# WOMEN IN CONTACT WITH THE SYDNEY GAY AND LESBIAN COMMUNITY: 

## REPORT OF THE SYDNEY WOMEN AND SEXUAL HEALTH (SWASH) SURVEY 2006, 2008, 2010 AND 2012

Julie Mooney-Somers, RachelM. Deacon, Jude Comfort, Juliet Richters, Nicolas Parkhill
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Hardcopy - ISBN: 978-1-74210-321-1
Electronic copy - ISBN: 978-1-74210-322-8
This report is based on the 2012 round of the Sydney Women and Sexual Health (SWASH) survey, which was run by Julie Mooney-Somers (Centre for Values, Ethics and the Law in Medicine, University of Sydney) and Rachel Deacon (Discipline of Addiction Medicine, University of Sydney). During the 2012 survey, Nicolas Parkhill was the CEO at ACON.

## Copies of this report are available from ACON:

Telephone: + 61 (0)2 92062000
Email: acon@acon.org.au
Website: www.acon.org.au

## Queries about the research should be addressed to:

Dr Julie Mooney-Somers
Centre for Values, Ethics and the Law in Medicine (VELiM), University of Sydney
Telephone + 61 (0)2 90363412
Email: Julie.MooneySomers@sydney.edu.au

## Acknowledgments

SWASH owes a deep debt of gratitude to ACON, particularly the staff in Policy, Strategy and Research and the staff and volunteers in the Lesbian and Same Sex Attracted Women's Health Project, for continued practical and financial support. This research could not have happened without their commitment, enthusiasm and contacts. We thank all the women who completed the questionnaire.

ACON (formerly the AIDS Council of NSW) is NSW's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides HIV prevention, health promotion, advocacy, and care and support services to members of those communities including Indigenous people, people who inject drugs, sex workers and to all people living with HIV/AIDS.

## Designer:

Emily Spencer

## Suggested citation:

Mooney-Somers, J, Deacon, RM, Comfort, J, Richters, J, Parkhill, N (2013) Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010 and 2012. Sydney: ACON \& VELiM, University of Sydney.
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The Sydney Women and Sexual Health (SWASH) survey is run by a collaboration of ACON and researchers at the University of Sydney (prior to 2009, researchers were based at the University of New South Wales). It was first carried out in 1996, initiated by workers from two ACON projects, Women Partners of Gay and Bisexual Men and the Gay and Lesbian Injecting Drug Use Project, who were faced with a lack of empirical evidence on which to base their intervention work. The survey is regularly revised to reflect the needs of the community and knowledge deficits identified through research literature. Over its lifetime, SWASH has become a comprehensive survey of sexual health and wellbeing, violence, mental health and levels of psychological distress, and a number of other important health issues relevant to lesbian, bisexual and queer (LBQ) women, such as tobacco use, illicit druǵ use, alcohol consumption, and cancer screening behaviours. Where possible, questions have been used from established national surveys such as the Australian Health Survey, National Drug Strategy Household Survey, Australian Study of Health and Relationships, and Australian Longitudinal Survey of Women's Health.

While research on LBQ women's health and wellbeing has increased since the birth of the survey, epidemiological data on sexual health, mental health, experiences of abuse and violence and behaviours such as screening, illicit drug use, alcohol and smoking that can leave women vulnerable to adverse health outcomes, is still inconsistent. Moreover, as long as the inclusion of sexuality questions in large epidemiological surveys remains patchy or data is reported only by sexuality and not by sexuality and gender, SWASH provides a unique and important source of health-related information about Australian LBQ women. This report presents results from surveys conducted at the Sydney Gay and Lesbian Mardi Gras Fair Day and other community events and venues during the Sydney Gay and Lesbian Mardi Gras seasons in 2006, 2008, 2010 and 2012.

## 2012 Key Findinǵs

Sample: 9835 participants returned valid questionnaires; $52 \%$ at Sydney Gay and Lesbian Mardi Gras Fair Day, 48\% at other lesbian, gay, bisexual, trans* and queer (LGBTQ) social venues and events.

Demographics: The aǵe range was $16-76$ years (median aǵe 32 years) and $73 \%$ had post-school education. 61\% were employed full-time and $14 \%$ were students. $13 \%$ had dependent children and $13 \%$ were planning children in the coming two years. $52 \%$ lived in the city or Inner West of Sydney.

Sexual identity: 68\% thought of themselves as lesbian/ dyke/homosexual/gay, $13 \%$ as bisexual, and $12 \%$ as queer; $5 \%$ chose the 'other' category. Being in a regular sexual relationship with a woman was the most common experience (49\%).

Community engagement: 54\% felt very or mostly connected to the LGBTQ community in their everyday life.

Sexual relations with women: $95 \%$ had ever had sex with a woman; $77 \%$ had done so in the preceding six months. Among women who had had sex with a woman in the preceding six months, $70 \%$ reported one sexual partner.

Sexual relations with men: 63\% had ever had sex with a man; $15 \%$ had done so in the preceding six months. $21 \%$ had ever had sex with a man they knew to be gay or bisexual; 44 women had done so in the preceding six months, 5 of whom often had unprotected sex.

Sex work: 6\% had ever done sex work.

Pap smear tests: $16 \%$ had never had a Pap smear test, and a further $7 \%$ had their last screening more than three years ago. Women who had never had sex with a man were most likely to be overdue for screening.

# SWASH provides a unique and important source of health-related information about Australian Lesbian, bisexual and queer women. 

HIV/STI screening: Fewer women than ever before ( $41 \%$ ) had been tested for HIV; one woman reported being HIV-positive. $40 \%$ of women had never had an STI test, despite the vast majority being sexually active.

STI knowledge: $77 \%$ were aware that a person with a cold sore could give a partner genital herpes through oral sex, and $91 \%$ were aware that you can have an STI but not have any symptoms.

Tobacco: $33 \%$ were tobacco smokers, a substantially higher proportion than the general community; smoking was most common in 16 -24 year olds ( $42 \%$ ).

Alcohol: 83\% reported drinking alcohol; $53 \%$ consumed more than the NHMRC guidelines recommend to reduce the lifetime risk of alcohol-related disease or injury, while $20 \%$ drank at levels likely to put them at risk of alcohol-related injury on a single drinking occasion. Risky drinking was higher than in the general community.

Illicit drugs: In the preceding six months, 48\% had used one or more ilicit druğs including cannabis (32\%), ecstasy ( $23 \%$ ) and cocaine (17\%). Rates of drug use were much higher than in the general community.

Self-reported health status: While most women rated their physical health as good/very good/excellent, 12\% said their health was poor or fair.

Weight: While 47\% of women had a body mass index (BMI) in the healthy range, $39 \%$ were overweight or obese, and $11 \%$ were underweight.

Mental health: 9\% of women reported high psychological distress ( $17 \%$ of $16-24$ year olds); ; $51 \%$ had accessed psychological services and $34 \%$ had received a mental health diagnosis in the past 5 years.

Experiences of abuse and violence: $23 \%$ had ever experienced sexual coercion by a man, and $9 \%$ had ever experienced sexual coercion by a woman. $26 \%$ had ever experienced domestic violence with a female partner. 33\% had experienced some kind of anti-LGBTQ behaviour in the past year.

## Recommendations

## Tobacco use

- The rate of smoking among $L B Q$ women is twice the rate of women in the general population; this demands urgent public heath attention.
- Detailed exploration is required to understand why progressively successful anti-smoking campaigns and programs are not proving successful within this group of women. Targeted interventions to prevent young LBQ women taking up smoking may be needed.
- Examination of the role and efficacy of smoking cessation programs for LBQ women is necessary.


## Alcohol use

- LBQ women are at high risk of lifetime risk of alcoholrelated disease or injury, and are often drinking at levels that put them at risk of alcohol-related injury on a single drinking occasion.
- Further research is needed to understand the social and cultural context of alcohol use among LBQ women; this knowledge can inform targeted interventions.
- Levels of risky drinking among younger LBQ women demonstrate an urgent need for early interventions. Messages about responsible drinking should be integrated into existing programs delivered by LGBTQ community organisations, and community events that do not have an alcohol focus should be encouraged. LGBTQ community organisations need to address these issues including promotion of responsible drinking and review of alcohol sponsorship.


# There is a clear need to assist young women who are disproportionately represented in the high rates of drinking, smoking, illicit drug use and mental health distress... 

- SWASH only reports alcohol use; there is an urgent need for research on alcohol-related harms and the utilisation of treatment programs among this group.


## Illicit drug use

- LBQ women are using illicit druǵs at rates several times higher than women in the general community, demonstrating an urgent need for interventions tarǵeted to LBQ women.
- Without a sophisticated understanding of the drivers of illicit drug use in LBQ women and the LGBTQ community more broadly, and the conditions under which these practices become problematic, interventions are unlikely to succeed.
- Research is needed to understand LBQ women's utilisation of and satisfaction with druğ treatment proǵrams, as well as treatment outcomes.


## Sexual Health

- Those desiǵning STI prevention proǵrams need to be aware that a significant proportion of women who do not identify as heterosexual are having sex with men and consider the reach of their programs; LBQ women may not respond to health promotion campaigns directed at assumed heterosexual audiences.
- STI prevention programs need to address skill development among LBQ women to support successful negotiation of safe and satisfying sexual relationships with all sexual partners.
- LBQ community perceptions and awareness of sexual health issues is a poorly understood area requiring urgent research to assist in informing preventive practice.


## Prevention-related screening

- Efforts to raise awareness of cervical cancer and the need for all women to have Pap smear test regularly must continue. The message that a history of sex with men is not a prerequisite for a Pap smear test is particularly important for both LBQ women and their healthcare providers.
- STI testinǵ campaiǵns and resources tarǵeting LBQ women about their sexual health, risks and the need for testing are required.
- The need continues for the development of education and capacity building strategies targeting primary healthcare providers that focus on building their understanding of the screening needs of LBQ women. This must also include information on creating culturally sensitive environments that encourage open dialogue around sexual health and behaviour, including LBQ women's sexual activities with men.


## Health indicators

- Public health programs on weight, exercise and diet need to target and be accessible to LBQ women, and sensitively engage with LGBTQ communities around the health impacts of these issues.
- The development of and pilot testing of healthy lifestyle programs and messages that address weight, physical activity, diet, mental health and drug use for LBQ women is recommended.


## Mental Health

- There is a clear need to assist young women who are disproportionately represented in the high rates of drinking, smoking, illicit drug use and mental health distress within this sample. Programs aimed at improving the social and emotional wellbeing of this group, including strategies around 'coming out' and self-acceptance, may well prove important to an eventual decline in behaviours that present health risks.
- Further investigation is required to understand the utilisation of mental health services in this group of women: Who is providing these services? Are women receiving the services they desire? What are the outcomes of treatment for LBQ women?


## Experiences of abuse and violence

- Increased capacity is required in the provision of support services around domestic violence to respond to LBQ women and to understand their crisis and longer term needs. This includes support to report to law enforcement aǵencies.
- Campaigns that raise awareness of domestic violence in lesbian relationships are still needed.
- Further research is required to better understand the dynamics of lesbian relationships and the contexts of domestic violence in order to inform culturally appropriate and sensitive responses.


## Engaging with LBQ women around health

- We need to know more about the patterns of engagement among LBQ women and with the wider LGBTQ communities.
- There are likely to be many LBQ women who are not connected to the LGBTQ community either by choice or because they are not comfortable identifying with this group, and program reach to this group needs additional consideration.
- As 'E-health' gains more prominence, it is important to know more about how LBQ women access information online, particularly in regions that do have the population to sustain dedicated physical spaces for LBQ women. This information will improve the future effectiveness of health promotion, prevention messages or early interventions to this group.


## Conclusion

SWASH provides a snapshot of LBQ women's health in Sydney. It hiģhlights several areas of particular concern - which have persisted over time - where mainstream preventive health interventions that are inclusive of this group or targeted LBQ interventions are needed.
Given the higher rates of health risk factors such as alcohol, tobacco, and other drugs repeatedly found in this population, we expect to see a concomitant increase in rates of lifestylerelated illness. We are very concerned that this data is not being collected at a population level. In a recent discussion paper, the National LGBTI Health Alliance note that " $[t]$ he decision to include (or not include) LGBTI Australians in particular policies is often made on the basis of the available data.... in areas such as general health research, socioeconomic data, mortality data-sets, morbidity data-sets, same-sex attracted people, continue to be excluded from national statistics."(1)

A lack of systematic, nuanced research on the health and wellbeing of Australian lesbian, bisexual and queer (LBQ) women has been a siǵnificant barrier to understanding, recoǵnising and addressing their health needs. At worst, LBQ women's health needs have been largely ignored. At best, they have been considered to be synonymous with women's health. ${ }^{(2)}$ While sex between women is rarely a health risk in itself, a range of social, psychological and economic factors mean that this minority group has worse health outcomes than their heterosexual peers. Stigma, family and community rejection and discrimination can impact on health and wellbeing, the delivery of health services, and women's access to services. The inclusion of lesbian and bisexual women in the 2010 National Women's Health Policy ${ }^{(3)}$ was a timely recognition of persuasive international and local evidence that some health problems may be more prevalent, risk factors may be different, and interventions may need to be tailored to the needs of this group. With a focus on LBQ women's health, the long-running Sydney Women and Sexual Health (SWASH) project provides a much needed local evidence base to inform best practice in healthcare and prevention for chronic diseases, mental health and wellbeing, sexual and reproductive health and ageing. (4.8)

The first round of the SWASH survey was carried out in 1996 and has been run every two years since. It was initiated by workers from two ACON (formerly the AIDS Council of NSW) projects, Women Partners of Gay and Bisexual Men and the Gay and Lesbian Injecting Drug Use Project, who were faced with a lack of empirical evidence on which to base their intervention work. Concern had been voiced about the possibility of HIV spreading from gay men to the 'general community' so the first SWASH survey focused on sexual and injection-related HIV transmission risks. The survey was addressed to all women in social contact with the gay and lesbian communities in Sydney. In the succeeding years, the focus shifted from sex with men to lesbian sexual practice, and questions on hepatitis $\mathrm{A}, \mathrm{B}$ and C were added; later questions were added about knowledge of sexually transmissible infections (STls), Pap smear test, testing for STls, tobacco smokinǵ, and illicit drug use. More recently, questions about domestic violence, experiences of anti-LGBTQ behaviour, and self-report measures of physical health, mental health, alcohol consumption, and
height and weight were added. The shift in focus since the survey's inception in 1996 extended the reach of SWASH to a broader survey of the health of women in and around Sydney's lesbian, gay, bisexual, transgender and queer (LGBTQ) and communities. SWASH is now the longest running and only regular survey of LBQ women's health and wellbeing in Australia (and probably the world). This important and unique resource on LBQ women's health and wellbeing is a selffunded partnership between a community-based NGO and its university partners.

This report presents results from the 2012 survey with 2006, 2008 and 2010 data presented for comparison; the format follows previous survey iterations. ${ }^{(4,6,8)}$ Slight changes in sampling and questions between iterations mean that differences between the years cannot be attributed solely to change over time. We make note of changes in questions and years when particular questions were not asked.

# The first round of the SWASH survey was carried out in 1996 and has been run every two years since. 

In February 2012 a two-paǵe self-complete questionnaire was distributed to women attending the Gay and Lesbian Mardi Gras Fair Day at Victoria Park in inner western Sydney. The questionnaire included items on demographics; sexual and gender identity; community connection; smoking, alcohol and drug use; sexual health; height and weight; psychological wellbeing; experiences of anti-gay, sexual and domestic violence; parenthood intentions; preventive health behaviour; healthcare access and satisfaction; and knowledge questions on sexual health. Some survey questions were included in all four iterations; others appeared only once (e.s. a snapshot question on cancer diagnosis). See Appendices for copies of the questionnaires.

Results were entered from the coded questionnaires and loaded into Stata IC 11.0 software for analysis. Data were cleaned and checked for internal consistency and, where inconsistencies were found, checked against the questionnaires. Additional comments and answers to openended questions were transferred from the questionnaires. The analysis presented here is primarily descriptive, with cross-tabs and t-tests to confirm siǵnificant differences between subgroups; p values were calculated using Pearson's chi-square statistic or Fisher's exact test where appropriate (i.e. where the 'expected' number was very small).

The non-answer rate for some questions was high, especially those requiring writing a word or phrase rather than simply ticking a box. We assume that many respondents simply left a question blank when it did not apply to them, rather than ticking the 'no' response. For this reason, percentages have generally been calculated in this report on the total sample, not on the question-specific response rate, which would have inflated the 'yes' percentages. Readers can take the 'yes' percentages given as lower-bound estimates and judge for themselves whether to interpret the missing people as likely to be similar to the respondents or likely to mean 'no' or 'not applicable'. Exceptions to this are tables reporting summaries of questions where women could select more than one item, and tables reporting sub-samples.

### 3.1. Recruitment

As in previous years, the primary recruitment site in 2012 was the Mardi Gras Fair Day. Additional recruitment took place at other lesbian, bisexual and queer venues, and at social events during the Mardi Gras season (over February and March). In 2010 we used targeted recruitment to selected LGBTQ organisations to over-sample older women and women living in the western suburbs; in 2008 recruitment occurred only at Fair Day; in 2006 recruiters at Fair Day wore caps with the slogan 'Secret lesbian business' which appeared to sample a lower number of bisexual and queer/other women; between 1996 and 2006 clinics and needle and syringe programs were also recruitment sites; ${ }^{(4)}$ Questionnaires were offered to everyone identifying as a woman who was willing to respond. Because of practical difficulties, refusal rates were not calculated. Recruitment takes place in public spaces and entertainment venues, so women who wish to avoid completing the questionnaire can easily do so. Few women explicitly refused a verbal offer to contribute.

