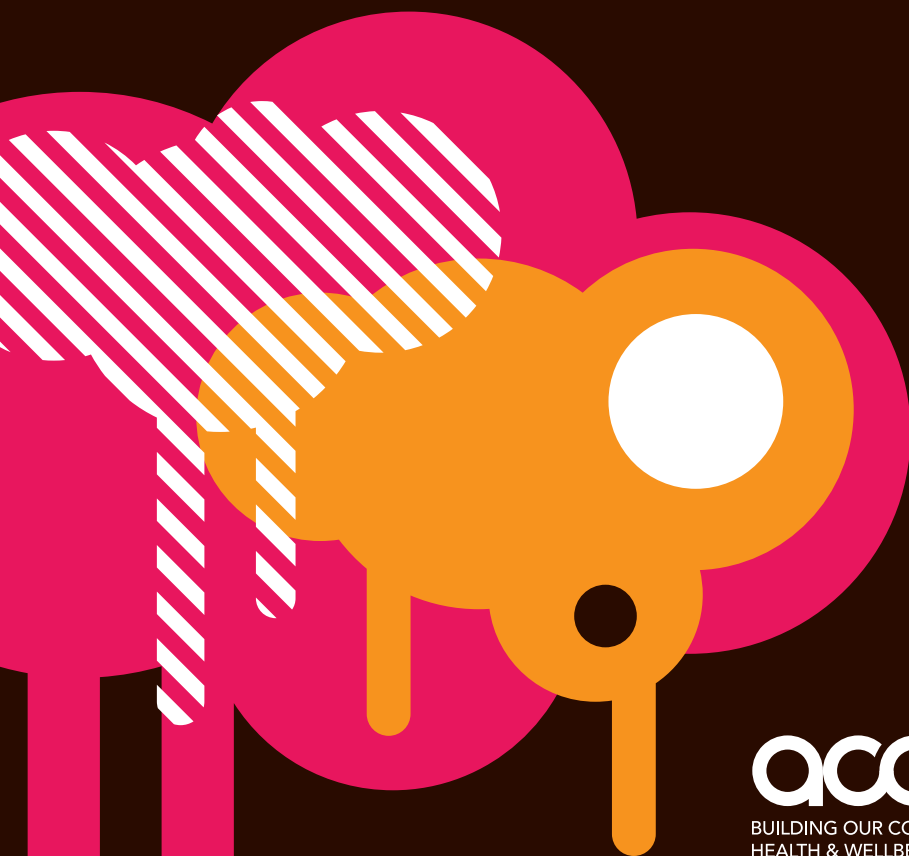


Turning Point

acon lesbian health strategy
2008 – 2011



acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Health is:

*"Health is a state of complete physical mental and social well-being and not merely the absence of disease or infirmity."*¹

The prerequisites for health are:

"The fundamental conditions and resources for health are:

- *Peace*
- *Education*
- *Income*
- *Social justice*
- *Equity*
- *Shelter*
- *Food*
- *A stable eco-system*
- *Sustainable resources*

*Improvement in health requires a secure foundation in these basic requirements."*²

Health Promotion is:

"The United Nations recognises that the enjoyment of highest attainable standard of health is one of the fundamental rights of every human being without discrimination.

*Health promotion is based on this critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual well-being."*³



LIST OF ABBREVIATIONS

ACON	AIDS Council of NSW
AIDS	Acquired Immune Deficiency Syndrome
ALMA	Australian Lesbian Medical Association
AOD	Alcohol and other Drugs
AODP	Alcohol and other Drug Programs
AVP	Anti-Violence Project
CALD	Culturally and Linguistically Diverse
CSN	Community Support Network
GLBT	Gay, Lesbian, Bisexual and Transgender
GLRL	Gay and Lesbian Rights Lobby Inc
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
LINC	Lesbians Inc
NUAA	NSW Users and AIDS Association
SWASH	Sydney Women & Sexual Health Survey
SSAW	Same-Sex Attracted Women
STI	Sexually Transmissible Infection
SWOP	Sex Workers Outreach Project



CONTENTS

Letter from the President	5
Introduction	6
Service Provision	7
Key Partners	7
Definition and Scope of Lesbian Health	8
Research Evidence	8
Goal and Statement of Principles	20
Key Action Areas Introduction	24
Sexual Health	26
Alcohol and Other Drug Use	28
Mental Health and Wellbeing	30
Violence	32
Cancer	34
Ageing	36
Relationships	38
Parenting and Fertility	40
Youth	42
References	44
Endnotes	47
Contacts	51

Letter from the president

Dear Friend,

This strategy marks the beginning of an exciting new direction in our work with lesbians and same-sex attracted women in NSW. The aptly named *Turning Point* is our first strategic plan for lesbian health since ACON began formally working within a GLBT health context in 2000. We hope that it will be a turning point in a very real sense not just for the work of ACON but for the health of lesbians more generally.

ACON's *Strategic Plan* focuses on the need to build programs which inform and educate but also that deal with the complexities of people's lives and tackle the root causes of health problems such as social exclusion rather than just treating the symptoms. *Turning Point* maps out a way forward for this vision in relation to lesbians and same-sex attracted women.

There is great need for health services, information and support for lesbians and same-sex attracted women in NSW. Unfortunately for the most part, mainstream health services fail to recognise or respond to this need. We are excited about working towards a world in which these needs are recognised and appropriately responded to and doing this in partnership with government, health care providers and our community.

The health and wellbeing of lesbians and same-sex attracted women is diverse and includes the intersections of age, ethno-religious background, education, culture, geography and socio-economic status. Addressing the multiplicity of these health concerns presents us with a challenging task.

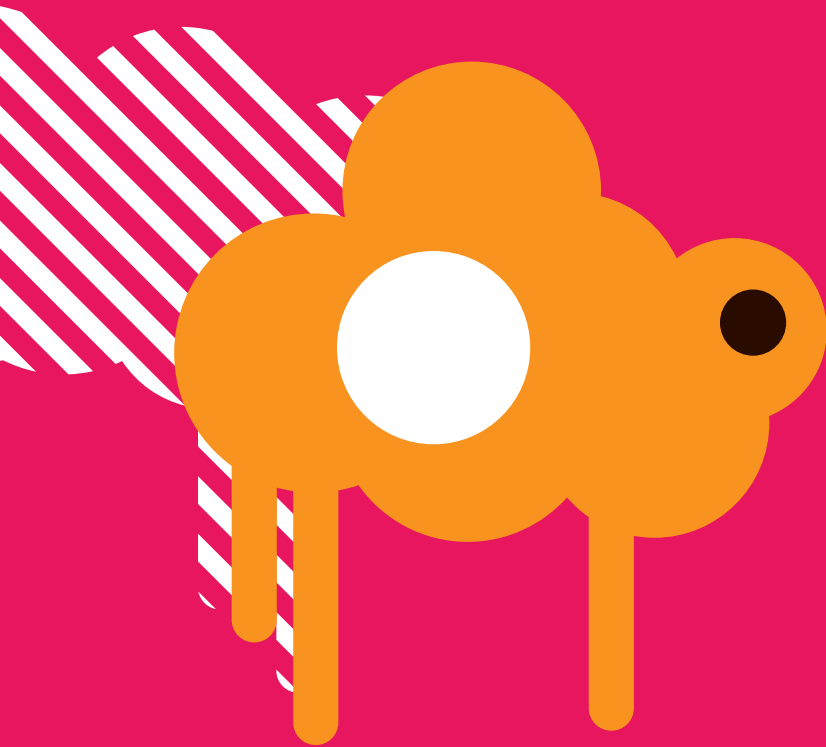
This strategy appears on the surface to be very ambitious but much of the work profiled in this strategy is simply an articulation of programs and services already delivered by ACON staff and volunteers. Some new programs will be developed only as new funding becomes available, others are about advocating for increased access to mainstream services and of course, our reach will be greatly increased by working in partnership.

It is our hope that this strategy will enable us to develop, improve and expand our knowledge and capacity in this under recognised area of health. *Turning Point* also represents a ground breaking tool that can be utilised in a diverse range of settings including advocacy for funding, and research, as well as in education and development for mainstream health settings, organisations and communities.

Over the next three years ACON will continue to build and improve its service provision to lesbians and same-sex attracted women across NSW. We look forward to working together in new partnerships both with stakeholders and our community, to forge new pathways, based in social justice and human rights, that create opportunities for access to information, support and resources for lesbians and same-sex attracted women.



Mark Orr, ACON President



Introduction

ACON (formerly known as the AIDS Council of NSW) was established in 1985 as a pivotal part of a community-based response to the HIV/AIDS epidemic in NSW.

Evidence demonstrates that health responses are strengthened by placing them in the context of community, and fostering the development of a culture of care. This approach has been adopted by ACON throughout its history, and in this context ACON has had a long and successful history of providing services and programs to the gay, lesbian, bisexual and transgender (GLBT) community.

In 1999, ACON conducted a community consultation resulting in it formally broadening its agenda to include the overall health and wellbeing of the GLBT community in the *ACON Strategic Directions 2000-2003*. The need to establish specific lesbian health services was first formally identified during this consultation phase.

The Lesbian Health Project has delivered a range of successful outcomes since this time and ACON has expanded its service provision to lesbians and same-sex attracted women across many areas of the organisation. However, funding lesbian health work has proven challenging and without sustainable sources of funding, growth in service provision and program development in lesbian health has been difficult.

Within these contexts, the development of a strategic plan as a guiding document to inform ACON's whole-of-organisation approach to service and program delivery to lesbians and same-sex attracted women, and to equip ACON with an effective lobbying and fundraising tool has been prioritised.

In recent years, various non-government agencies have made significant contributions to improving the health and wellbeing of lesbians and same-sex attracted women in NSW. ACON's Lesbian Health Strategy seeks to build on these past and current initiatives. The Lesbian Health Strategy 2008-2011 provides strategic direction, allowing ACON to focus and develop new and innovative responses in this area of health using evidence-based practise.

This development marks the beginning of an exciting new stage in ACON's work with lesbians and same-sex attracted women.

Service Provision

As well as the *Lesbian Health Project*, ACON provides an integrated range of services for lesbians and same-sex

attracted women in areas across the organisation. Key areas include:

- Counselling & Enhanced Care
- Housing Project
- Healthy GLBT Ageing
- Social marketing campaigns
- Alcohol and Other Drug Programs
- *Aboriginal Project*
- *Young Women's Project*
- Events and Fundraising
- *Lesbian & Gay Anti-Violence Project*

ACON is a state-wide organisation, hence service provision to lesbians and same-sex attracted women is also delivered from ACON's rural and regional branches. In addition to the Sydney office, there are branches in Illawarra, Northern Rivers and Hunter/Mid North Coast (incorporating the Mid North Coast (MNC) Outreach Service based in Port Macquarie). ACON also delivers a range of community development programs across greater Western Sydney. In addition, the Sex Workers Outreach Project delivers services to lesbians and same-sex attracted women working in the sex industry.

Key Partners

Good partnerships are essential to programs and services run by ACON in the area of lesbian and same-sex attracted women's health. To this end, ACON consults widely in program and service design, delivery and evaluation, and works in partnership with a range of organisations and community members to create and improve service delivery to lesbians and same-sex attracted women.

ACON actively fosters these partnerships to ensure that work is carried out in a collaborative, effective and cost-efficient manner and that the quality of service delivery is maximised for our communities.

Key partners working with ACON on the delivery of programs for lesbians and same-sex attracted women include:

Lesbian, gay, bisexual and transgender community groups and organisations

ACON recognises the importance of working with GLBT community groups such as the Gay and Lesbian Rights Lobby, New Mardi Gras, Queer Screen, the Australian Lesbian Medical Association, Twenty10 Gay and Lesbian



Relieve Yourself Campaign, 2005

Youth Support, Rainbow Recovery, the Gay and Lesbian Counselling Service, the Gender Centre, the Aurora Foundation and LINC Inc.

