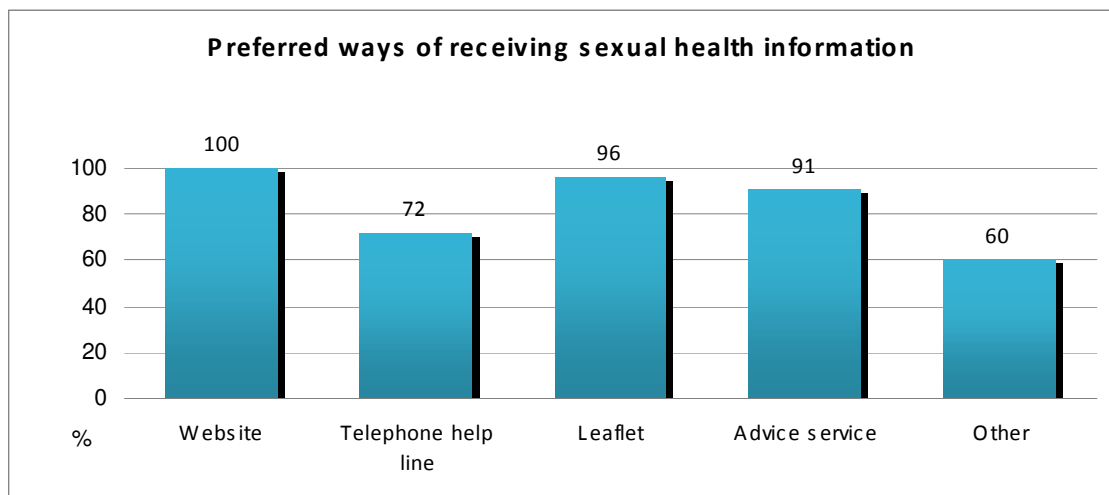
When asked about any sexual health information, topics or themes they would like but had not been able to find, respondents commented:

- *“There is nothing about relationships. I would not know where to get dental dams from or how much they cost and I certainly don’t think I would ever use them as they are not the norm amongst lesbians. Perhaps negotiation of previous sexual partners and whether they have had a recent sexual health check up is more beneficial and likely to happen but even then those things aren’t talked about until a few weeks/months into the relationship and already having sex... sources do not cover any of these issues.”*
- *“Endometriosis”*
- *“Everything about lesbians. Protection and support groups”*
- *“Info on 2 women having children, how do they go about having a baby”*
- *“Info on sexually transmitted diseases between women. Info and advice on sex during menopause”*
- *“Information on STIs. Sex help during the menopause. Info on how to use sex toys safely: hygiene, silicon - any dangers/risks”*
- *“Information relevant to women going through or post menopause”*
- *“Oral sex”*
- *“Sexual health workshops/groups specifically addressing the needs of women during the menopausal phases of life, 40 - 60 age range”*
- *“STI transmission between women. Information on conception options e.g. donors, IVF, etc”*
- *“How to access support during and after relationship breakdown”*

- *“There should be more information for women on STIs. From my experience they don't think they can catch anything because we're a low risk group. This also means that most won't get tested for STIs because they think they're invincible.”*
- *“Basic information about what sort of sex transmits what sorts of infections between women would be a start! Alongside what actually IS safe sex between women.”*
- *“About women's sexuality in general and sex advice. I know from experience that society places a huge emphasis on orgasm and I know for some women this is not necessarily achievable or easily achieved. The orgasm or 'cumming' I think is a male construct and in a lesbian relationship sometimes these dynamics are different. The information needs to be realistic.”*

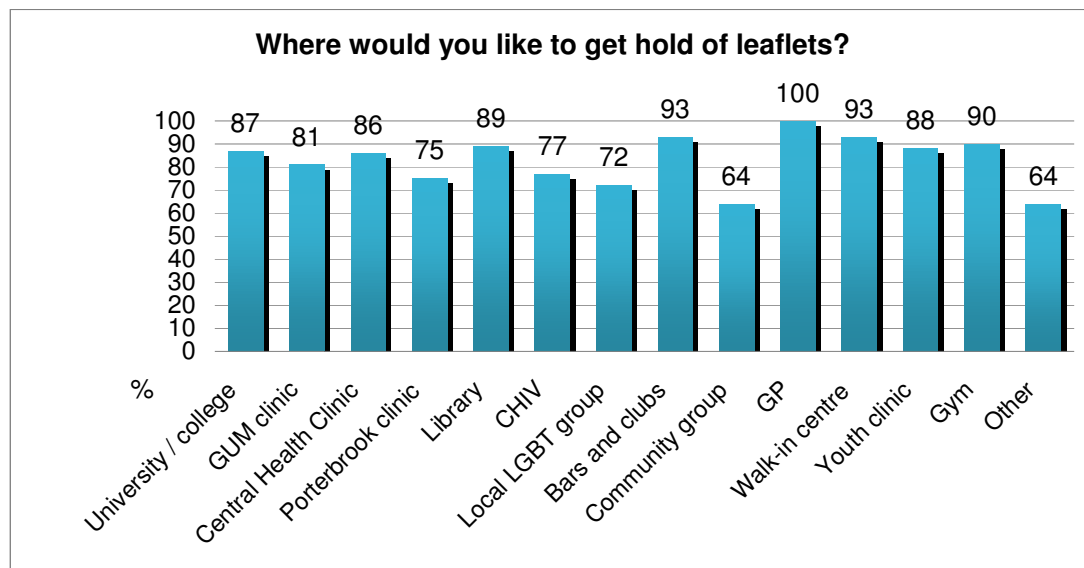
When asked about how they would like to receive sexual health information the answers below were reported. The 'other' ways included:

- *“Stonewall mailing”*
- *“More workshop sessions like the 2 I've been on. These were quite a few years apart”*
- *“Information and dental dams handed out at relevant places such as the club night Climax”*



When asked specifically where they would like to get hold of leaflets, participants responded with the answers below. Bars and clubs named were Dempsey's, Affinity, and Lion's Lair. The 'other' places named included:

- "School"
- "Stonewall or other mailing perhaps via order from internet"
- "Pharmacies/chemist shops"



Other comments or ideas on what, how or where women would like to get information on sexual health were provided:

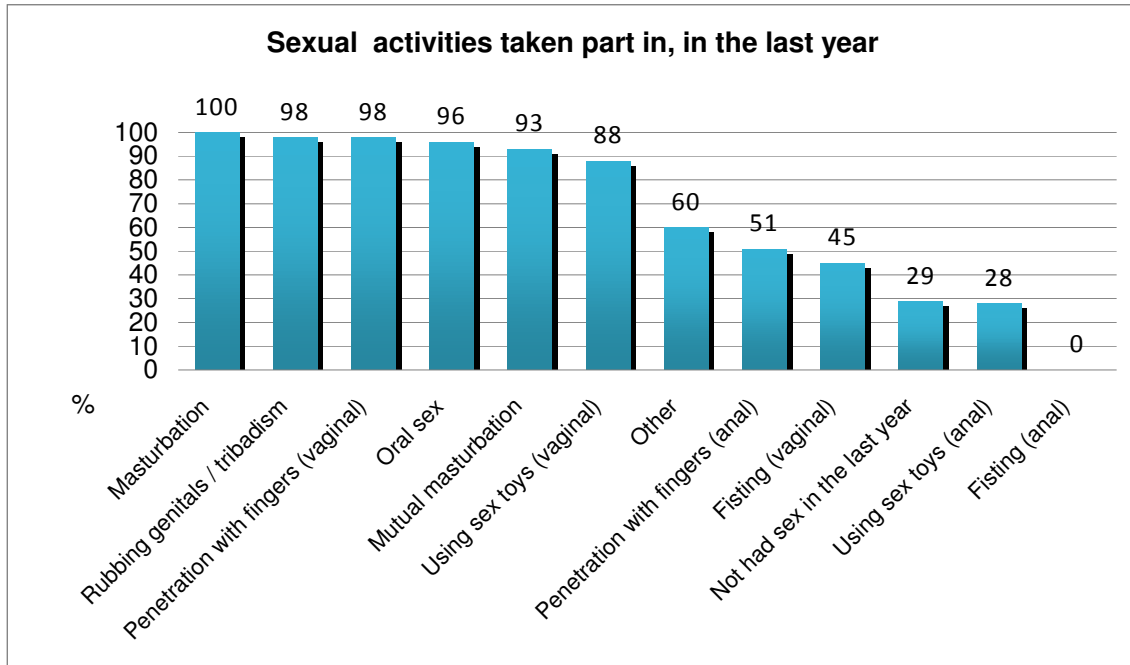
- "General women's magazines"
- "Schools if appropriate"
- "Don't tend to socialise in specific bars/clubs so being able to access information on a less public basis would be useful i.e. if leaflets were available via mailout or with Stonewall"
- "Through women's groups and organisations"
- "Use of a variety of media, incl. videos, drama (theatre in education)"
- "Would like info like the THT manual - but without the over the top and unnecessary swearing – N.B. no naked bodies required either"
- "Information available at school/college for young women would be very helpful, although it would be a challenge in many places to say the least!"
- "If women could get information by post on issues that they require that would be excellent."
- "I think you can place leaflets or information all over the place i.e. gyms/clubs and things but then not everyone goes to all these things or frequently so that only targets a small sample of the population. I think leaflets or some form of advertisement to act as a cue to action/find out more information is useful and then a website so people can access information easily."
- "Internet - but have to know it's trustworthy - i.e. on NHS website"
- "Doctors should have more information on the subject. I have come across doctors who seemed to assume STIs cannot be transmitted at all between women"

Summary: Sexual health information

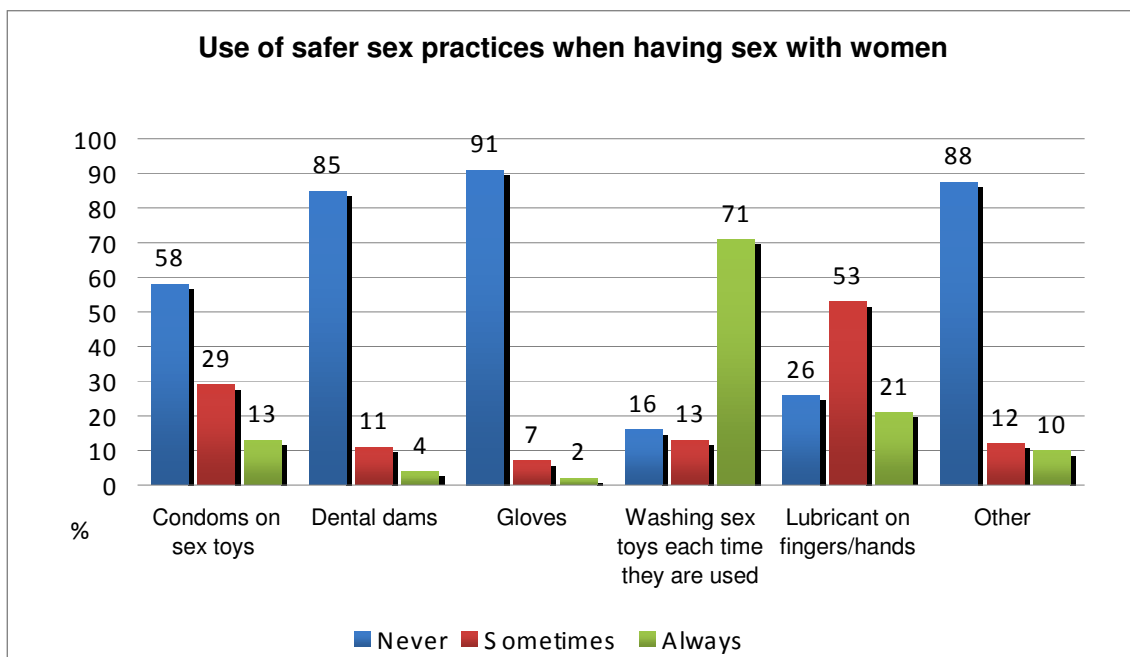
- Sources of sexual health information are more likely to be found on the Internet or from friends or television than from health services
- A majority of women did not find it easy to find relevant information, and did not feel they currently had enough information about sex and relationships between women
- Women identified gaps in their own knowledge, and gaps in current information available
- Most women wanted to find information online, or from local leaflets or an advice service; leaflets should be widely available in health and non-health settings

Having sex and staying healthy

Participants were asked which sexual activities they had taken part in, in the last year: responses are shown below. It is interesting to note that despite some concerns among the research team about the 'sexually explicit' nature of this question, only a small number of women chose not to answer it.