## Younger women were more likely than older women to identify as bisexual, queer or other, and less likely to identify as lesbian.

It is impossible to calculate a response rate for SWASH. Very few women decline the invitation to participate but it is easy for women in recruitment sites to avoid the survey recruiters. Reflecting the decision taken for the 2004 survey report,,(6) responses of women who identified as heterosexual have not been included in this report. While women who identify as straight may still have sex with women, most of these respondents did so only rarely (of the 147 heterosexual women who responded to the 2012 survey, 28 had ever had sex with a woman, only six in the last six months). Thus, this report focuses on LBQ women. Table 1 summarises the valid responses by recruitment venue. For the first time in 2012, we asked women if they had ever completed the SWASH survey in previous years (Table 2). Contrary to our expectations, only $18 \%$ had done.

| Table 1: Recruitment venues |  |  |  |  |
| ---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
| $n(\%)$ | $n(\%)$ | $n(\%)$ | $n(\%)$ |  |
| Fair Day | $461(47.9)$ | $1013(100)$ | $689(71.5)$ | $437(52.3)$ |
| Social <br> venues/ <br> events | $286(29.7)$ | - | $216(22.4)$ | $398(47.7)$ |
| Group | $204(21.2)$ | - | $59(6.1)$ |  |
| Health | $11(1.2)$ | - | - |  |
| Clinics |  |  |  |  |
| Total | $962(100)$ | $1013(100)$ | $964(100)$ | $\mathbf{8 3 5 ( 1 0 0 )}$ |

### 4.1. Sample Characteristics

### 4.1.1. Age

The aǵe range was $16-76$ years, with a median aǵe of 32 (2006 range was $16-68$ years, median aǵe 33 ; 2008 range was 16-69 years, median age $31 ; 2010$ range was $17-81$, median age 31 ). Figure 1 compares the proportion of respondents in 5 -year age categories over the three surveys. The category with the largest number of respondents has consistently been the 25-34 years age group. Despite some variation in recruitment sites over the four iterations, there has been relatively little variation in the proportion of women in each age group.

Figure 1: Age distribution of sample


### 4.1.2. Sexual identity and attraction

In 2012 we kept the response option 'queer' - added in 2010 - in the question 'Do you think of yourself primarily as: Lesbian/dyke/homosexual/gay, Bisexual, Heterosexual/ straight, Other (please specify)?'. We did this to reflect the siggnificant proportion of women in previous years who ticked 'other' and wrote 'queer'. This change likely accounts for the drop in the number of women selecting 'other' in 2012 and 2010, compared to 2008 (Table 3). However, to allow easy comparison we have collapsed 'queer' and 'other' in further analyses. Across the four iterations of the survey, there has been a significant drop in the proportion of women identifying as lesbian, from $86 \%$ to $68 \%$ ( $p<0.001$ ).

Some women resisted sexual categorisation, making comments such as 'label free' or 'no specific label' or 'many of the above' or 'myself'. Several respondents identified their sexual identity as 'transgendered.' Tension between identity labels and practice was evident in a few replies, such as the woman who ticked 'lesbian' and added 'sometimes bi ©'. Throughout this report, when women are referred to as lesbian, bisexual, etc., it is this self-description that is being used, whatever their reported sexual behaviour.

| Table 3: Stated sexual identity |  |  |  |  |
| ---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |
| Lesbian/ | $828(86.1)$ | $773(76.3)$ | $726(75.3)$ | $570(68.2)$ |
| homosexual |  |  |  |  |
| Bisexual | $84(8.7)$ | $122(12.0)$ | $101(10.5)$ | $110(13.2)$ |
| Queer ${ }^{1}$ | - | - | $91(9.4)$ | $103(12.3)$ |
| Other | $50(5.2)$ | $105(10.4)$ | $33(3.4)$ | $44(5.3)$ |
| Not reported | $0(0.0)$ | $13(1.3)$ | $13(1.4)$ | $8(1.0)$ |
| Total | $962(100)$ | $1013(100)$ | $964(100)$ | $835(100)$ |
| The option 'queer' was introduced in 2010 |  |  |  |  |

Age and sexual identity have been correlated in each SWASH survey since it began in 1996. Younger women were more likely than older women to identify as bisexual, queer or other, and less likely to identify as lesbian (Figure 2).

Figure 02: Sexual identity by age group


In 2012, the median age of lesbian women was 34 years, of bisexual women 29 years, and of queer and other women 30 years (Table 4). Althouğ women under 25 years only constituted $19 \%$ of the sample, $30 \%$ of the bisexual women were in the $16-24$ year age group. Nearly one quarter ( $23 \%$ ) of the queer or other identifying women were also in this youngest age group; together with the higher proportion of bisexual women this may also reflect a greater acceptance of queer and fluid identities in the younger age groups.

| Table 4: Mean and median age, by sexual identity |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Lesbian | Bisexual | Queer/ Other | Not reported |
|  | Mean (median) | Mean (median) | Mean (median) | Mean (median) |
| 2006 | 35 (34.0) | 29 (26.5) | 32 (31.0) | 1 |
| 2008 | 33 (32.0) | 29 (27.5) | 30 (28.0) | 36 (34.0) |
| 2010 | 34 (33.0) | 28 (25.0) | 31 (28.0) | 40 (38.0) |
| 2012 | 35 (34.0) | 30 (29.0) | 32 (30.0) | 36 (35.0) |
| ${ }^{1}$ Respondents who did not indicate a sexual identity were excluded from the dataset in 2006. |  |  |  |  |

We also asked about sexual attraction to women and men. After 147 heterosexual-identifying women were excluded from the sample, all but 2.4\% of respondents indicated at least some attraction to women, though only $28 \%$ indicated exclusively same-sex attraction. As Table 5 shows, not everyone felt sexual attraction exclusively or even mostly to women, even in this sample of women who were in contact with and recruited through LGBTQ community venues and functions, and 77\% of whom had been sexually active with a woman in the preceding six months (and 95\% in their lives). As would be expected, lesbian-identified women were most likely to say they were attracted only or mostly to women (96\%), followed by queer or other women (65\%), and then bisexual women (28\%). The decrease in exclusive attraction to women ( $38 \%$ in 2006 to $29 \%$ in 2012) is striking and parallels the decrease noted earlier in lesbian-identifying women in the sample.

| Table 5: Sexual attraction to males and females |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
| ("I have felt sexually attracted to") |  |  |  |  |
|  | 2006 | 2008 | 2010 | 2012 |
| $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |  |
| Only to <br> females | $367(38.2)$ | $399(39.4)$ | $343(35.6)$ | $238(28.5)$ |
| More often <br> to females | $475(49.4)$ | $454(44.8)$ | $475(49.3)$ | $434(52.0)$ |
| Equally often <br> to both | $71(7.4)$ | $99(9.8)$ | $102(10.6)$ | $100(12.0)$ |
| More often <br> to males | $24(2.5)$ | $30(3.0)$ | $25(2.6)$ | $42(5.2)$ |
| Only to <br> males | $1(0.1)$ | $3(0.3)$ | $4(0.4)$ | $7(0.8)$ |
| To no one <br> at all | $5(0.5)$ | $5(0.5)$ | $3(0.3)$ | $3(0.4)$ |
| No answer | $19(2.0)$ | $23(2.3)$ | $12(1.2)$ | $10(1.2)$ |
| Total | $962(100)$ | $1013(100)$ | $964(100)$ | $835(100)$ |

### 4.1.3. Transgéender respondents

In 2012, 36 respondents (4\%) indicated that they were transǵender (Table 6). The number of transgender respondents in the survey has increased since 2006, but overall the proportion remains low. For this reason, transgender people are included with the whole sample in the analyses that follow.

| Table 6: Transgender and transsexual respondents ("Are you transgender or transsexual?") |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| No | 925 (96.2) | 970 (95.8) | 925 (96.0) | 791 (94.7) |
| Yes | 11 (1.1) | 25 (2.5) | 31 (3.2) | 36 (4.3) |
| $\begin{array}{r} \text { Not } \\ \text { reported } \end{array}$ | 26 (2.7) | 18 (1.8) | 8 (0.8) | 8 (1.0) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

### 4.1.4. Children

In 2012, 13\% said they had dependent children, a similar proportion to other years (Table 7). Some women who are biological mothers or co-parents may no lonǵer have dependent children if the children have left home and are selfsupporting; their status as parents is not reflected here.

| Table 7: Dependent children (birth or co-parent) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| No | 814 (84.6) | 892 (88.1) | 816 (84.7) | 717 (85.9) |
| Yes | 137 (14.2) | 119 (11.8) | 139 (14.4) | 106 (12.7) |
| Not reported | 11 (1.1) | 2 (0.2) | 9 (0.9) | 12 (1.4) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

## The decrease in exclusive attraction to women ( $38 \%$ in 2006 to $29 \%$ in 2012) is striking...

One hundred and six women (13\%) said they were planning to have children in the next two years, with a further 142 women (17\%) reporting they were not sure (Table 8). The vast majority of women ( $78 \%$ ) considering children in the coming two years did not already have dependent children.

| Table 8: Planning to have children in next two years |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| No | 699 (72.7) | 676 (66.8) | 677 (70.2) | 568 (68.0) |
| Yes | 100 (10.4) | 156 (15.4) | 129 (13.4) | 106 (12.7) |
| Not sure | 149 (15.5) | 153 (15.1) | 145 (15.0) | 142 (17.0) |
| Not reported | 14 (1.5) | 28 (2.8) | 13 (1.4) | 19 (2.3) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

### 4.1.5. Social attachment to the LGBTQ community

This sample of women was highly attached to the LGBTQ communities. Of the 835 respondents, $93 \%$ said that at least a few of their friends were lesbian women, gay men or bisexual, transǵender or queer people (Table 9).

| Table 9: Number of friends who are LGBTQ |  |  |
| :---: | :---: | :---: |
|  | 2010 | 2012 |
|  | n (\%) | n (\%) |
| None | 23 (2.4) | 21 (2.5) |
| A few | 127 (13.2) | 118 (14.1) |
| Some | 285 (29.6) | 230 (27.5) |
| Most | 471 (48.9) | 399 (47.8) |
| All | 38 (3.9) | 26 (3.1) |
| Not reported | 20 (2.1) | 41 (4.9) |
| Total | 964 (100) | 835 (100) |

Since 2010, we have asked how connected respondents felt to LGBTQ community in their everyday life. Unsurprisingly for a sample that is generated through attendance at LGBTQ community events levels of connection were high, with over half reporting they felt mostly or very connected in their everyday lives (Table 10).

| Table 10: Connection to LGBTQ community, by sexual identity $(2010,2012)$ |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Lesbian <br> n (\%) | Bisexual <br> n (\%) | Queer/ Other $\mathrm{n}(\%)$ | Not reported n (\%) | $\begin{aligned} & \text { Total } \\ & \mathrm{n}(\%) \end{aligned}$ |
| 2012 |  |  |  |  |  |
| Very | 126 (22.1) | 15 (13.6) | 41 (27.9) | 0 (0.0) | 182 (21.8) |
| Mostly | 182 (31.9) | 29 (26.4) | 60 (40.1) | 1 (12.5) | 272 (32.6) |
| Somewhat | 183 (32.1) | 35 (31.8) | 36 (24.5) | 1 (12.5) | 255 (30.5) |
| Rarely | 54 (9.5) | 15 (13.6) | 7 (4.8) | 1 (12.5) | 77 (9.2) |
| Not at all | 20 (3.5) | 13 (11.8) | 3 (2.0) | 2 (25.0) | 38 (4.6) |
| $\begin{array}{r} \text { Not } \\ \text { reported } \end{array}$ | 5 (0.9) | 3 (2.7) | 0 (0.0) | (37.5) | 11 (1.3) |
| Total | 570 (100) | 110 (100) | 147 (100) | 8 (100) | 835 (100) |
| 2010 |  |  |  |  |  |
| Very | 147 (20.3) | 9 (8.9) | 34 (27.4) | 3 (23.1) | 193 (20.0) |
| Mostly | 230 (31.7) | 22 (21.8) | 41 (33.1) | 1 (7.7) | 294 (30.5) |
| Somewhat | 221 (30.4) | 43 (42.6) | 35 (28.2) | 3 (23.1) | 302 (31.3) |
| Rarely | 79 (10.9) | 16 (15.8) | 4 (3.2) | 1 (7.7) | 100 (10.4) |
| Not at all | 44 (6.1) | 8 (7.9) | $9(7.3)$ | 2 (15.4) | 63 (6.5) |
| $\begin{array}{r} \text { Not } \\ \text { reported } \end{array}$ | 5 (0.7) | 3 (3.0) | 1 (0.8) | 3 (23.1) | 12 (1.2) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |

## The SWASH sample has always been well educated; the proportion of women who have post-school qualifications has increased gradually..

To better understand what activities contributed to feelings of connection to LGBTQ communities, in 2012, we asked women: "What makes you feel connected to a LGBTQ community?" Table 11 summarises the responses. Socialising at home and at LGBTQ venues were the most important sources of community connection, $66 \%$ and $62 \%$ of respondents respectively.
The majority of respondents reported spending time with a partner ( $59 \%$ ) and attending community events ( $55 \%$ ) were very or mostly important sources of community connection. Socialising online was reported as important by a surprisinǵly low proportion, with nearly as many people reporting online socialising was not important or not applicable (24\%) as reported it was very or mostly important (30\%). The most popular other sources of community connection reported by women via a free text question were: activism ( $n=17$ ), community groups $(n=11)$ and media $(n=10)$.

| Table 11: Sources of connection to LGBTQ community (2012) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Very/mostly <br> n (\%) | Somewhat <br> n (\%) | Rarely <br> n (\%) | Not at all/n/a n (\%) | Not reported n (\%) |
| Hanging out at home with LGBTQ friends and family | 551 (66.0) | 169 (20.2) | 31 (3.7) | 40 (4.8) | 44 (5.3) |
| Socialising with LGBTQ friends at LGBTQ venues | 514 (61.6) | 185 (22.2) | 64 (7.7) | 37 (4.3) | 35 (4.2) |
| Spending time with my LGBTQ partner | 489 (58.6) | 74 (8.9) | 32 (3.8) | 186 (22.3) | 54 (6.5) |
| Socialising with LGBTQ friends at mainstream venues | 388 (46.5) | 253 (30.3) | 105 (12.6) | 41 (4.9) | 48 (5.8) |
| Attending LGBTQ community events | 462 (55.4) | 207 (24.8) | 63 (7.5) | 57 (6.8) | 46 (5.5) |
| Having LGBTQ colleagues at work uni | 275 (32.9) | 200 (24.0) | 110 (13.2) | 195 (23.3) | 55 (6.6) |
| Socialising with LGBTQ friends online | 247 (29.6) | 177 (21.2) | 153 (18.3) | 202 (24.2) | 56 (6.7) |
| Playing sport with LGBTQ teams/ leagues | 198 (23.7) | 99 (11.9) | 89 (10.7) | 393 (47.0) | 56 (6.7) |

In the preceding six months, $85 \%$ (2006: 86\%; 2008: 93\%; 2010: 81\%) had attended at least one LGBTQ social group or venue (Table 12). Although an increase on 2010, attendance at all categories of events, bar community events, continues to suggest a downward trend. The drop in attendance may indicate a change in socialising habits. LBQ women may be attending more mixed-mainstream venues, and/or the availability of opportunities to attend women's nights, for example, may have decreased.


