

The Sexual Health Needs of Lesbian and Bisexual women in Cambridge and the Surrounding areas

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Background and Introduction

DHIVERSE has been working in the Cambridgeshire area since 1986 to promote greater awareness of HIV, AIDS and other sexually transmitted infections and provide support for people living with and affected by HIV. This is the first needs assessment that DHIVERSE has carried out to examine the sexual health related needs of lesbian and bisexual women. This assessment aims to provide information specific to Cambridgeshire which can be used to develop and improve the services offered by DHIVERSE and other providers to meet the needs of lesbian and bisexual women.

There has been little research carried out on a national level as lesbian and bisexual women are deemed to be in a low risk category when it comes to sexually transmitted infections and HIV and are not mentioned in the National Strategy for Sexual Health and HIV (Department of Health, 2001). However, this does not mean that lesbians and bisexual women do not have specific sexual health needs, or that they do not need to access sexual health services.

Henderson, Reid, Hickson, McLean, Cross and Wetherburn (2002) published a report investigating lesbian and bisexual women's sexual health. Although lesbians and bisexual women may not be in a high risk for STI 's and HIV, the report showed that 1 in 8 women respondents mentioned physical problems with sex and 4.1% reported having sex when they didn't want to. The authors emphasised that lesbians and bisexual women did not identify sexual health issues as a primary concern, but that sexual health services should be 'equitable and sensitive' to lesbians and bisexual women. In order for DHIVERSE to provide appropriate services in this area it is necessary to identify local needs.

Aims

The main aims of the assessment were :

- To identify the demography of the lesbian and bisexual population to which DHIVERSE is delivering services.
- To assess the work which DHIVERSE and other providers have already done in the area.
- To find any gaps in the coverage which DHIVERSE offers to this community and to identify any services for which there is a need but no supply.

Methodology

Questionnaire Development

The questions used in the survey were developed from a number of sources, including organisations involved in related work such as the provision of sexual health services. Questions taken from gay men's surveys and assessments were appropriately amended for use with women.

Initially, questionnaires were piloted on a small number of the target population for assessment. Based on feedback from this process many of the questions were reworded and the layout changed to facilitate completion.

The scale used for classifying socio-economic status is the *Registrar General's Classification of Occupations* taken from Breakwell, Hammond and Fife-Shaw (1995) and Wetherburn, Davies, Hickson and Hartley (1999).

Exclusions and Recruitment

The following criteria were used to determine whether any data should be excluded. Firstly if a questionnaire had been filled out by a respondent of the wrong gender then this was excluded on the grounds that they were not in the target population. Similarly, if a questionnaire had been spoiled (circling all possible answers for all questions for example), it was also excluded. Data was also excluded if the respondent had answered less than 25% of the questions. Data was also excluded if the respondent had not had any sexual activity with a member of the same sex, not desired to do so, and had no intention of doing so in the future.

Table 4: Questionnaires excluded from the Lesbian and Bisexual Female results.

Reason for exclusion	Number
Heterosexual	11
Wrong Gender	0
Less than 25% complete	2
Total	13

Data for socio-economic comparisons was taken from respondents who were employed, retired, medically retired and unemployed but who had a job in the past. Excluded groups of respondents were students and the unemployed who had never worked. These categories were excluded as it is extremely difficult to work out the socio-economic status of groups such as students who have not yet started their careers, or the unemployed who have never worked.

Exclusions from social status results

Student	16
Never worked	0
Other/missing	1
Total	

Recruitment

Recruitment was through face to face contact in gay pubs and at gay nights in Cambridge. Participants were given a questionnaire to fill out and asked to place it in a sealed box when completed to protect anonymity. This type of recruitment was only carried out within Cambridge City, so it was only representative of those who use the commercial gay scene. This method of data collection did not yield a large amount of data; only 32 completed questionnaires were collected in this way. This was not unexpected as anecdotal evidence and experience from working with the gay, lesbian, and bisexual community had suggested that lesbian and bisexual women tend not to use the gay scene to the extent that gay and bisexual men do and not always for the same reasons.

To try and access a greater number of the target population, questionnaires were sent out with Cambridge Lesbian Line's newsletter. Freepost envelopes were included in the mailing to increase the response rate.

The questionnaire was also advertised and made available to download from the Cambridge University Students Union Lesbian, Bisexual and Gay Society (CUSU LGB) website. This produced 2 completed questionnaires.

Table 2: Number of Lesbian and Bisexual women questionnaires filled out at the different recruitment venues.

Venue	Number of questionnaires
Fleur de Lys	17
Bird in Hand	15
CUSU LGB	2
Cambridge Lesbian Line	40
Unknown	11

Data Analysis

The data that was collected from the questionnaires was entered on to SPSS for analysis. Where appropriate for the data collected, it was analysed using adjusted chi squared and the appropriate non-parametric correlation statistics (e.g. Spearman's, Kendall's *tau*-b). SPSS cannot process qualitative data so this was recorded separately and used to support the quantitative data and to provide greater detail and context.

Results

Demographics

The age of the lesbian and bisexual sample was varied, with a range of 49. The mean age of the sample was 32.14 and it is true to say that this age is well represented in this sample with 26.3% of respondents being 30-35.

89% of respondents did not have children.