Mainstream Community Groups and Organisations

In addressing the health needs of lesbians and same-sex attracted women, ACON will continue to work in collaboration with community organisations that work in the field of health, such as Women's Health NSW, NUAA, the Rape Crisis Centre, the Women's Refuge Resource Centre, the NSW Cancer Council and Family Planning NSW.

Research centres and researchers

Our partnerships with research centres and researchers are crucial. We continue to work closely with research centres such as the National Centre for HIV Social Research, School of Public Health & Community Medicine, University of NSW, Australian Research Centre in Sex, Health and Society (ARCSHS), the National Drug and Alcohol Research Centre (NDARC) and other key researchers in lesbian health.

Local, state and federal government

Local Government has a unique contribution to make in the maintenance of physical environments and planning infrastructures that improve the health of local populations.

There has been little policy or funding engagement with lesbian health by either state or federal government in the past. It is a primary aim of this strategy to seek partnerships with local, state and federal governments in order to facilitate increased funding, policy development and program delivery to lesbian health from all tiers of government.

Definition and Scope of Lesbian Health

Being a lesbian or a same-sex attracted women is not a health problem in itself. However, sexual orientation can be a social determinant of health in much the same way as are factors such as gender, socio-economic status or ethnicity.

The impact of living as a lesbian or a same-sex attracted woman can lead to a variety of lower health outcomes through a combination of lifestyle choices such as smoking and alcohol consumption, and through the effects of discrimination.

Recognising the unique health needs of lesbians and same-sex attracted women remains an under-addressed area in Australia. Traditionally, the Australian health care system has maintained a position that lesbian health is synonymous with women's health⁴; consequently there have been misconceptions around the risks facing same-sex attracted women. Not until recently has research focused on the practices and health needs of lesbians and same-sex attracted women, which upon closer inspection has revealed a number of potentially health-impacting issues.

Research Evidence

Research is vital to defining an issue, developing policy frameworks to address the issue, and informing the rationale for targeted program design and services. Evidence based work provides credible and undeniable justification for the services offered to lesbians and same-sex attracted women and hence is a pivotal component of ACON's work in this field of GLBT health.

A number of key Australian academics have published research around the correlations between sexual orientation and the health and wellbeing of lesbians and same-sex attracted women. Reported behaviour by these women has shown significant trends that could hold serious health implications for lesbians and other same-sex attracted women and highlights a strong need for further research as well as a programmatic focus. While the data below has been organised in thematic health areas, it is important to recognise that many, if not most, of these issues in practice are interconnected and may stem from similar psychosocial bases.

Sexual health

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

A report titled, *What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex Victorians*, reports that GLBT people's experience of sexual orientation and gender identity discrimination impacts negatively on their sexual health and wellbeing and on rates and patterns of STI within these communities.⁵ There is still minimal knowledge around safe sex practices for same-sex attracted women amongst health professionals and the lack of this information and a perceived idea that lesbians are immune to STI has led same-sex attracted women to be under-screened, under-informed and under-diagnosed.⁶

There is evidence that the prevalence of STI among same-sex attracted women is at least as high as among heterosexual women, if not higher among some sub-groups.⁷ Findings from the *Writing Themselves in Again*⁸ report, published by the Australian Research Centre in Sex, Health & Society reveal that compared with the results of an Australian study of the health of secondary school students, same-sex attracted young women were almost five times more likely to have had an STI and three times more likely to have contracted some form of hepatitis⁹. Interestingly, the rate of STI for same-sex

attracted young women (9%) was almost as high as same-sex attracted young men (10%). While it is recognised that same-sex attracted young men are much more susceptible to HIV and Hep C, these figures challenge the misconception that same-sex attracted young women are not a high risk group in terms of sexually transmitted infections.

Another misconception about lesbians and other same-sex attracted women is that if they are not sexually active with men, they are not in need of pap smears or cervical screenings as male-female sex has been traditionally understood as the only risk factor for women in contracting human papilloma virus (HPV) or developing cervical cancer. In order to investigate the impacts of this mainstream medical belief, the 2004 Sydney Women and Sexual Health Survey (SWASH) checked the screening history of same-sex attracted women. A noticeable 28% of respondents, who reported having had sex with a male at some point had not been screened for up to 3 years or had never had a screening before.¹⁰ In addition, women who reported never having had sex with a man were more likely to be overdue for screening.¹¹ It is clear that education regarding the sexual health needs of same-sex attracted women for general practitioners, as well as for lesbians and other same-sex attracted women themselves, is necessary.

Finally, there is a minority of lesbians and same-sex attracted women who engage in sex work as an occupation. *Private Lives*, a national report on the health and wellbeing of GLBT Australians, also published by the Australian Research Centre in Sex, Health & Society, indicated that 1.1% of women respondents had been paid for sex in the previous year¹², as compared to 0.5% of Australian women generally who had ever been paid for sex.¹³ Research of sex workers shows that 17% of women working in the sex industry are bisexual and between 2% and 5% are lesbians, depending on the type of workplace.¹⁴ This has implications for service delivery in sexual health, as sexual orientation should not be assumed to preclude male sexual partners, as this may occur in occupational or social settings.

Mental health

Historically, lesbians have been subjected to significant pathologisation, stigma and discrimination. Homosexuality was only removed as a psychiatric disorder from the General Assembly of the World



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Violence Reporting Campaign, 2006

Health Organization in 1990. Further, it was as recently as 1999 that the World Health Organisation removed all codes of homosexuality from the *International Classification of Diseases*.

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

A number of studies have suggested that mental health issues such as anxiety, depression and self-harm are more common amongst GLBT people.¹⁵ Available research on lesbians and mental health has identified that lesbians experience higher rates of mental illness than the general population.

The *Private Lives* study also revealed relatively high rates of same-sex attracted women experiencing mental health problems, mainly depression, anxiety and self-harm.¹⁶ A significant 44% had experienced a major depressive episode at some time.¹⁷

In 2003, the *Longitudinal Study of the Health of Australian Women* showed that same-sex attracted women in a younger cohort (22-27 years) were significantly more likely than the other women in the study to report being depressed (38% vs. 19%). This group of same-sex attracted young women had higher levels of anxiety (17.1% vs. 7.9%) and significantly more reported having tried to harm or kill themselves in the last 6 months (12.6% vs. 2.7%).¹⁸ The *What's the Difference?* report suggests a link between rates and patterns of mental illness among GLBT people, and their shared experiences of sexual orientation and gender identity discrimination.¹⁹

Alcohol, Tobacco & Illicit Drug Use

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

The *Longitudinal Study of the Health of Australian Women* found that same-sex attracted women in the younger

cohort (aged 22-27 years) were significantly more likely to report risky alcohol use (7% compared to 3.9%), marijuana use (58.2% compared to 21.5%), other illicit drugs (40.7% compared to 10.2%) and injecting drug use (10.8% compared to 1.2%) than their heterosexual counterparts.²⁰

Similarly, a survey of lesbian and bisexual women in Sydney found rates of use of marijuana and party drugs several times higher than in the general population.²¹ Of the women surveyed, 50% had used one or more illicit drug in the past six months. Reported amphetamine-type drug use in the previous six months was as follows:

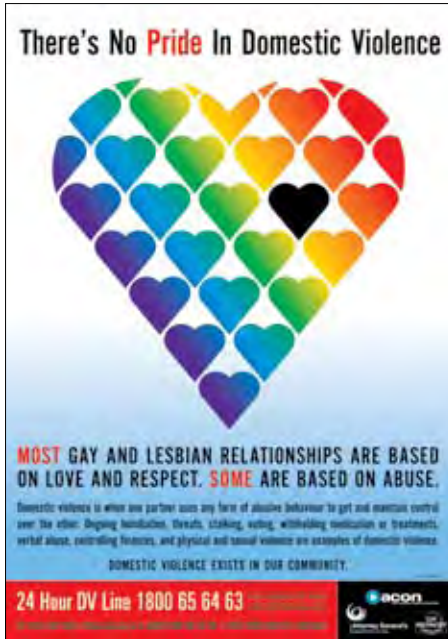
- ecstasy/designer drugs 28.3%;
- speed 25.3%;
- cocaine 9.3% and
- crystal methamphetamine 6.6%.

The subject of licit drugs used within an illicit context is also an area that needs exploring, as their use in a socio-behavioural context is unknown. When these statistics are considered in conjunction with the mental health issues outlined previously, it is reasonable to conclude that co-morbidity will also be prevalent amongst lesbians and same-sex attracted women.

Homophobic Violence

Homophobia is the irrational fear, intolerance and sometimes hatred of others perceived to be, or who are, homosexual. It can take the form of social, institutional, legal or individual discrimination. When homophobia is the motive for violence, it is called a hate crime. The most common homophobic hate crime is street-based violence. Homophobia can, however, take many forms.

The *What's the Difference* report suggests that sexual orientation and gender identity discrimination lead to common patterns of physical ill health amongst the GLBT community.²² In this context, physical health problems can be directly related to experiences of discrimination, violence and abuse, including same-sex domestic violence. In 2003, the NSW Attorney-General's Department produced 'You shouldn't have to hide to be safe' - A Report on Homophobic Hostilities and Violence against Gay Men and Lesbians in NSW. Just under half of the lesbian respondents reported abuse in the past year. The three types of abuse most commonly experienced, both in the past year and ever, were: verbal abuse; harassment such as spitting, offensive



Domestic Violence Campaign, 2004

gestures, being followed etc; and threatened or attempted physical attack. The NSW Police Service *Out of the Blue* study demonstrates a similar pattern and found that in Sydney, lesbians were four times more likely to be assaulted than other women. In addition, the report found that 90% of gay men and lesbians, compared with 56% of the general NSW population were “concerned” that they or their friends would be assaulted. According to this report, about 60% of reported anti-lesbian and anti-gay violence occurs in the inner-Sydney suburbs of Darlinghurst, Surry Hills, Newtown, and Kings Cross. However, the police and ACON’s *Anti-Violence Project (AVP)* have received reports of homophobic violence from all major regional centres and rural areas across New South Wales. Only 10% of the respondents who had suffered a physical injury had reported it to the police.

Same-Sex Domestic Violence

To date, there is little accurate Australian research that records the level of domestic violence in lesbian relationships. However, a very high proportion of lesbians in the *Private Lives* survey indicated that they had been in a relationship where the partner

was abusive. Abuse was reported more frequently by lesbians and same-sex attracted women than gay and same-sex attracted men (40.7% compared to 27.9%).²³ A number of overseas studies also suggest that the general patterns and levels of domestic violence in same-sex relationships are about the same as in heterosexual relationships. These studies also show that once the violence starts it is likely to get worse.

The police, domestic violence services, gay and lesbian organisations, the courts and other services all report that they are working with lesbians and same-sex attracted women who have experienced or are experiencing same-sex domestic violence.

Domestic violence in same-sex and heterosexual relationships share many similarities, including the types of abuse and the impact on the abused partner. However, there are a number of aspects that are unique to same-sex domestic violence. These can include:

1. Outing as a method of control
2. The abuse becomes associated with sexuality
3. Domestic violence isn’t well understood in the GLBT community
4. Difficulty in public disclosure of sexual identity to service providers
5. Services may not be well developed to meet the needs of same-sex couples in domestic violence relationships.

According to ACON’s 2006 *Fair’s Fair* report which surveyed GLBT community members on issues relating to same-sex domestic violence, only one third of all respondents who indicated one or more abusive behaviours in a current or previous relationship sought any assistance, either formal or informal.²⁴

Cancer and reduced screening

Cancer is a growing issue for the Australian population. The *Cancer in NSW Incidence and Mortality 2005* report, launched in December 2007²⁵, listed 34,227 new diagnoses in 2005, of which 14,911 were for females. Four sites accounted for 59% of new cancers in women: breast (27%), bowel (14%), melanoma (10%), and lung (8%).