### 4.1.6. Education, employment and income

The SWASH sample has always been well educated; the proportion of women who have post-school qualifications has increased gradually from $64 \%$ in 2006 to $73 \%$ in 2012 (Table 13); $17 \%$ had a postǵraduate qualification. For comparison, 43\% of New South Wales women aged over 15 had post-school qualifications in 2011, with only 4\% having a postǵraduate qualification.(9)

| Table 13: Education |  |  |  |  |
| ---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | $n(\%)$ | $n(\%)$ | $n(\%)$ | $n(\%)$ |
| Up to Year 10/School <br> Certificate | $140(14.6)$ | $131(12.9)$ | $133(13.8)$ | $86(10.3)$ |
| Year 12/Higher <br> School Certificate | $191(19.9)$ | $202(19.9)$ | $197(20.4)$ | $131(15.7)$ |
| Tertiary diploma/ <br> trade certificate | $167(17.4)$ | $206(20.3)$ | $159(16.5)$ | $155(18.6)$ |
| University or college <br> degree | $291(30.3)$ | $351(34.7)$ | $305(31.6)$ | $315(37.7)$ |
| Postgraduate degree | $161(16.7)$ | $115(11.4)$ | $160(16.6)$ | $142(17.0)$ |
| Not reported | $12(1.3)$ | $8(0.8)$ | $10(1.0)$ | $6(0.7)$ |
| Total | $962(100)$ | $1013(100)$ | $964(100)$ | $835(100)$ |

Of those who answered the question on employment, $61 \%$ were employed full-time and $14 \%$ were students, some of whom were also employed (Table 14). It is difficult to compare the employment status of the SWASH sample with Census data, as our sample is skewed towards younger and childless women.

| Table 14: Employment status |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Employed full-time | 618 (64.2) | 691 (68.2) | 615 (63.8) | 512 (61.3) |
| Employed part-time | 164 (17.1) | 163 (16.1) | 168 (17.4) | 195 (23.4) |
| Unemployed | 42 (4.4) | 42 (4.2) | 40 (4.2) | 29 (3.5) |
| Student | 150 (15.6) | 140 (13.8) | 168 (17.4) | 118 (14.1) |
| Pensioner/social security benefits | 65 (6.8) | 27 (2.7) | 22 (2.3) | 28 (3.4) |
| Doing domestic duties | 22 (2.3) | 25 (2.5) | 15 (1.6) | 26 (3.1) |
| Not in the work force | 14 (1.5) | 14 (1.4) | 22 (2.3) | 11 (1.3) |
| Not reported | 10 (1.0) | 8 (0.8) | 9 (0.9) | 10 (1.1) |
| Note: Summary table; adds up to more than $100 \%$ because respondents could be in more than one category. |  |  |  |  |

With nearly two-thirds employed full-time and the proportion dependent on state benefits low, this is a reasonably well-off group. The distribution of income levels among respondents in the sample is illustrated in Table 15. Again, being a sample with highh proportions of younger and childless women, it is difficult to compare the income of the SWASH sample with Census data.

| Table 15: Annual income before tax |  |  |  |  |
| ---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | $n(\%)$ | $n(\%)$ | $n(\%)$ | $n(\%)$ |
| Nil-\$19,999 | $192(20.0)$ | $167(16.5)$ | $181(18.8)$ | $127(15.2)$ |
| $\$ 20,000-\$ 39,999$ | $200(20.8)$ | $212(20.9)$ | $197(20.4)$ | $145(17.4)$ |
| $\$ 40,000-\$ 59,999$ | $281(29.2)$ | $300(29.6)$ | $234(24.3)$ | $188(22.5)$ |
| $\$ 60,000-\$ 99,999$ | $196(20.4)$ | $251(24.8)$ | $248(25.7)$ | $254(30.4)$ |
| $\$ 100,000+$ | $48(5.0)$ | $47(4.6)$ | $90(9.3)$ | $93(11.1)$ |
| Not reported | $45(4.7)$ | $36(3.6)$ | $14(1.5)$ | $28(3.4)$ |
| Total | $962(100)$ | $1013(100)$ | $964(100)$ | $835(100)$ |

### 4.1.7. Ethnicity

Table 16 shows responses to questions on ethnic or cultural background grouped into broad categories. This cannot be compared directly with the Census data, which report several variables including place of birth, language spoken and ancestry rather than our less specific category of ethnic affiliation. However, according to the 20ו1 Census, 69\% of women in New South Wales were born in Australia, $9 \%$ in Europe or the Middle East and $8 \%$ in Asia. ${ }^{(9)}$ This suggests that this sample of lesbian, bisexual and queer women contains fewer Asian women and more European and Middle Eastern women than would be expected if it were similar to the total NSW population. ${ }^{(0)}$ Thirty-five women self-identified as Aboriginal or Torres Strait Islander; this is higher than would be expected if the sample were similar to the total NSW population ( $2.5 \%$ of the female population of NSW identified as Aboriginal or Torres Strait Islander in the 2011 census). ${ }^{(9)}$

| Table 16: Ethnicity |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Anglo-Australian ${ }{ }^{\text {² }}$ | 652 (67.8) | 647 (63.8) | 627 (65.0) | 532 (63.7) |
| Aboriginal or Torres Strait Islander ${ }^{2}$ | 36 (3.7) | 39 (3.8) | 37 (3.8) | 35 (4.2) |
| European and Middle Eastern | 101 (10.5) | 124 (12.2) | 137 (14.2) | 136 (16.3) |
| Asian | 34 (3.5) | 39 (3.8) | 58 (6.0) | 42 (5.0) |
| Other | 75 (7.8) | 94 (9.3) | 91 (9.4) | 59 (7.1) |
| Not reported | 64 (6.7) | 70 (6.9) | 14 (1.5) | 31 (3.7) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |
| (1) Including UK and Irish/Scottish/Celtic. <br> (2) In 2010, 29 respondents also indicated Anglo-Australia, European, Asian or other ethnic or cultural background; in 2006 it was 25 and in 2008 it was 29. |  |  |  |  |

### 4.1.8. Seographical location

Nearly two-thirds (63\%) of respondents lived in the city, inner west or eastern suburbs (Table 17). This is unsurprising as recruitment sites were all located in the metropolitan area. Few women lived in what has traditionally been considered the core gay Sydney suburbs of Darlinghurst, Potts Point, Kings Cross, and Surry Hills, while an increasing proportion lived in Sydney's city and inner western suburbs (2006: 38\% to 2012: $52 \%)$. A significant proportion of women lived outside the Sydney region (12\%) demonstrating the number of women coming into the refion for the Sydney Mardi Gras festival.

| Table 17: Where respondents lived |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Gay Sydney ${ }^{1}$ | 39 (4.1) | 26 (2.6) | 23 (2.4) | 43 (5.1) |
| Eastern suburbs | 51 (5.3) | 56 (5.5) | 56 (5.8) | 51 (6.1) |
| City and inner western Sydney ${ }^{2}$ | 361 (37.5) | 426 (42.1) | 414 (43.0) | 431 (51.6) |
| Southern suburbs ${ }^{3}$ | 68 (7.1) | 57 (5.6) | 57 (5.9) | 43 (5.1) |
| Northern suburbs ${ }^{4}$ | 96 (10.0) | 82 (8.1) | 110 (11.4) | 51 (6.1) |
| Western suburbs ${ }^{5}$ | 166 (17.3) | 187 (18.5) | 157 (16.3) | 99 (11.9) |
| Outside Sydney region ${ }^{6}$ | 133 (13.8) | 116 (11.5) | 136 (14.1) | 104 (12.5) |
| Not reported/ invalid | 48 (5.0) | 63 (6.2) | 11 (1.1) | 13 (1.6) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

[^0]Thirty-five women self-identified as Aboriginal or Torres Strait Islander; this is higher than would be expected if the sample were similar to the total NSW population..

### 4.2. Sexual partners and practices

### 4.2.1. Sex with women

The great majority of respondents ( $95 \%$ ) reported that they had ever had sex with a woman; $77 \%$ had done so in the preceding six months.

The gुreat majority of lesbian (82\%) and queer/other (73\%) women reported having recently had sex with at least one woman, as did $55 \%$ of bisexual women (Table 18).

| Table 18: When respondents last had sex with a woman, by sexual identity |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Lesbian | Bisexual | Queer/ Other | Not reported | Total |
|  | n (\%) | n (\%) | n (\%) | n (\%) | n (\%) |
| 2006 |  |  |  |  |  |
| Never | 17 (2.1) | 7 (8.3) | 4 (8.0) | - | 28 (2.9) |
| Over 6 months ago | 131 (15.8) | 22 (26.2) | 5 (10.0) | - | 158 (16.4) |
| In the past 6 months | 666 (80.4) | 51 (60.7) | 34 (68.0) | - | 751 (78.1) |
| Not reported | 14 (1.7) | 4 (4.8) | 7 (14.0) | - | 25 (2.6) |
| Total | 828 (100) | 84 (100) | 50 (100) | - | 962 (100) |
| 2008 |  |  |  |  |  |
| Never | 12 (1.6) | 15 (1.4) | 7 (6.7) | 2 (15.4) | 36 (3.6) |
| Over 6 months ago | 106 (13.7) | 44 (36.0) | 14 (13.3) | 1 (7.6) | 165 (16.3) |
| In the past 6 months | 644 (83.3) | 60 (49.2) | 80 (76.2) | 8 (61.5) | 792 (78.2) |
| Not reported | 11 (1.4) | 3 (2.4) | 4 (3.8) | 2 (15.4) | 20 (1.9) |
| Total | 773 (100) | 122 (100) | 105 (100) | 13 (100) | 1013 (100) |
| 2010 |  |  |  |  |  |
| Never | 9 (1.2) | 8 (7.9) | 6 (4.8) | 1 (7.7) | 24 (2.5) |
| Over 6 months ago | 87 (12.0) | 19 (18.1) | 15 (12.1) | 0 (0.0) | 121 (12.6) |
| In the past 6 months | 61 (84.0) | 70 (69.3) | 100 (80.7) | 8 (61.5) | 788 (81.7) |
| Not reported | 20 (2.8) | 4 (4.0) | 3 (2.4) | 4 (30.8) | 31 (3.2) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |
| 2012 |  |  |  |  |  |
| Never | 7 (1.2) | 10 (9.1) | 14 (9.5) | 0 (0) | 31 (3.7) |
| Over 6 months ago | 88 (15.4) | 37 (33.6) | 26 (17.7) | 0 (0) | 151 (18.1) |
| In the past 6 months | 466 (81.8) | 61 (55.5) | 107 (72.8) | 5 (62.5) | 639 (76.5) |
| Not reported | 9 (1.6) | 2 (1.8) | 0 (0) | 3 (37.5) | 14 (1.7) |
| Total | 570 (100) | 110 (100) | 147 (100) | 8 (100) | 835 (100) |

## Women who reported sex with a female partner in the preceding six months were most likely to report only one sexual partner.

Women who reported sex with a female partner in the preceding six months were most likely to report only one sexual partner ( $70 \%$ ), with 2२\% reporting between two and five partners (Table 19).


### 4.2.2. Sex with men

Five hundred and twenty-four women (63\%) reported they had ever had sex with a man; 15\% in the last 6 months. Bisexual (79\%) and queer/other ( $77 \%$ ) women were more likely to have ever had sex with a man compared to lesbian women ( $56 \%$ ). This is lower than international research showing $80 \%-85 \%$ of LBQ women have a sexual history with men. ${ }^{(11-13)}$ However, perhaps reflecting the decrease in lesbian-identifying women, the proportion in the SWASH sample has increased over time (Tables २० and २1). In our sample, sex was generally with men the respondents believed to be heterosexual: of the women who had ever had sex with a man, १२\% reported that they had had sex with a heterosexual man, while 36\% reported that they had had sex with a gay or bisexual man.

Of the 44 women reporting sex with a gay or bisexual man in the preceding six months, five (11\%) often had unprotected sex (similar to previous years). Of the 102 women reporting sex with a heterosexual man in the preceding six months, $25(26 \%)$ often had unprotected sex.

Typogrraphical errors in the questionnaire misdirecting some participants to skip questions on the last sex with a heterosexual man, current regular relationship, and casual sex mean that the proportion of not reported answers for these three questions is highher than 2010.

| Table 20: When respondents last had sex with a heterosexual man, by sexual identity |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Lesbian n (\%) | Bisexual <br> n (\%) | Queer/ Other n (\%) | Not reported n (\%) | $\begin{aligned} & \text { Total } \\ & \text { n (\%) } \end{aligned}$ |
| 2006 |  |  |  |  |  |
| Never | 307 (37.1) | 11 (13.1) | 13 (26.0) | - | 331 (34.4) |
| Over 6 months ago | 476 (57.5) | 36 (42.9) | 24 (48.0) | - | 536 (55.7) |
| In the past 6 months | 19 (2.3) | 35 (41.7) | 8 (16.0) | - | 62 (6.4) |
| Not reported | 26 (3.1) | 2 (2.3) | 5 (10.0) | - | 33 (3.4) |
| Total | 828 (100) | 84 (100) | 50 (100) | - | 962 (100) |
| 2008 |  |  |  |  |  |
| Never | 383 (49.5) | 22 (18.0) | 31 (29.5) | 5 (38.5) | 441 (43.5) |
| Over 6 months ago | 348 (45.0) | 42 (34.5) | 53 (50.6) | 6 (46.2) | 449 (44.3) |
| In the past 6 months | 20 (2.6) | 56 (45.9) | 18 (17.1) | 1 (7.7) | 95 (9.4) |
| Not reported | 22 (2.9) | 2 (1.6) | 3 (2.9) | 1 (7.7) | 28 (2.8) |
| Total | 773 (100) | 122 (100) | 105 (100) | 13 (100) | 1313 (100) |
| 2010 |  |  |  |  |  |
| Never | 293 (40.4) | 16 (15.8) | 29 (23.5) | 3 (23.1) | 341 (35.4) |
| Over 6 months ago | 339 (46.7) | 34 (33.7) | 68 (54.8) | 6 (46.2) | 447 (46.4) |
| In the past 6 months | 25 (3.4) | 46 (45.5) | 21 (16.9) | 0 (0.0) | 92 (9.5) |
| Not reported | 69 (9.5) | 5 (5.0) | 6 (4.8) | 4 (30.7) | 84 (8.7) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |
| 2012 |  |  |  |  |  |
| Never | 209 (36.6) | 12 (10.9) | 24 (16.3) | 0 (0) | 245 (29.3) |
| Over 6 months ago | 270 (47.4) | 41 (37.3) | 68 (46.3) | 3 (37.5) | 382 (45.8) |
| In the past 6 months | 30 (5.3) | 37 (33.6) | 34 (23.1) | 1 (12.5) | 102 (12.2) |
| Not reported | 61 (10.7) | 20 (18.2) | 21 (14.3) | 4 (50.0) | 106 (12.7) |
| Total | 570 (100) | 110 (100) | 147 (100) | 8 (100) | 835 (100) |

Table 21: When respondents last had sex with a gay or bisexual man, by sexual identity

|  | Lesbian <br> n (\%) | Bisexual <br> n (\%) | Queer/ Other n (\%) | Not reported $\mathrm{n}(\%)$ | $\begin{aligned} & \text { Total } \\ & \text { n (\%) } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2006 |  |  |  |  |  |
| Never | 699 (84.4) | 48 (57.1) | 28 (56.0) | - | 775 (80.6) |
| Over 6 months ago | 105 (12.7) | 20 (23.8) | 12 (24.0) | - | 137 (14.2) |
| In the past 6 months | 10 (1.2) | 14 (16.7) | 5 (10.0) | - | 29 (3.0) |
| Not reported | 14 (1.7) | 2 (2.4) | 5 (10.0) | - | 21 (2.2) |
| Total | 828 (100) | 84 (100) | 50 (100) | - | 962 (100) |
| 2008 |  |  |  |  |  |
| Never | 661 (85.5) | 62 (50.8) | 70 (66.7) | 11 (84.6) | 804 (79.4) |
| Over 6 months ago | 85 (11.0) | 36 (29.5) | 21 (20.0) | 1 (7.7) | 143 (14.1) |
| In the past 6 months | 15 (1.9) | 20 (16.4) | 9 (8.6) | 0 (0.0) | 44 (4.3) |
| Not reported | 12 (1.6) | 4 (3.3) | 5 (4.8) | 1 (7.7) | 22 (2.2) |
| Total | 773 (100) | 122 (100) | 105 (100) | 13 (100) | 1313 (100) |
| 2010 |  |  |  |  |  |
| Never | 606 (83.5) | 66 (65.4) | 79 (63.7) | 9 (69.2) | 760 (78.8) |
| Over 6 months ago | 81 (11.2) | 19 (18.8) | 37 (29.8) | 1 (7.7) | 138 (14.3) |
| In the past 6 months | 19 (2.6) | 12 (11.9) | 8 (6.5) | 0 (0.0) | 39 (4.1) |
| Not reported | 20 (2.8) | 4 (4.0) | 0 (0.0) | 3 (23.1) | 27 (2.8) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |
| 2012 |  |  |  |  |  |
| Never | 478 (83.9) | 73 (66.4) | 80 (54.4) | 4 (50.0) | 635 (76.0) |
| Over 6 months ago | 66 (11.6) | 22 (20.0) | 43 (29.3) | 1 (12.5) | 132 (15.8) |
| In the past 6 months | 15 (2.6) | 11 (10.0) | 18 (12.2) | 0 (0) | 44 (5.3) |
| Not reported | 11 (1.9) | 4 (3.6) | 6 (4.1) | 3 (37.5) | 24 (2.9) |
| Total | 570 (100) | 110 (100) | 147 (100) | 8 (100) | 835 (100) |

# One hundred and thirty-eight women reported having been involved in 'S/M dominance/ bondage' (i.e. sadomasochism or slave-mistress encounters) without or with blood.. 

### 4.2.3. Sexual practices

Among the $77 \%$ of women who had had sex with a woman in the preceding six months, the most common sexual practice was manual sex (involving hands and genitals; Table 22). Stimulation of the external genitals was practised by only a few more women than sex with the fingers or hand inside the vagina. Most women also practised oral sex (cunnilingus), both given and received. About two-thirds (66\%) reported having used a sex toy. Most women (83\%) who had used a toy used it both on the external genitals and inside the vagina. Anal practices were less common; 29\% had given or received manual stimulation of the anus and $21 \%$ had practised rimming (oral-anal contact). Again, these practices were generally reciprocal.

| Table 22: Sexual practices with a woman in the past 6 months |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Fingers/hand on external genitals | 723 (96.3) | 751 (94.8) | 753 (95.6) | 610 (95.5) |
| Fingers/hand inside vagina | 704 (93.7) | 746 (94.2) | 741 (94.0) | 594 (93.0) |
| Fingers/hand inside anus | 230 (30.6) | 246 (31.1) | 223 (28.3) | 188 (29.4) |
| Oral sex (mouth on partner's genitals) | 640 (85.2) | 686 (86.6) | 693 (87.9) | 537(84.0) |
| Oral sex (mouth on respondent's genitals) | 611 (81.4) | 668 (84.3) | 663 (84.1) | 527 (82.5) |
| Rimming (mouth on partner's anus) | 118 (15.7) | 146 (18.4) | 128 (16.2) | 110 (17.2) |
| Rimming (mouth on respondent's anus) | 112 (14.9) | 145 (18.3) | 119 (15.1) | 115 (18.0) |
| Sex toy used on external genitals | 421 (56.1) | 474 (59.9) | 470 (59.6) | 375 (58.7) |
| Sex toy used inside vagina | 427 (56.9) | 485 (61.2) | 482 (61.2) | 398 (62.3) |
| Sex toy used inside anus | 108 (14.4) | 138 (17.4) | 110 (14.0) | 100 (15.7) |
| NOTE : Summary table; adds up to more than $100 \%$ because respondents could be in more than one category; only include women who reported sex with a woman in the past 6 months |  |  |  |  |

Respondents were also asked how many times they had had sex with a woman in the previous four weeks (Table 23). In 2012 we added instructions to write an estimate in numbers; this greatly reduced the proportion giving text responses.

| Table 23: Number of times women had had sex with a woman in the past 4 weeks $(2008,2010,2012)$ |  |  |  |
| :---: | :---: | :---: | :---: |
|  | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) |
| 0 | 100 (12.6) | 129 (16.4) | 105 (16.4) |
| 1 | 73 (9.2) | 82 (10.4) | 85 (13.3) |
| 2-5 | 223 (28.2) | 244 (31) | 191 (29.9) |
| 6-10 | 136 (17.2) | 139 (17.6) | 123 (19.2) |
| 11+ | 127 (16.0) | 107 (13.6) | 95 (14.9) |
| Test response | 64 (8.2) | 45 (5.9) | 2 (0.3) |
| "Don't know", "Forget" | 19 (2.4) | 4 (0.5) | 10 (1.6) |
| Not reported | 50 (6.3) | 38 (4.8) | 28 (4.4) |
| Total | 792 (100) | 788 (100) | 639 (100) |

One hundred and thirty-eight (16\%) women reported having been involved in 'S/M dominance/bondagé (i.e. sadomasochism or slave-mistress encounters) without or with blood (i.e. from practices such as cuttinǵ, piercing, whipping or fisting; Table 24).