Respondents were also asked about use of safer sex practices when having sex with women, shown below.



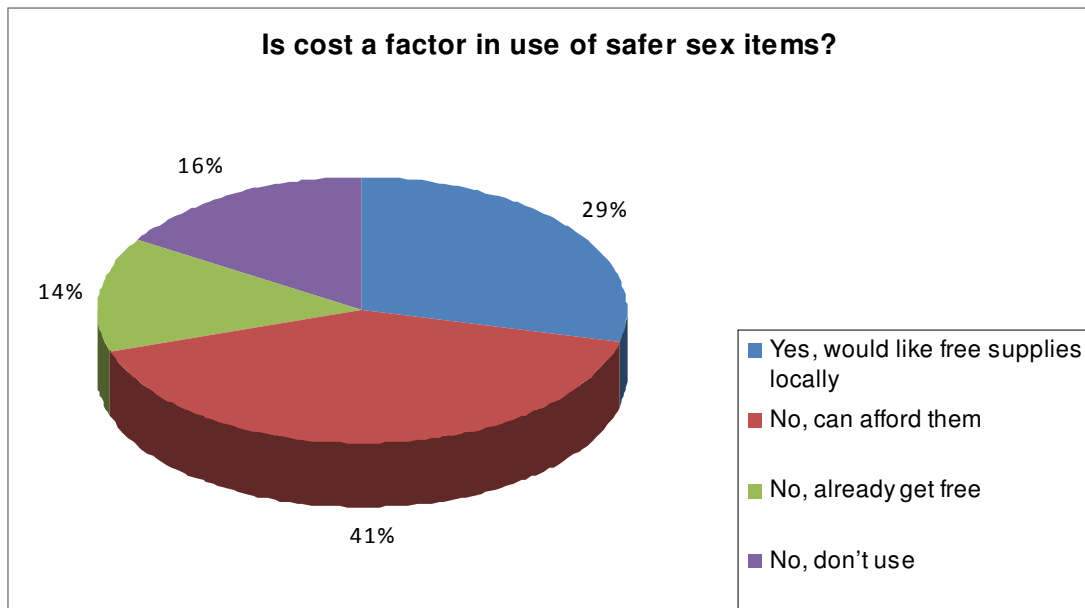
Reasons given for not using any of these activities are shown below.

Reason for not using	Number of women
I trust my partner	22
Other	9
I don't know where to buy / get these items locally	7
Heat of the moment	6
I don't feel comfortable to ask or raise it with my partner	5
I didn't know I could use any of these items during sex with women	4
I don't know where to get these anywhere so I haven't tried	4
It's not necessary between women	3
They reduce pleasure	3
I wouldn't know how to use these items so I haven't bought them	3
My partner refused	1
I have some of these items but don't remember to use them	0

The 'other' reasons given were:

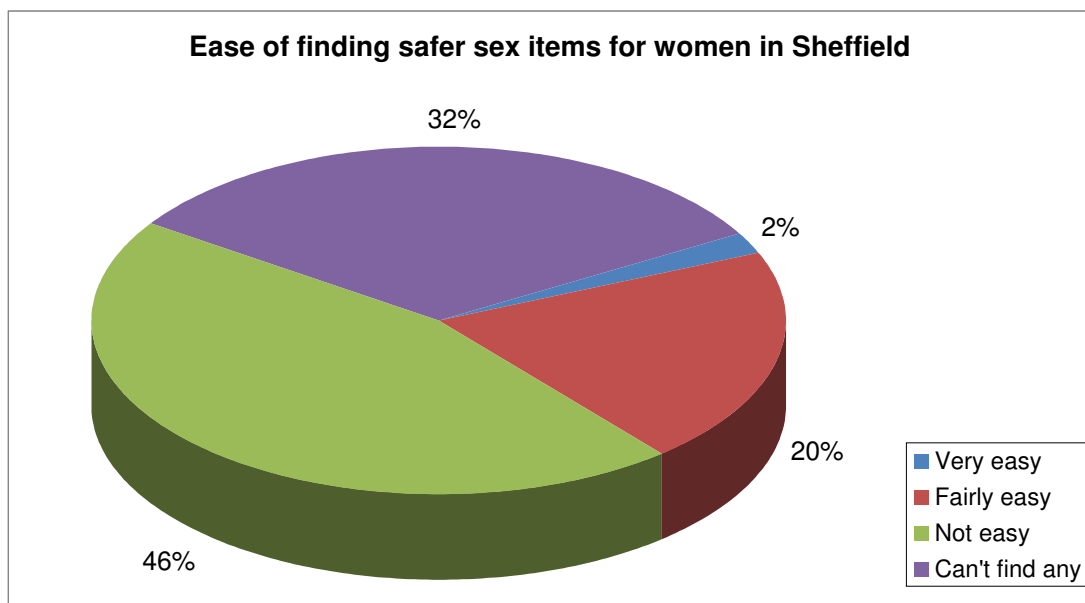
- *"Been monogamous for 20 years - only use toys very occasionally"*
- *"Both clear of infections currently"*
- *"Don't know if condoms are necessary on sex toys"*
- *"Feel that dental dams offer little protection when weighted against how intrusive they are"*
- *"Have regular partner"*
- *"Knowledge of long term partners sexual history"*
- *"Long term relationship and know sexual history of partner"*
- *"Monogamous for many years"*
- *"My late partner and I were faithful and had been together for 20 years. Risks were low though not absent"*

When asked if cost was a factor in their use of any 'safer sex items', the majority of respondents said that it was not, though 29% would like to be able to get 'free supplies' locally.

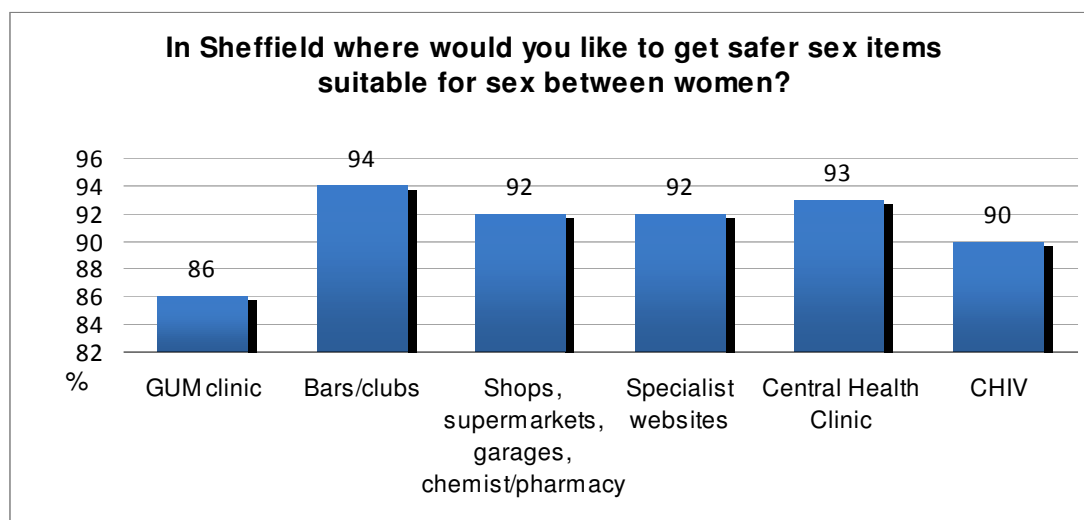


Women who used them got their safer sex items from GUM clinic (7 women); shops, supermarkets, garages, and chemist/pharmacy (13 women); specialist websites (x 9); Central Health Clinic (x 4), and 'other' sources. These were described as friends (x 1), pub vending machines (x 1), and gay bars/clubs (x 3).

The majority of respondents said that they did not find it easy to get 'safer sex items' suitable for sex between women locally (78%). Moreover, 90% said that they would like to be able to get these items in Sheffield.



Participants were asked where would they like to get safer sex items from, shown below.



Participants were asked what would increase the likelihood of them having safer sex. Responses have been coded and illustrative quotes provided below.

Theme of comment	Number of women
Change of sexual activity or partner / not being in a monogamous or long-term relationship	14
More information about 'risks', STIs, etc.	11
More easily available safer sex supplies locally e.g. in chemists, bar toilets, online	6
More free or cheaper safer sex supplies available locally	4
If safer sex items were nicer to use / if pleasure was not compromised in using them	3
Less stigma / if it was easier or more 'normal' to raise as an issue with other women	3
More confidence to discuss / use	1
Greater understanding among health professionals	1
De-stigmatisation of being gay	1

- *“Usually more careful if in open relationship and/or with bisexual partner”*
- *“More information about the risks of having unprotected sex which clearly states how using certain items reduces risks of transmitting diseases”*
- *“More information available increases your awareness and keeps in front of your mind”*
- *“If I could find the right equipment when I needed it at my chemist”*
- *“If I could get free packs sent to me or you could pick them up yourself”*
- *“The things that you use like dental dams are so horrible I don't think I will ever use one. I would feel uncomfortable using one because it is not the norm to do so. They are like some form of alien thing that are very unsexual”*
- *“There not being such a stigma over using the items and maybe the items not being so 'clinical' i.e. rubber gloves don't exactly come across as sexy”*

- *“Availability of supportive climate of opinion in community”*
- *“Gaining knowledge and confidence in the issues/practices”*

Similarly, respondents were asked what would increase the likelihood of them having unsafe sex: responses have again been coded and examples given below.