Most respondents in this sample classed themselves as white UK (84.5%). This would be expected as figures for the UK (Census 2001) place 92.1% of the population as white but do not distinguish between 'white UK' and 'white European'. When these are combined, the total percentage is 94% for this sample. It is not unexpected that this sample is slightly less diverse than that of the Census, as 45% of the non-white UK population live in London with relatively low numbers living in the Eastern Region (Census 2001).

Ethnic Group	Percentage of sample
Black African	0.0%
Black Caribbean	1.2%
Asian	0.0%
White British	84.5
White European	9.5%
Irish	0.0%
Other	0.0%
Missing	4.8%
Total	100%

Residence

Almost half of respondents in this sample lived with their female partners (46.4%), 21.4% lived with friends, 17.9% lived on their own, 11.9% lived with their parents and 2.4% lived with their male partner.

In terms of the geographical distribution of the sample, using postcode data, it could be seen that most of this sample live in Cambridge City and the immediate area and that the rest of the county was poorly represented. One reason for this is that only Cambridge City has gay venues where the researchers could recruit face to face and engage with the respondents. This greatly improved the response rate. For the rest of the county, researchers had to rely on postal replies which have a lower response rate.

PCT Area	Number of respondents
City and South Cambridgeshire	57 (67%)
East Cambridgeshire and Fenland	10 (11.8%)
Huntingdonshire	4 (4.8%)
Colchester (Halstead)	1 (1.2%)
Suffolk (Bury St. Edmunds)	4 (4.8%)
Milton Keynes	1 (1.2%)
Hertfordshire	3 (3.6%)
Uttlesford	1 (1.2%)
Other	2 (2.4%)
Missing	2 (2.4%)
Total	85 (100%)

Disability

A low percentage reported having a disability of any kind (3.7%, 3 people) with most stating that they did not (96.3%). Of those that did, the table below gives the details of conditions.

Disability	Number of respondents
Dyslexia	1
Brittle bones	1
Hearing loss	1

Sexual Identity and 'outness'

Over three quarters (78.6%) described themselves as 'lesbian' with 14.3% describing themselves as bisexual and 6% stating they did not use a term to describe their sexual identity.

Questions were asked to try and rate 'outness', this being defined as how open the respondents were about their sexuality to friends and family. This was measured by asking respondents to circle whether they were 'out to most of the family', 'out to some of the family or 'not out to the family', and the same in terms of their friends.

Using this data, people were significantly more likely to be out to their family if they were out to their friends or vice versa ($p=0.01$). The data shows that 70.4% were out to their family and 75.3% out to most of their friends, 22.2% were out to some of the family and 24.7% were out to some of their friends. The differences between the 2 categories were not significant, the only difference was that no respondents were not out to their friends, possibly suggesting that people come out to their friends first and then their families.

Although the sample size is too small to test, there was a trend that women who described themselves as bisexual were less likely to be out to their family and most of their friends compared to women who identified as lesbian.

Education and Employment

A majority of this sample were in current employment (69%) which reflects the low unemployment levels in the area (Census 2001), only 4.8% of the samples at the time of data collection were unemployed, which is slightly above the county average of 2.1% (Census 2001). 4.8% of the sample had retired and 2.4% had retired due to a medical condition. 19% of respondents were students.

The employment class of most respondents was also representative of the Cambridge area with 34.3% being in professional employment and 49.3% being in intermediate non-manual employment. Only 14.9% were in skilled non-manual and 1.5% (1 respondent) were in skilled manual employment. Such high percentages in the top employment classes may be due to social desirability effects but it is more likely that there are many job opportunities in Cambridgeshire and most of this sample is educated to a high level.

As mentioned above, the respondents in this sample mostly have a high academic achievement. 71.6% of respondents completed higher education (degree level, well above the county average of 25.2%, Census 2001) and 16% had completed further education (A-level). Of the remainder, 9.9% had GCSE qualifications and 2.5% had no qualifications (County average 24.1%, Census 2001). When compared, academic level significantly correlated with educational level ($p=0.01$).

It is also worth noting that in the 'other' qualification category, a high number of respondents had put MSc/Ma and PhD. These results give the impression that the lesbian/bisexual women in this study are affluent and very well educated with good employment.

Use of the 'Gay Scene'

85.7% of respondents said that they use the 'gay scene' (commercial gay venues) with 14.3% saying that they did not. From the frequency of use results, most responded that they used the commercial gay scene 'less often' than once a month.