Twelve per cent of women reported that they had had group sex in the preceding six months; most respondents reported that this grroup sex involved a woman (Table 25).

| Table 24: Experience of S/M dominance/bondage in the past 6 months |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Yes, no blood | 115 (12.0) | 139 (13.7) | 116 (12.1) | 102 (12.2) |
| Yes, with blood | 62 (6.4) | 68 (6.7) | 35 (3.6) | 36 (4.3) |
| No | 770 (80.0) | 772 (76.2) | 753 (78.1) | 602 (72.1) |
| Not reported | 15 (1.6) | 34 (3.4) | 60 (6.2) | 95 (11.4) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

One in five women reported that they had had a casual female partner(s) in the preceding six months.

| Table 25: Group sex in the past 6 months |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
| Group sex which included - | n (\%) | n (\%) | n (\%) | n (\%) |
| A gay or bisexual man | 11 (1.1) | 20 (2.0) | 14 (1.5) | 17 (2.0) |
| A straight or heterosexual man | 21 (2.2) | 31 (3.1) | 31 (3.2) | 38 (4.6) |
| A woman | 62 (6.4) | 94 (9.3) | 77 (8.0) | 77 (9.2) |
| BDSM ${ }^{1}$ no blood | - |  | 35 (3.6) | 34 (4.1) |
| BDSM ${ }^{2}$ with blood | - | - | 9 (0.9) | 17 (2.0) |
| Any group sex | 69 (7.2) | 111 (11.0) | 93 (9.6) | 96 (11.5) |

Note: Summary table; adds up to more than 100\% because respondents could be in more than one category.
(1) BDSM is bondage, dominance or sadomasochism or slave-master encounters
(2) For example, involving practices such as cutting, piercing, whipping or fisting

### 4.2.4. Sexual relationships

Four hundred and ten women (49\%) were in a regular sexual relationship with a woman, $5 \%$ with a man and $32 \%$ were not in a regular sexual relationship (Table 26). The decrease in the proportion of women in a relationship with a woman (2010: $63 \%$ to 2012 : $49 \%$ ) is striking. Data need to be interpreted cautiously as non-responses were high due to an error in the skip directions on the questionnaire.


The most common relationship lenǵth was over five years (Table 27). Data need to be interpreted cautiously as nonresponses were high (see earlier note).

| Table 27: Length of regular relationship |  |  |  |  |
| ---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |
| Less than 6 <br> months | $90(13.4)$ | $133(18.2)$ | $122(17.7)$ | $74(13.0)$ |
| 6-11 months | $78(11.4)$ | $75(10.3)$ | $84(12.2)$ | $58(10.2)$ |
| 1-2 years | $142(21.1)$ | $145(19.9)$ | $161(23.3)$ | $105(18.4)$ |
| 3-5 years | $146(21.7)$ | $152(20.9)$ | $101(14.6)$ | $84(14.8)$ |
| Over 5 years | $203(30.1)$ | $182(25.0)$ | $189(27.4)$ | $111(19.5)$ |
| Not reported | $15(2.2)$ | $42(5.8)$ | $34(4.9)$ | $137(24.1)$ |
| Total | $674(100)$ | $729(100)$ | $691(100)$ | $569(100)$ |
| Note: Totals only include women who reported being in a regular relationship |  |  |  |  |

One in five women reported that they had had a casual female partner(s) in the preceding six months (Table 28). One in five women ( $21 \%$ ) in a regular relationship with a woman also had a casual sexual partner in the preceding six months. Data need to be interpreted cautiously as non-responses were high (see earlier note).

| Table 28: Casual partners |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| No | 702 (73.0) | 644 (63.6) | 620 (64.3) | 491 (58.8) |
| Yes, with women | 184 (19.1) | 233 (23.0) | 210 (21.8) | 171 (20.5) |
| Yes, with men | 11 (1.1) | 37 (3.7) | 24 (2.5) | 29 (3.5) |
| Yes, with both | 37 (3.9) | 48 (4.7) | 53 (5.5) | 51 (6.1) |
| Not reported | 28 (2.9) | 51 (5.0) | 57 (5.9) | 93 (11.1) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

### 4.2.5. Sex work

Forty seven women (6\%) reported they had ever done sex work (Table 29).

| Table 29: Sex work |  |  |  |  |
| ---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
| $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |  |
| Never | $914(95.0)$ | $934(92.2)$ | $887(92.0)$ | $767(91.9)$ |
| Over 6 | $36(3.7)$ | $52(5.1)$ | $34(3.5)$ | $32(3.8)$ |
| months ago | In last 6 <br> months | $2(0.2)$ | $10(1.0)$ | $14(1.5)$ |
| Not reported | $10(1.0)$ | $17(1.7)$ | $29(3.0)$ | $21(2.5)$ |
| Total | $962(100)$ | $1013(100)$ | $964(100)$ | $835(100)$ |

### 4.3. Tobacco, alcohol and other drug use

### 4.3.1. Tobacco use

A third of women (33\%) were current tobacco smokers (Table 30 ); with $22 \%$ ( $66 \%$ of current smokers) daily smokers. These are high rates of smoking compared with the general population, especially considering this is a highly educated urban sample. The 2010 National Drug Strategy Household Survey (NDSHS) of the general population, ${ }^{(14)}$ found $16 \%$ of Australian women 18 years or older were current smokers, 14\% smoked daily. The 2011/12 Australian Health Survey (AHS) found 14\% of women in New South Wales were smokers,

12\% daily smokers. ${ }^{(15)}$ The NDSHS found that gay women and men (statistics not disaģgregated by gender) were twice as likely to smoke compared to the heterosexual women and men in the sample ${ }^{(14)}$ In SWASH, tobacco use was twice as likely in the youngest aǵe group ( $42 \%$ ) compared to the oldest age group (22\%; Table 30). The 2011/12 AHS found 17\% of young women (18-24 years) in New South Wales. ${ }^{(15)}$ That is, young LBQ women are 2.5 times more likely to smoke than young women in the general population.

|  | Lesbian $\mathrm{n}(\%)$ | Bisexual $\mathrm{n}(\%)$ | Queer/Other n (\%) | Not reported n (\%) | $\begin{aligned} & \text { Total } \\ & \mathrm{n}(\%) \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2006 |  |  |  |  |  |
| Current smoker | 292 (35.3) | 30 (35.7) | 16 (32.0) | - | 338 (35.1) |
| Ex-smoker | 237 (28.6) | 19 (22.6) | 11 (22.0) | - | 267 (27.8) |
| Never smoked | 271 (32.7) | 30 (35.7) | 19 (38.0) | - | 320 (33.3) |
| Not reported | 28 (3.4) | 5 (6.0) | 4 (8.0) | - | 37 (3.9) |
| Total | 828 (100) | 84 (100) | 50 (100) | - | 962 (100) |
| 2008 |  |  |  |  |  |
| Current smoker | 279 (36.1) | 47 (38.5) | 43 (41.0) | 6 (45.2) | 375 (37.0) |
| Ex-smoker | 225 (29.1) | 26 (21.3) | 28 (26.7) | 2 (15.4) | 281 (27.7) |
| Never smoked | 237 (30.7) | 44 (36.1) | 32 (30.5) | 3 (23.0) | 316 (31.2) |
| Not reported | 32 (4.1) | 5 (4.1) | 2 (1.9) | 2 (15.4) | 41 (4.1) |
| Total | 773 (100) | 122 (100) | 105 (100) | 13 (100) | 1013 (100) |
| 2010 |  |  |  |  |  |
| Current smoker | 251 (34.6) | 47 (46.5) | 32 (25.8) | 4 (30.8) | 334 (34.7) |
| Ex-smoker | 192 (26.5) | 21 (20.8) | 27 (21.8) | 5 (38.5) | 245 (25.4) |
| Never smoked | 244 (33.6) | 26 (25.7) | 56 (45.2) | 2 (15.4) | 328 (34.0) |
| Not reported | 39 (5.4) | 7 (6.9) | 9 (7.3) | 2 (15.4) | 57 (5.9) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |
| 2012 |  |  |  |  |  |
| Current smoker | 66 (41.8) | 115 (35.6) | 66 (30.5) | 29 (21.8) | 276 (33.0) |
| Ex-smoker | 16 (10.0) | 57 (17.7) | 60 (27.8) | 47 (35.4) | 182 (21.8) |
| Never smoked | 66 (41.8) | 129 (39.9) | 74 (34.3) | 49 (36.8) | 319 (38.2) |
| Not reported | 10 (6.4) | 22 (6.8) | 16 (7.4) | 8 (6.0) | 58 (7.0) |
| Total | 158 (100) | 323 (100) | 216 (100) | 133 (100) | 835 (100) |

## The majority of women (84\%) in the 2012 survey reported drinking alcohol.

### 4.3.2. Alcohol

The majority of women (84\%) in the 2012 survey reported drinking alcohol. Table 31 illustrates the distribution of drinking frequency. The 2011/12 AHS found 7२\% of Australian women had drunk alcohol in the preceding year. ${ }^{\text {(6) }}$

| Table 31: Frequency of drinking alcohol |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Never | 96 (10.0) | 91 (9.0) | 100 (10.4) | 89 (10.7) |
| Less often than weekly | 294 (30.6) | 276 (27.3) | 251 (26.0) | 223 (26.7) |
| 1 or 2 days a week | 222 (23.1) | 274 (27.1) | 270 (28.0) | 234 (28.0) |
| 3 or 4 days a week | 193 (20.1) | 198 (19.6) | 177 (18.4) | 156 (18.7) |
| 5 or 6 days a week | 89 (9.3) | 70 (6.9) | 53 (5.5) | 61 (7.3) |
| Every day | 37 (3.9) | 60 (5.9) | 49 (5.1) | 25 (3.0) |
| Not reported | 31 (3.2) | 44 (4.3) | 64 (6.6) | 47 (5.6) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

The National Health and Medical Research Council (NHMRC) recommends drinking no more than two standard drinks on any day to reduce the lifetime risk of harm from alcohol-related disease or injury. ${ }^{(7)}$ We asked women, on a day when you drink alcohol, how many standard drinks do you usually have? More than half of women who drank (59\%) reported that they usually drank at levels that exceed this recommendation (Table 32); this is $53 \%$ of all LBQ women surveyed. On a day when they drank alcohol, $70 \%$ of young LBQ women (16-24 years) usually drank more than two drinks. This compares to $58 \%$ of $25-34$ year olds, $48 \%$ of $35-44$ years olds and $31 \%$ of women aǵed older than 45 years.

| Table 32: Drinks consumed on a day when alcohol is consumed |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| 1 or 2 drinks | 345 (35.9) | 307 (30.3) | 302 (31.3) | 273 (32.7) |
| 3 or 4 drinks | 320 (33.3) | 348 (34.4) | 275 (28.5) | 274 (32.8) |
| 5 to 8 drinks | 114 (11.8) | 154 (15.2) | 160 (16.6) | 126 (15.1) |
| $\begin{array}{r} 9 \text { or more } \\ \text { drinks } \end{array}$ | 56 (5.8) | 61 (6.0) | 51 (5.3) | 45 (5.4) |
| Not reported | 31 (3.2) | 52 (5.1) | 76 (7.9) | 48 (5.7) |
| Non-drinker | 96 (10.0) | 91 (9.0) | 100 (10.4) | 69 (8.3) |
| Total | 866 (100) | 922 (100) | 864 (100) | 835 (100) |

The NHMRC recommends drinking no more than four standard drinks on a single occasion to reduce the risk of alcoholrelated injury arising from that single occasion. ${ }^{(17)}$ Using data from the same question about how many standard drinks women usually have, $23 \%$ of drinkers reported that they usually drank at levels that exceed this recommendation (Table 35); this is $20 \%$ of all LBQ women. A quarter of drinkers (26\%) reported drinking at these levels weekly (Table 33). On a day when they drank alcohol, $36 \%$ of young LBQ women (1624 years) usually drank more than four drinks ( $54 \%$ had drunk 5 or more drinks more than twice in the past six months). This compares to $20 \%$ of $25-34$ year olds, $15 \%$ of $35-44$ years olds and $10 \%$ of women aged older than 45 years.

## Rates of illicit drug use were several times higher among our respondents than reported for the general community.

| Table 33: Frequency of drinking 5 or more drinks on a single occasion in past 6 months |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | 'Drunk/Binge | 7+ drinks | 5+drinks | 5+ drinks |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Never | 229 (23.8) | 240 (23.7) | 139 (14.4) | 104 (12.5) |
| Once or twice | 305 (31.7) | 322 (31.8) | 234 (24.3) | 209 (25.0) |
| About once a month | 154 (16.0) | 125 (12.3) | 202 (21.0) | 179 (21.4) |
| About once a week | 104 (10.8) | 134 (13.2) | 153 (15.9) | 129 (15.4) |
| More than once a week | 39 (4.1) | 50 (4.9) | 63 (6.5) | 59 (7.1) |
| Every day | 3 (0.3) | 3 (0.3) | 8 (0.8) | 8 (1.0) |
| Not reported | 32 (3.3) | 48 (4.7) | 65 (6.7) | 68 (8.1) |
| Non-drinker | 96 (10) | 91 (9.0) | 100 (10.4) | 79 (9.5) |
| Total | 962 (100) | 1013(100) | 964 (100) | 835 (100) |

### 4.3.3. Illicit drugs

In the preceding six months, $48 \%$ of respondents had used any illicit druǵ including cannabis (32\%), ecstasy (23\%), and cocaine (17\%;; Table 34). The proportion reporting illicit drus use has varied little: 2006: $47 \%$; 2008: $53 \% ;$; 2010: $47 \%$. Use of speed, crystal meth and ecstasy has dropped significantly since 2006 ( $p<0.001$ for each), while cocaine use has significantly increased ( $p<0.001$ ). In response to the question 'Have you ever injected drugs?' 7\% of women indicated that they had ever done so (2006: 10\%; 2008: 10\%; 2010: 8\%).

| Table 34: Illicit drug use in the past 6 months |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Cannabis | 329 (34.2) | 388 (38.3) | 319 (33.1) | 263 (31.5) |
| Ecstasy | 262 (27.2) | 328 (32.4) | 241 (25.0) | 188 (22.5) |
| Cocaine | 113 (11.8) | 186 (18.4) | 164 (17.0) | 144 (17.3) |
| Speed | 223 (23.2) | 259 (25.6) | 150 (15.6) | 112 (13.4) |
| Crystal meth | 82 (8.5) | 66 (6.5) | 40 (4.2) | 38 (4.6) |
| Benzos / <br> Valium | 92 (9.6) | 150 (14.8) | 130 (13.5) | 126 (15.1) |
| Amyl / poppers | - | 110 (10.9) | 93 (9.7) | 79 (9.5) |
| LSD / trips | - | 73 (7.2) | 53 (5.5) | 57 (6.8) |
| Special K/ <br> ketamine | 70 (7.3) | 62 (6.1) | 48 (5.0) | 42 (5.0) |
| GHB | 35 (3.6) | 32 (3.2) | 22 (2.3) | 26 (3.1) |
| Any other drug ${ }^{(b)}$ | 40 (4.2) | 75 (7.4) | 60 (6.2) | 44 (5.3) |

Note: Summary table; adds up to more than $100 \%$ because respondents could be in more than one category.