Breast cancer is the most common invasive cancer among Australian women, as well as the most common cause of cancer-related death in women in Australia.²⁶ Research has shown that some factors might increase

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HAVE BEEN
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AND THEIR
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THIS MONTH'S TOPIC
**Financial issues in
the cancer journey**

PRESENTER

Britt Granath Senior Policy Analyst,
The Cancer Council NSW

Hear the latest research in NSW,
share with Britt what you think are
the financial challenges for lesbians
with cancer.



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CONTACT US

Siri May, ACON.
Tel: 9206 2007, M: 0407 287 268
E: srimay@acon.org.au

Kim Pearce.

The Cancer Council NSW
Tel: 9334 1846, Mobile: 0418 255 249
email: kimp@nswcc.org.au

C-word Support Group, 2008

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Is the twilight alright?

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Ageing Disgracefully Forum, 2008

a woman's risk or chance of developing breast cancer.²⁷ The most significant risk factors for developing breast cancer include:

- Getting older
- Having a strong family history of breast cancer
- Having previously been diagnosed with breast cancer
- Never having birthed a child
- Obesity
- Smoking
- Alcohol use

The risks of cancers for lesbians are interconnected to a range of other health factors. It is important to note that being a lesbian or same-sex attracted women in itself does not increase the risk of breast cancer, however research indicates that lesbians are less likely to have children, more likely to smoke and more likely to engage in harmful alcohol consumption.²⁸ According to the *ILGA Lesbian and Bisexual Women's Health Report*, lesbians have the richest concentration of risk factors for breast cancer than any subset of women in the world.²⁹

The risk of breast cancer increases with age. About 24% of new breast cancer cases diagnosed in 2002 were in women younger than 50 years; 50% in women aged 50-69; and 26% in women aged 70 and over. The average age of Australian women diagnosed with breast cancer is 60 years. This issue raises particular concern when considering service delivery to older lesbians and same-sex attracted women.

Research indicates that lesbians are less likely to seek routine health care because of the discomfort of coming out to health care providers. With fewer doctor visits, lesbian and bisexual women are less likely to have pap smears, mammograms or professional breast examinations. Studies also show that lesbian and bisexual women are less likely to perform breast self-examinations regularly. For these reasons, lesbians and bisexual women may be less likely to have cancers detected at earlier, more treatable stages.

Considerable research is required to facilitate a better understanding of shifts in knowledge around health checks for lesbians as well as for service providers who are often a first point of contact. For example, the recent *SWASH* surveys indicate that around 95% of respondents in the last two surveys indicated 'false' to

the question 'Lesbians do not need pap smears' which may indicate that some health misconceptions are fading.³⁰ Of particular concern, however, is that this increase in knowledge was not reflected in increased rates of testing.

Ageing

Currently there are estimated to be over 35,000 people in NSW over the age of 55 who identify as gay or lesbian.³¹ Older lesbian and same-sex attracted women suffer from a triple stigma in society - gender, age and sexual orientation. The image of the older lesbian as depressed, isolated, desperate and sexless is prevalent. This image, however, does not hold up empirically.³²

The Australian 'baby boomer' generation has lived through a period of tremendous cultural change, including significant shifts in social attitudes towards lesbians and same-sex attracted women. As older lesbians and same-sex attracted women plan for retirement, long term care and end of life needs, they share many of the concerns and issues that characterise the largest generation in Australian history. At the same time, lesbians and same-sex attracted women reflect certain unique family structures and gender role differences – and they confront distinct concerns about care-giving, social support networks, retirement and end of life planning.³³

However, in the context of mainstream aged services and programs, there is a shortage of fully equipped responses to meet the needs of openly identifying lesbians and same-sex attracted women. Older lesbians and same-sex attracted women have reported experiencing stigma and discrimination either through exclusion, social constructions of invisibility or overt homophobia in these settings.³⁴

Parenting and Fertility

Same-sex parent families continue to suffer both legal and social discrimination across the spectrum of family stages from conception through birth to child rearing.

The report of the Gay and Lesbian Rights Lobby Inc (GLRL) *And then the Bride Changed Nappies* reported that up to 10% of gay men and 20% of lesbians are parents, and that almost half of these parents had children from a previous opposite-sex relationship. Further, the report indicated changing trends in this area, revealing that most lesbian parents are now

conceiving through artificial conception procedures. Currently approximately 85% of lesbian parents are having children in a same-sex relationship whilst between 50%-70% of lesbian parents use an artificial conception procedure using a known sperm donor (most are gay men). Between half and two thirds of gay sperm donors have some contact with the child.³⁵

In the process of conception, financial restrictions still apply to access to in vitro fertilization (IVF) services for lesbians and same-sex attracted women. Although access is available to all women in NSW regardless of marital status or sexual orientation, Medicare rebates are only granted to women who can prove 'medical infertility'. Women who are unable to conceive in the absence of a male partner are defined as 'socially infertile'. Research indicates that due to the high cost associated with IVF services, many female same-sex couples in NSW choose to self-inseminate with a known donor. The implications of using a known donor outside of regulated clinical settings include a higher risk of STI and HIV transmission. This risk is again increased in cases involving gay or bisexual male donors. In the absence of affordable access to services, information regarding STI and HIV testing procedures and associated time frames is crucial in self-insemination scenarios for lesbians and same-sex attracted women.

Following conception, the need for accessible high quality pre-natal, natal and post natal care provision is as essential to lesbians and same-sex attracted women as it is to heterosexual women. In this context the presence of homophobia and heterosexism in main stream obstetric and genealogical health settings can negatively impact on the quality of service and related health outcomes for lesbians and same-sex attracted women both during and after pregnancy.

Finally, despite substantial evidence in favour of same-sex parent family models, significant social and legal discrimination against same-sex parent families still exists in contemporary Australian society. "Family" is not a concept which is currently defined in the Family Law Act. Despite some conservative views, in practice the family takes a range of forms within different social, ethnic and religious backgrounds. In the case of families led by same-sex parents, its form has only occasionally been recognised by the Family Court of Australia. The NSW Government does recognise same-sex de facto relationships, and has recently introduced formal legal

recognition of the relationship between lesbians, gay men and their children in certain circumstances.³⁶ However, these reforms still leave a number of parents and children with no legal protection.

Family function rather than family structure is the critical factor in determining outcomes for children. There is sound evidence of equal or more positive outcomes for children born into families with non-biological parents, same-sex parents and through surrogacy arrangements.³⁷ It has been clearly demonstrated that the sexuality of a child's parents has no connection to the child's moral and cognitive development, wellbeing or happiness. When comparing children of heterosexual parents to children of lesbians and gay men, no significant differences have been found in the social adjustment or sociability of the children. In addition, no discernible differences have been found in the children of heterosexual or homosexual parents regarding a child's gender role identification or sexual orientation.³⁸

The legal and social discrimination faced by many same-sex parent families and prospective same-sex couple parents holds a potentially detrimental impact on the health and wellbeing of the individuals concerned. This discrimination clearly demonstrates the inequity of protection and recognition faced by many families within the GLBT community.

Youth

The health and wellbeing of young lesbians and same-sex attracted women is as multifaceted as the health and wellbeing of lesbians and same-sex attracted women in general. However, research reveals there are significant health issues that play a larger role for younger lesbians and same-sex attracted women as a group.

According to *Writing Themselves in Again: the 2nd National Report on the health and wellbeing of young same-sex attracted people in Australia*, there are several key areas where risk is higher for young lesbians and same-sex attracted women than for other lesbians and same-sex attracted women. These include:

- Homophobia
- Social isolation
- Self esteem
- Sexually transmitted infections
- Alcohol and other drug use.³⁹



*And then...
the brides
changed nappies*

Lesbian mothers, gay fathers and the legal recognition
of our relationships with the children we raise

A Community Law Reform Project

Final Report
April 2003



And Then the Brides Changed Nappies Report, 2003

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Where: Slide Nightclub & Lounge, 41 Oxford St Darlinghurst
 When: Sunday 10 February 2008
 Time: 1pm - 6pm
 Cost: FREE
 Web: www.acon.org.au and www.myspace.com/acoon21down or search for 21Down on Facebook

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21 Down Youth Event, 2008

In some contexts the health and wellbeing of young lesbians and same-sex attracted women reveals parallels to that of young gay and same-sex attracted men, both in nature and implication. Overall, however, young women display more fluidity than other age groups or genders with regard to their sexual feelings, behaviours and identities. Young lesbians and same-sex attracted women are more likely to be engaged in private explorations of lesbianism, concurrent with participation in heterosexual sex and relationships.⁴⁰

Young same-sex attracted people often experience estrangement from family, bullying and marginalisation at school, which can lead to such problems as under-achievement and school drop-out, low self-esteem and mental ill-health. These in turn have a negative impact on the capacity of young same-sex attracted people to manage the transition from school to work and to become confident and independent adults who can contribute to society.⁴¹ Research demonstrates that young people who have support feel significantly better about their sexuality, with friends being the most popular choice for disclosing sexual feelings.⁴²

Young same-sex attracted people are also more likely to access support and information in relation to sexual identity via the internet than any other age group. The majority of information regarding sex, sexual health and sexual identity is accessed via this modality for young lesbians and same-sex attracted women.⁴³

Access to Services and Disclosure

GLBT people use health services less than the general population. Measuring this difference can be complex but a number of studies have concluded that a climate of heteronormativity, heterosexism and discrimination can result in lower rates of GLBT people accessing health services and disclosing their sexuality to health care providers.⁴⁴ This can lead to under-screening for a number of common conditions and presenting much later for treatment, which can be risky and have direct impacts on the physical health of same-sex attracted women. This raises a number of issues regarding lesbian and other same-sex attracted women's use of sexual health services, where disclosure of sexual practices and sexual identity can impact on quality of care and health outcomes.



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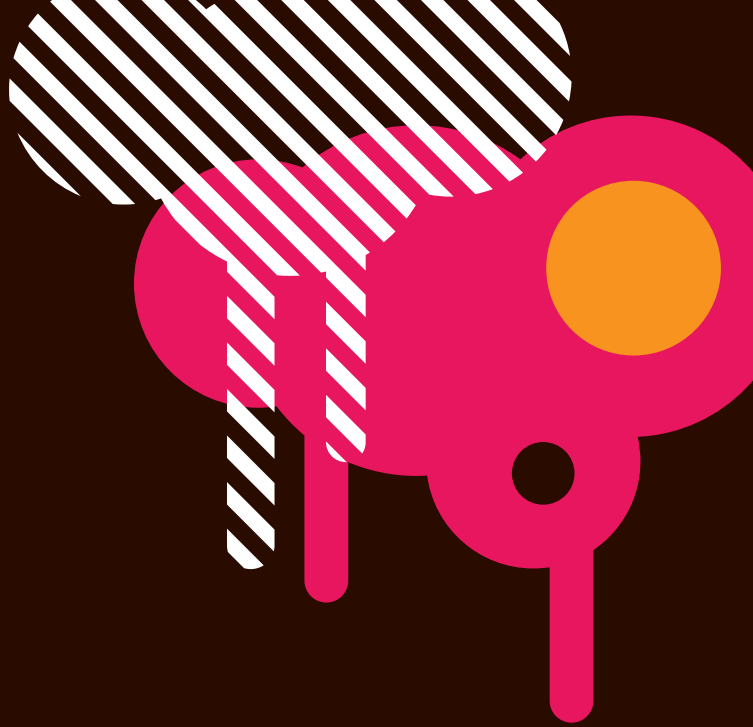
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BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Ins & Out, 2007



Goal and Statements of Principle

The overarching goal of ACON's Lesbian Health Strategy 2008-2011 is to develop a strong and integrated approach to improving the health and wellbeing of lesbians and same-sex attracted women in NSW.

Principles

The work of ACON is influenced by a range of principles which underpin the Lesbian Health Strategy. These principles are outlined below.

Social Justice

The work of ACON recognises a fundamental link between health and social justice. Social justice includes the equal right to health for all people regardless of gender, sexual orientation, ethnicity or religious affiliation.

