

# Lesbian & Bisexual Women's Sex Survey

Sigma Research is a University-affiliated unit based in Brixton. • This survey is about sex between women • It is ANONYMOUS - please do not write your name on this form • The questions are FRANK and EXPLICIT • Please answer honestly • This national survey is happening at Pride events throughout the summer of 2000 – PLEASE FILL THIS FORM IN ONLY ONCE • The information will be used in the development of women's sexual health services.

1. **What term do you usually use to describe yourself sexually?** (Tick one)

- Lesbian                       Bisexual  
 Gay                               Dyke  
 I don't usually use a term  
 Any other term *specify*: \_\_\_\_\_

2. **How old are you?**  years

3. **What is your ethnic group?** (Tick one)

- Chinese                        
Asian/Asian British       Indian  
    Pakistani  
    Other - *specify*: \_\_\_\_\_  
Black/Black British       Caribbean  
    African  
    Other - *specify*: \_\_\_\_\_  
White                          Irish  
    British  
    Other - *specify*: \_\_\_\_\_  
Mixed ethnic group       *Specify*: \_\_\_\_\_  
Other                          *Specify*: \_\_\_\_\_

4. **What country were you born in?**

\_\_\_\_\_

5. **Who do you live with?** (tick as many as apply)

- I live by myself       female partner  
 male partner             parents  
 friends                     children  
 other family members - *who*? \_\_\_\_\_  
 other - *who*? \_\_\_\_\_

6. **Which Local Authority do you live in?**  
(who sends your household the Council Tax bill?)

\_\_\_\_\_

If you don't know your local authority, write in your HOME POSTCODE or the city/town you live in. If you live outside the UK, write in your country of residence.

7. **In the LAST YEAR how many DIFFERENT WOMEN have you had sex with?**

**Of those, how many were casual sexual partners?**

8. **Where did you meet any new female sexual partners you've had in the LAST YEAR?** (Tick as many as apply)

- I've not met any new sexual partners in the last year  
 At a regular social group  
 Through personal ads  
 On the Internet  
 In a pub / club  
 Sex clubs  
 At a private party  
 Saunas  
 Work  
 Other - *specify*: \_\_\_\_\_

9. **In the LAST YEAR how many DIFFERENT MEN have you had sex with?**

**Of those, how many were casual sexual partners?**

10. **Are you currently in a regular sexual relationship?**

- No → PLEASE GO TO QUESTION 15 OVERLEAF  
 Yes, with a woman  
 Yes, with a man  
 Yes, with both a woman and a man  
 Other *please specify*: \_\_\_\_\_

11. **How long have you and your main partner been together?**

\_\_\_\_\_ years \_\_\_\_\_ months      **is this partner...**  
 a woman       a man

12. **How long had you known your current partner before the two of you first had sex?** (Tick one)

- Years                       Days  
 Months                     Hours  
 Weeks                       Minutes

13. **How long has it been since you had sex with someone other than your main partner?**

\_\_\_\_\_ years \_\_\_\_\_ months      **was this other partner...**  
 a woman       a man

14. **What would make your relationship better?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We are asking the following questions on behalf of Flame TV who are making a documentary for Channel 4's Dispatches programme. We are asking the same questions of gay and bisexual men in another survey.

15. **Have you EVER suffered physical, sexual or mental abuse or violence from ANY REGULAR FEMALE sexual partner?** (Tick one)

- No → PLEASE GO TO QUESTION 21 OPPOSITE  
 Yes

16. **Have you ever been in a relationship where you have suffered abuse MORE THAN ONCE OVER A PERIOD OF TIME?** (Tick one)

- No → PLEASE GO TO QUESTION 21 OPPOSITE  
 Yes, the relationship I'm in now  
 Yes, in the last year  
 Yes, in the last five years  
 Yes, over five years ago

17. **In how many different regular relationships have you repeatedly suffered abuse?**

(If this has happened to you in more than one relationship, please answer the following questions for the most recent relationship it occurred in)

18. **Over what length of time did you suffer abuse in that relationship?** (please write in the number of days / months / years)

\_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years

19. **In that relationship, were you...**  
(Please tick as many as apply)

- Sexually abused / forced to have sex  
 Physically attacked or hit  
 Physically injured, including bruising  
 Physically injured, needing medical attention  
 Regularly insulted, put down or belittled  
 Isolated from friends and/or family  
 Monitored or checked-up on all the time  
 Ever in fear of your life  
 Other types of abuse  
*please say what* \_\_\_\_\_

20. **Have you reported any of the abuse in that relationship to the police?**

- No, never  
 Yes, I reported it once  
 Yes, I reported it more than once

21. **In the last MONTH, how many DIFFERENT TIMES HAVE YOU HAD SEX with a woman (or women)?**

22. **For you, was that amount of sex...**

- Too little  
 About right  
 Too much

23. **Are you currently happy with your sex life?**

- Yes → PLEASE GO TO QUESTION 25 BELOW  
 No

24. **Why are you not happy with your sex life?**

(Please tick as many as apply)

- I'm not having any sex at all  
 I'd like more female sexual partners  
 I'd like more male sexual partners  
 I'd like more sex with my current sexual partner  
 My health problems interfere with sex  
 My partner's health problems interfere with sex  
 I have problems having orgasms during sex  
 I have problems in my relationship  
 My sex drive is too low  
 My partner's is drive is too low  
 Other reasons

*please specify:* \_\_\_\_\_

25. **What do you value most about having sex with women?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. **In the LAST YEAR, have you avoided same-sex affection in public because of fear of the consequences?**

- No  
 Yes → **What were you afraid of happening?**

\_\_\_\_\_  
\_\_\_\_\_

27. **Who's the sexiest woman on earth?**

\_\_\_\_\_

**THANKS FOR YOUR TIME!  
PLEASE FOLD AND POST THIS  
FORM IN ONE OF THE SEALED BOXES**