Rates of illicit drug use were several times higher among our respondents than reported for the general community (Table 35). The 2010 NDSHS reported that gay women and men (statistics not disaggregated by gender) had the highest rate of recent drug use ( $36 \%$ ) among all subpopulation groups. ${ }^{(44)}$

| Table 35: Use of various illicit drugs compared with the general community |  |  |
| :---: | :---: | :---: |
|  | SWASH 2010 | NDSHS 2010 |
|  | past 6 months | past 12 months |
|  | \% | \% |
| Cannabis | 32.7 | 7.7 |
| Ecstasy | 22.9 | 2.4 |
| Speed/crystal meth | 14.8 | 1.7 |
| Ever injected drug | 5.4 | 1.2 |
| Note: For comparison, table excludes SWASH non-responders. |  |  |

### 4.4. Health behaviour and knowledge

### 4.4.1. Relationships with doctors

In 2012, the majority of women reported a regular doctor (53\%) or health centre ( $17 \%$ ) (Table 36). Women who had a regular doctor or health centre were significantly more likely to be out about their sexuality ( $80 \%$ ) than women who did not ( $56 \%$; $p<0.001$ ).

| Table 36: Regular doctor (2010) |  |  |
| ---: | :---: | :---: |
|  | 2010 | 2012 |
| $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |  |
| No regular doctor | $226(23.4)$ | $196(23.5)$ |
| Yes, regular GP | $474(49.2)$ | $446(53.4)$ |
| Yes, regular health <br> centre | $211(21.9)$ | $147(17.0)$ |
| Not reported | $53(5.5)$ | $51(6.1)$ |
| Total | $964(100)$ | $835(100)$ |

For the first time in 2012, we asked women who had a regular GP or attended a regular health centre how satisfied they were. Three quarters of respondents reported being satisfied or very satisfied with their regular GP/practice (Table 37).

| Table 37: Satisfaction with regular doctor <br> (2012) |  |
| ---: | :---: |
|  | 2012 |
|  | $\mathrm{n}(\%)$ |
| Very Satisfied | $257(43.7)$ |
| Satisfied | $184(31.2)$ |
| Neither | $38(6.5)$ |
| Unsatisfied | $17(2.9)$ |
| Very Unsatisfied | $5(0.9)$ |
| Not reported | $87(14.8)$ |
| Total | $588(100)$ |

Women who were out to their GP were more likely to report they were very satisfied with the service they received (48\%, $\mathrm{p}=0.002$ ) than women who were not out (29\%; Table 38). That is, while women in general were satisfied with the service they received, disclosing sexuality appeared to improve that service/relationship.

| Table 38: Satisfaction with regular doctor by disclosure (2012) |  |  |
| ---: | :---: | :---: |
|  | Out | Not out |
|  | $\mathrm{n}(\%)$ | $34(28.6)$ |
| Very Satisfied | $221(47.5)$ | $45(37.8)$ |
| Satisfied | $139(29.9)$ | $12(10.1)$ |
| Neither | $26(5.6)$ | $7(5.9)$ |
| Unsatisfied | $10(2.1)$ | $2(1.7)$ |
| Very Unsatisfied | $3(0.7)$ | $19(15.9)$ |
| Not reported | $66(14.2)$ | $119(100)$ |
| Total | $465(100)$ |  |

### 4.4.2. Self-assessed general health

The majority of respondents rated their general health as excellent/very good/good ( $83 \%$ ); $12 \%$ of respondents reported their health as fair/poor (Table 39). The proportion
of women assessing their health as poor or fair is trending up; double the rate in 2008 ( $\mathrm{p}<0.001$ ). The reasons for this decrease in self-assessed general health are not clear.


# While nearly half the sample was in the healthy weight category, $39 \%$ self-reported height and weight that placed them in the overweight or obese category. 

Self-assessed health in the SWASH sample was similar to the general community (a breakdown by gender was not available) (Table 40). ${ }^{(18)}$ This is surprising given the greater representation of older women in the 2011/12 AHS sample: 8\% aged over 65 years compared to $0.5 \%$ of the SWASH sample.

| Table 40: Self-assessed general health SWASH women compared with the general community |  |  |
| :---: | :---: | :---: |
|  | SWASH 2012 | AHS 2011/12 |
|  | \% | \% |
| Poor/Fair | 12.7 | 14.6 |
| Good | 31.3 | 29.7 |
| Excellent/Very good | 56.0 | 55.7 |

From 2010, we asked respondents to provide their height and weight. We have used these to calculate a body mass index (BMI) for each respondent. The BMI is an internationally recognised standard for classifying overweight and obesity in adult populations. It is an imperfect measure as people tend to overestimate heiģht and underestimate weight when selfreporting, ${ }^{(19)}$ and it does not recognise differences in height and weight proportions which may be related to diverse cultural heritage. While nearly half the sample was in the healthy weight category ( $47 \%$ ), $39 \%$ self-reported height and weight that placed them in the overweight or obese category (39\%; Table 41).

| Table 41: Body mass index (2010, 2012) |  |  |
| ---: | :---: | :---: |
|  | 2010 | 2012 |
|  | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |
| Underweight | $36(3.7)$ | $30(3.6)$ |
| Healthy | $455(47.2)$ | $395(47.3)$ |
| Overweight | $207(21.5)$ | $195(23.4)$ |
| Obese | $169(17.5)$ | $130(15.6)$ |
| Not reported | $97(10.1)$ | $85(10.1)$ |
| Total | $964(100)$ | $835(100)$ |

We have provided comparative self-report data from women aged 18 years and older in the 2011/12 AHS (Table 42). ${ }^{(20)}$ When interpreting these data it is important to remember the younger age of the SWASH sample.

| Table 42: Body mass index compared with the women aged 18+ in the the general community |  |  |
| :---: | :---: | :---: |
|  | $\begin{gathered} \text { SWASH } 2012 \\ \% \end{gathered}$ | $\begin{gathered} \text { AHS 2011/2012 } \\ \% \end{gathered}$ |
| Underweight/Healthy | 56.4 | 44.3 |
| Overweight | 26.2 | 28.2 |
| Obese | 17.2 | 27.5 |

In 2012 we asked respondents whether they had ever been diagnosed with a range of lifestyle-diseases that are associated with tobacco use, an unhealthy diet, physical inactivity and the harmful use of alcohol (Table 43). Unsurprisingly, rates were higher for women aged over 45 years ( $16 \%$ of the sample): heart disease (5\%), type 2 diabetes (5\%), high cholesterol ( $15 \%$ ), and high blood pressure ( $16 \%$ ). Of women aged 45 plus, $44 \%$ reported at least one of these lifestyle diseases.


# Forty six per cent of women reported that they had ever received a diagnosis of depression, anxiety disorder or other mental health disorder 

### 4.4.3. Self-assessed mental health

In 2००६, २०1० and २०12 we used the Kessler 6 ( K ) to measure non-specific psychological distress (e.ģ. feeling nervous, hopeless, restless, worthless) in the preceding four weeks. ${ }^{(21)}$ Distress was most common in younger women; $17 \%$ of $16-24$ year olds reported high distress compared to $5 \%$ of those 45 years and older (p<0.001; Table 44). The 2011/12 AHS used the $\mathrm{K10}{ }^{(22)}$ and while these measures cannot be directly
compared, the K10 'high/very high' rating (13\% of Australian women) is broadly equivalent to the K6 'medium/high rating' ( $25 \%$ of SWASH sample). For $16-24$ year olds, $13 \%$ of Australian women reported 'high/very high' distress compared to $38 \%$ of LBQ women who reported 'medium/high' distress.


From 2010, we asked women about accessing counselling or psychological services (Table 45). Over half (55\%) had accessed services in the preceding five years; two thirds (67\%) had ever accessed such services.

| Table 45: Ever accessed counselling or psychological services $(2010,2012)$ |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Bisexual | Queer/ Other | Not reported | Total |
|  | n (\%) | n (\%) | n (\%) | n (\%) | n (\%) |
| 2010 |  |  |  |  |  |
| No | 213 (29.3) | 37 (36.6) | 29 (23.4) | 3 (23.1) | 282 (29.3) |
| Yes, in the past 5 years | 359 (49.5) | 45 (44.6) | 80 (64.5) | 3 (23.1) | 487 (50.5) |
| Yes, over 5 years ago | 105 (14.5) | 10 (9.9) | 8 (6.5) | 4 (30.8) | 127 (13.2) |
| $\begin{aligned} & \text { Not } \\ & \text { reported } \end{aligned}$ | 49 (6.8) | 9 (8.9) | 7 (5.7) | 3 (23.1) | 68 (7.1) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |
| 2012 |  |  |  |  |  |
| No | 161 (28.3) | 33 (30.0) | 19 (12.9) | 3 (37.5) | 216 (25.9) |
| Yes, in the past 5 years | 292 (51.2) | 58 (52.7) | 105 (71.4) | 3 (37.5) | 548 (54.9) |
| Yes, over 5 years ago | 74 (13.0) | 11 (10.0) | 16 (10.9) | 0 (0.0) | 101 (12.0) |
| $\begin{array}{r} \text { Not } \\ \text { reported } \end{array}$ | 43 (7.5) | 8 (7.3) | 7 (4.8) | 2 (25.0) | 60 (7.2) |
| Total | 570 (100) | 110 (100) | 147 (100) | 8 (100) | 835 (100) |

Forty six per cent of women reported that they had ever received a diagnosis of depression, anxiety disorder or other mental health disorder (34\% in the preceding five years; Table 46). Unsurprisinǵly, women who reported high psychological distress were more likely to have accessed psychological support and to have received a diaǵnosis.

| Table 46: Ever diagnosed (self-report) with anxiety, depression or other mental health disorder $(2010,2012)$ |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Lesbian <br> n (\%) | Bisexual <br> n (\%) | Queer/ Other <br> n (\%) | Not reported n (\%) | $\begin{aligned} & \text { Total } \\ & \mathrm{n}(\%) \end{aligned}$ |
| 2010 |  |  |  |  |  |
| No | 367 (50.6) | 53 (52.5) | 56 (45.2) | 5 (38.5) | 481 (50.0) |
| Yes, in past 5 years | 237 (32.6) | 28 (27.7) | 48 (38.7) | 3 (23.1) | 316 (32.8) |
| Yes, over 5 years ago | 67 (9.2) | 11 (10.9) | 13 (10.5) | 2 (15.4) | 93 (9.6) |
| $\begin{aligned} & \text { Not } \\ & \text { reported } \end{aligned}$ | 55 (7.6) | 0 (0.0) | 7 (5.6) | 3 (23.1) | 74 (7.7) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |
| 2012 |  |  |  |  |  |
| No | 268 (47.0) | 50 (45.5) | 61 (41.5) | 5 (62.5) | 384 (46.0) |
| Yes, in past 5 years | 188 (33.0) | 34 (30.9) | 58 (39.5) | 1 (12.5) | 281 (33.6) |
| Yes, over 5 years ago | 69 (12.1) | 16 (14.5) | 20 (13.6) | 0 (0.0) | 105 (12.6) |
| $\begin{array}{r} \text { Not } \\ \text { reported } \end{array}$ | 45 (7.9) | 10 (9.1) | 8 (5.4) | 2 (25.0) | 65 (7.8) |
| Total | 570 (100) | 110 (100) | 147 (100) | 8 (100) | 835 (100) |

### 4.4.4. Screening tests

The NSW Ministry of Health recommends that all women should be screened for precursors of cervical cancer by having Pap smear tests every two years, even if they have never had sex with a man. ${ }^{(24)}$ Table 47 shows that $25 \%$ of the women were overdue for screening; they were last screened more than three years ago, never had or were not sure when they last had a Pap smear test. The good news is that the proportion of women in this category has decreased from over $30 \%$ in 2006 ( $p=0.03$ ). This decrease is chiefly among women who
have never had sex with a man; from $44 \%$ in 2006 to $35 \%$ in 2012. The need for education remains: these women remain twice as likely to have never been screened ( $25 \%$ versus $12 \%$ who had ever had sex with a man). Between 2008 and 2010, 69\% of NSW women aged 20-69 years had a Pap smear test in the preceding three years. ${ }^{(25)}$ The 2008 screening rate for SWASH women aged 20-69 years was 73\%, in 2010 71\% and in $201272 \%$.

Table 47: Timing of last Pap smear test, by experience of sex with men

|  | Never had sex with a man n (\%) | Ever had sex with a man n (\%) | Not reported n (\%) | $\begin{aligned} & \text { Total } \\ & \text { n (\%) } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| 2006 |  |  |  |  |
| Less than 3 years ago ${ }^{(a)}$ | 169 (49.7) | 450 (73.7) | 4 (36.4) | 623 (64.8) |
| More than 3 years ago ${ }^{(0)}$ | 46 (13.5) | 85 (13.9) | 1 (9.1) | 132 (13.7) |
| Never | 105 (30.9) | 64 (10.5) | 0 (0) | 169 (17.6) |
| Not reported | 20 (5.9) | 12 (2.0) | 6 (54.6) | 38 (4.0) |
| Total | 340 (100) | 611 (100) | 11 (100) | 962 (100) |
| 2008 |  |  |  |  |
| Less than 3 years ago ${ }^{(a)}$ | 254 (59.2) | 425 (74.4) | 3 (23.1) | 682 (67.3) |
| More than 3 years ago ${ }^{(0)}$ | 44 (10.3) | 62 (10.9) | 1 (7.7) | 107 (10.6) |
| Never | 112 (26.1) | 69 (12.1) | 1 (7.7) | 182 (18.0) |
| Not reported | 19 (4.4) | 15 (2.6) | 8 (61.5) | 42 (4.2) |
| Total | 429 (100) | 571 (100) | 13 (100) | 1013 (100) |
| 2010 |  |  |  |  |
| Less than 3 years ago ${ }^{(1)}$ | 226 (60.1) | 430 (75.3) | 7 (41.2) | 663 (68.8) |
| More than 3 years ago ${ }^{(2)}$ | 29 (7.7) | 46 (8.1) | 0 (0) | 75 (7.8) |
| Never | 91 (24.2) | 61 (10.7) | 0 (0) | 152 (15.8) |
| Not sure | 10 (2.7) | 8 (1.4) | 0 (0) | 18 (1.9) |
| Not reported | 20 (5.3) | 26 (4.6) | 10 (58.8) | 56 (5.8) |
| Total | 376 (100) | 571 (100) | 17 (100) | 964 (100) |
| 2012 |  |  |  |  |
| Less than 3 years ago ${ }^{(1)}$ | 177 (60.0) | 393 (75.0) | 3 (18.7) | 573 (68.6) |
| More than 3 years ago ${ }^{(2)}$ | 20 (6.8) | 40 (7.6) | 1 (6.3) | 61 (7.3) |
| Never | 75 (25.4) | 61 (11.7) | 0 (0.0) | 136 (16.3) |
| Not sure | 7 (2.4) | 7 (1.3) | 0 (0.0) | 14 (1.7) |
| Not reported | 16 (5.4) | 23 (4.4) | 12 (75.0) | 51 (6.1) |
| Total | 295 (100) | 524 (100) | 16 (100) | 835 (100) |

[^1]
## $24 \%$ of women who had ever had a Pap smear test reported an abnormal result

In 2012 we asked women if they had ever received an abnormal Pap smear; 151 had ( $18 \%$ ). That is, $24 \%$ of women who had ever had a Pap smear test reported an abnormal result. Women who had ever had sex with a man were twice as likely to report an abnormal Pap smear test (Table 48).
Table 48: Abnormal Pap smear test

|  | Never had sex <br> with a man <br> $\mathrm{n}(\%)$ | Ever had sex <br> with a man <br> $\mathrm{n}(\%)$ | Not reported | Total |
| ---: | :---: | :---: | :---: | :---: |
|  | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |  |  |
| 2012 |  |  |  |  |
| No | $230(78.0)$ | $357(68.0)$ | $2(12.5)$ | $589(70.5)$ |
| Yes | $34(11.5)$ | $115(22.0)$ | $2(12.5)$ | $151(18.1)$ |
| Not sure | $11(3.7)$ | $21(4.0)$ | $0(0.0)$ | $32(3.8)$ |
| Not | $20(6.8)$ | $31(6.0)$ | $12(75.0)$ | $63(7.6)$ |
| reported | $295(100)$ | $524(100)$ | $\mathbf{1 6 ( 1 0 0 )}$ | $\mathbf{8 3 5 ( 1 0 0 )}$ |
| Total | 295 |  |  |  |

Similar to previous years, just over half of respondents (54\%) had ever had a diaǵnostic or screening test for an STI other than HIV; $18 \%$ had done so in the previous six months (Table 49). Queer and other identifying women (72\%) were most likely to have been ever tested, followed by bisexual women (54\%) and lesbian women ( $49 \%$ ). Women who had ever had sex with a man were more likely to have had a diaǵnostic or screening test for an STI (60\%) compared to women who had never had sex with a man ( $43 \%$ ). Ninety-nine women ( $12 \%$ ) had ever received an STI diagnnosis; $18 \%$ of those tested. An STI diagnosis was most likely amonǵ queer and other identifying women (20\%), than bisexual women ( $16 \%$ ) and finally lesbian women ( $9 \%$ ).

| Table 49: Timing of last STI test other than HIV by sexual identity |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Lesbian <br> n (\%) | Bisexual <br> n (\%) | Queer/ Other n (\%) | Not reported n (\%) | $\begin{aligned} & \text { Total } \\ & \text { n (\%) } \end{aligned}$ |
| 2006 |  |  |  |  |  |
| Never | 356 (43.0) | 30 (35.7) | 14 (28.0) | - | 400 (41.6) |
| Yes, over 6 months ago | 344 (41.6) | 34 (40.5) | 23 (46.0) | - | 401 (41.7) |
| Yes, in the past 6 months | 93 (11.2) | 15 (17.9) | 8 (16.0) | - | 116 (12.1) |
| Not reported | 35 (4.2) | 5 (6.0) | 5 (10.0) | - | 45 (4.7) |
| Total | 828 (100) | 84 (100) | 50 (100) | - | 962 (100) |
| 2008 |  |  |  |  |  |
| Never | 337 (43.6) | 38 (31.2) | 25 (23.8) | 5 (38.5) | 405 (40.0) |
| Yes, over 6 months ago | 297 (38.4) | 53 (43.4) | 51 (48.6) | 3 (23.1) | 404 (39.9) |
| Yes, in the past 6 months | 106 (13.7) | 27 (22.1) | 27 (25.7) | 3 (23.1) | 163 (16.1) |
| Not reported | 33 (4.3) | 4 (3.3) | 2 (1.9) | 2 (15.4) | 41 (4.1) |
| Total | 773 (100) | 122 (100) | 105 (100) | 13 (100) | 1013 (100) |
| 2010 |  |  |  |  |  |
| Never | 305 (42.0) | 39 (38.6) | 34 (27.4) | 6 (46.2) | 384 (39.8) |
| Yes, over 6 months ago | 277 (38.2) | 32 (31.7) | 54 (43.6) | 5 (38.5) | 368 (38.2) |
| Yes, in <br> the past 6 <br> months | 103 (14.2) | 23 (22.8) | 28 (22.6) | 0 (0.0) | 154 (16.0) |
| Not reported | 41 (5.7) | 7 (6.9) | 8 (6.5) | 2 (15.4) | 58 (6.0) |
| Total | 726 (100) | 101 (100) | 124 (100) | 13 (100) | 964 (100) |
| 2012 |  |  |  |  |  |
| Never | 252 (44.2) | 43 (39.1) | 39 (26.5) | 1 (12.5) | 335 (40.1) |
| Yes, over 6 months ago | 202 (35.4) | 38 (34.6) | 60 (40.8) | 2 (25.0) | 302 (36.2) |
| Yes, in the past 6 months | 79 (13.9) | 21 (19.1) | 46 (31.3) | 0 (0.0) | 146 (17.5) |
| Not reported | 37 (6.5) | 8 (7.2) | 2 (1.4) | 5 (62.5) | 52 (6.2) |
| Total | 570 (100) | 110 (100) | 147 (100) | 8 (100) | 835 (100) |

# An STI diagnosis was most likely among queer and other identifying women, than bisexual women and finally lesbian women. 