Theme of comment	Number of women
Alcohol and/or drugs	9
New partner / partner's request	5
Long-term or monogamous relationship	4
Lack of knowledge	4
Not having / not finding any safer sex supplies	4
Lack of awareness and/or willingness to discuss / practice among other women	2
Heat of the moment / attraction	2
Communication: not asking about sexual history and/or assessing the risk with partner	1
The nature of safer sex items	1

- *“Being drunk/otherwise intoxicated”*
- *“Partner wanting it”*
- *“Enjoy random encounters”*
- *“Trusting partner to be honest”*
- *“Not being informed on the dangers”*
- *“Being unable to find supplies”*
- *“Culture of not always considering need to have safe sex”*
- *“Flirtation: spur of the moment thing”*
- *“The horribleness of the things... gloves for godsake!! Who the hell are going to use gloves? It has some form of clinical/diseased connotation to it. I think if I ever pulled these gloves out on someone they would run a mile and I certainly would not feel comfortable using it. The discussions I've had with my friends are that they think the same.”*

Participants were then asked if the places and the situations where they have sex or would have sex influence how safe it is: 20 women said that place and/or situation did influence sex, and 15 said that it did not. Comments provided included:

- *“Yes if I'm not at home and not got anything on me”*
- *“I think this is a real issue for women”*
- *“Yes - if unplanned, impulse sex then not likely to have safe sex”*
- *“Yes, if it's spur of the moment - likely to be unsafe”*
- *“Spontaneity may make it more tricky”*
- *“Alcohol, depresses your insecurities”*
- *“Yes, one night stands tend to be unsafe”*
- *“Yes, I am in a long-term (8 years) monogamous relationship so we are aware of our health status and so can choose which activities require protection and which don't.”*
- *“Yeah I suppose if you sleep with someone you don't know then that will increase the risk of unsafe sex as I doubt there would have been any negotiation of safer sex or finding out about their sexual histories etc.”*

- *"I guess so. When you're having one-off sex very rarely opportunity to use precautions. Am going travelling soon - hadn't really thought about sexual health until I read this survey."*
- *"Yes. If it is a chance encounter rather than within an established relationship then there is less chance of having safe sex."*
- *"No. I trust my partner"*
- *"No... I don't get myself in places or situations where I would have unsafe sex"*
- *"Not really, I'm a little past having sex in a toilet"*
- *"Probably not as outdoor sex is much less likely to involve toys"*
- *"No - I always have sex at their home or mine"*
- *"I don't think so. I hope I would take my responsible attitude/approach with me wherever I am"*
- *"No, safe sex is something that should always be a primary issue"*
- *"No, I have sex at home where I have whatever I need"*

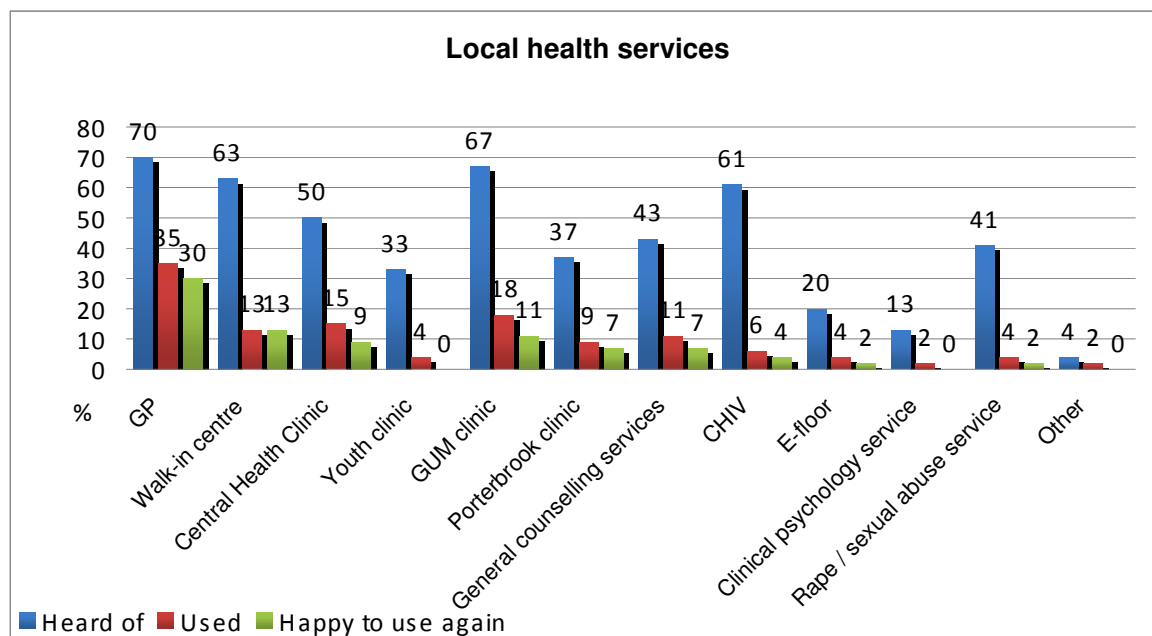
The numbers of comments implying that 'casual sex' or sex with an unknown partner is more likely to result in unsafe sex is concerning.

Summary: Having sex and staying healthy

- Sexual activities vary, but most women take part in masturbation and mutual masturbation, vaginal penetration with fingers, rubbing genitals, and oral sex
- Use of dental dams and gloves during sex is very low; less than half use condoms on sex toys
- Trusting a partner was the most common reason for not practicing safer sex; alcohol and drugs were also identified as barriers to safer sex
- Unsafe sex with unknown women was not uncommon
- If women did use safer sex supplies they were most likely to get these from shops or online, though the majority of women found it hard to source these items
- Women would like to be able to get safer sex items in Sheffield, in health settings and commercial gay venues

Experiences of local sexual health services

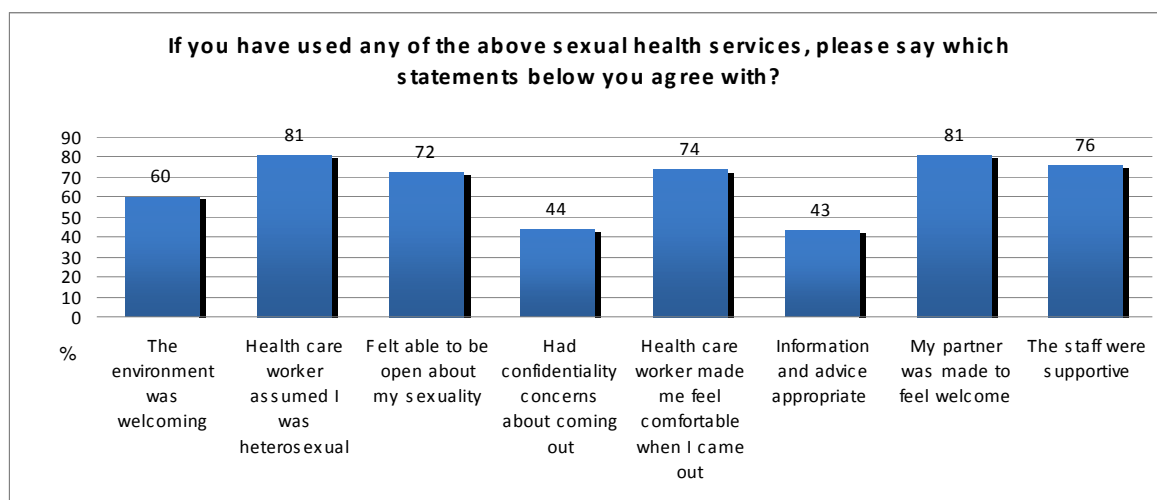
Eighty-seven per cent of respondents said that they had a regular GP. Regarding local health services, the graph below shows which services women had heard of, had used, and of those which they would be happy to use again.



Eighty-two per cent said that these services had met their needs. Further comments provided included:

- *“As a young woman too scared/embarrassed to ask about lesbian sex and also feel services judgemental and homophobic. Services today still do not cater for gay women”*
- *“Given suitable information”*
- *“GUM was non-judgemental to the extreme. They were fantastic when I was really scared and embarrassed”*
- *“Have mostly used these services when I was younger and having sex with men. GUM met my needs by performing tests requested but did make me feel it was a waste of time”*
- *“I just go for smear”*
- *“In the past when needed it, clinics were not that helpful with my persistent thrush. Have not used sex health services for some time now”*
- *“Issues around menopause - loss of libido - total disinterest by services and due to prescribed medication, constant oral thrush - this was not regarded as a problem in terms of our sexual relationship”*
- *“Used GP for problems related to menopause would not be comfortable discussing issue relevant to this re sexual health however. Good experience of using GU clinic (20 years ago)”*

Women were asked about their experiences of using these services by responding to a series of statements, shown below. When comparing these results with national Stonewall research on lesbian health, fewer women in England (39%) said that a health care worker assumed they were heterosexual than our evaluation data shows (81%) (Hunt and Fish, 2008). Regional data from Sheffield also drawn from Hunt and Fish (2008) similarly showed lower numbers reporting health workers assuming heterosexuality (51%) than our data identified. As the Stonewall survey was a general health survey, and ours specifically related to sexual health, it could be that health care workers are more likely to assume heterosexuality in sexual health related encounters with women.



Overall, sixty-five per cent said that their experience could have been improved. Comments provided have been coded and illustrative quotes provided below.

Theme of comment	Number of women
By health worker not assuming heterosexuality	9
Improving health workers' attitudes and/or understanding to put patients at ease	8
Increased visibility of same-sex relationships in posters, leaflets, etc. and/or advertising as a 'gay-friendly' service	5
Better reactions when come out	3
Better education of health workers	2
Provision of more safer sex supplies and/or more detailed information	2

- *“By my concerns regarding STIs being taken more seriously”*
- *“GP surgery could announce that it's gay friendly instead of me having to find out by experience”*
- *“GPs need to be much more sensitive to lesbian relationships whether dealing with sexual or general health issues. I am fed up with being treated according to stereotypical notions of the lesbian”*
- *“I have been laughed at for revealing my sexuality by two nurses on the same day”*

- *“Information displayed about same sex relationships (posters, leaflets, etc). Positive images. Staff not making presumptions of heterosexuality – especially at Central Health Clinic”*
- *“Less assumptions. More positive information/leaflets/posters about lesbians”*
- *“Practice nurse obviously didn't know what to say when asked me about contraception and explained why I didn't need it she then changed the subject”*
- *“Health workers should be encouraged not to make assumptions about the gender of a partner”*
- *“The doctor presumed I was heterosexual and appeared taken aback when I said I was a lesbian. This made me feel uncomfortable. My partner had the same experience with the same doctor. Because I'm gay she then put I was a high risk, which I asked her about. It would be nice to have some more posters/magazines for lesbians. Would feel more welcoming and let others know you use the service, etc.”*
- *“One occasion she seemed quite abrupt with me and assumed I might have had chlamydia (was more to do with my age and the fact that its on the increase within my age range), and accused my partner (who was not there) of having slept with someone else when I knew fine well that she hadn't but she would not take no for an answer and did not listen to me. I don't think that was related to me being gay but then when I did come out she just brushed past the subject.”*
- *“Was not given enough info - was not encouraged to ask more questions”*
- *“The few times that I have had to go to the doctor with a sexual or gynaecologically related problem the health care professional has assumed I was straight. These people need to be taught that the whole world is not straight (although it may feel that way to us sometimes!!!)”*

Some respondents provided some more detail/commentary about their experiences of using these sexual health services:

- *“Its great that there are so many services for young lesbian, bisexual women or women who have sex with women - I'm sure my life would have been much happier with access to such support when I was young (I'm 54 now). It would be fantastic if more resources were made available to older lesbian, bisexual women or women who have sex with women so that fuller lives can be lived in middle and later life.”*
- *“I've tried to get dental dams from the Central Health Clinic and have had problems from staff not knowing what they are, to being told that I could only have one and then I'd have to buy them from now on. When I said that heterosexual people and gay men wanting condoms got packets of them and could keep coming back for more and why was I being denied that I was told that there wasn't anything she could do and I'd have to go and buy them. A friend went along a few weeks later and was told that they no longer provide them.”*
- *“Some practitioners are nice and open some are just ignorant.”*
- *“Health care workers need a lot more training. I dread having any kind of sexual health issue and however educated I may be I would rather ignore an issue than go and get it sorted out for fear of being treated unfairly.”*
- *“Assumption that if you're attending for cervical smear you must be heterosexual - questions around not using contraception and pregnancy”*
- *“GPs don't take menopause seriously when they know you are a lesbian. I have also personally been treated badly in relation to issues of depression and related aggression on grounds that lesbians are butch/masculine and naturally we would be depressed!”*
- *“Heterosexual assumptions/privilege pervade our institutions: this needs to be challenged. I experience internalised homophobia”*