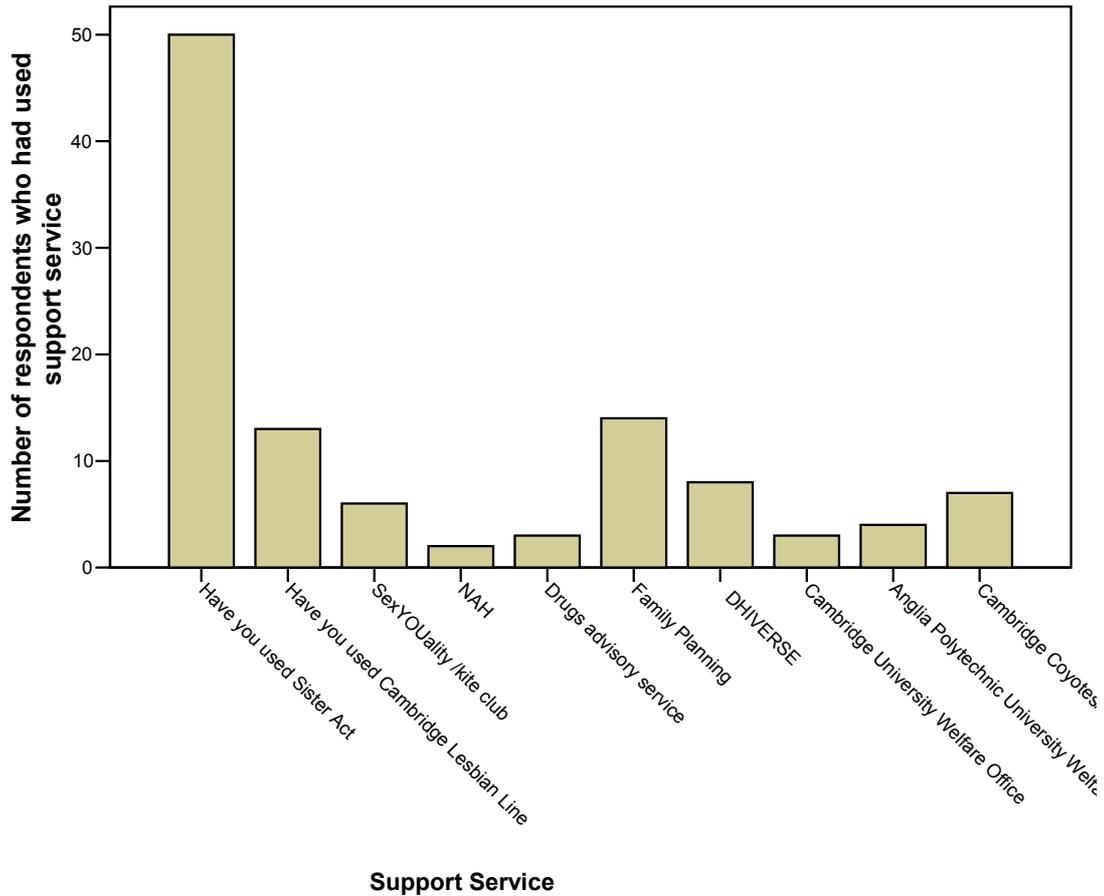
Gay scene and how often it is used by lesbian/bisexual women.

Venue/ Group	Weekly	Monthly	Less Often
Pubs	37.3%	25.3%	37.3%
Clubs	14.5%	22.6%	62.9%
Social Groups	16.6 %	27.9%	55.7%
University groups	12.5%	12.5%	75%

Over three quarters of the respondents in this sample were in relationships at the time this assessment was carried out and this could explain why lesbian and bisexual women tend to use the gay venues less than gay and bisexual men. It may also be that lesbian and bisexual women might use different venues that were not listed on the questionnaire. It is also worth noting that this sample was, on average, older than the gay and bisexual men's needs assessment carried out at the same time.

Gay Groups and Support Services in Cambridgeshire

Many of the respondents in this sample did not use the groups or support services that were listed apart from 'Cambridge Lesbian Line/ Sister Act' which is expected as much of the data was collected from questionnaires being sent out with the Cambridge Lesbian Line newsletter. One explanation may be the perceived safety of lesbian sex (both from STI's and pregnancy) which accounts for many of the services being little used by this group (such as DHIVERSE and National AIDS Helpline).



As so few respondents had used the support services, there was no significant pattern to the rating of the support services.

Homosexuality at School

81.7% of this sample said that homosexuality was not discussed at school. Of those who said it was, 64.7% said that it was done so in a negative light. Only 1 respondent said that homosexuality was discussed in a positive way and 23.5% said that it was done in an unbiased way.

Police and Homophobia

The questions on homophobia and the Police asked about actual events which had taken place, ratings of the Police service with regards to homophobic crime and individuals' perceptions of victimisation.

Police

95.2% of this sample had never called the police over a homophobic incident. Of the 4.8% that had, 75% rated the service they received as very good and 25% rated it as good. Together with comments written on the questionnaires, the impression was given that the community of lesbians and bisexual women felt confident in the service that the Police provide and would contact them in relation to a homophobic incident.

Discrimination and Victimisation

Of this sample, 42.1% of respondents had suffered abuse, 9.2% assault and 7.9% unfair treatment at work. In terms of victimisation, 35.7% never felt victimised, 47.6% sometimes did, 15.5% often did.

Social Exclusion and Isolation

Questions were asked on 'do you ever feel lonely', 'do you ever feel isolated because of your sexuality' and 'do you ever feel excluded because of your sexuality'. Responses to these questions showed that feeling lonely and isolated was strongly correlated with feeling excluded ($p=0.001$). The other question in this section asked if respondents had a car. This was found not to correlate with any of the other variables in this section suggesting that in this sample, owning transport is not related to isolation.

In terms of loneliness, almost half of this sample feel lonely occasionally, 22.6% sometimes, 7.1% often and 23.8% never feel lonely. 35.7% felt excluded from things because of their sexuality and 36.3 felt isolated because of it.

Although many reasons were given as examples of times when the respondents had felt excluded, there were some that were more common than others such as family (wedding invitations, holidays, Christmas etc.), friends (shopping trips etc) and childbirth.