Evidence Base

An evidence-based approach is the most effective method of addressing public health issues. Accordingly, such an approach should be adopted to address the health and wellbeing needs of lesbians and same-sex attracted women. ACON is committed to encouraging research and increasing the evidence base for our work with lesbians and same-sex attracted women.

Harm Minimisation

Harm minimisation aims to identify the harms to individuals and society that may arise from particular behaviours, and to minimise them. It recognises that, owing to a variety of factors, engaging in the use of harmful substances and harmful behaviour will continue to be part of society. ACON acknowledges the importance of developing culturally appropriate harm-minimisation responses for lesbians and same-sex attracted women.

Sex Positivity

Sex positivity is the affirmation that sex can be a positive force both in personal development and society. The work of ACON embraces the belief that consensual sexual expression is a basic human right, and that lesbians and same-sex attracted women have the right to accurate sexual health information. Sex positivity in service and program development recognises that it is not appropriate to judge others' consensual choices regarding who to have sex with, how to have sex, and how one defines their sexual orientation and identity. It is equally important to focus on the positive aspects of sexuality, like sexual pleasure, and not just disease prevention.

Diversity & Inclusion

ACON encourages the recognition and celebration of diversity in the lesbian and same-sex attracted women's community. The dual principles of diversity and inclusion apply across the entire spectrum of ACON's work with lesbians and same-sex attracted women. Diverse responses are required given the multiple dimensions of diversity that exist in the lesbian and same-sex attracted women's community, including ethnicity, geographical location, ability, age and Aboriginality.

Collaboration

ACON is committed to a partnership approach in all of its work. Collaboration between ACON, the GLBT community, other community organisations (both GLBT and mainstream) as well as government agencies is essential to ensuring a coordinated and effective response to the health needs of lesbians and same-sex attracted women.

Integration

The health and wellbeing of lesbians and same-sex attracted women is a whole-of-community responsibility. ACON recognises that responses to lesbians and same-sex attracted women's health are strengthened when placed in the context of community. This context must be supported by actively fostering a culture of care in the GLBT community.

Advocacy

Advocacy is an influential tool for changing social and structural barriers that exist for lesbians and same-sex attracted women. ACON has a strong history of advocacy activities on a diverse range of issues. The advocacy work of ACON is framed by the *Ottawa Charter for Health Promotion* which recognises that people do not exist in isolation but within networks, communities, societies and geographies.

ACON is committed to continuing and expanding a range of advocacy work for lesbians and same-sex attracted women. ACON's advocacy work, both at a structural and individual level, aims to improve the health of our communities through activities to address issues such as inequality, access to quality services and social support and minimised social exclusion.

Resourcing and Sustainability

ACON's lesbian health work has been limited by insufficient and short-term funding. A lack of research and understanding about lesbian health has meant that resource support from government and other funding agencies has been piecemeal and isolated to specific issues. While recognising the important achievements that ACON and its partners have made in this area, this strategy is underpinned by the principle that the health and wellbeing needs of lesbians and same-sex attracted women cannot be adequately met without ongoing funding commitments from government and other funding agencies.



Would you wear it?

Racism is as hurtful and offensive as homophobia.

Excluding people or making jokes, assumptions and negative comments based on race may make some people feel superior - but it's racism!

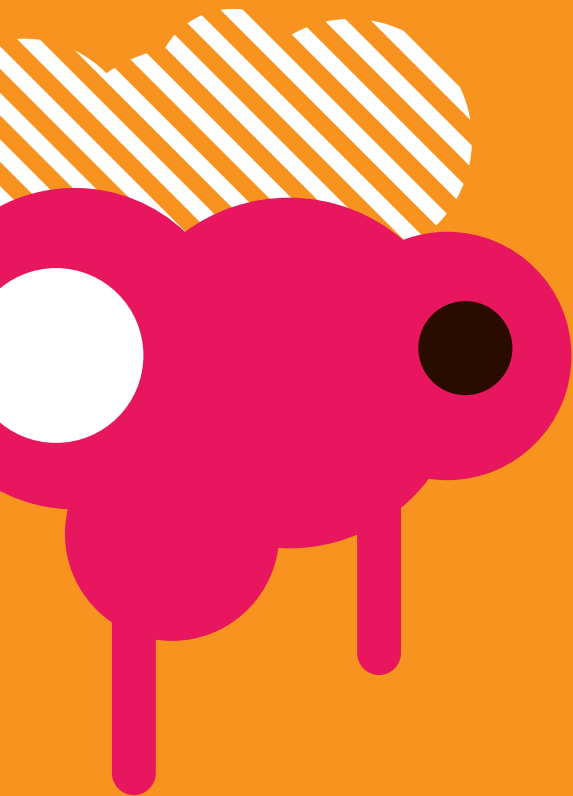
Challenge our own and other people's ideas about race. Let's work towards a community where everyone is accepted & respected.

Report racism and get more information on how you can make a difference at www.acon.org.au/racism

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Racism Campaign, 2007



Nine Key Health Action Areas

*Sexual Health; Alcohol & Other Drug Use; Mental Health; Violence; Cancer;
Ageing; Relationships; Parenting & Fertility; and Youth.*

ACON is committed to responding to as much of this agenda as is relevant and appropriate, however it is essential that this be accompanied by realistic prioritisation in light of available funding and partnership opportunities. Nine key health action areas have been identified to provide a focus for the lesbian health strategy.

These areas will direct the development and implementation of ACON's work with lesbians and same-sex attracted women over the next three years.

These key health action areas have been selected using the following criteria:

- Availability of an evidence base;
- Availability of capacity in ACON (achievable objectives); and
- Gaps in external service provision (opportunities to 'add value').

The development of a lesbian health strategy by ACON represents a significant step forward in addressing the health and wellbeing needs of lesbians and same-sex attracted women.

In recognition of the crucial role that funding and resources play in the capacity to deliver work in this area, ACON is committed to the development of a funding strategy to resource the delivery and expansion of its work with lesbian and same-sex attracted women.

ACON also recognises the vital role of research in continuing to inform its work with lesbians and same-sex attracted women. ACON is committed to continuing to facilitate research in this field through projects such as SWASH and the ACON/ALMA research grant.

The responsibility of implementing each key health action area sits within the relevant units of ACON, while the process as a whole will be coordinated by the *Lesbian Health Project*.

The Lesbian Health Strategy is complemented by two advisory and implementation groups that have been established to support the final development of the Strategy and ensure its effective implementation.

These include:

- An internal Lesbian Health Staff Implementation Group (SIG); and
- An external Lesbian Health Board Advisory Committee (BAC).

The SIG is a cross-divisional inter-office group engaging representative members from units across ACON. The SIG will function initially as a vehicle for informing ACON staff of the process for the development and implementation of the Lesbian Health Strategy. The longer-term objectives of the SIG are to:

- Provide a structure for the development and implementation of the Lesbian Health Strategy across relevant units in ACON.
- Provide professional development to ACON staff in relation to service provision to lesbians and same-sex attracted women.

The BAC membership includes ACON board members, the ACON Chief Executive Officer, the ACON Lesbian Health Officer, other selected ACON staff and external stakeholders who will meet quarterly to guide the development and implementation of the Lesbian Health Strategy across the organisation's services and programs. The Lesbian Health Board Advisory Committee will function as a panel of experts to inform and advise on the ongoing development and implementation of the Strategy.

The longer-term objectives of the BAC are to:

- Inform the development and the implementation of the ACON Lesbian Health Strategy.
- Examine relevant research and evidence to ensure ACON programs are informed and evidence based.
- Advise on, or volunteer to present, a health area relevant to the Lesbian Health Strategy for ACON staff each quarter.
- Provide feedback to and receive input from staff, stakeholders, other relevant working groups, other service providers and our communities.
- Ensure ACON's response is coordinated with the work of other agencies.
- Advise on potential funding opportunities and funding submissions.

Key Health Action Area 1:

Sexual Health

Background

Lesbians and same-sex attracted women have specific sexual health needs that are not recognised by our health system.

ACON's approach to the sexual health and wellbeing of lesbians and same-sex attracted women sits within its comprehensive response to sexual health across the GLBT community in NSW. This work is framed within a number of national and state government STI and HIV strategies including:

- *NSW Sexually Transmissible Infections Strategy 2006-2009*
- *NSW HIV/AIDS Strategy 2006-2009*
- *NSW HIV/AIDS, Sexually Transmissible Infections & Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006-2009*
- *National Sexually Transmissible Infections Strategy 2005-2008*
- *National HIV/AIDS strategy 2005-2008*

Although no government strategy recognises lesbians and same-sex attracted women as a distinct priority group, young same-sex attracted women are identified in the *NSW STI Strategy 2006-2009*. According to section 3.3, young people (aged 25 and under) are considered to be a priority population. The strategy notes that "priority should be given to the needs of marginalised young people such as same-sex attracted young people".⁴⁵

ACON has a solid and ongoing commitment to STI prevention and improved sexual health outcomes for lesbians and same-sex attracted women within a framework of harm minimisation and sex positivity.

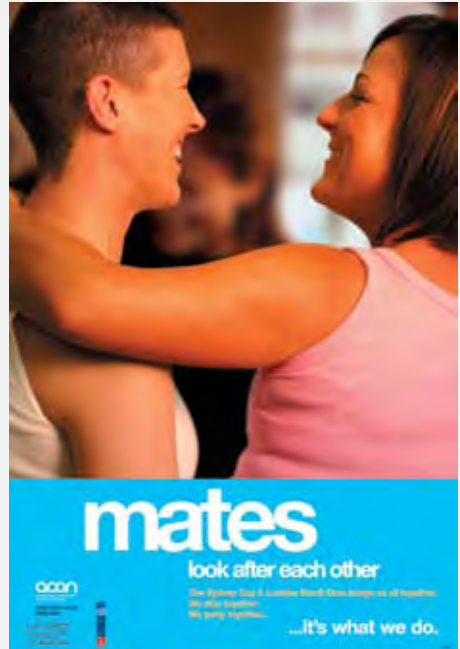
Action Areas

- 1.1 CONTINUE TO LEAD COMMUNITY DISCUSSION AND DEBATE ON SEXUAL HEALTH AND WELLBEING ISSUES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.**

To do this we will:

- 1.1.1 Approach community media and provide material regarding the sexual health of lesbians and same-sex attracted women.
- 1.1.2 Develop content and functionality of the lesbian sexual health section of the ACON website and ensure it is regularly revised and updated.
- 1.1.3 Develop policy positions on issues that impact on the sexual health of lesbians and same-sex attracted women.

- 1.2 CONTINUE TO DEVELOP AND IMPLEMENT ACCESSIBLE AND INCLUSIVE PROGRAMS TO BUILD THE SEXUAL HEALTH AND WELLBEING KNOWLEDGE OF LESBIANS AND SAME-SEX ATTRACTED WOMEN.**



Mates Campaign, 2005

To do this we will:

- 1.2.1 Continue to address sexual health and sex positivity in the peer education programs of the *Young Women's Project* and ACON workshops state-wide.
- 1.2.2 Continue to develop and provide regular sexual health and wellbeing workshops and education programs including but not limited to:
 - The ACON and MaXXX Black community engagement project
 - The distribution of female specific safe sex material via the ACON *Safe Sex Sluts* initiative.
- 1.2.3 Continue to develop and provide guest sexual health workshops to community partners state-wide including, but not limited to:
 - Western Sydney Lesbian Health Network
 - Gay and Lesbian Counselling Service
 - University GLBT support groups
 - Northern Rivers Tropical Fruits
 - Northern Rivers The Independent Company
 - Northern Rivers Red Shoe events.
- 1.2.4 Develop and publish a sexual health resource for lesbians and same-sex attracted women.
- 1.2.5 Continue to collaborate with the Sex Workers Outreach Project to ensure the inclusion of awareness of issues for same-sex attracted women and lesbians in SWOP's services and programs, and to ensure awareness of sex industry issues for these women amongst service providers.
- 1.2.6 Continue to collaborate with the *Aboriginal Project* to ensure the inclusion of Aboriginal cultural awareness in programs for lesbians and same-sex attracted women.