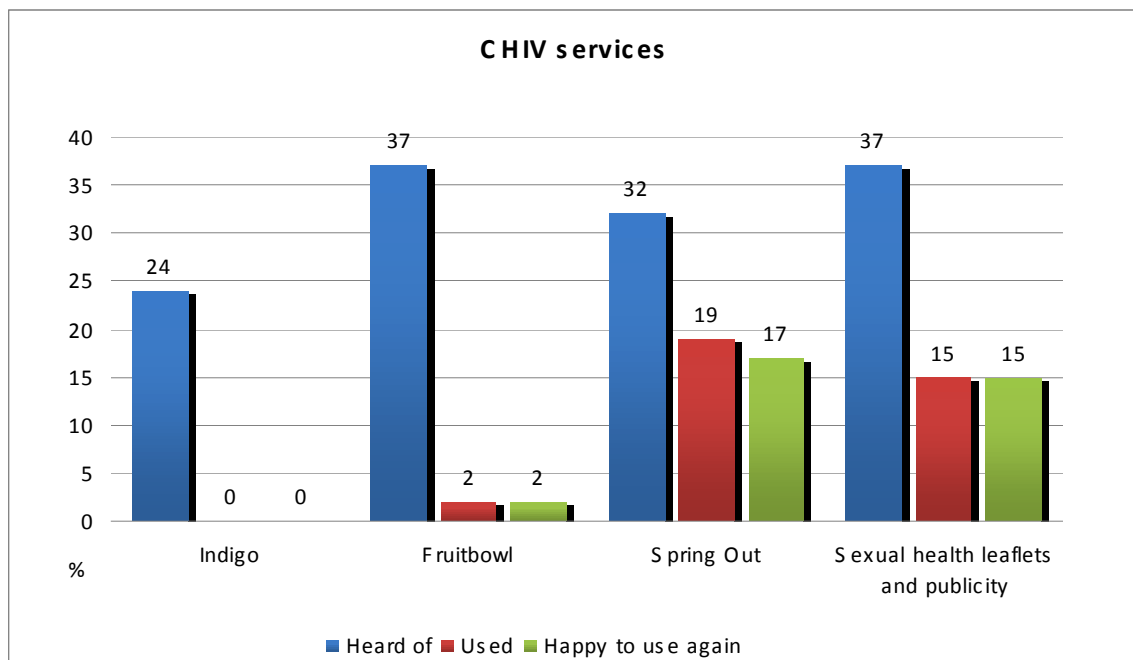
- *“NHS staff attitude to LGBT community poor. Also very poor toward women”*
- *“Services could be vastly improved by practitioners not being afraid to ask every person coming through rather than assuming that people are heterosexual until told otherwise”*
- *“The problem I think is with health professionals who either don't know the sexual practice of lesbians and therefore cannot assess risk or offer any advice. Too afraid to ask!”*

In terms of CHIV services, the majority of women had not heard of or used these services, as shown below. Those that had used them, however, appeared happy to do so again. Further comments on these services were limited. Comments about Spring Out, however, included:

- *“Friendly, involving, informative”*
- *“Fun”*
- *“Good for building community”*
- *“Inclusive of whole community”*
- *“Interesting variety of activities”*
- *“Have events like this more than once a year”*
- *“Not widely publicised to lesbians”*

Comments on CHIV leaflets included:

- *“Fun”*
- *“Very good choice and interesting and high quality”*
- *“Rare”*
- *“Random access”*
- *“Should be more widely available”*



Twenty-five per cent of respondents had ‘ever’ delayed seeking medical advice and/or treatment because of their sexuality. Details provided included:

- *"First experience of sex with female. It was unsafe and going to Dr entailed coming out all at once"*
- *"I wanted to get pregnant: I don't know how my GP will approach this issue with me - I anticipated a level of homophobia"*
- *"Pain during penetration followed by vaginal bleeding, having to explain that 'yes penetration can take place in a lesbian relationship'"*
- *"Menstruation problems and not wanting to answer questions about my sexual practices."*
- *"Depression. It's a de-motivator. And embarrassment."*
- *"Just going for an STD check up because I had slept with a man and then entered a relationship with a woman. I felt that I had to be one thing or the other and didn't know how to put that across as I don't define myself as bisexual just 'experimental'. That was when I was younger though and I'm not that bothered now. I will just tell them as it is."*
- *"I was embarrassed to explain I was with a woman when I knew the doctor presumed I was heterosexual."*
- *"Gynaecological problems. Because doctors assume I'm straight."*
- *"My first sexual partner had Genital Warts. I did not have them but wanted to find out more info. Did not seek info because of my sexuality and the perceived attitude I would receive"*

Participants were asked what has or would act as a barrier to them accessing sexual health services: responses have been coded and examples included below.

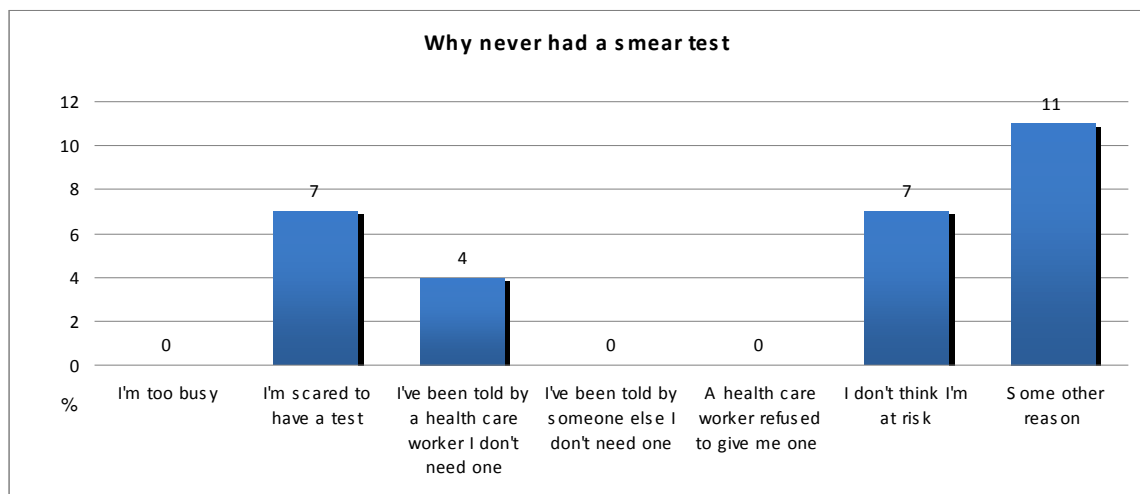
Theme of comment	Number of women
Experience or fear of health worker / service ignorance and/or homophobia	12
Feeling 'other' because of sexuality or age	4
No barriers	4
Shy and/or embarrassed	3
Not knowing where to go	3
Thought not necessary	1
Hearing about other people's bad experiences	1
Having worked in services previously	1

- *"Embarrassment about sexuality. Feeling like an outsider."*
- *"Until recently not felt it was necessary. Recently contracted an STI and had to deal with it."*
- *"An assumption of homophobia. I don't feel comfortable discussing my sexual practices with a complete stranger like a GP, I don't want people to judge me"*
- *"Being treated differently, health professionals not being 'comfortable' with your disclosure"*
- *"Homophobia and/or ignorance (even lack of common sense) of medical professionals"*
- *"Lesbian women are invisible. Lesbian relationships not seen as valid"*
- *"Not easy to find, would need seeking out instead of just seeing it in passing"*
- *"Being in the closet and married made it terrifying having to admit might (be dirty) and have an STD, adulterous and gay"*
- *"Probably embarrassment but this would be an initial temporary feeling and I would get over it because I value health treatment/support"*

- *"Services appeared to be focused on younger women who are perhaps more sexually active. However older generation of women may be experiencing problems to do with their age which are not related to STDs but relevant to sexual health"*
- *"The fear that I would be treated like I was wasting practitioners time"*

Seventy-five per cent of respondents had 'ever' had a cervical smear test; of these, 97% had had one in the last three years, with 3% in the last three to five years. In comparison, Stonewall data for England showed that 84% of women had ever had a smear test, of which 58% were in the last three years (Hunt and Fish, 2008). Stonewall data specifically from Sheffield also identified 84% of women ever having a smear test, with 68% in the last three years (Hunt and Fish, 2008). For those who had never had a smear test, reasons given are shown below. 'Other' reasons included:

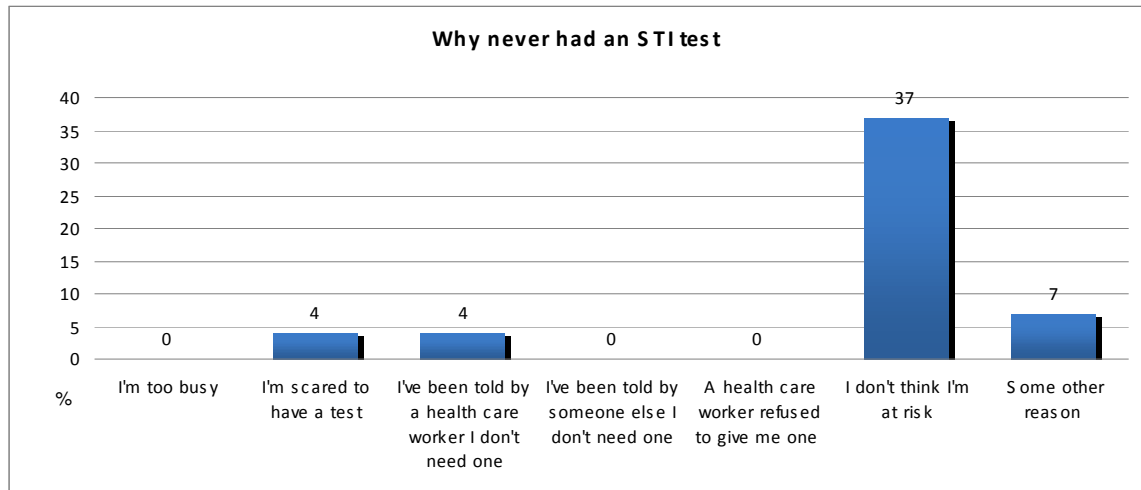
- *"I am too young"*
- *"I don't know what age supposed to start"*
- *"I am not yet 26 so have not been contacted to attend one"*
- *"I had a detailed discussion of my sexual history/practices with health professionals and we mutually agreed that I didn't need one"*
- *"Not old enough yet, have to be 22"*



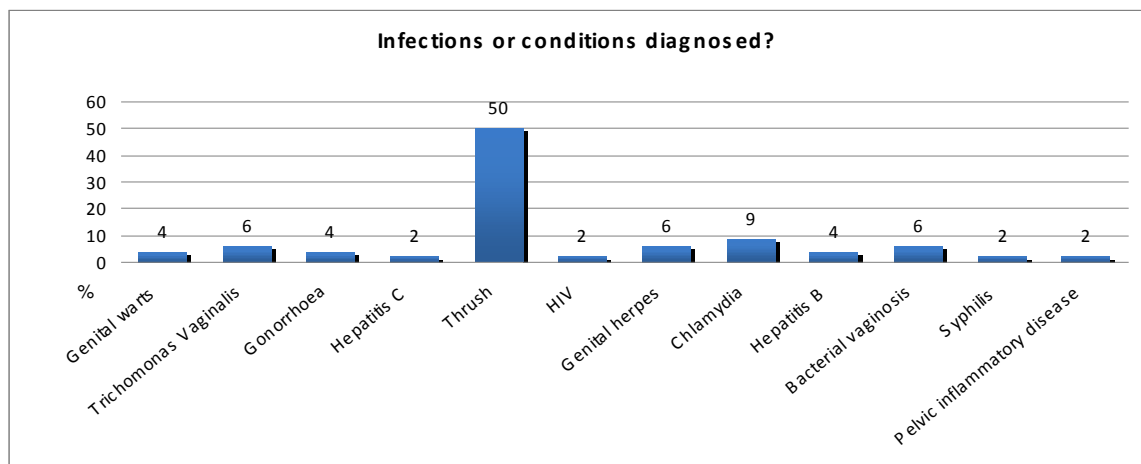
Fifty-one per cent of participants had ever been tested for an STI or vaginal condition. This compares to 47% in England, and 43% in Sheffield, according to Stonewall figures (Hunt and Fish, 2008).