Health

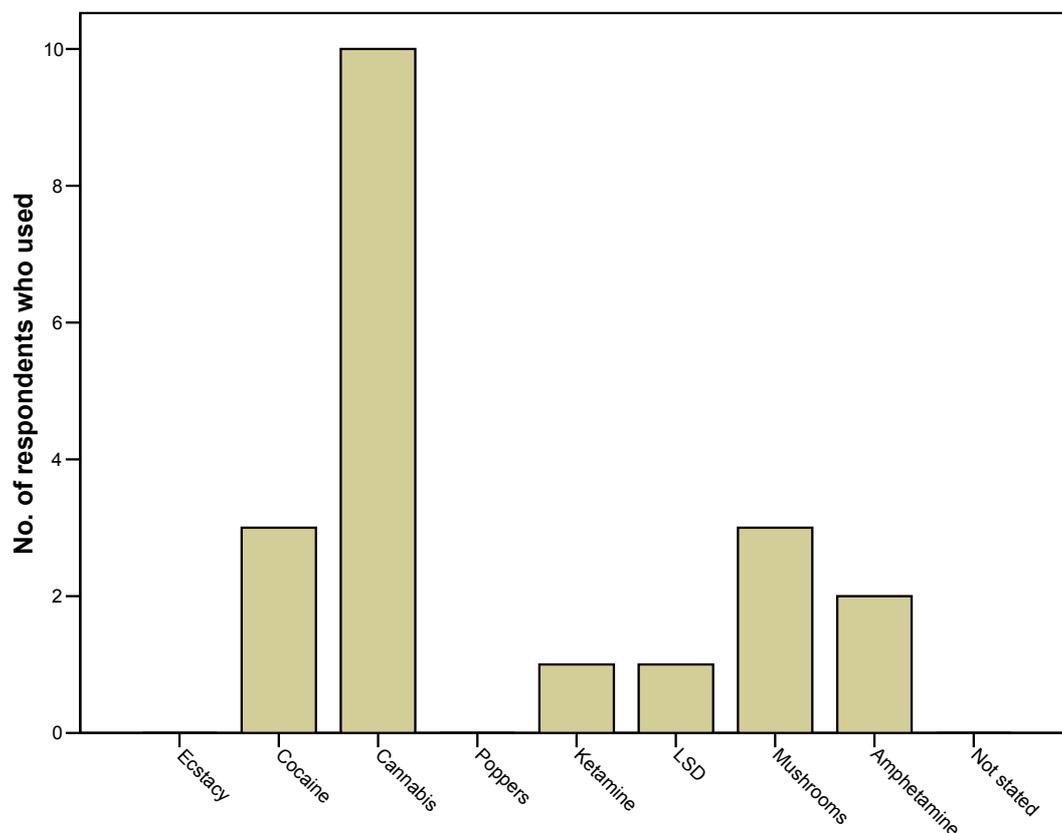
Smoking, Alcohol Use and Other Recreational Drug Use

Questions were asked about risk taking behaviours such as smoking, drinking and recreational drug use as there is some evidence that these behaviours are higher in the homosexual population than in the general population.

75% of this sample did not smoke and of the 25% who did, they smoked an average of 11.9 cigarettes a day. This is in line with the average in the region of 25.3% smokers.

In terms of alcohol consumption, 16.7% drank every day, 14.3% most days, 35.7% 2-3 times a week, 29.8% occasionally and 3.6% never drank alcohol. Of those who did drink, they drank an average of 13 units a week, which is well above the regional average of 6.8 for women.

20.2% of this sample used drugs other than alcohol and the drug that was used most frequently was cannabis (both weed and solid forms are included in this total). Details of the types of drugs used are given in the table below, the categories are not exclusive: that is, one person may be represented in more than one bar.



Although the sample is small, the data suggests that there is a relationship between smoking and drinking with those who smoke tending to drink more

(or vice versa) though this is not significant ($p=0.06$). There is no relationship between smoking and drug use in this sample.

Mental Health

48.8% of respondents reported having had a mental health problem. The most common problem was depression affecting 39.4% of the sample at some point. Another common problem was anxiety (23.9%) and these two are significantly correlated which is probably due to a disorder which was not on the list provided but is thought to be one of the most common psychological disorders, namely mixed depressive anxiety disorder.

Mental health problems were found not to be related to perceived victimisation, having sex when respondents did not want to, or recreational drug use.

Sexual Health and Relationships

Sexual health and GP's

61.2% of respondents were 'out' to their GP with 38.8% reporting they were not. When asked 'would you talk about sexual health with your GP' 78.7% said that they would, which is 17.5% higher than those who are 'out'.

When asked to rate the service that they received from their GP, 38.8% said it was very good, 20% good 35% satisfactory and 6.3% very poor. It was found that being out to your GP and satisfaction rating were not related in this sample.

70.6% of participants had been for a smear test and of these, 21.3% had rated the service as very good. Of the remainder, 36.1% rated the service good, 29.5% satisfactory and 6.6% rated the service poor and very poor. From these ratings it might appear that this sample is not receiving the best service, but the rating is subjective and it is difficult to ascertain whether the rating is based on the service they receive, their sexuality or the uncomfortable procedure.