1.3 CONTINUE TO DEVELOP AND PRODUCE SOCIAL MARKETING AND CAMPAIGN MATERIAL THAT PROMOTES THE VISIBILITY OF LESBIAN SEX AND SEXUAL HEALTH.

To do this we will:

- 1.3.1 Include sexual health messages for lesbians and same-sex attracted women in an annual ACON campaign suite.
- 1.3.2 Continue collaboration between the *Lesbian Health Project* and the ACON Events and Fundraising Team to distribute safe sex materials and sexual health campaigns at lesbian focused events and venues.

1.4 DEVELOP AND EXPAND ACON'S ROLE AS A SOURCE OF ACCURATE INFORMATION AND REFERRAL ON SEXUAL HEALTH AND WELLBEING FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To this we will:

- 1.4.1 Develop and cultivate partnerships with government and non-government organisations in the field of sexual health.
- 1.4.2 Develop, expand and regularly revise a state-wide referral database for lesbians and same-sex attracted women seeking information and services in sexual health.

1.5 ADVOCATE FOR INCREASED SEXUAL HEALTH SERVICE AVAILABILITY AND IMPROVED SERVICE RESPONSIVENESS FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 1.5.1 Advocate for lesbians and same-sex attracted women to be included in national and NSW STI strategies.

Key Health Action Area 2:

Alcohol and Other Drug Use

Background

Alcohol and other drug use is higher among lesbians than women in the general community.

ACON's approach to the use of alcohol and other drugs by lesbians and same-sex attracted women sits within its comprehensive response to alcohol and other drug use across the GLBT community in NSW. Gay and bisexual men, as well as transgender people, also have higher levels of alcohol and other drug use than the broader community.

ACON's response to the use of alcohol and other drugs in the Alcohol and Other Drugs Strategy 2008-2011 is developed with the understanding that:

- Drug use occurs in GLBT communities;
- Evidence and experience suggests drug use impacts on the health of our communities in multiple and significant ways that are culturally specific; and
- ACON is uniquely positioned to respond to the challenges associated with the use of alcohol and other drugs in our communities in ways that are culturally appropriate and will improve health and wellbeing.

The Alcohol and Other Drug Programs (AODP) was initiated in late 2006 and is overseen by an ACON Board Advisory Working Group whose membership includes experts from the AOD sector. ACON works to NSW Health and the Australian Government's alcohol and other drug policies. Key documents include:

- *The National Drug Strategy: Australia's Integrated Framework 2004-2009*. This document informs ACON's response to the use of alcohol and other drugs within our communities, demonstrating ACON's commitment to working within a national integrated framework.
- The NSW Government's framework for the management of the use of alcohol and other drugs which is detailed in *The Drug and Alcohol Plan 2006-2010 - A plan for the NSW Health Drug and Alcohol Program*.

ACON's *Alcohol and Other Drugs Strategy 2008-2011* outlines the explicit principles and objectives of ACON's response to alcohol and other drugs. ACON's work with lesbians and same-sex attracted women is framed within this action plan.

Action Areas

2.1 CONTINUE TO INCREASE THE KNOWLEDGE OF LESBIANS AND SAME-SEX ATTRACTED WOMEN ABOUT LICIT AND ILLICIT DRUG-RELATED HARMS, PREVENTION STRATEGIES AND SELF MANAGEMENT TO ENABLE THEM TO MAKE HEALTHY LIFE CHOICES.

To do this we will:

- 2.1.1 Work with partners (national, state and local) on campaigns and education approaches to make sure they are relevant to lesbians and same-sex attracted women.
 - 2.1.2 Continue to address alcohol and other drug education in the peer education programs of the *Young Women's Project* and state-wide youth programs.
 - 2.1.3 Include alcohol and other drug messages for lesbians and same-sex attracted women in an annual ACON campaign suite.
 - 2.1.4 Continue collaboration between the *Lesbian Health Project* and the AODP to develop and implement alcohol and other drugs forums for highly scene-attached lesbians and same-sex attracted women in Sydney.
 - 2.1.5 Continue to collaborate with the *Aboriginal Project* to ensure the inclusion of Aboriginal cultural awareness in these services and programs.
- #### **2.2 INCREASE EARLY IDENTIFICATION OF PROBLEMATIC ALCOHOL AND OTHER DRUG USE IN LESBIANS AND SAME-SEX ATTRACTED WOMEN, AND PROVIDE SUPPORT FOR APPROPRIATE EARLY INTERVENTION.**

To do this we will:

- 2.2.1 Seek partnership opportunities in relation to the two NSW methamphetamine clinics including: referral pathways, specialist staff sessions and other initiatives relevant to lesbians and same-sex attracted women.
- 2.2.2 Continue the collaboration between the *Lesbian Health Project*, the *Young Women's Project*, ACON Regional Branches, the AODP and Client Services to make appropriate referrals for lesbians and same-sex attracted women presenting with problematic alcohol and other drug use.
- 2.2.3 Maintain and update an internal and external state-wide referral database for lesbians and same-sex attracted women clients in need of support and early intervention.

2.3 INCREASE THE SENSE OF SHARED COMMUNITY RESPONSIBILITY FOR ADDRESSING PROBLEMATIC ALCOHOL AND OTHER DRUG USE.

To do this we will:

- 2.3.1 Continue to develop partnership opportunities between the AODP, the *Lesbian Health Project*, the *Aboriginal Project*, ACON Branches and the *Young Women's Project* to include AOD content in their programs.
- 2.3.2 Develop appropriate prevention and self management strategies for these communities, and support them within ACON community events and spaces.

2.4 IMPROVE ACCESS TO MAINSTREAM ALCOHOL AND OTHER DRUG SERVICE PROVIDERS FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 2.4.1 Work with Area Health Service Drug and Alcohol Services on the development of localised drug and alcohol strategies to ensure the interests and needs of lesbian and same-sex attracted women are represented.

2.5 GENERALLY REDUCE THE PROBLEMS RELATED TO ALCOHOL AND OTHER DRUG USE IN OUR COMMUNITIES.

To do this we will:

- 2.5.1 Develop discussion documents that explore the use of alcohol, nicotine and prescribed medication in lesbians and same-sex attracted women and make programmatic recommendations.
- 2.5.2 Monitor policy developments that may impact the GLBT community's experiences of problematic alcohol and other drug use.

Young Women's AOD Forum

During the 2008 Mardi Gras season the *Young Women's Project* partnered with the AODP to deliver an interactive community forum for highly scene-attached, young, same-sex attracted women.

Through consultation between the two units the unique needs and features of this group were identified and addressed, particularly:

- The high rates of alcohol and other drug use among this population;
- How they were initiated to drug use and their need for accurate information;
- The need to raise awareness of the AOD and health and support services that ACON could offer the target population; and
- An introduction to the idea of a culture of care in the GLBT community.

The forum employed an interactive process to provide information on alcohol and range of other drugs that the target audience identified as being relevant for them, along with strategies to assist the young women to reduce the risks associated with alcohol and other drug use.

The partnership approach provided for a successful forum, and had additional beneficial outcomes for both *Young Women's Project* partnered with the AODP, through extending the reach and resources of both units, and providing the foundations for future collaborations.

Key Health Action Area 3:

Mental Health & Wellbeing

Background

Lesbians experience higher rates of mental illness than the general population.

ACON's approach to the mental health and wellbeing of lesbians and same-sex attracted women sits within its comprehensive response to mental health and wellbeing across the GLBT community in NSW.

ACON supports the population-based approach to mental health outlined in the *National Mental Health Action Plan 2003-2008*. This approach recognises that mental health and illness result from the complex interplay of biological, social, environmental and economic factors at a variety of levels of life, including family, community, national and global.

ACON is in the process of developing its first *Mental Health and Wellbeing Strategy 2008-2010*. ACON's key goals are to address systemic discrimination, promote good mental health to prevent mental illness, improve service responsiveness, foster research and build sustainable partnerships. ACON also provides direct services such as one-on-one counselling and therapeutic groups.

ACON also recognises the link between health and social justice. For lesbians, coming out, discrimination and minority group status are significant risk factors for mental illness. Additional key stressors or risk factors for mental illness, suicide and suicidal ideation are homophobic abuse, isolation, younger or older age, drug and alcohol abuse, Aboriginality, relationships and family issues (in particular those that might lead to youth homelessness).

Action Areas

3.1 PURSUE SYSTEMIC ADVOCACY TO END DISCRIMINATION AND VIOLENCE AGAINST LESBIANS AND SAME-SEX ATTRACTED WOMEN, AND ADVOCATE FOR LEGAL REFORM AND COMMUNITY EDUCATION INITIATIVES.

To do this we will:

- 3.1.1 Develop policy positions on issues that impact on lesbians and same-sex attracted women.
- 3.1.2 Work with the Gay and Lesbian Rights Lobby and government departments to address legislative discrimination against lesbians and same-sex attracted women's relationships.

3.2 CONTINUE TO DEVELOP AND IMPLEMENT ACCESSIBLE PROGRAMS TO BUILD THE MENTAL HEALTH KNOWLEDGE OF LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 3.2.1 Develop and distribute health promotion materials and social marketing campaigns that inform lesbians about how to maintain mental health, how to recognise the signs of mental illness and co-morbidity, where to access support and how to support friends and family with mental illness.
- 3.2.2 Continue to address mental health education in the peer education programs of the *Young Women's Project* and ACON youth projects state-wide.
- 3.2.3 Continue to collaborate with the *Aboriginal Project* to ensure the inclusion of Aboriginal cultural awareness in these services and programs.
- 3.2.4 Continue to develop and implement therapy groups for lesbians and same-sex attracted women through the ACON client services division.

3.3 ADVOCATE FOR INCREASED MENTAL HEALTH SERVICES AND IMPROVED SERVICE RESPONSIVENESS SO LESBIANS AND SAME-SEX ATTRACTED WOMEN CAN ACCESS APPROPRIATE, SENSITIVE SERVICES.

To do this we will:

- 3.3.1 Develop and implement a module for inclusion in ACON's HIV/AIDS and GLBT awareness training package for service providers that focuses on lesbian sexuality and health including mental health.
- 3.3.2 Advocate for services and service providers to affirm lesbian sexuality, partnerships and families within their practice to improve the effectiveness of interventions.
- 3.3.3 Advocate for GLBT inclusion as a performance indicator for government mental health and drug and alcohol initiatives.
- 3.3.4 Develop closer links between the *Lesbian Health Project*, ACON Branches, the Client Services Division and the AODP through joint training, staff liaison, referral pathways and joint care planning and service delivery.

3.4 CONTINUE TO ADVOCATE FOR AND FOSTER RESEARCH IN MENTAL HEALTH AND WELLBEING FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN

To do this we will:

- 3.4.1 Advocate for the inclusion of sexuality indicators in mental health and drug and alcohol research and analysis.
- 3.4.2 Establish systems for consistent data collection and evaluation at ACON to inform future actions.
- 3.4.3 Seek funding for research in partnership with research agencies and institutes.

3.5 FOCUS ON BUILDING SUSTAINABLE PARTNERSHIPS IN ORDER TO FACILITATE APPROPRIATE REFERRAL PATHWAYS.

To do this we will:

- 3.5.1 Continue to build collaboration between the *Lesbian Health Project*, the *Young Women's Project*, ACON Branches, the *Aboriginal Project*, the AODP and Client Services Division to make appropriate referrals for ACON clients presenting with problematic alcohol and other drug use.

- 3.5.2 Work with key GLBT organisations such as the Gay and Lesbian Counselling Service, Twenty10 Youth Support and lesbian counselling services located in Women's Health Centres.
- 3.5.3 Work with mainstream mental health and drug and alcohol services and specialists.
- 3.5.4 Provide intake, assessment and referral services to specific mental health and wellbeing promotion programs for lesbians who have or are at risk of mental illness or co-morbidity.