For those who had never been tested for an STI, reasons given are shown below. Interestingly, Stonewall also identified 4% saying health workers had told them they did not need one (Hunt and Fish, 2008). 'Other' reasons included:

- "Didn't occur to me"
- "I am not at risk because of my own and partner's sexual histories"
- "Believe there is no need"



Of those tested, fifty-three per cent of participants had ever had an STI or vaginal condition. Infections or conditions experienced are shown below. Stonewall also reported high rates of thrush, which can be sexually transmitted, and cases of BV, genital warts, chlamydia, genital herpes, pelvic inflammatory disease, and hepatitis B and C (Hunt and Fish, 2008).



Summary: Experiences of local sexual health services

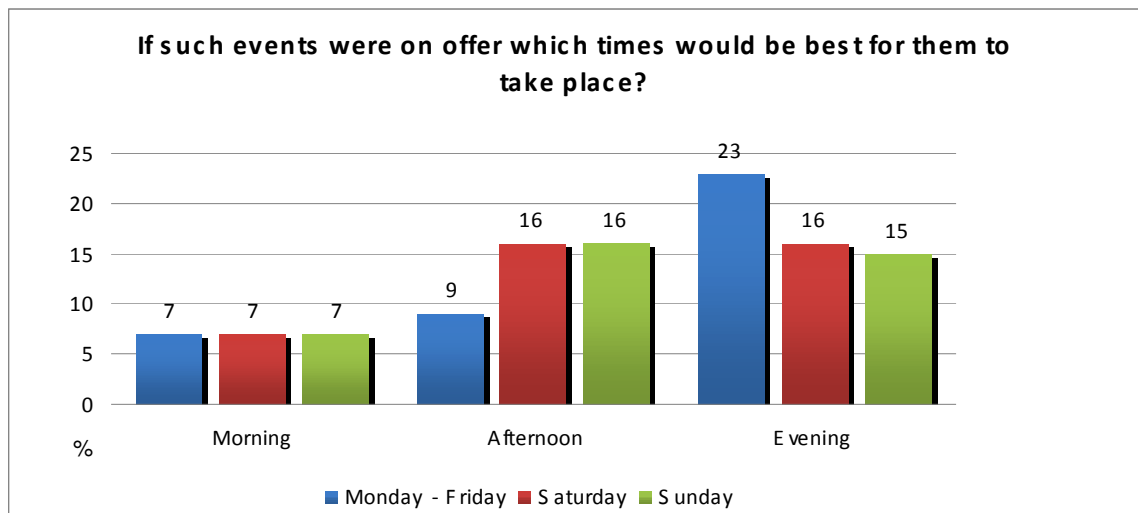
- Many women had a regular GP and accessed other local health services
- Most women felt that their experiences of these services could be improved; the majority had been assumed to be heterosexual
- Health staff could improve their understanding and knowledge about the needs of lesbian, bisexual women, and WSW
- Use of CHIV services was relatively low
- Some women had delayed seeking medical advice or treatment because of their sexuality; fear of homophobia was identified as a barrier
- However, the majority of participants had had a smear test within the last three years
- About half had also been tested for an STI or vaginal condition; thrush was relatively common

Future sexual health services

When asked about the provision of free workshops or events, some participants responded positively (see below); 'other' workshops desired included "How to be single and happy" and "Sexual health as one component of a more wide ranging workshop or day out. I would not attend a purely sexual health event".



Preferred times for these were evenings (most notably Monday - Friday), and afternoons (preferably at the weekend), demonstrated below.



Preferred locations for these were: city centre (54%), CHIV (26%), and 'other' (4%), including GP surgeries and independent (non-clinical) community centres.

When asked what would help or make access to sexual health services easier for them in the future, respondents gave the following answers.

Theme of comment	Number of women
More/wider advertising of services (where they are, what they offer, etc.)	11
For health workers not to make assumptions and to be more welcoming, understanding and knowledgeable	7
Services to openly advertise as 'gay-friendly'	3
For more / better information to be available e.g. leaflets, online	3
More / extended services to operate	3
For confidentiality to be assured and ensured	2
Nothing	1

- *"Less assumptions amongst staff and an understanding of nonheterosexual relationships"*
- *"Advertising of services and events in public places. Staff at clinics being made aware that we use services and how to respond to us."*
- *"Better advertising of them in terms of where they are/what they offer."*
- *"Clinics which make it explicit that women who have sex with women are actively welcomed"*
- *"GP education; clear recording of sexual orientation and recognition of this by general health practitioners"*
- *"Inclusion of info about them within general health service material at GP surgery, etc."*
- *"All staff trained and aware of homophobia"*
- *"Positive messages about lesbian sex are also important"*

Women were also asked what would make it more likely for them to seek medical advice or treatment in relation to sexual health: answers have again been coded and included below.

Theme of comment	Number of women
Pain / symptoms	7
Knowing staff understanding, welcoming, etc.	7
Advertised as 'gay-friendly' service	3
Knowledge of a sexual health service	2
A service closer to home	1
If confidentiality and anonymity assured and ensured	1
More / improved sexual health information available	1
Nothing	1

- *"Knowing that the staff would not judge me"*
- *"Nicer people and a sign saying GAY FRIENDLY"*
- *"Having contracted an STI or met someone with a history of STI"*

- *"Knowing that health care professionals were fully aware and sympathetic of lesbian issues."*
- *"If I thought I was in need of treatment I would go."*
- *"Confidence in the service provided. Lesbian health taken seriously and not all doom and gloom. Celebrate Lesbian sex"*
- *"Confidential, safe, anonymous environment"*
- *"Health professionals having a relaxed attitude to your sexuality"*
- *"Serious attitude change at local GP clinic"*
- *"The only thing to make it likely is if I actually had symptoms of something or had unsafe sex. It's not to do with service accessibility"*

When asked specifically what would make it more likely for them to come out to a health care worker, participants responded as below.

Theme of comment	Number of women
If staff seemed friendly and understanding and didn't make assumptions	14
Always come out	7
If service advertised as gay-friendly	6
If I was more confident	1
If the health issue required it	1

- *"Their attitude and manner, feeling I could trust them and they would not judge me or my partner"*
- *"I always come out to workers as I think its very important. What would be nice is if they didn't respond in a negative manner."*
- *"Knowing that the practice welcomed gay people by having posters in the waiting room (they have them for everything else - elderly, pregnant, ethnic minorities, disabled, etc.)"*
- *"Being sensitively asked rather than having to contradict assumptions"*
- *"Genuine non-discriminatory attitude"*
- *"I regularly come out to health professionals but it is not always acknowledged or taken on board - I just continue to be unapologetic about it"*
- *"If I thought I wouldn't be mocked"*
- *"If I thought she was comfortable with my sexuality, easy to talk to, and non-judgemental"*
- *"If there was an ethos in the service re diversity e.g. posters and leaflets showing people of different sexualities. A clear mission statement"*
- *"Positive messages/images in their workplace. Routine questions re sexuality - no assumptions re being heterosexual"*
- *"Seeing literature in the GP clinic on gay and lesbian health which is very prominently displayed"*

Suggestions offered for features of an ideal sexual health service for lesbian, bisexual women and women who have sex with women are summarised below.

Location

- *"A regular meeting place"*
- *"Both city central and in local communities (possibly part of GP centres)"*
- *Central (x 6)*
- *"Central and local branches"*

- *City centre (x 5)*
- *“Don't mind, as long as accessible by public transport”*
- *GUM*
- *Local (x 2)*
- *“On a bus route”*
- *“Somewhere easily accessible from all different parts of Sheffield”*
- *“Out of town choices”*
- *“Easily assessable location” (x 2)*
- *“The new GUM clinic is a welcoming environment and easy to get to.”*

Opening times

- *“24/7”*
- *“8am - 6pm”*
- *“All day”*
- *“As they are in GUM”*
- *“As with the expanding times of central clinics/GPs”*
- *Evenings (x 10)*
- *Weekends (x 6)*
- *“Morning”*
- *“Out of office hours”*
- *“Same times every week”*
- *“Some outside of work hours”*
- *“Lesbians/bisexuals need places to be open just as much as straight people! SO - regular opening times”*

Choice of male or female staff

- *Both (x 4)*
- *Female (x 12)*
- *No preference (x 2)*
- *“Yes - need choice and all staff to be trained in cultural competence and to understand homophobia”*
- *“Yes you should have a choice”*
- *“Open, mixed sex, well trained staff”*

Choice of lesbian / bisexual only, women only or mixed gender clients

- *All (x 5)*
- *“Mixed gender clients if in a multi service setting”*
- *No preference (x 2)*
- *“Not necessary, as long as staff are not homophobic”*
- *Women only (x 6)*

Where to advertise

- *DIVA (x 2)*
- *Bars and clubs (x 2)*
- *SIS Network*
- *Pink Paper*
- *Online (x 5)*
- *Local press e.g. Star, Telegraph, Sheffield free mags (x 5)*

- Doctors (x 3)
- Everywhere (x 2)
- *“Local billboards”*
- *“Leaflets”*
- Library (x 2)
- Sports centre
- SHOUT
- *“Widely”*
- *“Within mainstream services”*
- *“Advertise in public places such as the library and mainstream papers, not all of us are a part of the gay scene, but also put up posters and hand out leaflets in gay venues such as Climax. Advertise everywhere like on a billboard (why not?) within universities, local communities cafes, clubs/gay nights (usually young people go there and then you’re missing out the older people). Amongst online communities – there’s one called SIS (Something In Sheffield), the Hiking Dykes, etc.”*

Other ideas

- *“Comfy chairs, coffee, Starbucks kind of venue”*
- *“Drop in as well as appointments”*
- *“Ethnicity of staff”*
- *“Should this not be part of all standard sexual health services rather than separate?”*
- *“Professional staff with specialist training in the specific needs of the community (regardless of gender, although provision for those who choose a female or male member of staff)”*
- *“Specific materials”*
- *“Resources, free lube/condoms, etc.”*
- *“Friendly, understanding and knowledgeable staff”*
- *“Accessible for disabled. Have workshops as you say”*
- *“Discrete staff”*

Seventy-three per cent of respondents had ideas about the ways in which health care services can demonstrate that they are gay-friendly: suggestions are coded and examples provided below.