### 4.4.5. Knowledge of sexually transmissible infections (STIs)

Two knowledge questions about STIs were asked in true/ false format (Table 50). Most women knew the correct answers. However, $16 \%$ were unaware that a person experiencing a cold sore outbreak can ģive their partner genital herpes during oral sex.

| Table 50: Answers to STI knowledge questions |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & 2006 \\ & \mathrm{n}(\%) \end{aligned}$ | $\begin{aligned} & 2008 \\ & \mathrm{n}(\%) \end{aligned}$ | $\begin{aligned} & 2010 \\ & \mathrm{n}(\%) \end{aligned}$ | $\begin{aligned} & 2012 \\ & \mathrm{n}(\%) \end{aligned}$ |
| If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes (correct) | Correct | 728 (75.7) | 741 (73.2) | 736 (76.4) | 641 (76.8) |
|  | Incorrect | 177 (18.4) | 201 (19.8) | 152 (15.7) | 133 (15.9) |
|  | Not reported | 57 (5.9) | 71 (7.0) | 76 (7.9) | 61 (7.3) |
|  | Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |
| You can have an STI and not have any symptoms (correct) | Correct | - | - | 841 (87.2) | 756 (90.5) |
|  | Incorrect | - | - | 53 (5.5) | 28 (3.4) |
|  | Not reported | - | - | 70 (7.3) | 51 (6.1) |
|  | Total |  |  | 964 (100) | 835 (100) |
| Lesbians do not need Pap smears (incorrect) | Correct | 900 (93.6) | 934 (92.2) | 854 (88.6) | - |
|  | Incorrect | 24 (2.4) | 32 (3.2) | 40 (4.1) | - |
|  | Not reported | 38 (4.0) | 47 (4.6) | 70 (7.3) | - |
|  | Total | 962 (100) | 1013 (100) | 964 (100) |  |
| Chlamydia can lead to infertility in women (correct) | Correct | 784 (81.5) | 832 (82.1) | - | - |
|  | Incorrect | 106 (11.0) | 98 (9.7) | - | - |
|  | Not reported | 72 (7.5) | 83 (8.2) | - | - |
|  | Total | 962 (100) | 1013 (100) | - |  |

### 4.5. Experiences of violence and abuse

### 4.5.1. Sexual coercion

We asked women: 'Since the age of 16 , have you ever been forced or frightened into doing something sexually that you did not want to do?' The majority of respondents (64\%) indicated that they had never experienced sexual coercion. Among the women ever coerced since age 16 (29\%), the majority were coerced by a man (Table 51).

Table 51: Number of respondents who had ever experienced sexual coercion $(2006,2010,2012)$

|  | 2006 | 2010 | 2012 |
| ---: | :---: | :---: | :---: |
|  | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ | $\mathrm{n}(\%)$ |
| Never | $595(61.9)$ | $640(66.4)$ | $537(64.3)$ |
| Yes, by a male only | $274(28.5)$ | $183(18.98)$ | $172(20.6)$ |
| Yes, by a female only | $46(4.8)$ | $38(3.9)$ | $56(6.7)$ |
| Yes, both | -1 | $33(3.4)$ | $17(2.0)$ |
| Not reported | $47(4.9)$ | $70(7.3)$ | $53(6.4)$ |
| Total | $962(100)$ | $964(100)$ | $835(100)$ |

[^2]
### 4.5.2. Domestic Violence

In 2012, 37\% of women reported having ever experienced domestic violence (DV), 7 with both male and female partners (Table 52). Two hundred and thirteen women ( $26 \%$ ) reported only experiencing domestic violence in a relationship with a woman. The increase in reporting since 2006 needs to be interpreted with caution as it is not clear if DV is increasing or if awareness has increased, resulting in more women labelling their experiences as 'domestic violence'. Just over half ( $51 \%$ ) of women who reported experiencing domestic violence had souģht help (down from 56\% in 2010).

| Table 52: Number of respondents who experienced domestic violence in a relationship |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2008 | 2010 | 2012 |
|  | n (\%) | n (\%) | n (\%) | n (\%) |
| Never | 608 (63.2) | 636 (62.8) | 538 (55.8) | 474 (56.8) |
| Yes, with a female only | 194 (20.2) | 221 (21.8) | 266 (27.6) | 213 (25.5) |
| Yes, with a male only | 130 (13.5) | 113 (11.2) | 74 (7.7) | 90 (10.8) |
| Yes, with both | -1 | -1 | 15 (1.6) | 7 (0.8) |
| Not reported | 30 (3.1) | 43 (4.2) | 71 (7.4) | 51 (6.1) |
| Total | 962 (100) | 1013 (100) | 964 (100) | 835 (100) |

[^3]
# A third of women had experienced some form of abuse or harassment. The most common form was verbal abuse or harassment 

### 4.5.3. Anti-LGBTQ behaviour

Respondents were asked whether they had experienced any of six specified anti-LGBT acts against them in the preceding 12 months (Table 53). A third of women (33\%) had experienced some form of abuse or harassment. The most common form was verbal abuse or harassment; reports of this type of abuse have dropped siǵgnificantly since 2006 from $40 \%$ to $30 \%$ ( $\mathrm{p}<0.001$ ). Among women responding to SWASH experience of any anti-LGBTQ acts has dropped siǵnificantly from 2006 ( $p<0.001$ ); this is entirely due the reduction in reported verbal abuse.


In 2012, we asked respondents if they had reported any of these anti-LGBT acts to the police. It is clear from Table 54 that it is very rare for respondents to report anti-LGBT behaviour to police. The exception to this was physically violent behaviour, where $17 \%$ reported to the police.

| Table 54: Anti-LGBTQ behaviour experienced in the past 12 months and reported to police |  |  |
| :---: | :---: | :---: |
|  | Experienced $\mathrm{n}(\%)$ | Reported to the police n (\%) |
| Verbal abuse or harassment | 246 (29.5) | 5 (2.0) |
| Being pushed or shoved | 68 (8.1) | 3 (4.4) |
| Being bashed | 18 (2.2) | 3 (16.7) |
| Physical threat or intimidation | 80 (9.6) | 4 (5.0) |
| Refusal of service | 51 (6.1) | 1 (2.0) |
| Refused employment or promotion | 34 (4.1) | 1 (2.9) |

## This report provides an unparalleled insight into the health and wellbeing of LBQ women...

Over the last four iterations of the SWASH survey (2006, 2008, 2010 and 2012), a total of 3764 lesbian, bisexual and queer women engaged with Sydney LGBTQ communities have been surveyed. The lack of comparable surveys within Australia (and to the authors' knowledge, internationally) highlights the importance of SWASH. This report provides an unparalleled insight into the health and wellbeing of LBQ women, and also indicates findingss of particular salience and urgency for those interested in improving the health and wellbeing of this population. Little has changed since the 2010 survey and as a result, our recommendations remain largely the same.

### 5.1. Tobacco use

A third (33\%) of LBQ women reported smoking. This is more than twice the rate (14\%) among women in the general population in New South Wales. ${ }^{(19,15)}$ The vast majority were daily smokers ( $66 \%$ ); with $22 \%$ of LBQ women smoking daily this is again considerably higher than the general population $12 \%$. ${ }^{(5)}$ Of considerable concern is the rate of smoking among younger women: 42\% of $16-24$ years old SWASH respondents smoked. The 2011/12 Australian Health Survey found 17\% of similar aged women in the general population smoked. ${ }^{(15)}$ Some ten years aǵo the Australian Longitudinal Study of Women's Health found a similar level of disparity: 46\% of LBQ women aged $22-27$ years were smokers, compared to $25 \%$ of heterosexual women. ${ }^{(28)}$ This suggests that the finding that LBQ women smoke at twice the rate of women in the general community is consistent and robust.

Tobacco use is a siggificant public heath issue facing LBQ women and their communities. Wide-ranging government initiatives have been introduced since the 2006 survey, including graphic pictures on all tobacco products and, in 2007, a ban on smoking in all indoor areas in pubs and nightclubs. Several hard-hitting campaigns in popular media have also appeared. These initiatives have had a considerable impact on smoking rates. The 2011/12 AHS notes that "decreasing smoking rates have occurred across all age groups, and particularly among people aged under 45 years. ${ }^{\text {(2) }}$ And yet, rates among LBQ women have fallen only slightly from $35 \%$ to $33 \%$ since 2006. Among young LBQ women smoking has fallen at a similarly slow rate from 45 to $42 \%$.

- The rate of smoking among LBQ women remains at twice the rate of women in the general population; this demands urgent public heath attention.
- Detailed exploration is required to understand why progressively successful mainstream anti-smoking campaigns and programs are not proving successful within this group of women. Trigeted interventions to prevent young $L B Q$ women taking up smoking may be needed.
- Detailed exploration is required to understand why progressively successful anti-smoking campaigns and programs are not proving successful within this group of women. Targeted interventions to prevent young LBQ women taking up smoking may be needed.
- Examination of the role and efficacy of smoking cessation programs for LBQ women is necessary.


### 5.2. Alcohol use

The vast majority of LBQ women drank alcohol, most doing so frequently. On a day when they drank alcohol, $53 \%$ of women reported usually drinking at levels that, according to NHMRC recommendations, put them at a lifetime risk of alcoholrelated disease or injury. ${ }^{(16)}$ Among younger women, $२ 0 \%$ drank at these levels. One in five LBQ women reported drinking at levels that, according to NHMRC recommendations, put them at risk of alcohol-related injury. However, a quarter of women who drank - $36 \%$ of young women - reported drinking at these levels at least weekly.

- LBQ women are at high risk of lifetime risk of alcoholrelated disease or injury, and are often drinking at levels that put them at risk of alcohol-related injury on a single drinking occasion.
- Further research is needed to understand the social and cultural context of alcohol use among LBQ women; this knowledge can inform tarģeted interventions.
- Levels of risky drinking among younger LBQ women demonstrate an urgent need for early interventions. Messages about responsible drinking should be integrated into existing programs delivered by LGBTQ community organisations, and community events that do
not have an alcohol focus should be encouraǵed. LGBTQ community organisations need to address these issues including promotion of responsible drinking and review of alcohol sponsorship.
- SWASH only reports on alcohol use; there is an urǵent need for research on alcohol-related harms and the utilisation of treatment programs among this group.


### 5.3. Illicit druǵ use

Almost half (48\%) of the 2012 sample had used an illicit druǵ in the preceding six months. Use of illicit druǵs was several times higher among LBQ women than in the general community, and some of this drug use may be problematic. ${ }^{(14)}$ In the 2010 National Drug Strateǵy Household Survey (NDSHS), gay people had the hiģhest rate of recent drug use (36\%) among all subpopulation groups. ${ }^{(44)}$ The Australian Longitudinal Survey of Women's Health found that compared to heterosexual women, LBQ women were more likely to have used illicit drugs ( $41 \%$ vs. $10 \%$ ) and to have ever injected drugs $\left(11 \%\right.$ vs. 1\%). ${ }^{(26)}$ A recent international meta-analysis of 18 studies of sexual orientation and adolescent substance use found the odds of substance use by young LBQ women was four times higher than that of heterosexual young women.. ${ }^{(28)}$ To contextualise this, the authors note that LBQ women report illicit drug use at a similar level to that of young heterosexual men. Despite stark evidence that a lesbian, bisexual or queer identity appears predictive of drug use, harm reduction efforts have larǵely focused on gay men.

- LBQ women are using illicit drugss at rates several times higher than women in the general community, demonstrating an urgent need for interventions targeted to LBQ women.
- Without a sophisticated understanding of the drivers of illicit drug use in LBQ women and the LGBTQ community more broadly, and the conditions under which these practices become problematic, interventions are unlikely to succeed.
- Research is needed to understand LBQ women's utilisation of and satisfaction with drug treatment programs, as well as treatment outcomes.


### 5.4. Sexual health

Of the 835 women in this report, $68 \%$ identified as lesbian. Women under 25 were more likely to reǵard themselves as bisexual than older women. Sexual attraction roughly corresponded to identity for most women. Exclusive attraction to women was not the majority experience (28\%), even among these highly community-attached women, the majority of whom ( $77 \%$ ) had been sexually active with a woman in the preceding six months. Indeed, over half (63\%) of the sample had had sex with a man at some time in their lives, and $15 \%$ had had sex with a man in the preceding six months. The fact that many lesbian-identifying women (over half in our sample) have a sexual history that includes men is perhaps familiar and unremarkable to LGBTQ community members. However, health service providers and policy makers often assume that all women who have sex with women are lesbians and that all lesbians are attracted only to women and never have sex with men. Sexual attraction, like sexual identity (with which it is highly correlated), is also age-related, with younger women more likely to report attraction to both men and women. ${ }^{(29)}$

Our findinǵs on unprotected sex echo international research that condom use by LBQ women during sex with men is low. ${ }^{(1,30,3)}$ One in five women had ever had sex with a man they believed to be gay or bisexual, raising the issue of possible exposure to STIs, including HIV, that are more common amonǵ gay and bisexual men. While few women reported sex with gay or bisexual men, $11 \%$ of these women reported often engaging in unprotected vaginal or anal intercourse. We did not ask about unintended preǵnancy but Australian research suggests that unplanned pregnancy among younger same-sex-attracted women is much higher than among their heterosexual peers, ${ }^{(32,33)}$ a disparity echoed by international research. ${ }^{(34,35)}$ The nature of LBQ women's sexual relationships with men is not well understood, and high rates of unprotected sex may suǵgest sex is unplanned and that LBQ women may not have the necessary negotiation skills to protect themselves aǵainst STIs in these situations.

- Those desiǵning STI prevention proǵrams need to be aware that a signnificant proportion of women who do not identify as heterosexual are having sex with men and
consider the reach of their programs; LBQ women may not respond to health promotion campaigns directed at assumed heterosexual audiences.
- STI prevention programs need to address skill development among LBQ women to support successful negotiation of safe and satisfying sexual relationships with all sexual partners.
- LBQ community perceptions and awareness of sexual health issues is a poorly understood area requiring urgent research to assist in informing preventive practice


### 5.5. Prevention-related screening

A quarter of women were overdue for cervical cancer screening. The decreasing number of women who are overdue for screening - down to $24 \%$ from $31 \%$ - may be indicative of a trend and rates are now similar to the general population in NSW. However, high rates of under-screening among women who had never had sex with a man ( $25 \%$ of who had never been screened) indicate education is still needed. Lower screening in these women may be due to a belief that lesbian women are at lower risk of cervical cancer, ${ }^{(36)}$ a perception that has been reported among Australian healthcare providers. ${ }^{(37)}$ This is despite HPV transmission only requiring skin-to-skin contact ${ }^{(38)}$ and Australian research demonstrating that the prevalence of genital warts in women with a sexual history with women is similar to that of exclusively heterosexual women ${ }^{(30)}$ Health promotion campaigns like the Cancer Council of Victoria's Lesbians need Pap smears too, desiǵned to raise awareness among the LGBTQ community and the professionals caring for their health need to continue.

Half of the women in our sample had been tested for an STI other than HIV. Rates of testing appear steady, with bisexual and queer women - especially younger ones - more likely to report recent testing. Testing for HIV has been dropping since 2006, from 59\% to $41 \%$, and likely reflects a decreased perception of risk among LBQ women. Knowledǵe about STIs was high, but 16\% of women did not know that someone with a cold sore could transmit herpes to the genitals through oral sex.

- Efforts to raise awareness of cervical cancer and the need for all women to have regular Pap smear tests must continue. The message that a history of sex with men is not a prerequisite for a Pap smear test is particularly important for both LBQ women and their healthcare providers.
- STI testinǵ campaiǵns and resources tarǵeting LBQ women about their sexual health, risks and the need for testing are required.
- The need continues for the development of education and capacity building strategies tarǵeting primary healthcare providers that focus on building their understanding of the screening needs of LBQ women. This must also include information on creating culturally sensitive environments that encouraǵe open dialogue around sexual health and behaviour, including LBQ women's sexual activities with men.


### 5.6. Health indicators

Levels of overweight and obesity in this younger sample were slightly lower than in the general population. ${ }^{(20)}$ There is understandable concern among members of the LGBTQ community about a focus on body weight, and in particular on using normative ideals of body shape. This issue does pose a challenge for our communities: levels of overweight and obesity put women at increased risk of heart and lung disease, joint problems, and diabetes. ${ }^{(39-42)}$ More broadly, international research suggests that lesbian and bisexual women have an above-average prevalence of known risk factors for breast and gynaecological cancers including having no children or being older at first childbirth, tobacco use, alcohol consumption, and obesity. ${ }^{(4,1,4,44)}$ Our findings suǵgest a confluence of a number of risk factors present for LBQ women at rates much higher than for the general community.