Northern Rivers Lesbian Counselling Service

An effective partnership between ACON Northern Rivers and the Lismore and District Women's Health Centre Inc saw a locally developed mental health service for lesbians and same-sex attracted women in the region.

The Lesbian Counselling service was established in 2004 and has successfully offered therapeutic support for many lesbians and same-sex attracted women through crisis and transition since this time.

The Lesbian Counselling Service is a one day a week service operating from the Lismore and District Women's Health Centre. Confidentiality and understanding assured on all issues. The service is available to all lesbians, bisexual and same-sex attracted women of all age groups. The service provides both individual and couple based counselling. Telephone consultations are also available for women who may be disadvantaged by transport.

The program has been evaluated regularly with encouraging results. The most recent client satisfaction survey conducted in 2007 demonstrated the value of this initiative. 100% of respondents would or have recommended this service to a friend, and almost all participants found the service accessible and affordable. The evaluation also indicated that women who have attended this service have found it of great value and extremely helpful in improving their quality of life.

This project demonstrates the value of working in partnership, and illustrates how the complementary approaches of Women's Health Services and ACON can work to the benefit of GLBT communities in rural and regional NSW.

Key Health Action Area 4:

Violence

Background

Lesbians and same-sex attracted women experience higher levels of violence than the general community.

ACON's work in the area of violence is informed by the Network of Government Agencies (NOGA) *Strategic Framework 2007-2012: 'Working Together - Preventing violence against gay, lesbian, bisexual and transgender people'*.

ACON's *Lesbian and Gay Anti-Violence Project* works under the framework of a discrete mission statement:

To eliminate hate-related violence against lesbian and gay communities by:

- *Providing an information, advocacy and referral service to survivors of violence*
- *Monitoring violence against lesbians and gay men and carrying out research to identify the nature, causes and solutions to violence*
- *Working in partnership with governments, communities and other community organisations to reform policies and practices to promote community safety and violence prevention*
- *Working with the wider community to change attitudes which perpetuate any form of violence.*
- *Mobilising the lesbian and gay communities to assert and defend their right to safety.*

The AVP's mission statement outlines the explicit principles and objectives of its response to violence.

ACON's work with lesbians and same-sex attracted women is framed within this action plan.

ACON works across the range of key intervention points that impact on violence in our community. Work is delivered through:

- The AVP
- The Policy, Planning & Research Unit
- The Housing Project
- Counselling
- Youth programs

Action Areas

4.1 PURSUE SYSTEMIC ADVOCACY TO END DISCRIMINATION AGAINST LESBIANS AND SAME-SEX ATTRACTED WOMEN, AND ADVOCATE FOR LEGAL REFORM AND COMMUNITY EDUCATION INITIATIVES.

To do this we will:

- 4.1.1 Develop policy positions on issues that impact on lesbians and same-sex attracted women.
- 4.1.2 Work with the Gay and Lesbian Rights Lobby and government departments to address legislative discrimination against lesbians and same-sex attracted women.

4.2 ADDRESS HOMOPHOBIA TOWARDS LESBIANS AND SAME-SEX ATTRACTED WOMEN IN SCHOOLS AND EDUCATIONAL SETTINGS.

To do this we will:

- 4.2.1 Continue to advocate for anti-homophobia educational campaigns and policies addressing gender and sexual diversity and homophobia.
- 4.2.2 Assist in the co-ordination of the *That's So Gay* conference addressing homophobia in educational settings, and specifically the way in which this impacts lesbians and same-sex attracted women.
- 4.2.3 Develop and deliver gender and sexual diversity programs and implement relevant sexual health curriculum in partnership with Family Planning NSW.

4.3. DEVELOP AND IMPLEMENT PROGRAMS TO EDUCATE THE PUBLIC ABOUT THE PREVENTION OF VIOLENCE TOWARDS LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 4.3.1 Continue to develop and implement public anti-homophobia campaigns.
- 4.3.2 Work with government in taking a visible stand against homophobia as it impacts on lesbians and same-sex attracted women.

4.4 DEVELOP THE CAPACITY OF LESBIANS AND SAME-SEX ATTRACTED WOMEN IN THE PERSONAL PREVENTION OF VIOLENCE.

To do this we will:

- 4.4.1 Continue to deliver self defence classes including women-only classes and education for women on personal safety through the AVP.
- 4.4.2 Continue to foster partnership opportunities between AVP, the *Lesbian Health Project*, ACON Branches, SWOP, the *Aboriginal Project* and the *Young Women's Project* to provide anti-violence education content in current and future program delivery.
- 4.4.3 Include anti-violence messages for lesbians and same-sex attracted women in an annual ACON campaign suite.

4.5. ADDRESS THE ENVIRONMENTAL PREVENTION OF VIOLENCE AGAINST LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 4.5.1 Address environmental factors in state government and local council strategies including liquor licensing and high visibility policing.
- 4.5.2 Continue to develop the AVP Safe Place program and implement the state-wide Safe Place businesses initiative to recognise and meet the needs of lesbian and same-sex attracted women.

4.6. IMPROVE ACCESS TO THE LEGAL SYSTEM AND VICTIM SERVICES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 4.6.1 Encourage police to conduct appropriate investigations into incidents of homophobic violence towards lesbians and same-sex attracted women.
- 4.6.2 Increase the capacity of police and victims services to respond with sensitivity to specific issues impacting on lesbians and same-sex attracted women.
- 4.6.3 Advocate for improvement in the identification and recording of incidents of homophobic violence by NSW Police.
- 4.6.4 Advocate for the inclusion of relevant questions about violence in GLBT community surveys.

- 4.6.7 Continue to ensure victim referral systems and adequate emergency and ongoing medical and/or health services for victims are utilised and accessible while accounting for the specific needs of lesbians and same-sex attracted women.

4.7 EXPAND AND UPDATE AN EVIDENCE BASE AND CORRESPONDING POLICY ON SAME-SEX DOMESTIC VIOLENCE FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 4.7.1 Continue the work of the ACON same-sex domestic violence taskforce. This work includes reviewing policy and facilitating a whole of organisation approach to SSDV.
- 4.7.2 Continue to initiate and support research into homophobic violence.
- 4.7.3 Promote the AVP report line to lesbians and same-sex attracted women.

Key Health Action Area 5:

Cancer

Background

Lesbians as a group, have a higher incidence of certain risk factors known to be linked to breast and other cancers.

ACON's service and program delivery in this field is framed by the *NSW Cancer Council Strategic Directions 2007-2009*. This strategy focuses on raising public awareness, creating partnerships and increasing support for clients affected by cancer.

The risk of cancer for lesbians is interconnected to a range of other health factors. Research indicates that lesbians are less likely to have children, more likely to smoke and more likely to engage in harmful alcohol consumption.⁴⁶ It is important to note that being a lesbian or same-sex attracted women in itself does not increase your risk for cancer, however having one or more of these risk factors might. A lesbian or bisexual woman without these risk factors is at no greater risk of developing breast cancer than a heterosexual woman without these risk factors.

Since 2005, ACON has worked in partnership with the NSW Cancer Council. This partnership has included lesbian participation in the NSW Cancer Council peer support program *Cancer Connect*, and the establishment of *The C-Word*, a monthly support group for lesbians who have been diagnosed with cancer, and their partners. ACON has also produced lesbian-specific health promotion material aimed at breast cancer prevention and early detection.

This field of health is addressed across a range of different services and strategies including:

- Advocacy
- Community development
- Peer education
- Social marketing
- Health promotion
- Therapeutic interventions

Action Areas

5.1 INCREASE CANCER AWARENESS AND PREVENTION TO REDUCE CANCER RISKS FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 5.1.1 Continue to develop and implement public cancer awareness and education campaigns for lesbian and same-sex attracted women.
- 5.1.2 Work with government and non-government agencies on the development of localised cancer education strategies to ensure the interests of lesbian and same-sex attracted women are represented.
- 5.1.3 Continue to work in partnership with the NSW Cancer Council to develop and implement *Understanding Cancer* public forums for lesbians and same-sex attracted women.
- 5.1.4 Develop and distribute a resource addressing sexuality and cancer for lesbians and same-sex attracted women.
- 5.1.5 Continue to address cultural awareness and include a cultural diversity agenda within these programs and services

5.2 EXPAND AND IMPROVE SUPPORT SERVICES FOR LESBIANS LIVING WITH CANCER AND THEIR CARERS.

To do this we will:

- 5.2.1 Continue to work in partnership with the NSW Cancer Council to resource and facilitate the monthly *C-Word* group for lesbians living with cancer.
- 5.2.2 Continue to work in partnership with the NSW Cancer Council to increase lesbian access to the *Cancer Connect* telephone-based peer support service.

The Lesbians and Cancer Project

The Lesbians and Cancer Project delivers a range of services in relation to support and prevention strategies. The project provides a successful example of a reciprocal partnership between ACON and a mainstream health organisation.

The concept was initiated early in 2005 by the ACON *Lesbian Health Project* and the NSW Cancer Council. It holds two main objectives:

- Provide specific support and information to lesbians and same-sex attracted women diagnosed with cancer and their partners.
- Develop relevant and appropriate health promotion material focused on cancer prevention strategies for lesbians and same-sex attracted women.

Since early 2006, the project has produced a number of successfully measurable outcomes including:

- The recruitment and training of lesbian identified volunteers in the *Cancer Connect* program, a telephone peer support service run by the NSW Cancer Council.
- The alteration of The NSW Cancer Council data base intake procedure to reflect non-heterosexual relationship options.
- The development and implementation of two community forums at ACON addressing the issue of lesbians and cancer.
- The design and delivery of the *Be Breast Aware* health promotion campaign aimed at educating lesbians and same-sex attracted women on early breast cancer detection and prevention strategies.
- The establishment and maintenance of the *The C-Word*, a monthly support group for lesbians diagnosed with cancer and their partners.

Future plans for the project include a series of *Understanding Cancer* forums for lesbians and same-sex attracted women, and the development of a new resource addressing sexuality for lesbians and same-sex attracted women living with cancer.

5.3 ADVOCATE FOR IMPROVED SERVICE RESPONSIVENESS FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN IN RELATION TO CANCER SCREENING, TREATMENT AND SUPPORT.

To do this we will:

- 5.3.1 Advocate that services and service providers affirm lesbian sexuality, partnerships and families within their practice to improve the effectiveness of interventions.
- 5.3.2 Advocate for GLBT inclusion as a performance indicator for government cancer education and treatment initiatives.
- 5.3.3 Advocate for close links between cancer-specific services through joint training, staff liaison, referral pathways and joint care planning and service delivery.

5.4 CONTINUE TO ADVOCATE FOR AND FOSTER RESEARCH ON CANCER IN LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 5.4.1 Advocate for the inclusion of sexuality indicators in cancer research and analysis.
- 5.4.2 Establish systems for consistent data collection and evaluation within ACON to inform future actions.
- 5.4.3 Seek funding for research about lesbians and same-sex attracted women and cancer, in partnership with research institutions.

Key Health Action Area 6:

Ageing

Background

There is little research about older lesbians and same-sex attracted women, and few programs are provided to meet their specific needs.

ACON's approach to ageing for lesbian and bisexual women sits within its comprehensive response to ageing across the gay, lesbian, bisexual and transgender community in NSW.

ACON's service and program delivery in this field is framed by *Ageing Disgracefully 2005 -2009*. This strategic framework focuses on raising public awareness, creating partnerships and increasing support and referrals for clients affected by ageing-related issues.

The GLBT community has a long history of resilience and building effective community responses. Lesbians and same-sex attracted women in particular have consistently played a pivotal role across a wide range of community responses. Examples of current responses for lesbians and ageing include the Older Dykes Network, the L40 conferences, the Carers Support Network and the Lemon-Aids Support network, all active in the greater Sydney area. ACON is committed to increasing its service delivery in GLBT ageing.

Ageing intersects with a range of health and social issues for lesbians and same-sex attracted women. These issues are far-reaching and include:

- Legislative reform
- Employment status
- Financial security and housing
- Relationships, structural support
- Access to relevant services
- Physical limitations and increased health risks.