Theme of comment	Number of women
Specific LGBT advertising or information materials	16
LGBT friendly accreditation scheme with LGBT friendly status advertised clearly	12
Staff training / improve staff knowledge	2
Provide specific sex education workshops for lesbians	1
Have openly gay workers	1
Provide dedicated service for lesbians	1

- *“Promotion of LGBT or WSW materials, dedicated service/clinic for women. A sign on the wall saying we are LGBT friendly!”*
- *“Posters aimed directly at us with stats etc. Staff that know something about the kind of sexual activities we engage in, so that we can openly chat about these*

things when having our check up. Some form of sexual education for young women who have come out on things such as safe sex and STIs.”

- *“Some kind of mark/award that explains the practice has awareness of gay health issues and actively encourages people with specific queries to ask.”*
- *“Include positive images of gay people in marketing material. Stop using gendered language in marketing material.”*
- *“Leaflets in waiting room, rainbow sign on noticeboard/window sticker. Heterosexuals would have no idea, nor kids but we would feel better.”*
- *“More overt expressions of being gay friendly - posters, badges on staff - visible evidence that I'm even being thought of”*
- *“Posters and literature on Gay and Lesbian Health prominently displayed”*
- *“Posters in waiting rooms saying 'gay friendly practice' or similar ensuring all staff are trained, aware, and have positive attitude”*
- *“Provide positive images/info and advice as a matter of routine within mainstream services e.g. GP practices, etc.”*
- *“Recording of sexual orientation (i.e. civil partnership status for example), posters, relevant questions (not assumptions), relevant nurse practitioner review taking account of sexual orientation i.e. when called for smear, etc.”*

Answers to the question ‘In an ideal world how would you improve or change any services locally?’ are provided below:

- *“We would be welcome in every service instead of feeling awkward about coming out to staff and asking for things like dental dams. All staff to be educated. For clinics not to discriminate against lesbians by not stocking and supplying dental dams on request. For gay services to be equal. There are lots of services for men, but not nearly as many for women.”*
- *“Better trained staff, better information, open, inclusive practitioners [who are] non-assumptive and non-judgmental of one's sexual orientation.”*
- *“Possibly more advertisement of the services they offer and where they are.”*
- *“Be more friendly” (x 2)*
- *“Comfortable drop-ins at local GPs.”*
- *“Education for all GPs at local GP practices - work on their poor attitude to lesbian relationships, access to information through GP practices”*
- *“GP services need to be much more visible about their gay friendliness if they argue that they are”*
- *“GP/health care worker education”*
- *“GUM to be clear and consistent in their advice”*
- *“Just not to have an assumption of heterosexuality and educated staff aware of relevant issues which might arise”*
- *“More open about same sex couples in an area so they are aware people are there to help in their area”*
- *“Make doctors appointments generally available to avoid the stupid 8.30am phone call lottery”*
- *“Wider advertised”*

When asked if there was anything else to consider about how to improve services and support for lesbian, bisexual women and women who have sex with women, a small number of women provided further comments:

- *“Put more funding into the services, encourage education services to deal with sex ed in a serious manner - stop the teachers giggling more than the pupils (I know such teachers!) by having specially trained teachers or outside agencies*

deliver the classes, promote diversity and equality amongst healthcare workers and allow those who object to treating LGBT people with respect and courtesy to work elsewhere.”

- *“Ensure that info is widely disseminated via Yahoo groups website 'Something In Sheffield' (200+ lesbian members)*
- *“Ensure that the findings from this research are put into action. Secure funding, resources and policies, mission statement, etc. for this”*
- *“I want to feel a normal part of sexual health information and be evident on leaflets when needed, discussed at school sexual health lessons; anything other than currently ignored, forgotten or marginalised”*
- *“Improve health care professionals’ awareness, knowledge and confidence in discussing sexual concerns of lesbians (even those who work in sexual health services)”*
- *“Understanding that many medical conditions can have an impact on lesbian sex - dermatitis on hands, oral thrush, the menopause, etc.”*

Summary: Future sexual health services

- Women would like more advertising of local sexual health services, and for health workers to be more welcoming
- Services could advertise themselves as ‘gay-friendly’ to encourage attendance
- Health professionals should routinely enquire about a patient’s sexuality before health discussions begin; information and advice provided should be tailored to the patients’ needs
- Women would like to have the choice of male or female health staff, and access to women only sessions
- Health related publicity and information resources should include the needs of LGBT clients

Conclusions

Overall, the social context in Sheffield appeared relatively positive for our participants, with over half thinking that the city had become more 'accepting'. Many respondents thought it was reasonably 'gay-friendly', though some comments were made about a lack of gay social space in the city. Nevertheless, homophobia continues to be a part of many women's lives, with 78% having experienced some form of prejudice, often taking the form of verbal abuse from unknown members of the public. Despite this, most respondents were open about their sexuality in a variety of public settings, including health services.

In terms of sexual health knowledge, the majority of women surveyed did not identify any concerns about their sexual health. Understandings of 'safer sex' and 'unsafe sex' were varied, but common themes highlighted included the use of protective / barrier methods (e.g. dental dams, condoms, gloves); the importance of washing sex toys; partner choice; awareness about the potential of STI transmission, and caution over fluid and/or blood exchange. The emphasis on these points appear to largely focus on a bio-medical rather than an holistic model of health, in focussing on STI transmission and the absence of disease, for example. The minority of women, however, raised issues that are included in broader notions of sexual health (for example see World Health Organization, undated), such as notions of physical safety or harm, and sexual pleasure. Of possible concern are some implicit assumptions about the ability to 'see' or prevent sexual health risks in terms of partner choice or notions of 'promiscuity' in relation to the regularity of different partners, rather than actual (safer) sexual activity. This was also found in the gay and bisexual men's sexual health evaluation in Sheffield (Formby, Hirst and Willis, 2009).

Responses to particular questions about STI transmission demonstrate that a minority of women had inaccurate assumptions, or lacked knowledge, about their sexual health (11% did not know or thought that there was no risk of STI transmission from sex between women, and 26% thought they could not get any or many STIs/HIV through having sex with women).

The Internet was key in participants' access to sexual health information, along with books, friends, television, and partners. Health services were noticeably used less by respondents. Over half (53%) said that they did not feel they had enough relevant information about sex and relationships between women. Moreover, nearly two-thirds (63%) did not find it easy to find much or any relevant information about sex and relationships between women. Unsurprisingly, no-one had received any information about sex and relationships between women as part of their sex and relationship education at school. The majority had not seen specific leaflets aimed at lesbian and bisexual women or women who have sex with women (either by CHIV, or the NHS).

Collectively, these results indicate gaps in current information provision, and women's knowledge levels, regarding sexual health for lesbian, bisexual women, and women who have sex with women, with many women making comments to this effect. In the future, many women would like to receive sexual health information online or in the form of an advice service or leaflets, for example at GP surgeries, the walk-in centre, and local bars, clubs, and gyms.

The women who took part in this survey took part in a variety of sexual activities, with masturbation and mutual masturbation, vaginal penetration with fingers, rubbing genitals, and oral sex being the most common. The clear majority of these women did not practice forms of safer sex during sexual encounters (with the exception of washing sex toys between use); gloves and dental dams were very rarely used, and

the source of negative comment. The reasons most commonly given for not practicing methods of safer sex were about trusting partners and having long-term or monogamous relationships; cost was a factor for a minority. However, the majority of respondents said that they did not find it easy to get safer sex items suitable for sex between women locally (78%), with 90% saying that they would like to be able to (for example in bars/clubs, Central Health Clinic, and local shops).

Influences on practices around safer sex included alcohol and/or drug use, assumptions and perceptions of partner risk, and confidence and communication related to negotiating safer sex (which could relate to ongoing cultural / attitudinal barriers to initiating safer sex). The numbers of women who identified that having sex with new and/or unknown partners meant that they were less likely to practice safer sex is of some concern. This may in part relate to assumptions about potential partners and perceived notions of risk, mentioned previously: in focussing on choice of partner in decisions about safer sex, women appear to neglect the importance of people's previous sexual activities and/or partners. An approach to safer sex which concentrates on types of sexual activity and associated safer sex methods is more reliable than perceptions of potential partners.

Local health services most often heard of by respondents were GPs, followed by GUM, the walk-in centre, and CHIV; GPs, GUM, and Central Health Clinic had been most widely used. In most of these cases, smaller numbers of women would be happy to use the service again than had originally used them, implying some dissatisfaction with the service they had received, though more research and evaluation would be needed to confirm this. When describing these experiences, the majority of women had been assumed to be heterosexual by the health worker they saw, with less than half (43%) receiving appropriate information and advice. Forty-four per cent also said that they had confidentiality concerns about coming out. Common complaints about (sexual) health services were:

- workers assuming heterosexuality;
- poor attitudes and/or understanding from staff;
- lack of visibility of LGBT patients in health materials, and
- poor supply of appropriate safer sex items e.g. dental dams.

The most commonly identified barrier to accessing sexual health care or advice was fear and/or previous experiences of ignorance, judgemental attitudes, or homophobia from health care staff. The vast majority of participants had had a smear test within the last five years, however (with 'too young' being the most commonly identified barrier). About half had ever been tested for an STI or vaginal condition, with most not doing so because they did not believe themselves to be a risk. The most commonly experienced STI / vaginal condition was thrush (50%), with lower numbers reporting chlamydia, herpes, and BV, for example.

Suggestions for improvements or changes to future sexual health services centred on wider advertising of available services locally; for health workers not to make assumptions and to be more welcoming, understanding and knowledgeable; specific LGBT information materials or resources, and for services to openly advertise themselves as 'gay-friendly'. Women said that this would help or make access to sexual health services easier for them, would make it more likely for them to seek medical advice or treatment in relation to sexual health, and would make them more likely to come out to a health care worker. Many respondents also reported preferring women only services, and a choice of female or male staff. There appears to be support for an 'LGBT friendly' accreditation scheme for local health services. There

were also some implicit and explicit comments about a perception that there were more information, resources or support available for younger lesbian or bisexual women locally, with older women saying that they would appreciate more support and/or advice, particularly in relation to the menopause.

A key conclusion from this evaluation is the common experience of heterosexism within health care encounters (also mirroring other research; see Fish, 2006). The findings also highlight the serious and ongoing effects of this heterosexism, and/or the fear of homophobia, for women's long-term health; if they are reluctant to seek health care advice or treatment in the future, for example, or if they continue to hold misunderstandings about their sexual health needs. Even where homophobia has not been previously experienced in health settings (and for some individuals it had), fear of such an encounter often affects women's perceptions of the potential quality of the health care they might receive, and therefore can affect their take-up of health services. Many of the respondents' comments and suggestions for CHIV in terms of influencing future sexual health service provision, and women's experiences of these, focus on attempting to eradicate the incidents, and insidious effects, of this heterosexism and/or the fear of homophobia within (sexual) health care services.