- Public health programs on weight, physical exercise and diet need to target and be accessible to LBQ women, and sensitively enǵage with LGBTQ communities around the health impacts of these issues.
- The development of and pilot testing of healthy lifestyle programs and messages that address weight, physical activity, diet, mental health and drug use for LBQ women is recommended.


# There is a clear need to assist young women who are disproportionately represented in the high rates of drinking, smoking, illicit drug use and mental health distress within this sample. 

### 5.7. Mental health

There are reasons to be concerned about the mental health of some within this group of women. Nearly one in ten (9\%) women reported high levels of non-specific psychological distress; this rose to $17 \%$ of younger women. Comparison with the 2011/12 Australian Health Survey suggests that rates of distress in LBQ women are twice those reported by women in the general population, and three times higher in younger women. ${ }^{(22)}$ There is consistent and persuasive international evidence that LGBTQ populations experience higher rates of mental health problems and suicidal behaviour than heterosexual people. ${ }^{(45-50)}$ A recent review of the international literature concluded that higher rates of depressive symptoms and mental health outcomes are consistently found in LBQ women than in their heterosexual peers. ${ }^{(5))}$ This is borne out by the Australian Longitudinal Study of Women's Health: younger LBQ women were siǵnificantly more likely to exhibit poorer mental health and exhibited significantly higher levels of self-harm than exclusively heterosexual women ( $17 \%$ vs. $3 \%$ (). ${ }^{(52)}$ The Australian Private Lives survey found $15 \%$ of LBQ women reported that in the preceding two weeks they had felt they would be better off dead, with 80\% reporting a history of feeling depressed. ${ }^{(53)}$

The highh levels of distress among LBQ women are reflected in the high proportion of women who reported accessing mental health services in the preceding five years ( $55 \%$ ) or who self-reported a mental illness diagnosis in the preceding five years (34\%). The recent high access and diagnoses may be due in part to the Australian government's Better Access program, which since 2006 has provided intensive, short-term Medicare-subsidised mental health services. However, a 2005 national survey of gay and lesbian wellbeing ${ }^{(53)}$ found that 62\% of women had accessed counselling or psychological between 2000-2005, suggesting use of these services may always have been high in this population. The work of ACON's after-hours volunteer Counselling service suǵgests that demand is increasing for LGBT specific counselling. Reğardless of whether access has increased or was always high, these findinǵs demonstrate very clearly a considerable demand for services. We do not know how this demand is being met, or
by which professionals. Nor do we know whether women are satisfied with the services they are receiving. While LGBTQ specific services are important, it is also important that general mental health services and individual professionals are able to provide culturally appropriate services to LGBTQ women. Recent funding for LGBTQ community mental health programs such as the Commonwealth-funded MindOUT! (Mental Health \& Suicide Prevention Project) is reassuring, although the sustainability and impact of these programs has yet to be established.

- There is a clear need to assist young women who are disproportionately represented in the high rates of drinking, smoking, illicit druǵ use and mental health distress within this sample. Programs aimed at improving the social and emotional wellbeing of this group, including strategies around 'coming out' and selfacceptance, may well prove important to an eventual decline in behaviours that present health risks.
- Further investigation is required to understand the utilisation of mental health services in this group of women: Who is providing these services? Are women receiving the services they desire? What are the outcomes of treatment for LBQ women?


### 5.8. Experiences of abuse and violence

A number of campaignns over recent years have addressed violence and abuse of LGBTQ people; this includes raising awareness of the impact of homophobic harassment. Campaignn such as ACON's This is Oz are clearly valuable and must continue; it is unacceptable that a third of $L B Q$ women experienced some type of anti-LGBTQ abuse - one in ten being physically intimidated - in the preceding year. While the decline in verbal abuse and harassment is encouraging, there was no concomitant decrease in other types of abuse and violence. That so few women reported abusive behaviour to police is of concern and points to a need for further work to strengthen the relationship between the LGBTQ community and the NSW police force.

# Given the higher rates of health risk factors such as alcohol, tobacco, and other drugs repeatedly found in this population, we expect to see a concomitant increase in rates of lifestyle-related illness. 

Our findings suggest that there may be some evidence of the effectiveness of the work of ACON, the Inner City Legal Centre, and the LGBTIQ Domestic and Family Violence Interagency and other campaign agencies and networks work on LGBTQ domestic violence (DV) in relation to the increased number of women reporting having experienced domestic violence. While caution needs to be applied to this interpretation, campaiśns that have targeted messages to the LGBTQ community (e.g. the nature of domestic violence or where to get support) may be having a positive effect by providing a language for talking about domestic violence and encourage reporting. $26 \%$ of LBQ women reported experiencing same-sex domestic violence is a finding that demands a response. There are very few programs for LBQ women on developing and sustaining healthy and respectful relationships.

- Increased capacity is required in the provision of support services around domestic violence to respond to LBQ women and to understand their crisis and longer term needs. This includes support to report to law enforcement agencies.
- Campaigns that raise awareness of domestic violence in lesbian relationships are still needed.
- Further research is required to better understand the dynamics of lesbian relationships and the contexts of domestic violence in order to inform culturally appropriate and inclusive responses.


### 5.9. Engaging with LBQ women around health

This study of women in contact with the LGBTQ community showed them to be a fairly well educated group on average, though not universally - $10 \%$ had education only to Year 10 (School Certificate) equivalent or less. The majority were in their 20s and 30s and lived in inner Sydney suburbs. The relative population density of this sample - $63 \%$ lived in the city, inner west or eastern suburbs - presents an opportunity for targeted engagement strategies in the delivery of health and wellbeing proframs.

This was a highly community connected sample - 93\% had LGBTQ friends and over half reported feeling mostly or very
connected to an LGBTQ community in their everyday lives. While the sense of connection appears stable, the mode of engagement appears to be changing. Fewer women are physically attending LGBTQ events and venues. This presents challenges for health services wishing to engage with this group. Previous strategies for delivering health promotion often relied on women physically congregating at events or venues or reading community street press.

Despite the decrease in attendance at LGBTQ events and venues, socialising at LGBTQ venues was an important source of community connection for two thirds of women. Socialising at home, spending time with a partner and attending community events ( $55 \%$ ) were very or mostly important sources of community connection. Socialising online was reported as important for a sense of community connection by a surprisingly low proportion, with nearly as many people reporting it as not important or not applicable.

- We need to know more about the patterns of engagement among $L B Q$ women and with the wider LGBTQ communities.
- There are likely to be many LBQ women who are not connected to the LGBTQ community either by choice or because they are not comfortable identifying with this group, and program reach to this group needs additional consideration.
- As 'E-health' gains more prominence, it is important to know more about how LBQ women access information online, particularly in regions that do have the population to sustain dedicated physical spaces for LBQ women. This information will improve the future effectiveness of health promotion, prevention messages or early interventions to this group.


### 5.10. SWASH Limitations

Since 2006, SWASH has expanded to include general health questions and issues of concern to the LGBTQ community. Despite this, we are not collecting information on health issues that affect all women, such as exercise, diet or health service utilisation. Our findinǵs suģgest there are worrying levels of psychological distress among young LBQ women and high numbers of LBQ women accessing psychological services. Presentations at community forums and professional meetings have raised further questions about the use of prescribed medication for psychological distress, experiences of self-injury or suicidality. We do not collect adequate information on which mental health or physical health services women access. In particular, we have been asked for data about women's help-seeking for alcohol and drug use.

SWASH is a convenience survey rather than a random sample, but recruitment is done in settingss not specifically related to the health outcomes under study. People come to Mardi Gras Fair Day, where over two thirds of our respondents were recruited, for social reasons, not because they have health or other problems. This means that the sample is not skewed towards people with high rates of health difficulties or risk factors. On the other hand, a survey of this sort is not likely to include people with same-sex desires about which they are very uneasy or who do not wish to associate with the LGBTQ community or are not drawn to the activities or events on offer during Pride season. The results reflect the features of a generally younger metropolitan community-attached group of LBQ women, rather than all women who have had sexual experiences with women.

### 5.11. Conclusion

SWASH provides a snapshot of LBQ women's health in Sydney. It highlights areas of particular health concern - which have persisted over time - where mainstream preventive health interventions that are inclusive of this group or targeted LBQ interventions are needed.

Given the higher rates of health risk factors such as alcohol, tobacco, and other drugs repeatedly found in this population, we expect to see a concomitant increase in rates of lifestylerelated illness. We are very concerned that this data is not being collected at a population level. In a recent discussion paper, the National LGBTI Health Alliance note that " $[t]$ he decision to include (or not include) LGBTI Australians in particular policies is often made on the basis of the available data.... in areas such as general health research, socioeconomic data, mortality data-sets, morbidity data-sets, same-sex attracted people, continue to be excluded from national statistics. "(i)

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 BUILDING OUR COMMUNITY＇SHEALTH \＆WELLBEING Sydney Women and Sexual Health （SWASH）Survey 2012

Before you start ． women＇s health year to year．We will NOT be able to identify
you；you can use a pretend／nickname but make sure it is one you will remember． First two letters of first name $\square \square$ and surname $\square \square$ Did you complete the SWASH survey in：$\quad$ Never $\square 5$ About You

## 1．What is your age？$\square \square$ years

 2．Postcode or Suburb／town where you live＿＿＿＿＿ 3．Are you of Aboriginal or Torres Strait Islander origin？ No $\square_{1}$ Yes $\square 2$4．What is your ethnic or cultural background？（e．g．Greek，
Vietnamese，Lebanese，Chinese）Anglo－Australian only $\square_{1}$ Other $\square_{2}$（please specify） 5．Do you think of yourself primarily as：Bisexual $\square_{2}$ $\begin{array}{ll}\text { Lesbian／dyke／homosexual／gay } \square_{1} & \text { Bisexual } \square_{2} \\ \text { Queer } \square_{3} & \text { Heterosexual／straight } \square_{4}\end{array}$ Other（please specify）$\square_{5}$

6．Which of these six statements best describes you？
I have felt sexually attracted－
Only to females，never to males
Only to females，never to males $\square_{1}$
More often to females，and at least once to a male $\square_{2}$
About equally often to females and to males $\square_{3}$
About equally often to females and to males $\square_{3} \square_{4}$ To no one at all $\square 6$

7．Are you transgender or transsexual？No $\square_{1}$ Yes $\square_{2}$
8．Are you：Tick all that apply Employed full－time $\square_{1}$ $\begin{array}{ll}\text { Employed part－time } \square_{2} & \text { Unemployed } \square_{3} \\ \text { Doing domestic duties } \square_{4} & \text { Not in the work force } \square_{5} \\ \text { Pensioner／social security benefits } \square_{6} \quad \text { Student } \square_{7}\end{array}$ 9．What is your annual income before tax？Nil－\＄19，999 $\square_{1}$
$\$ 20,000-\$ 39,999 \square_{2} \$ 40,000-\$ 59,999 \square_{3}$ $\begin{array}{ll}\$ 20,000-\$ 39,999 \square_{2} & \$ 40,000 \\ \$ 60,000-\$ 99,999 \square_{4} & \$ 100,000+\square_{5}\end{array}$

10．What is the highest level of education you have completed？Up to Year 10 ／School Certificate $\square_{1}$ Year 12 ／HSC／Leaving Cert／IB $\square_{2}$
Tertiary diploma or trade certificate $\square_{3}$

1．Do you have any dependent children？
 Community

LGBTQ means Lesbian，Gay，Bisexual，Transgender，Queer


$$
\begin{aligned}
& \square \\
& \square \\
& \square \\
& \square
\end{aligned}
$$ University or college degree $\square_{4}$

Postgraduate degree（master＇s，PhD）$\square_{5}$

13．Do you feel connected to a LGBTQ community in your
Very $\square 1$ Mostly $\square_{2}$ Somewhat $\square_{3}$ Rarely $\square_{4}$ Not at all $\square_{5}$
14．What makes you feel connected to a LGBTQ community？

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##  <br> 吕 百


6．How many of your friends are LGBTQ？
None $\square_{1} \quad$ A few $\square 2$ Some $\square_{3}$ Most $\square_{4} \quad$ All $\square_{5}$ $\square$ ロ $\square$ ロ゙ ロ゙
 What else makes you feel connected？ Socialising with LGBTQ
friends at $\angle G B T Q$ venues Socialising wainstream venues Hanging out at home with GBTQ friends and family Spending time win my Socialising with LGBTQ friends online
Having LGBTQ colleagues at work／uni Attending LGBTQ community events
Playing sport with LGBTQ Playing sport with LGBTQ
teams／leagues

15．In the past 6 months have you attended $\begin{array}{ll} & \text { No } \\ \text { Lesbian／queer women＇s night／bar } & \square_{1}\end{array}$ $\begin{array}{ll}\text { Lesbian／queer women＇s night／bar } & \square_{1} \\ \text { Gay night／bar } & \square_{1} \\ \text { LGBTQ dance party } & \square_{1}\end{array}$ LGBTQ dance party
LGBTQ group meeting LGBTQ community event LGBTQ sports group
regular or casual partner）without a condom？
Never $\square_{1}$ Once $\square_{2}$ Occasionally $\square_{3}$ Often $\square_{4}$ －$\square$

26．In the past 6 months have you had vaginal or anal inter－
course with a straight or heterosexual man（either
regular or casual partner）without a condom？
straight or heterosexual man？
Never $\square 1$ Go to Q28 Over 6 months ago $\square_{2}$ Go to Q28
25．When was the last occasion that you had sex with a
straight or heterosexual man？
Never $\square_{1}$ Once $\square_{2}$ Occasionally $\square_{3}$ Often $\square_{4}$
24．In the past 6 months with a gay or bisexual man（either regular or







 23．When was the last occasion that you had sex with
 casual partner）without a condom？
 In the past 6 months $\square_{3}$
Sex and relationships


18．During the past 6 months，how many women have you
had sex with？None $\square_{1}$ One $\square_{2} \quad 2-5$ women $\square_{3}$
6－10 women $\square_{4}$ More than 10 women $\square_{5}$
19．In the past 6 months，which of the following
9．In the past 6 months，which of the following have you $\stackrel{\infty}{\stackrel{\infty}{2}}$ Fingers／hand on external genitals
Fingers／hand inside vagina
Fingers／hand inside anus
Oral sex（your mouth，her genitals）
Oral sex（her mouth，your genitals）
Rimming（her mouth，your anus）
Rimming（your mouth，her anus）
Sex toy used on external genitals
Sex toy used inside vagina
Sex toy used inside anus

| ${ }^{9} \square$ | ${ }^{\square}$ | ${ }^{\varepsilon} \square$ | ${ }^{7} \square$ | ＇ | Ssә｜цヤОМ |
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## 8．Have you ever accessed a counsellor or psychiatrist？ No $\square_{1}$ Yes，in past 5 yrs $\square_{2}$ Yes，over 5 yrs ago $\square_{3}$

49．Have you ever been diagnosed with depression，anxiety
disorder or other mental health disorder？
No $\square_{1}$ Yes，in past 5 yrs $\square_{2}$ Yes，over 5 yrs ago $\square_{3}$
Violence
50．In the last 12 months，have you experienced any of the

 2 ธักักักัก


$$
\begin{aligned}
& \text { Verbal abuse or harassment } \\
& \text { Being pushed or shoved } \\
& \text { Being bashed }
\end{aligned}
$$

Physical threat or intimidation
Refusal of service
Refused employment／promotion
51．Have you ever been in a relation
51．Have you ever been in a relationship where your partner
abused you（physically or emotionally）？
abused you（physically or emotionally）？
Never $\square_{1}$ Yes，with a man $\square_{2}$ Yes，with a woman $\square_{3}$
If yes，did you talk to someone else about it or seek help？
No $\square_{1}$ Yes $\square_{2}$
52．Since the age of 16 ，have you been forced or frightened into doing something sexually that you didn＇t want to do？ Finally，please indicate whether you consider the following
statements to be true or false．

53．If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes．
True $\square_{1}$ False $\square_{2}$

54．You can have an STI and not have any symptoms．
47．During the past $\mathbf{4}$ weeks，how much of the time did you

39．Have you ever had an HIV antibody test？
Thank you for taking the time to complete this survey more drinks on one occasion？Never $\square_{1}$ Once or twice $\square_{2}$
About once a month $\square_{3} \quad$ About once a week $\square_{4}$
More than once a week $\square_{5} \quad$ Every day $\square_{6}$

45．How often have you used these drugs in the last 6 mths？
 $\begin{array}{cccccc} & \text { Never } & \text { times } & \text { times } & \text { times } & 20 \text { times } \\ \text { Benzos／Valium } & \square_{1} & \square_{2} & \square_{3} & \square 4 & \square 5\end{array}$ $\begin{array}{lll}\text { Amyl／poppers } & \square_{1} & \square_{2} \\ \text { Marijuana } & \square_{1} & \square_{2} \\ \text { Ecstasy } & \square_{1} & \square_{2} \\ \text { Speed } & \square_{1} & \square 2\end{array}$
44．In the past 6 months，how often have you drunk 5 or $\begin{array}{lll}1-2 \text { drinks } \square_{1} & 3-4 \text { drinks } \square_{2} & 5-8 \text { drinks } \square_{3} \\ 9-12 \text { drinks } \square_{4} & 13-20 \text { drinks } \square_{5} & 20+\text { drinks } \square_{6}\end{array}$ 43．On a day when you drink alcohol，how many standard
drinks do you usually have？（1 drink＝a small glass of 42．How often do you normally drink alcohol？
Never $\square_{1} \quad$ Less often than weekly $\square_{2}$ 1 or 2 days a week $\square_{3} \quad 3-4$ days a week $\square_{4}$ $\begin{array}{ll}1 \text { or } 2 \text { days a week } \square_{3} & \text { 3－4 days a week } \square_{4} \\ 5-6 \text { days a week } \square_{5} & \text { Every day } \square 6\end{array}$
41．Do you currently smoke cigarettes or other tobacco？
Daily $\square_{1} \quad$ More than weekly（not daily）$\square_{2}$ $\begin{array}{ll}\text { Daily } \square_{1} & \text { More than weekly（not daily）} \square_{2} \\ \text { Less than weekly } \square_{3} & \text { Ex－smoker } \square_{4} \\ \text { Never smoked／less than } 100 \text { in lifetime } \square_{5}\end{array}$
 40．Have you ever been tested for hepatitis $C$ ？ No $\square_{1} \quad$ Yes $\square_{2} \quad$ Don＇t know $\square_{3}$ If yes，what was the result of your last test？
Positive（you have hep C）$\square_{1}$ Negative $\square_{2} \quad$ Not sure $\square_{3}$ Smoking，drinking and drug use