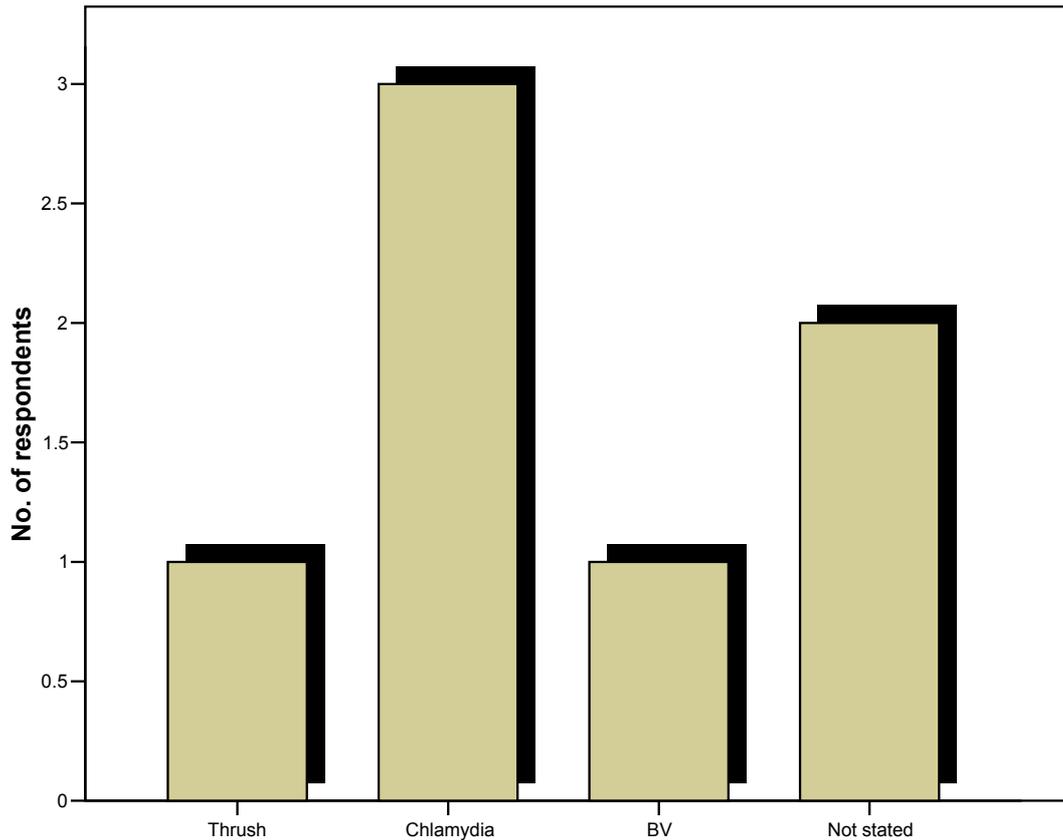
16.7% (n=14) of the sample had been for a mammogram, giving the service an average rating of good.

GUM Clinics and HIV testing

Questions were asked on the use of GUM clinics and the HIV testing history of the respondents. It was thought that many of the respondents would not have used the GUM clinics or been tested for HIV as it is widely believed that homosexual women are relatively low risk for many STI's. As predicted, very few of this sample had visited a GUM clinic. 20.8% (11 respondents) had used the services at clinic 1a at Addenbrookes and of these, 7 respondents rated the service as very good, 3 as good and 1 as satisfactory. No respondents reported having used clinic 6 at Hinchinbroke or any other GUM clinic. 32.9% (n=28) of respondents reported that they had had an HIV test of which none were positive. This is 12% higher than the respondents having reported having visited a GUM clinic suggesting that they were using other service providers such as GP's to be tested.

Sexually Transmitted infections (STI's)

In line with previous research, very few of the respondents in this sample reported that they had ever suffered from a sexually transmitted infection (8.6%). Of those who had, 3 respondents had chlamydia, 1 had thrush, 1 had BV and 2 respondents did not identify which sexually transmitted infection they had.