Recommendations

Service provision

Evaluation results point to a number of potential service developments / refinements, including:

1. Investigate the potential for targeted events and/or widely available resources (including online) at lesbian, bisexual women and WSW, which could:
 - a) disseminate findings from this evaluation, and generate discussion about the issues among women;
 - b) help to raise awareness of sexual health in general among this population;
 - c) target specific misperceptions and/or knowledge gaps where they are identified, and
 - d) help to increase women's confidence in discussing sexual health with potential partners.
2. Explore the possibility of local health services, including CHIV, providing (free) safer sex supplies suitable for sex between women e.g. dental dams. Alternatively, consider setting up a web service to sell these products (as cheaply as possible), and/or liaise with local businesses about providing these supplies e.g. chemists.
3. Continue to raise awareness of LGBT (sexual) health concerns with local health practitioners and service providers, to seek to lower barriers currently facing women. In particular, attempt to raise awareness of the need to:
 - a) not assume heterosexuality in health related interactions;
 - b) reassure patients about confidentiality;
 - c) include the needs of lesbian, bisexual women and WSW in sexual health information and publicity materials/resources, and/or provide specific (sexual) health resources/materials for this group;
 - d) increase health professionals' understanding and knowledge base regarding the sexual activities and associated sexual health needs of lesbian, bisexual women and WSW;
 - e) share models of good practice, where they exist, and
 - f) offer women only service sessions and the choice of male or female staff.
4. Consider the potential for producing a briefing document for health professionals about the sexual activities and associated sexual health needs of lesbian, bisexual women and WSW. This could incorporate findings from this evaluation and information from CHIV's previously commissioned literature review (Formby, 2006). This tool could be used as part of training sessions and/or disseminated as a stand-alone document.
5. Attempt to publicise information more widely about local sexual health services to lesbian, bisexual women and WSW in the area.
6. Consider the needs of older women and attempt to ensure that sexual health services and resources are accessible and welcoming to them.
7. Examine the possibility of setting up a local 'gay-friendly' accreditation scheme that health services in the area could sign up to and publicise their status.

Future research and consultation activities

The evaluation findings also point to potential areas of further research / consultation, bearing in mind that 30% of survey respondents said they were willing to be involved in further research activities for CHIV:

1. More qualitative research which could explore the views and experiences of local women in more depth, and disseminate and 'test out' findings from this evaluation survey in particular.
2. Ongoing evaluation of any service developments / refinements as a result of this work (which could, for example, include the establishment of a permanent consultation / reference group for this purpose).
3. Further consultation / research could potentially examine in more detail:
 - decisions around safer sex which involve perceptions of individual partner 'risk'
 - the influence of alcohol and/or drugs on sexual activity
 - facilitators and barriers to use of particular safer sex methods / items
 - service access experiences of local women to inform subsequent LGBT health awareness training/resources for health professionals
 - experiences of heterosexism, homophobia, and/or the fear of homophobia and their effects on women's identity, and wider health and well-being
 - experiences and needs of older lesbian, bisexual women and WSW.

References

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Appendix: The survey

Lesbian, bisexual women and women who have sex with women: Sheffield sexual health survey 2008

The Centre for HIV and Sexual Health and Sheffield Hallam University are conducting an evaluation of current services and support for lesbians, bisexual women and women who have sex with women who live, work or socialise in Sheffield. We want to ensure your views and experiences are central to current and future services and would be very grateful if you could complete this survey.

Our questions aim to give us a broad view of some key issues. These include information sources and knowledge of sexual health, experiences of services, and any ideas for future services you'd like to see.

All responses will be kept confidential and you will not be identifiable.

If you would like to complete an online version of this survey instead, please go to www.sexualhealthsheffield.nhs.uk

1. Sexual health information

1.1 Where do you go to get information on sexual health? (please tick all that apply)					
Educational settings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GP practice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GUM clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Walk-in centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Central Health Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Youth Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Porterbrook Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Friends	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bars / clubs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Internet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Books	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Partner	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Centre for HIV and Sexual Health				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Magazines (please state which):				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Local LGBT group (please state which):				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please state where):				Yes <input type="checkbox"/>	No <input type="checkbox"/>

1.2 Has the information you have found been what you were looking for?
Yes <input type="checkbox"/> No <input type="checkbox"/>

1.3 Do you feel you have enough relevant information about sex and relationships between women?
Yes <input type="checkbox"/> No <input type="checkbox"/>

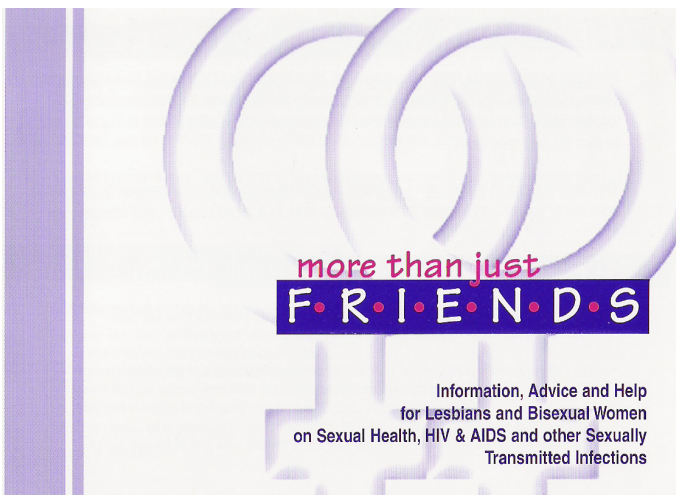
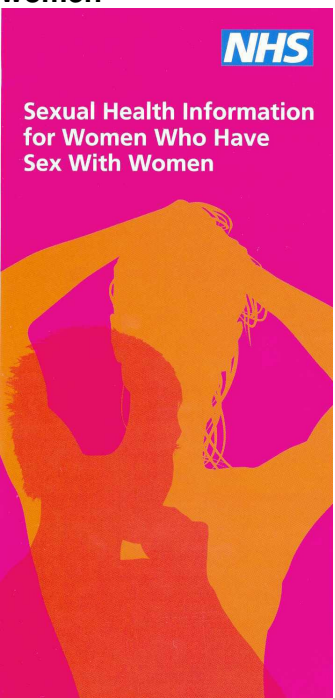
1.4 How easy do you find it to get relevant information about sex and relationships between women?
Very easy <input type="checkbox"/> Fairly easy <input type="checkbox"/> Not easy <input type="checkbox"/> Can't find any <input type="checkbox"/>

1.5 Did you have any sex and relationship education (SRE) when you were at school?
Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please go to Q1.7)

1.6a If yes, did this contain any information about sex and relationships between women?
Yes <input type="checkbox"/> No <input type="checkbox"/>

1.6b If yes, could you tell us a bit more about this? Please describe in your own words:

1.7 Have you seen the following sexual health information aimed at lesbian or bisexual women and women who have sex with women? Please comment on what you thought of each:

<p>Centre for HIV and Sexual Health 'More than just friends'</p>  <p>Not seen this <input type="checkbox"/> Seen this <input type="checkbox"/></p> <p>Any comments:</p>	<p>National Health Service (NHS) 'Sexual health information for women who have sex with women'</p>  <p>Not seen this <input type="checkbox"/> Seen this <input type="checkbox"/></p> <p>Any comments:</p>	<p>Any other sexual health information / resource aimed at lesbian or bisexual women and women who have sex with women</p> <p>Not seen anything else <input type="checkbox"/></p> <p>Seen something else <input type="checkbox"/> Please state what else you have seen:</p> <p>Any comments:</p>
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1.8 Please tell us about any sexual health information, topics or themes you would like that you have not been able to find:

1.9 How would you like to receive sexual health information aimed at lesbians, bisexual women or women who have sex with women? (please tick all that apply)

Website	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Leaflet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Telephone help line	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Advice service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please state how):				Yes <input type="checkbox"/>	No <input type="checkbox"/>

1.10 Where would you like to get hold of leaflets? (please tick all that apply)					
University / college	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GP practice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GUM clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Walk-in centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Central Health Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Youth Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Porterbrook Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gym	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Library	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Centre for HIV and Sexual Health				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Local LGBT group (please state which):				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bars / clubs (please state which):				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Community group (please state which):				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please state where):				Yes <input type="checkbox"/>	No <input type="checkbox"/>

1.11 Please add any other comments or ideas on what, how or where you'd like to get information on sexual health aimed at lesbians, bisexual women or women who have sex with women here:

2. Sexual health knowledge

2.1a Do you have any concerns or questions about your sexual health?
 Yes No

2.1b If yes, please can you state what these are?

2.2 What does 'safer sex' mean to you in relation to lesbians, bisexual women and women who have sex with women? Please describe in your own words:

2.3 What does 'unsafe sex' mean to you in relation to lesbians, bisexual women and women who have sex with women? Please describe in your own words:

2.4 What do you think is the risk of you getting a sexually transmitted infection (STI) through having sex with another woman?

None Low Medium High I don't know

2.5 In relation to the transmission of STIs between women please say which ONE statement below you agree with:

You can't get an STI when having sex with another woman

Lesbians, bisexual women and women who have sex with women can get some STIs, but not very many

Lesbians, bisexual women and women who have sex with women can get STIs, but not HIV

Lesbians, bisexual women and women who have sex with women can get various different STIs, including HIV

3. Having sex and staying healthy

In order to evaluate if current services meet your needs, the Centre for HIV and Sexual Health need some detail about what sexual activities you are involved in. This question might be considered sensitive. If you do not wish to answer this question, please go straight to question 3.2. Thank you.

3.1 Please state which of the following sexual activities you have taken part in, in the last year: (please tick all that apply)					
Rubbing genitals / tribadism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Masturbation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mutual masturbation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Oral sex	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Penetration with fingers (vaginal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fisting (vaginal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Penetration with fingers (anal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fisting (anal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Using sex toys (vaginal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Using sex toys (anal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not had sex in the last year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3.2 Have you ever used any of the following safer sex practices when having sex with women? (please tick: never, sometimes or always for each row)			
	Never	Sometimes	Always
Condoms on sex toys			
Dental dams			
Gloves			
Washing sex toys each time they are used			
Lubricant on fingers / hands			
Other (please state):			

3.3 If you have not used any of these when having sex with women please could you tell us why you didn't? (please tick all that apply)	
<input type="checkbox"/> It's not necessary between women	<input type="checkbox"/> I trust my partner
<input type="checkbox"/> They reduce pleasure	<input type="checkbox"/> Heat of the moment
<input type="checkbox"/> I don't feel comfortable to ask or raise it with my partner	<input type="checkbox"/> My partner refused
<input type="checkbox"/> I didn't know I could use any of these items during sex with women	
<input type="checkbox"/> I don't know where to buy / get these items locally	
<input type="checkbox"/> I don't know where to get these anywhere so I haven't tried	
<input type="checkbox"/> I wouldn't know how to use these items so I haven't bought them	
<input type="checkbox"/> I have some of these items but don't remember to use them	
<input type="checkbox"/> Other (please state):	

3.4 Is cost a factor in your use of any of these items? (please tick the ONE answer that most closely resembles your situation)
<input type="checkbox"/> Yes, I'd like to be able to get free supplies locally
<input type="checkbox"/> No, I can afford to buy them
<input type="checkbox"/> No, I already get free supplies
<input type="checkbox"/> No, I don't use these items

3.5 If you do use any of these safer sex items with women, where do you usually get them from? (please tick all that apply)					
GUM Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Central Health Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Buy them from shops, supermarkets, garages, chemist / pharmacy				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Buy them from specialist websites				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please state where):				Yes <input type="checkbox"/>	No <input type="checkbox"/>

3.6 In Sheffield, how easy do you find it to get safer sex items suitable for sex between women?			
Very easy <input type="checkbox"/>	Fairly easy <input type="checkbox"/>	Not easy <input type="checkbox"/>	Can't find any <input type="checkbox"/>