Action Areas

6.1 CONTINUE TO LEAD COMMUNITY DISCUSSION AND DEBATE ON AGEING ISSUES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 6.6.1 Approach community media for opportunistic editorial space on current issues for ageing lesbians and same-sex attracted women.
- 6.1.2 Develop content and functionality in issues on ageing for the lesbian health section of the ACON website, and ensure it is regularly revised and updated.
- 6.1.3 Develop policy positions on issues that impact on the health of ageing lesbians and same-sex attracted women.
- 5.1.4 Continue to address ageing and intergenerational community involvement in the peer education program of the *Young Women's Project*.
- 5.1.5 Facilitate public discussion within the GLBT community about housing and ageing.
- 5.1.6 Continue collaboration between the *Lesbian Health Project* and the Client Services Division to develop and implement public forums that encourage public discussion on ageing within the GLBT community.

6.2 FOCUS ON BUILDING SUSTAINABLE PARTNERSHIPS IN ORDER TO FACILITATE APPROPRIATE REFERRAL PATHWAYS ON AGEING-RELATED ISSUES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 6.2.1 Continue collaboration between the *Lesbian Health Project* and the Client Services Division to make appropriate referrals for clients presenting with relevant issues related to or impacted by ageing.
- 6.2.2 Work with key GLBT community networks such as the Older Dykes Network, the Ten-Forty Matrix and L40 to make appropriate referrals for clients presenting with issues related to or impacted by ageing.

6.2.3 Work with key GLBT organisations such as the Gay and Lesbian Counselling Service and lesbian counselling services located in Women's Health Centres to make appropriate referrals for clients presenting with issues related to, or impacted by ageing.

6.3 CONTINUE TO ADVOCATE FOR AND FOSTER RESEARCH IN RELATION TO LESBIANS AND SAME-SEX ATTRACTED WOMEN AND AGEING.

To do this we will:

6.3.1 Advocate for the inclusion of sexuality indicators in mainstream ageing research and analysis.

6.3.2 Establish systems for consistent data collection and evaluation to inform future actions in ageing for lesbians and same-sex attracted women.

6.3.3 Seek funding for research into ageing for lesbians and same-sex attracted women in partnership with research institutions.

6.4 ADVOCATE FOR IMPROVED AND ACCESSIBLE AGEING SPECIFIC SERVICE RESPONSIVENESS FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

6.4.1 Advocate that services and service providers affirm lesbian sexuality, partnerships and families within their practice to improve the effectiveness of interventions and support.

6.4.2 Advocate for GLBT inclusion as a performance indicator for government ageing initiatives.

6.4.3 Advocate for close links between ACON and ageing-specific services through joint training, staff liaison, referral pathways and joint care planning and service delivery.

6.4.4 Work with government agencies such as the Department of Ageing, Disability and Home Care to represent the needs of lesbians and same-sex attracted women in mainstream service contexts.

6.5 CONTINUE TO ADDRESS SOCIAL ISOLATION AND FACILITATE COMMUNITY ENGAGEMENT FOR OLDER LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

6.5.1 Develop and deliver social events and forums aimed at older lesbians and same-sex attracted women.

Ageing for Lesbians and Same-Sex Attracted Women

ACON has recently undertaken a number of new initiatives in service delivery on ageing.

Northern Rivers ACON successfully implemented the community development project *Ask a Lesbian to Lunch: An Outlook on Lesbian Health and Ageing* in partnership with Women's Health Matters, Coalition of Activist Lesbians and Tropical Fruits in April 2008. Over 30 women attended the event which provided a vegetarian lunch with a guest speaker, a Women's Health Nurse from Women's Health Matters. The discussions addressed issues such as ageing, menopause and social isolation in a safe and supportive environment. The evaluation demonstrated that the women in attendance felt comfortable to openly discuss ageing and ask questions in this environment, and expressed enthusiasm for future projects.

In Sydney, ACON has designed and delivered two events focused on older members of the GLBT community, and within this, lesbians and same-sex attracted women. The first, in partnership with both the NSW Department of Ageing, Disability & Home Care and Queer Screen, was a mini-film festival entitled *Afternoon Delight*, held as an event for NSW Seniors Week in April 2008. The festival was advertised in the local lesbian and gay street press and was attended by over 200 people.

The second event was *Ageing Disgracefully*, a public forum held at the Belvoir Street Theatre in May 2008. The forum featured a panel of community leaders including the Hon. Justice Michael Kirby, and was facilitated by media personality Julie McCrossin. The event was attended by over 250 people, and issues such as service delivery, social isolation and resilience were discussed. The evaluation indicated a strong desire for further social and educational programs for older members of the GLBT community in Sydney.

Key Health Action Area 7:

Relationships

Background

Experiences or fear of homophobia often lead to increased social isolation for lesbians and same-sex attracted women.

ACON is committed to supporting lesbians and same-sex attracted women to participate in healthy relationships. ACON provides specific services and resources to support healthy relationships through individual and couples counselling, therapy groups, community development initiatives and peer education programs. ACON is committed to increasing its service delivery in supporting healthy relationships.

In partnership with other organisations, ACON also advocates removal of institutionalised discrimination against same-sex relationships both because it is unjust and because of the impact this injustice can have on health.

This field is addressed across a range of different programs and services including:

- Advocacy
- Community development
- Peer education
- Social marketing
- Health promotion
- Therapeutic interventions

Action Areas

7.1 PURSUE SYSTEMIC ADVOCACY TO END DISCRIMINATION AGAINST LESBIANS AND SAME-SEX ATTRACTED WOMEN, AND ADVOCATE FOR LEGAL REFORM AND COMMUNITY EDUCATION INITIATIVES.

To do this we will:

- 7.1.1 Develop policy positions on issues that impact on the relationships of lesbians and same-sex attracted women.
- 7.1.2 Work with the Gay and Lesbian Rights Lobby and government to address discrimination against same-sex relationships.

7.2 CONTINUE TO LEAD COMMUNITY DISCUSSION AND DEBATE ON RELATIONSHIP ISSUES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 7.2.1 Approach community media for opportunistic editorial space on current issues relating to the relationships of lesbians and same-sex attracted women.
- 7.2.1 Develop content and functionality of the lesbian health and counselling section of the ACON website to address relationship issues and include links to relevant community organisations and networks.

7.3 CONTINUE TO DEVELOP AND IMPLEMENT PROGRAMS TO BUILD RESILIENCE, CAPACITY AND STRENGTH IN LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 7.3.1 Continue to collaborate between the *Lesbian Health Project*, ACON Branches, the *Aboriginal Project*, the *Young Women's Project*, SWOP and the Client Services Division to make appropriate referrals for lesbians and same-sex attracted women clients seeking individual and relationship support.
- 7.3.2 Continue to address social inclusion, community connection, healthy relationships and self esteem in peer education programs.
- 7.3.3 Continue to develop and implement therapy groups for lesbians and same-sex attracted women.
- 7.3.4 Continue to provide individual and couples counselling for lesbians and same-sex attracted women.

7.3.5 Develop and implement relationship-focused peer education based groups for lesbians and same-sex attracted women over 26 years of age.

7.3.6 Collaborate with key organisations and services to promote and support activities which build social inclusion and resilience.

7.4 ADVOCATE FOR IMPROVED SERVICE IN MAINSTREAM FAMILY SUPPORT SERVICES AND PRIVATE COUNSELLING FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

7.4.1 Advocate that services and service providers affirm lesbian sexuality, partnerships and families within their practice to improve the effectiveness of interventions and support.

7.4.2 Advocate for GLBT inclusion as a performance indicator for government family support initiatives.

7.4.3 Advocate for close links between ACON and mainstream family support services through joint training, staff liaison, referral pathways and joint care planning and service delivery.

7.4.4 Work with government agencies to represent the needs of lesbians and same-sex attracted women in mainstream family support service contexts.

7.5 EXPAND ACON'S ROLE AS A SOURCE OF ACCURATE INFORMATION AND REFERRALS ON RELATIONSHIP ISSUES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

7.5.1 Develop, expand and regularly revise a state-wide referral database for lesbians and same-sex attracted women seeking information and support in maintaining healthy relationships.

7.6 FOCUS ON BUILDING SUSTAINABLE PARTNERSHIPS IN ORDER TO FACILITATE APPROPRIATE REFERRAL PATHWAYS IN RELATIONSHIP RELATED ISSUES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

'REAL' Community Development in the Illawarra

ACON regularly utilises community development based programs in its service delivery to lesbians and same-sex attracted women. The principles of capacity development and community engagement heavily inform ACON's work in this area.

In late 2007 ACON Illawarra reopened its community space and reaffirmed its commitment to support the work of a group of passionate and community -focussed lesbians who were excited about having a social space and support group for all lesbians.

The breadth of the group is reflected in the name – REAL (Respecting Equality Amongst Lesbians) – from this core group of committed women, and with some practical support and encouragement by the ACON regional office, REAL has grown into a vibrant and active social and support group.

Having diversified the initial fortnightly "lesbian business and self-affirming" meetings, REAL has expanded its activities to include gathering a library together, undertaking community needs surveys, starting a writers'/book club, hosting breakfasts and dinners, visiting galleries and art spaces and of course discussions on safe sex and healthy relationship.

The group's latest venture is a lesbian choir to perform for not only the local lesbian community but taking it "out there" to the general community. REAL has grown and expanded its reach from the tip of the Illawarra through to the southern reaches of the area and connected with other lesbian groups along the coast. ACON is proud to support the voice of the diverse community of lesbians in the Illawarra through our partnership with REAL.

To do this we will:

7.6.1 Develop and cultivate partnerships with government and non-government organisations

7.6.2 Continue the collaboration between the *Lesbian Health Project*, ACON Branches, the *Young Women's Project* and Client Services Division , to make appropriate referrals for clients presenting with relationship issues.

7.6.3 Work with key GLBT organisations such as the Gay and Lesbian Counselling Service and lesbian counselling services located in Women's Health Centres to make appropriate referrals for clients presenting with relationship issues.

Key Health Action Area 8:

Parenting and Fertility

Background

Same-sex parent families face legal, institutional and social discrimination in Australian society.

ACON's approach to parenting and fertility sits within its comprehensive response to social and legal discrimination towards the GLBT community in NSW. The issue of parenting and fertility is a topical one for many lesbians and same-sex attracted women.

The NSW Government recognises same-sex de facto relationships, and has recently introduced formal legal recognition of the relationship between lesbians, gay men and their children in certain circumstances.⁴⁷ However these reforms will still leave a number of parents and children with no legal protection. Many same-sex parent families continue to suffer social stigma and discrimination based in homophobia.

ACON has historically worked closely with other GLBT organisations such as the Gay and Lesbian Rights Lobby in advocating for legal equality for same-sex families. ACON is committed to continuing to address legal discrimination against same-sex parents, in partnership with GLBT lobby groups and community organisations. ACON is also committed to increasing its service delivery for same-sex parent families.

ACON's service and program delivery in this field is framed within the work of the *Lesbian Health Project*. This strategy focuses on:

- Raising public awareness
- Providing Information
- Creating partnerships
- Increasing support and referrals for clients.

Action Areas

8.1 CONTINUE TO LEAD ACCESSIBLE COMMUNITY DISCUSSION AND DEBATE ON PARENTING AND FERTILITY ISSUES FOR LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 8.1.1 Approach community media for opportunistic editorial space on current issues regarding parenting and fertility for lesbians and same-sex attracted women.
- 8.1.2 Develop content and functionality of the lesbian parenting section of the ACON website and include links to the Gay and Lesbian Rights Lobby, Rainbow Babies and other relevant community organisations and networks and ensure it is regularly revised and updated.
- 8.1.3 Develop policy positions on issues relating to same-sex parenting and fertility for lesbians and same-sex attracted women.
- 8.1.4 Collaborate with external organisations such as the Gay and Lesbian Rights Lobby, Lismore and District Women's Health Centre and the Inner City Legal Centre to develop and host public forums addressing issues for same-sex families.
- 8.1.5 Develop access to appropriate childcare services to enable individuals from same-sex families to participate in ACON events and forums.
- 8.1.6 Ensure that ACON's services are accessible to same-sex families, through the provision of family-friendly spaces and services.