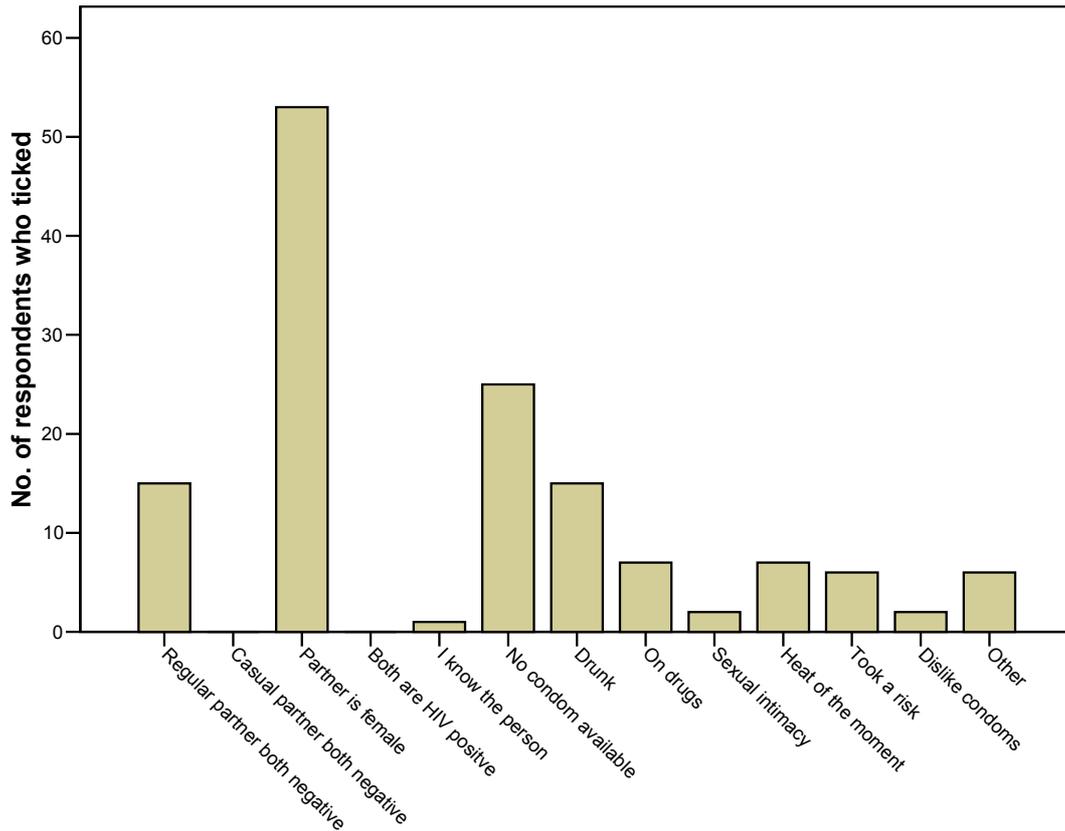


This would seem to suggest that lesbians are at low risk for STI's , though as so few attend GUM clinics and so many STI's are asymptomatic in women, it is hard to tell the exact prevalence of STI's in this sample. Many of the respondents in this sample were aware that they were in a 'low risk' category and this was commonly given as a reason for not using condoms during sexual activity (see below). Nearly half of respondents identified the fact that they were in long term monogamous relationships as a reason why STIs were not considered a major risk.

However, recent research using screening rather than self report to assess sexual health in lesbians has found that lesbian women can have rates of some STIs such as bacterial vaginosis and herpes simplex higher than would be expected in the general population (Marrazzo, 2004, Marrazzo, Steine & Wald, 2003).

Sexual protection and sources

Very low percentages of respondents in this sample use condoms with 6.9% always using them, 5.6% usually, 1.4% half the time and 8.3% sometimes using them. 77.8% of this sample never use condoms and most of those respondents who did use condoms were bisexual women who did so when having sex with men. A common reason given why no protection was used was that 'there was no risk in having sex with a women' or that the respondent was in a monogamous relationship and so protection was not necessary (see below).



NB- some respondents who circled commented that it was in relation to when they were having sex with men.

69.4% of this sample did not use dental dams and often gave the same reasons as for condom use. Of those who did use them, over half (55.3%) found it difficult or very difficult to obtain them. A reason given on a few questionnaires as to why they were not used was the difficulty in getting them, and many stores do not stock them.

42.3% of this sample also reported never using lubricant during penetrative sex and 33.8% of respondents reported that they only used sometimes. Of the remainder, 4.2% reported using it half the time, 5.6% usually and 14.1% reported that they always used it.

Relationships and Sexual Partners

As mentioned above, 78.6% of this sample were in a relationship at the time this survey was carried out. 90.9% of women were in a relationship with another woman and 91% reported that the relationship was monogamous. 4.7% reported that their relationship was open and 1.2% described their relationship as other. Most of the women in this sample had been in a relationship with their partner for over a year, with the mode being 1 year. The longest relationship represented in this sample was 9.5 years.

In terms of past relationships, 50% of women said they had had relationships with one partner, long term and 21.1% said they had had one partner short term. Of the remainder, 10.5% said they had tended to have one main partner but lots of other partners at the same time, 9.2% said they had lots of partners and 9.2% described their past relationship as other. These data, along with the data on current relationships would seem to suggest that on the whole, lesbian and bisexual females seek out long term relationships.

As would be expected given the figures on HIV testing, 53% of respondents were certain that their partner had not tested for HIV and 28.8% were unsure whether they had or not. Only 18.2% were certain that their partner had been tested.

Sexual experiences

Sexual behaviour

As would be expected from this sample, 92.6% of respondents had only had sex with one other person in the last month, reflecting the large proportion of respondents in monogamous relationships. Of the remainder, 1.2% had not had sex, 4.9% said they had sex with 2-5 people and 1.2% (1 person) reported having sex with 36+ people in the last month. It must be noted the women who were currently in relationships were probably answering the questions with their partner present.

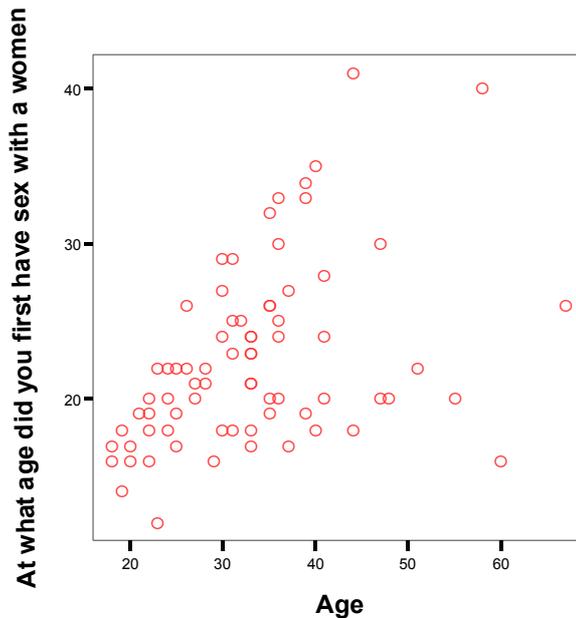
When asked about the gender of these partners, 85.9% of respondents said they were all female. The rest of the figures are quite low with 2.8% saying mainly women, 4.2% mainly men and 7% saying all men. When comparing 'how would you describe yourself' and 'gender of partners', those who describe themselves as lesbian are less like to have had sex with a man whereas those who describe themselves as bisexual are more likely to have had sex with a man, though the bisexual sample is very small.