3.7a In Sheffield, would you like to be able to get safer sex items suitable for sex between women?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
3.7b If yes, in Sheffield where would you like to get safer sex items suitable for sex between women?					
GUM Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Central Health Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bars / clubs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Centre for HIV and Sexual health	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shops, supermarkets, garages, chemist / pharmacy				Yes <input type="checkbox"/>	No <input type="checkbox"/>
A specialist website				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please state where):				Yes <input type="checkbox"/>	No <input type="checkbox"/>

3.8 What would increase the likelihood of you having safer sex?

3.9 What would increase the likelihood of you having unsafe sex?

3.10 Do the places and the situations where you have sex or would have sex influence how safe it is? Please explain your answer:

4. Experiences of services

4.1 Do you have a regular GP / Doctor?
Yes <input type="checkbox"/> No <input type="checkbox"/>

4.2 In the table below, please list the local sexual health services that you have heard of and/or used: (please tick all that apply)			
Name of Service	I have heard / know of this service	I have used this service	I would be happy to use this service again
GP practice			
Walk-in centre			
Central Health Clinic			
Youth Clinic			
GUM Clinic			
Porterbrook Clinic			
General counselling services			
Centre for HIV and Sexual Health			
E-Floor, Department of infectious diseases, Royal Hallamshire Hospital			
Clinical psychology service for sexual health			
Rape / sexual abuse services			
Other (please state):			

4.3a Did these services meet your needs?
Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3b Please explain your answer:

4.4 If you have used any of the above sexual health services, please say which statements below you agree with: (please tick all that apply)		
The environment was welcoming to me as a lesbian, bisexual woman or woman who has sex with women	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
The health care worker initially assumed I was heterosexual	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I felt able to be open about my sexuality with the health care worker	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I had confidentiality concerns about coming out to the health care worker	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
The health care worker made me feel comfortable when I came out	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I received information and advice that was appropriate to me as a lesbian, bisexual woman or woman who has sex with women	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
My (female) partner was made to feel welcome	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
The staff were supportive	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>

4.5a Could your experience have been improved?
Yes <input type="checkbox"/> No <input type="checkbox"/>
4.5b If yes, please explain how:

4.6 Please add anything else you'd like to say about your experiences of using these sexual health services as a lesbian, bisexual woman or woman who has sex with women here:

4.7 In the table below, please list the services provided by the Centre for HIV and Sexual Health that you have heard of and/or used and any things you like and do not like about each of the services: (please tick all that apply)					
Name of service	I have heard / know of this service	I have used this service	I would be happy to use this service again	Things I like about this service	Things I don't like about this service
Indigo (support group for LGB people from black and minority ethnic communities)					
Fruitbowl (support group for LGB young people)					
Spring Out (annual LGB community event)					
Sexual health leaflets and publicity					

4.8a Have you ever delayed seeking medical advice and/or treatment because of your sexuality?
Yes <input type="checkbox"/> No <input type="checkbox"/>
4.8b If yes, what medical issue was this in relation to?
4.8c If yes, please explain why you delayed seeking medical advice and/or treatment:

4.9 What has or would act as a barrier to you accessing sexual health services?

4.10a Have you ever had a cervical smear test?
Yes <input type="checkbox"/> No <input type="checkbox"/>
4.10b If yes, when was your last smear test?
<input type="checkbox"/> In the last three years (now please go to Q4.12)
<input type="checkbox"/> In the last 3-5 years (now please go to Q4.12)
<input type="checkbox"/> More than five years ago (now please go to Q4.12)

4.11 Why have you never had a smear test? (please tick all that apply)
<input type="checkbox"/> I'm too busy <input type="checkbox"/> I don't think I'm at risk
<input type="checkbox"/> I'm scared to have a test
<input type="checkbox"/> I've been told by a health care worker I don't need one
<input type="checkbox"/> I've been told by someone else I don't need one
<input type="checkbox"/> A health care worker refused to give me one even though I wanted one
<input type="checkbox"/> Some other reason (please state):

4.12a Have you ever been tested for a sexually transmitted infection (STI) or vaginal condition?
Yes <input type="checkbox"/> No <input type="checkbox"/>
4.12b If no, why have you never been tested for an STI? (please tick all that apply)
I'm too busy Yes <input type="checkbox"/> No <input type="checkbox"/> I don't think I'm at risk Yes <input type="checkbox"/> No <input type="checkbox"/>
I'm scared to have a test Yes <input type="checkbox"/> No <input type="checkbox"/>
I've been told by a health care worker I don't need one Yes <input type="checkbox"/> No <input type="checkbox"/>
I've been told by someone else I don't need one Yes <input type="checkbox"/> No <input type="checkbox"/>
A health care worker refused to give me one even though I wanted one Yes <input type="checkbox"/> No <input type="checkbox"/>
Some other reason (please state): Yes <input type="checkbox"/> No <input type="checkbox"/>

4.13a Have you ever had a sexually transmitted infection or vaginal condition?
Yes <input type="checkbox"/> No <input type="checkbox"/>
4.13b If yes, which of the following infections or conditions have you ever had diagnosed? (please tick all that apply)
<input type="checkbox"/> Genital warts <input type="checkbox"/> Genital herpes
<input type="checkbox"/> Trichomonas vaginalis (TV) <input type="checkbox"/> Chlamydia
<input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Bacterial vaginosis (BV)
<input type="checkbox"/> Thrush <input type="checkbox"/> Syphilis
<input type="checkbox"/> HIV <input type="checkbox"/> Pelvic inflammatory disease (PID)
<input type="checkbox"/> Other (please state):

5. Future services

5.1 If there were free workshops / events for lesbians, bisexual women and women who have sex with women on offer locally would you be likely to attend any of these? (please tick all that apply)

Assertiveness and relationships
 Sexual health information
 Sexual confidence / pleasure / safety
 Other (please state):
 Would not go to any of these (if would not go to any of these, please go to Q5.4)

5.2 If such events were on offer which times would be best for them to take place?
(please tick all that apply)

Day	Morning	Afternoon	Evening
Monday-Friday			
Saturday			
Sunday			

5.3 Where would you like these to take place? (please tick all that apply)

Centre for HIV and Sexual Health Yes No City centre venue Yes No
 Other (please state): Yes No

5.4 What would help or make access to sexual health services easier for you in the future?

5.5 What would make it more likely for you to seek medical advice or treatment in relation to sexual health?

5.6 What would make it more likely for you to come out to a health care worker?

5.7 What features would an ideal sexual health service for lesbians, bisexual women and women who have sex with women have?

Location (please state suggestions):

Opening times (please state suggestions):

Choice of male or female staff (please state suggestions):

Choice of lesbian / bisexual only, women only or mixed gender clients (please state suggestions):

Where to advertise (please state suggestions):

Other ideas (please state suggestions):

5.8a Do you have any ideas about the ways in which health care services can demonstrate that they are gay friendly?

Yes No

5.8b If yes, please explain your idea(s):

5.9 In an ideal world how would you improve or change any services locally?

5.10 Is there anything else that we need to consider or that you want to tell us about you and/or how to improve services and support for lesbians, bisexual women and women who have sex with women?

6. Society / context

6.1 In terms of lesbians, gay and bisexual men, and in your opinion and experience, do you think Sheffield has:

Become more 'accepting' in the last few years
 Become less 'accepting' in the last few years
 Stayed the same / no noticeable change

6.2 As a city, do you think Sheffield is gay-friendly?
 (please put a cross on the line below to indicate your opinion)

Yes, very -----10-----9-----8-----7-----6-----5-----4-----3-----2-----1-----0----- No, not at all

Please provide any examples:

6.3a Have you experienced prejudice / homophobia because of your sexuality?

Never Occasionally Regularly

6.3b We would welcome more detail on your answer:

6.4 Can you be open about being lesbian / gay / bisexual in the following environments?
 (please tick all that apply)

At work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	At home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When socialising	Yes <input type="checkbox"/>	No <input type="checkbox"/>	At school / college / university	Yes <input type="checkbox"/>	No <input type="checkbox"/>
With family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	On official forms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
With Doctor or health and social care service	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please state):				Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. About you

7.1 How would you describe your sexuality?			
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Woman who doesn't identify as lesbian, gay or bisexual but has sex with women or would like to			
<input type="checkbox"/> None of these (please describe yourself):			

7.2 In the past 12 months have you had sex with:			
<input type="checkbox"/> Only women	<input type="checkbox"/> Men and women	<input type="checkbox"/> Only men	<input type="checkbox"/> Only myself
<input type="checkbox"/> None of the above			

7.3 Has your previous sexual experience been with:			
<input type="checkbox"/> Only women	<input type="checkbox"/> Men and women	<input type="checkbox"/> Only men	<input type="checkbox"/> Only myself
<input type="checkbox"/> None of the above			

7.4 Are you in a relationship?		
<input type="checkbox"/> Yes, with a woman	<input type="checkbox"/> Yes, with a man	<input type="checkbox"/> Yes, with a woman and a man
<input type="checkbox"/> Not in a relationship		

7.5 How old are you?		
<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65+

7.6a Do any of the following ever impact on your life as a lesbian, bisexual woman or woman who has sex with women?			
--	--	--	--

<input type="checkbox"/> Social class	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Nationality	<input type="checkbox"/> Disability
<input type="checkbox"/> Religion / faith	<input type="checkbox"/> Age	<input type="checkbox"/> Not being 'out'	<input type="checkbox"/> Confidence

7.6b We would welcome more detail on your answer:

7.7 Where do you live?			
<input type="checkbox"/> Sheffield	<input type="checkbox"/> Barnsley	<input type="checkbox"/> Doncaster	<input type="checkbox"/> Rotherham
<input type="checkbox"/> Other (please write in):			

7.8 If you do not live in Sheffield why do you come here? (please tick all that apply)		
<input type="checkbox"/> To work	<input type="checkbox"/> To visit friends	<input type="checkbox"/> To visit family
<input type="checkbox"/> To go shopping	<input type="checkbox"/> To go out / socialise (please say where):	
<input type="checkbox"/> Other (please write in):		

7.9 Please state your:
Ethnicity:
Nationality:
Social class:

7.10 Do you consider yourself to have a disability?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Further information

We are also considering collecting the views and opinions of local lesbians, bisexual women and women who have sex with women in interviews and small discussion groups. If you would be interested in being involved, please let us know by inserting your details below.

This sheet will be separated from your completed survey to ensure anonymity of responses.

Name (you don't need to give us your full or real name):	
Preferred means of contact:	
Phone number:	
E-mail address:	
Postal address:	

Please return this survey in the stamped addressed envelope provided. If the envelope gets lost or detached from the survey please return to:

Eleanor Formby
CEIR Unit 7 Science Park (FDS)
Sheffield Hallam University
FREEPOST SF 98
City Campus
Pond Street
SHEFFIELD
S1 1AY

If you would like more information about this survey, please contact Eleanor, one of the evaluators, at Sheffield Hallam University:

Eleanor Formby (Sheffield Hallam University)
Tel: 0114 225 6065 or 0787 526 9054

Email: e.formby@shu.ac.uk

If you would like more information about local services/support on sexual health, please contact the Centre for HIV and Sexual Health:

Centre for HIV and Sexual Health
Tel: 0114 226 1900

Please return completed questionnaires by Friday 25th July 2008

Thank you for your time



SHARPENS YOUR THINKING



**Sheffield
Hallam University**

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centre
for HIV & Sexual Health
NHS