8.2 DEVELOP AND EXPAND ACON'S ROLE AS A SOURCE OF ACCURATE INFORMATION AND REFERRALS FOR LESBIAN PARENTS, CHILDREN OF LESBIANS AND SAME-SEX ATTRACTED WOMEN AND PROSPECTIVE LESBIAN PARENTS.

To do this we will:

- 8.2.1. Develop and cultivate partnerships with appropriate government and non-government organisations.

Pink Parenting Forum

The Pink Parenting Forum was an initiative of the *Lesbian Health Project*, and was run in December 2003. The forum was aimed at providing access to information, addressing social isolation, and providing the opportunity and space for discussion and networking.

Pink Parenting was advertised in a local lesbian publication and was booked to maximum capacity, involving over 50 participants. The forum was structured as an all day session including both a series of topical workshops and facilitated community discussion panels. The workshops addressed a broad range of issues including pregnancy and pre-conception, legal information, community engagement, advocacy, diversity in family structures and parenting models and finally addressing homophobia.

The project engaged a variety of community partners including Rainbow Babies, the Gay & Lesbian Rights Lobby, Leichhardt Women's Health Centre and The Feminist Bookshop.

The evaluation of Pink Parenting and the numerous inquiries about a repeat pink parenting event, indicate the success of the project as a community development initiative. The model used for Pink Parenting was well received by both female and male same-sex parent families, and the possibility of hosting a joint venture in the future has been identified.

8.2.2 Develop, expand and regularly revise an online referral database for lesbian parents and children of lesbian parents seeking information and support including:

- Legal advice
- Social groups
- Counselling
- Support services
- Medical services
- Educational settings

8.2.3 Include messages that raise awareness of and offer support to same-sex parent families in an ACON GLBT campaign suite.

8.3 CONTINUE TO ADVOCATE FOR AND FOSTER RESEARCH ABOUT ISSUES OF IMPORTANCE TO SAME-SEX PARENT FAMILIES.

To do this we will:

8.3.1 Advocate for the inclusion of sexuality indicators in general family research and analysis.

8.3.2 Establish systems for consistent data collection and evaluation to inform future actions in same-sex parenting and fertility for lesbians and same-sex attracted women.

8.3.3 Seek funding for research on issues relevant to same-sex parents and fertility for lesbians and same-sex attracted women in partnership with research agencies and institutes.

Key Health Action Area 9:

Youth

Background

Young lesbians and same-sex attracted women experience lower health outcomes in many key areas of health in comparison to other age groups and sexual identities.

ACON's approach to young lesbians and same-sex attracted women sits within its comprehensive response to youth across the GLBT community in NSW.

ACON provides specific services and resources for young lesbians and same-sex attracted women through the *Young Women's Project*, established in 2005. The *Young Women's Project* is a community development project, the largest component of which is a six-week peer education program. The development and implementation of this project was framed by ACON's work in the *Fun & Esteem Project*. *Fun & Esteem* caters for gay and same-sex attracted men 26 years of age and under. Both projects are firmly based in peer education and accordingly the majority of their development and implementation is undertaken by young same-sex attracted people.

The *Young Women's Project* has had over 250 young lesbians and same-sex attracted women participants, and currently includes an active pool of over 30 trained volunteers self selected from these participants.

ACON's work with young lesbians and same-sex attracted women is based on the principles of capacity development, self-determination, peer education and community development.

The majority of specific responses to the health and wellbeing of young lesbians and same-sex attracted women are addressed within the context of other areas of this strategy. Specific responses are listed under the health action areas of:

- Sexual Health
- Alcohol and other Drugs
- Mental Health and Wellbeing
- Violence
- Relationships

Action Areas

9.1 CONTINUE TO DEVELOP AND IMPLEMENT PROGRAMS TO BUILD THE HEALTH KNOWLEDGE OF YOUNG LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 9.1.1 Continue to deliver, expand and review the *Ins & Out* peer education program as the central focus of the *Young Women's Project*.
- 9.1.2 Continue to deliver, expand and review the *Ins & Out* peer education training course.
- 9.1.3 Continue to develop, implement and evaluate arts community development projects for young lesbians and same-sex attracted women.
- 9.1.4 Continue to collaborate with external organisations such as local government to develop and implement community development projects for young lesbians and same-sex attracted women.
- 9.1.5 Continue the collaboration between the *Lesbian Health Project*, the *Young Women's Project*, SWOP and the ACON Branches to develop and implement services for young lesbians and same-sex attracted women across NSW.
- 9.1.6 Continue to collaborate with the *Aboriginal Project* to ensure the inclusion of Aboriginal cultural awareness in these services and programs.

9.2 CONTINUE TO ADVOCATE FOR AND FOSTER RESEARCH ABOUT YOUNG LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

- 9.2.1 Advocate for the inclusion of sexuality indicators in youth research and analysis.

9.2.2 Establish systems for consistent data collection and evaluation to inform future actions in relation to young lesbians and same-sex attracted women.

9.2.3 Seek funding for research in partnership with research agencies and institutes in relation to health issues for young lesbians and same-sex attracted women.

9.3 DEVELOP AND EXPAND ACON'S ROLE AS A SOURCE OF ACCURATE INFORMATION AND REFERRALS FOR YOUNG LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

9.3.1 Develop content and functionality of the *Young Women's Project* section of the ACON website, include links to other relevant community organisations and networks and ensure it is regularly revised and updated.

9.3.2 Develop content and functionality of MySpace and Facebook profiles for the *Young Women's Project*.

9.4 FOCUS ON BUILDING SUSTAINABLE PARTNERSHIPS IN ORDER TO FACILITATE APPROPRIATE REFERRAL PATHWAYS FOR YOUNG LESBIANS AND SAME-SEX ATTRACTED WOMEN.

To do this we will:

9.4.1 Continue to foster the collaboration between the *Young Women's Project*, the *Lesbian Health Project*, *SWOP*, the *Aboriginal Project*, ACON Branches and client services to make appropriate referrals for clients.

9.4.2 Work with key GLBT organisations such as Twenty10 Youth Support, the Gay and Lesbian Counselling Service and lesbian counselling services located in Women's Health Centres to make appropriate referrals for young lesbians and same-sex attracted women clients.

The Young Women's Project

The *Young Women's Project* is aimed at same-sex attracted women 26 years and under and was initiated in Sydney in 2004 as a sister project to ACON's long running and successful *Fun & Esteem Project*. The project demonstrates the benefits of adapting and implementing successful models of service delivery previously used by ACON in the context of its past HIV education and prevention work the GLBT community.

The *Young Women's Project* has several facets including peer education, resource production, arts based community development initiatives and mentoring programs. All components of the project are conceptualised, designed and implemented by young same-sex attracted women.

The central component of The *Young Women's Project* is a peer education based program called *Ins & Out*. The *Ins & Out* program is a closed group that runs one night a week over a six week period. The program addresses a broad range of topics within a structured workshop setting including; sexual and gender identity, alcohol and other drug use, coming out, sexual health and wellbeing, homophobia and discrimination, relationships and community engagement. The *Young Women's Project* runs several *Ins & Out* groups over a year. Each group is co-facilitated by two volunteer facilitators who have been through the program themselves and completed an additional six week competency based training program.

The *Young Women's Project* is the largest of its kind in Australia. To date the program has had over 250 young women complete the *Ins & Out* program, and currently holds an active group of over 30 trained volunteer facilitators.

The project has successfully implemented a sailor mentoring project, guest community panels for each *Ins & Out* group, resource development and production, four large-scale Sydney Gay and Lesbian Mardi Gras events, and two facilitator training courses.

The *Young Women's Project* now has a part time staff member coordinating and supervising the programs.



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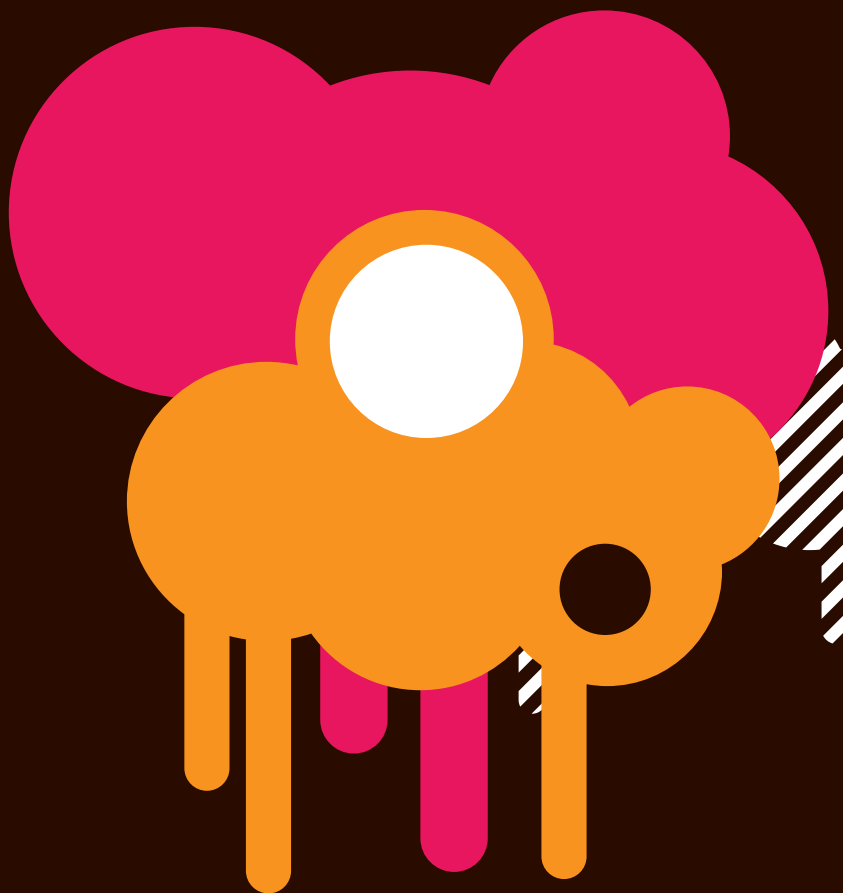
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CONTACTS

ACON (AIDS Council of NSW)

9 Commonwealth Street,
Sydney NSW 2000

PO Box 350 Darlinghurst NSW 1300

Free Call. 1800 063 060
Tel. 9206 2000 Fax. 9206 2069
Email. acon@acon.org.au
Web. www.acon.org.au
ABN 84 633 910 355

Authority to fundraise CFN: 15214

ACON NORTHERN RIVERS

27 Uralba Street,
Lismore 2480

Tel. 6622 1555 Fax. 6622 1520
Email. northernrivers@acon.org.au

ACON HUNTER

129 Maitland Road,
Islington 2296

Tel. 4927 6808 Fax. 4927 6485
Email. hunter@acon.org.au

MID NORTH COAST

Shop 3, 146-150 Gordon St,
Port Macquarie NSW 2444

Tel. 6584 0943 Fax. 6583 3810
Email. mnc@acon.org.au

ACON ILLAWARRA

47 Kenny Street,
Wollongong 2500

Tel. 4226 1163 Fax. 4226 9838
Email. illawarra@acon.org.au

ACON WESTERN SYDNEY

c/o 9 Commonwealth Street,
Sydney NSW 2000

Tel. 9206 2000 Fax. 9206 2069
Email. aconwest@acon.org.au

POSITIVE LIVING CENTRE (PLC)

703 Bourke Street,
Surry Hills NSW 2010

Tel. 9699 8756 Fax. 9699 8956
Email. plc@acon.org.au

SEX WORKERS OUTREACH PROJECT

69 Abercrombie Street,
Chippendale 2008

Tel. 9319 4866 Fax. 9310 4262
Email. info@swop.org.au

acon

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