Respondents were asked about what types of sex they had experienced over the past year. All respondents had experienced some sort of sexual act in the past year. 85.5% had performed oral sex and 90.8% had received oral sex, 75% had performed penetrative vaginal sex on another woman and 85.5% had had penetrative vaginal sex performed upon them. There were low reports of anal sex, whether receptive or insertive, respondents (14.5% and 17.1% respectively). These data suggest that homosexually active women frequently partake in penetrative sex.

Age of first Sexual Experiences

Respondents were asked at what age they had first slept with a women and at what age they had first slept with a man (if applicable). In terms of experiences with women, the mean age at which this occurred in this sample was 22.6 years and the modal value was 20. This is higher than would be expected if the sample were heterosexual and one possible explanation is that homosexual females try and conform to the societal norm of sexual

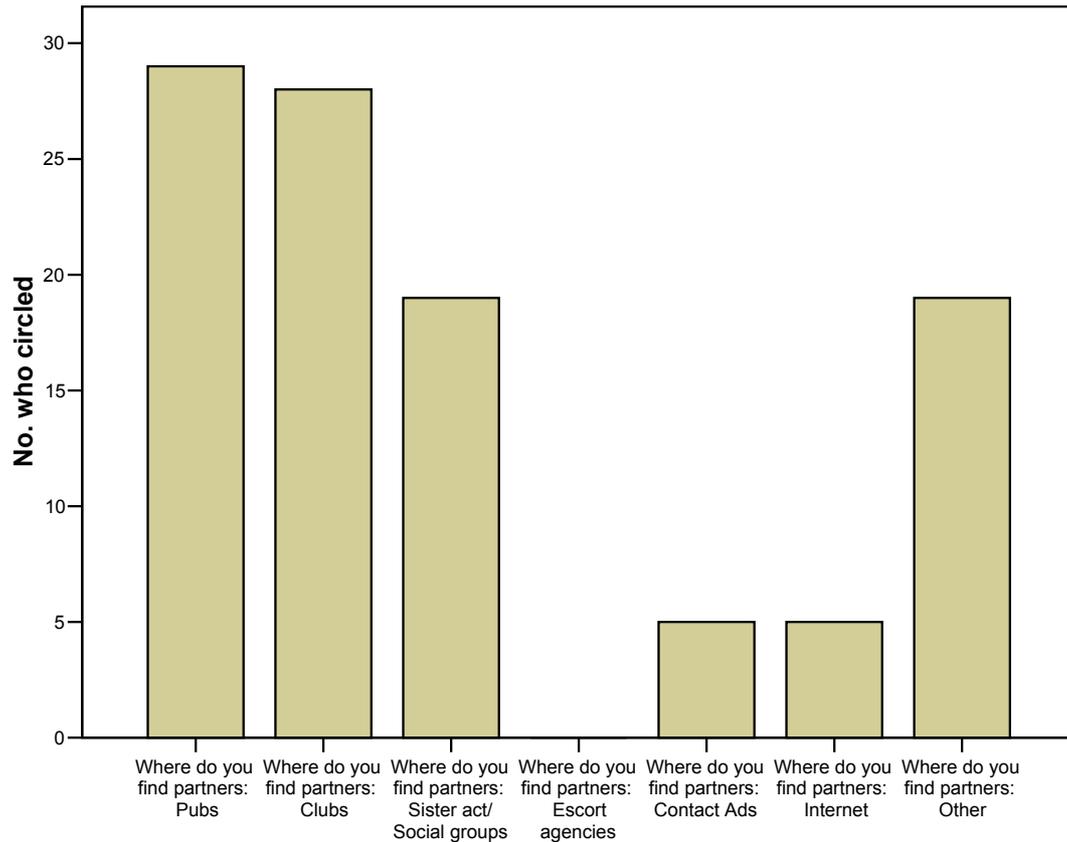
relationships with men first before having sexual relationships with women. It is interesting that when compared to the age of the participant, there is a significant relationship with the age of first homosexual partner ($p=0.001$). The results seem to show a trend similar to the heterosexual population, that is that homosexual/bisexual women are having their first sexual experience at a younger age than their older counterparts. This probably reflects societal changes in attitudes towards sex and homosexuality.



In terms of sexual experiences with men, 72.9% of respondents had done so at the average age of 17.7 (mode =17). When this is compared with the age of the first sexual experience with a woman there is a relationship, with those having had their first sexual experience with a man at a younger age having their first sexual experience with a woman at a younger age ($p=0.001$). This is again related to the age of the respondent in the same way that sex with a woman is. It is also interesting to note that of those who have had sex with a man, it usually preceded having sex with a woman and those that who had not had any sexual experience with a man tended to be younger than those who had.

Finding Sexual Partners

In this sample, most women reported finding their sexual partners in pubs and clubs, no women reported using escort agencies. It must be noted that many respondents did not answer this question as they were in a relationship so thought that it did not apply.



Unwanted sexual attention

Questions were asked on ‘do straight men ever pressure you to have sex’ and ‘have you ever had sex when you didn’t want to’. The results show that 25% of respondents felt pressured by straight men to have sex and some commented ‘with their partner’.

32.5% of this sample reported that they had had sex when they didn’t want to. Many did not give details of this, but rape was mentioned more than once. A common reason was also feeling pressured when their partner wanted to but they did not.

Summary and Implications for Service Planning and Delivery

Services for young Lesbian and Bisexual women

The data suggest that, as with the national population, young lesbian and bisexual women are having sex at a younger age. Although the younger age groups are under represented in this study, 82% of this sample reported that homosexuality was not discussed at school by teachers as part of sexual health education or otherwise, and when it was, only 1 respondent reported that this was done so positively. There is a clear need for better school age sexuality education and sexual health information. In particular, the assessment suggest the following actions:

- Continue to invest in social and support services for young people who are coming out, and advertise services through LGBT venues and a wide range of other settings including schools and youth groups.
- To develop links between schools and LGBT youth organisations.
- To work using a multi-agency approach to ensure appropriate schools-based sexual health education that recognises the needs of those who are in, or may enter same sex relationships.
- There is a need to support the development of work around homophobia and sexuality within local schools.

Drugs and Alcohol

Despite the high educational and employment attainment of this sample, reported alcohol and recreational drug use was higher than would be expected in the general population. The following actions were suggested:

- The need to develop multi-agency approaches in raising awareness of drug and alcohol issues within the LGBT community.
- The development of community appropriate materials.

Mental Health

The rates of mental illness in this sample were higher than the general population, and higher than would be expected for a sample of women. The conditions that were identified as being the most prevalent were anxiety and depression. The following actions are suggested:

- To work with other existing networks to seek funding to develop support and counselling services.

- To conduct further research to identify clear needs and a more in-depth understanding of this group's mental health needs.
- To develop campaign and awareness work around mental health issues within community settings.

Sexual protection for lesbian and bisexual women

The data in this survey show a clear need for better and more appropriate information for lesbian and bisexual women regarding their sexual health and a need to raise awareness of the sexual health services that are available to them. The following actions are suggested

- Development of sexual health information that is specific to lesbian and bisexual women.
- Sign-posting of services available to lesbian and bisexual women, in particular, towards where free female contraceptives and lubricant can be obtained.

Sexual health services

Very few women in this sample had ever used GUM or sexual health services (32%). Although lesbian and bisexual women may be in a lower risk group than other groups within society, the benefits of regular check ups and self checks should be promoted. Most women in this sample seemed unaware that sexual ill health may affect them as their partner was female. The following actions are suggested:

- Raise awareness of sexual health services for lesbian and bisexual women. and campaign on the benefits of regular check ups.

Loneliness, Isolation and Community

Of the women in this sample, 38% felt excluded from things because of their sexuality and many felt isolated at times. From comments on the questionnaires it would seem that there is a need for more regular social activities for lesbian and bisexual females in relationships. The following actions are suggested:

- To build on the LGBT Network concept in Cambridgeshire and to seek funding for a development worker, with the role of supporting community development and the growth of the Network.

References

Breakwell, G.M., Hammond, S., and Fife-Shaw, C., (eds.) (1995). *Research Methods in Psychology*. SAGE Publications, UK.

Department of Health, (2001). *The national strategy for sexual health and HIV*. Crown Copyright, UK.

Henderson, L., Reid, D., Hickson, F., McLean, S., Cross, J., and Wetherburn, P., (2002). *First, Service -Relationships, sex and health among lesbian and bisexual women*. Sigma Research, UK.

Hickson, F., Wetherburn, P., Reid, D., and Stephens, M., (2003). *Out and about –Findings from the United Kingdom Gay Men’s Sex Survey 2002*. Sigma Research, UK.

Marrazzo JM. Barriers to infectious disease care among lesbians. *Emerging Infectious Diseases* [serial on the Internet]. 2004, Available from <http://www.cdc.gov/ncidod/EID/vol10no11/04-0467.htm>

Marrazzo JM, Stine K, Wald A., (2003) Prevalence and risk factors for infection with herpes simplex virus type-1 and -2 among lesbians. *Sex Transmitted Diseases*, 2003 30(12):890-5.

Reid, D., Wetherburn, P., Hickson, F. and Stephens, M., (2002). *Know the score –Findings from the National Gay Men’s Sex Survey 2001*. Sigma Research, UK.

Association of Lesbian and Gay Addiction Professionals, (2002). *Alcohol, Tobacco and Other Drug Problems & LGBT Individuals*, Web Site (www.nalgap.org).

Warner, J., McKeown, E., Griffin, M., Johnson, K., Ramsay, A., Cort, C., & King, M. (2004). *Rates and predictors of mental illness in gay men, lesbians and bisexual men and women*. *The British Journal of Psychiatry* (2004) **185: 479-485**

Office of National Statistics (2003/4) *Census 2001*. Office of National Statistics, London, UK.