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6．Have you ever injected drugs？
Never $\square_{1}$ Over 6 months ago $\square_{2}$ In the past 6 months $\square_{3}$
 Heart disease $\square_{1}$ Type 2 diabetes $\square_{2}$
High cholesterol $\square_{3}$ High blood pressure $\square_{4}$ $<2$ years ago $\square_{1}$ 2－3 years ago $\square_{2} 3-5$ years ago $\square_{3}$
More than 5 years ago $\square_{4} \quad$ Never $\square_{5}$ Not sure $\square_{6}$ 36．Have you ever had an abnormal Pap smear test？ No $\square_{1}$ Yes $\square_{2} \quad$ Not sure $\square_{3}$

37．Have you ever had a test for a sexually transmitted infection（not HIV）？No $\square_{1}$ Over 6 months ago $\square_{2}$
In the past 6 months $\square_{3}$

38．Have you ever been diagnosed with an STI？ Are you currently in a sexual relationship with a regular rtner？$\quad$ No regular relationship $\square_{1} \quad$ Yes，a woman $\square_{2}$
Yes，a man $\square_{3}$ Yes，multiple regular partners／poly $\square_{4}$ If yes，how long has this relationship been？ $1-2$ years $\square_{3} 3-5$ years $\square_{4}$ More than 5 years $\square_{5}$ 27．Have you had casual sex in the past 6 months？ Yes，with both $\square_{3} \quad$ No casual partners $\square_{4}$
 group sex which included（tick all that apply to you） $\stackrel{\infty}{\infty}$ กักี๋ No
$\square_{1}$
$\square_{1}$
$\square_{1}$
$\square_{1}$
$\square_{1}$

## gay，homosexual or bisexual man

a straight or heterosexual man
a woman
dominance／bondage（no blood） Your health

29．Do you have a regular GP？No $\square_{1}$ I see the same GP $\square_{2}$
I attend the same health centre／practice $\square_{3}$
If you have a regular GP，how satisfied are you？ $\begin{array}{ll}\text { Very satisfied } \square_{1} & \text { Satisfied } \square_{2} \text { Neither } \square_{3} \\ \text { Unsatisfied } \square_{4} & \text { Very unsatisfied } \square_{5}\end{array}$

30．Are you out to your GP about your sexuality／gender identity？No $\square_{1}$ Yes $\square_{2}$

31．In general，would you say your health is
Poor $\square_{1}$ Fair $\square_{2}$ Good $\square_{3}$ Very good $\square_{4}$ Excellent $\square_{5}$
Poor $\square_{1}$ Fair $\square_{2}$ Good $\square_{3}$ Very good $\square_{4}$ Excellent
32．How tall are you without shoes？＿＿＿cms 33．How much do you weigh（no clothes／shoes）＿＿＿kgs

[^4]
31．In general，would you say your health is

$\begin{array}{llllll} & \square_{1} & \square_{2} & \square_{3} & \square_{4} & \square_{5} \\ & \square_{1} & \square_{2} & \square_{3} & \square_{4} & \square_{5} \\ & \square 1 & \square & \square & \square & \square 5\end{array}$
\＆

[^5]19. During the past 6 months, how many women have you had sex with? None $\square_{1} \quad$ One $\square_{2} \quad 2-5$ women $\square_{3}$
$6-10$ women $\square_{4}$
20. In the past 6 months, which of the following have you

$\begin{array}{ll}\text { done while having sex with a woman? } & \\ \text { Fingers / hand on external genitals } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Fingers / handinside vagina } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Fingers / hand inside anus } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Oral sex (your mouth, her genitals) } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Oral sex her mouth, your genitals) } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Rimming (her mouth, your anus) } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Rimming (your mouth, her anus) } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Sex toy used on external genitals } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Sex toy used inside vagina } & \text { No } \square_{1} \text { Yes } \square_{2} \\ \text { Sex toy used inside anus } & \text { No } \square_{1} \text { Yes } \square_{2}\end{array}$ 21. In the last $\mathbf{4}$ weeks, how many times have you had sex 22. In the past 6 months, have you done:
 S/M dominance/bondage (with blood) No $\square_{1}$ Yes $\square_{2}$
23. Have you done any sex work? Never $\square_{1}$ In the past 6 months $\square_{3}$ Over 6 months ago $\square_{2}$ 24. When was the last occasion that you had sex with a gay, mosexual or bisexual man?
Never $\square_{1}$ Over 6 months ago $\square_{2}$ Go to question 26 In the past 6 months $\square_{3}$
25. In the past 6 months have you had vaginal or anal inter-

 26. When was the last occasion that you had sex with a
straight or heterosexual man? Never $\square_{1}$ Over 6 months ago $\square_{2}$ Go to question 28 In the past 6 months $\square_{3}$
27. In the past 6 months have you had vaginal or anal intercourse with a straight or heterosexual man (either regular or casual partner) without a condom?
Never $\square_{1}$ Once $\square_{2}$ Occasionally $\square_{3}$ Often $\square_{4}$
28. Are you currently in a sexual relationship with a regular partner? No regular relationship $\square_{1} \square_{3}$

Yes, multiple regular partners/polyamorous $\square_{4}$
If yes, how long has this relationship been?
Less than 6 months $\square_{1} \quad 6-11$ months $\square_{2}$
Less than
$1-2$ years $\square_{3} \quad 3-5$ years $\square_{4} \quad>5$ years $\square_{5}$
$\begin{array}{lc}\text { 9. What is your annual income before tax? } & \text { Nil-\$19,999 } \square_{1} \\ \$ 20,000-\$ 39,999 \square_{2} & \$ 40,000-\$ 59,999 \square_{3} \\ \$ 60,000-\$ 99,999 \\ \square\end{array} \quad \$ 100,000+\square_{4}$.
 10. What is the highest level of education you have $\square_{1}$ completed? Up to Year 10 / School Certificate $\square$ Year 12 / HSC / Leaving Cert / IB $\square_{2}$ Postgraduate degree (master's, PhD) $\square_{5}$ 11. Do you have any dependent children?
12. Are you planning to have a child in the next 2 years? No $\square_{1}$ Yes $\square_{2} \quad$ Not sure $\square_{3}$
If yes, how do you plan to conceive?

Sexual intercourse with a male partner $\square_{1}$
IVF, anonymous donor $\square_{2}$ IVF, known donor $\square_{3}$
Self inseminate, anonymous donor
Self inseminate, known donor $\square_{5}$

## K!!unumoŋ

Here, LGBTQ means Lesbian, Gay, Bisexual, Transgender, Queer
13. Do you feel connected to a LGBTQ community in your
 14. How many of your friends are LGBTQ?

None $\square_{1} \quad$ A few $\square 2 \quad$ Some $\square_{3}$ Most $\square_{4} \quad$ All $\square_{5}$
$\begin{array}{lll}\text { 15. In the past } 6 \text { months have you attended: } \\ & \text { No } & \text { Monthly } \\ \text { Weekly } & \text { More } \\ \text { Lesbian/queer women's night/bar? } & \square_{1} & \square_{2}\end{array} \square_{3} \quad \square_{4}$


18. When was the last time you had sex with a woman? In the past 6 months $\square_{3}$

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BUILDING OUR COMMUNITY'S
HEALTH \& WELLBEING
ACON and the National Centre in HIV Epidemiology and

## Sydney Women and Sexual Health

## OLOZ Kəл..ns

1. What is your age? $\square \square$ years About You
2. Where do you live? Postcode or Sub 2. Where do you live? Postcode or Suburb)_
3. Are you of Aboriginal or Torres Strait Islander origin?
No $\square_{1}$ Yes $\square_{2}$
4. What is your ethnic or cultural background? e.g. Greek,
Vietnamese, Lebanese, Chinese
Anglo-Australian only $\square_{1}$
Other $\square_{2}$ (please specify) 5. Do you think of yourself primarily as:
Lesbian / dyke / homosexual / gay $\square_{1}$
Bisexual $\square_{2}$ Heterosexual / straight $\square_{4}$
Queer $\square_{3}$ Other (please specify) $\square_{5}$ 6. Which of these six statements best describes you?
have felt sexually attracted-
Only to females, never to males $\square_{1}$
More often to females, and at least once to a male $\square_{2}$ More often to males, and at least once to a female $\square_{4}$ Only to males, never to females $\square_{5}$
To no one at all $\square 6$
5. Are you transgender or transsexual? No $\square_{1}$ ? $\square_{3}$
you transgender or transsexual? No $\square_{1}$
Yes, identify as female $\square_{2}$ Yes, identify as
Yes, other $\square_{4}$ (please specify)
6. Are you: (Tick all that apply to you) Employed full-time $\square_{1}$ 8. Are you: (Tick all that apply to you) Employed full-time $\square_{5}$ Doing domestic duties $\square_{6} \quad$ Not in the work force $\square_{6}$ A pensioner or on social security benefits $\square_{7}$

| Psychological health and wellbeing |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 50. During the past 4 weeks, how much of the time did you feel: |  |  |  |  |
|  | All of the time | Most of Some of the time the time | A little of the time | None of the time |
| So sad nothing |  |  |  |  |
| could cheer you up? | $\square_{1}$ | $\square_{2} \quad \square_{3}$ | $\square_{4}$ | $\square_{5}$ |
| Nervous? | $\square$ | $\square_{2} \quad \square_{3}$ | $\square 4$ | $\square_{5}$ |
| Restless or fidgety? | $\square \square_{1}$ | $\square_{2} \quad \square \square_{3}$ | $\square \square_{4}$ | $\square_{5}$ |
| Hopeless? | $\square_{1}$ | $\square_{2} \quad \square_{3}$ | $\square_{4}$ | $\square 5$ |
| That everything was an effort? | $\square_{1}$ | $\square_{2} \quad \square_{3}$ | $\square_{4}$ |  |
| Worthless? | $\square_{1}$ | $\square_{2} \quad \square_{3}$ | $\square_{4}$ | $\square_{5}$ |
| 51. Have you ever accessed a counsellor or psychiatrist? |  |  |  |  |
| 52. Have you ever been diagnosed with depression, anxiety disorder or other mental health disorder? <br> No $\square_{1}$ Yes, in past 5 yrs $\square_{2}$ Yes, over 5 yrs ago $\square_{3}$ |  |  |  |  |
| Violence |  |  |  |  |
| 53. In the last 12 months, have you experienced any of the following anti-lesbian, gay, bi or trans behaviour? |  |  |  |  |
| Verbal abu | se or har | assment N | $\square 1$ | Yes $\square_{2}$ |
| Being push | hed or sh | ved | $\square 1$ | Yes $\square 2$ |
| Being bash |  |  | $\square 1$ | Yes $\square_{2}$ |
| Physical th | reat or in | midation N | $\square 1$ | Yes $\square_{2}$ |
| Refusal of | service |  | $\square 1$ | Yes $\square_{2}$ |
| Refused | ploym | or promotion | $\square 1$ | Yes $\square_{2}$ |
| 54. Have you ever been in a relationship where your partner abused you (physically or emotionally)? |  |  |  |  |
| If yes, did you talk to someone else about it or seek help? |  |  |  |  |
| 55 . Since the age of 16 , have you been forced or frightened into doing something sexually that you didn't want to do? <br> No $\square_{1} \quad$ Yes, by a female $\square_{2} \quad$ Yes, by a male $\square$ |  |  |  |  |
| Finally, please indicate whether you consider the following statements to be true or false. |  |  |  |  |
| 56. If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes. <br> True $\square_{1}$ False $\square_{2}$ |  |  |  |  |
| 57. You can have an STI and not have any symptoms.$\text { True } \square_{1} \quad \text { False } \square_{2}$ |  |  |  |  |
| 58. Lesbians do not need Pap smears. True $\square_{1}$ False $\square_{2}$ |  |  |  |  |

41. Have you ever been tested for hepatitis C?
No $\square_{1} \quad$ Yes $\square_{2} \quad$ Don't know $\square_{3}$
If yes, are you?
Positive (you have hep C) $\square_{1}$ Negative $\square_{2}$ Not sure $\square_{3}$
Smoking, drinking and drug use
42. Do you currently smoke cigarettes or other tobacco?
Yes, daily $\square \square_{1}$ Yes, more than weekly (not daily) $\square_{2}$
Yes, less than weekly $\square \square_{3}$ No, ex-smoker $\square 4$
Never smoked/less than 100 in lifetime $\square_{5}$



Please turn over >


None $\square 1 \quad$ One $\square_{2} \quad 2-5$ women $\square_{3}$
$6-10$ women $\square 4 \quad$ More than 10 women $\square 5$
16. During the past 6 months, how many women have you

Over 6 months ago $\square 2$ Go to question 19
In the past 6 months $\square 3$ Go on to question 16
 University or college degree $\square 6$
Postgraduate degree (master's, PhD) $\square 7$
Up to Year 10 / School Certificate $\square 3$
Year 12 / HSC / Leaving Cert / IB $\square 4$
Year 12 / HSC / Leaving Cert / IB $\square 4$

$\quad$ Doing domestic duties $\square 1 \quad$ Not in the work force $\square 1$
A pensioner or on social security benefits $\square 1$ 12. What is your occupation?
11. Are you: (Tick all that apply to you)
$\begin{aligned} & \text { Employed full-time } \square 1 \\ & \text { Unemployed } \square 1\end{aligned} \quad$ Employed part-time $\square 1$
10. Are you planning to have a child in the next 2 years?

 8 BUILDING OUR COMMUNITY'S
HEALTH \& WELLBEING

ACON: AIDS Council of New South Wales
UNSW School of Public Health and Community Medicine Sydney Women and Sexual Health Brief Survey 2008
 2. How many of your friends are gay or homosexual men? None $\square 1 \quad$ A few $\square 2 \quad$ Some $\square 3 \quad$ Most $\square 4 \quad$ All $\square 5$ $\begin{array}{lll}\text { a pastian bar? } & \text { No } \square_{1} & \text { Yes } \square_{2} \\ \text { a lesbe }\end{array}$

a gay/lesbian dance party?
a gay/lesbian group meeting?
a GLBT community event?
a gay/lesbian sports group
4. Do you read- $\quad$ No $\square 1$ Yes $\square 2$

6. Are you transgender / transsexual? No $\square_{1}$ Yes $\square_{2}$

Do you think of yourself as:
$\begin{array}{ll}\text { Lesbian / dyke / homosexual / gay } \square 1 \\ \text { Bisexual } \square 2 & \text { Heterosexual / straight } \square 3\end{array}$ Bisexual
Other (please specify)
$\square$
7.

27. Are you currently in a sexual relationship with a regular
partner?
Yes-with a woman $\square 1 \quad$ Yes-with both $\square 3$
Yes-with a man $\square 2 \quad$ No regular relationship $\square 4$
$\square 2$
19. In the past 6 months, have you done:
S/M dominance/bondage (no blood) Yes $\square 1 \quad$ No $\square 2$
S/M dominance/bondage (with blood) Yes $\square 1 \quad$ No $\square 2$
20. When was the last occasion that you had sex with a gay,
homosexual or bisexual man?
Never $\square 1$ Go to question 23
Over 6 months ago $\square 2$ Go to question 23
In the past 6 months $\square 3$ Go on to question 21
21. During the past 6 months, how many gay, homosexual or
bisexual men have you had sex with?
None $\square 1 \quad$ One $\square 2 \quad 2-5$ men $\square 3$

$6-10$ men $\square 4 \quad$ More than 10 men $\square 5$ | 22. In the past 6 months have you had vaginal or anal inter- |
| :--- |
| course with any gay or bi man (either regular or casual |
| partner) without a condom? |
| Never $\square 1 \quad$ Once $\square 2 \quad$ Occasionally $\square 3 \quad$ Often $\square 4$ |
| 23. When was the last occasion that you had sex with a |
| straight or heterosexual man? |
| Never $\square 1$ Go to question 25 |
| Over 6 months ago $\square 2$ Go to question 25 |
| In the past 6 months $\square 3$ Go on to question 24 |
| 24. During the past 6 months, how many straight or hetero- |
| sexual men have you had sex with? $\quad$ One $\square 2$ |
| None $\square 1$ |
| $6-10$ men $\square 4 \quad$ More than 10 men $\square 5$ |



ACON: AIDS Council of New South Wales
National Centre in HIV Social Research
National Centre in HIV Epidemiology and Clinical Research
University of New South Wales
National Centre in HIV Social Research
National Centre in HIV Epidemiology and Clinical Research
University of New South Wales

Sydney Women and Sexual Health Brief Survey 2006

1. How many of your friends are lesbians?
None $\square 1 \quad$ A few $\square 2 \quad$ Some $\square 3 \quad$ Most $\square 4 \quad$ All $\square 5$
2. How many of your friends are gay or homosexual men?
None $\square 1 \quad$ A few $\square 2 \quad$ Some $\square 3 \quad$ Most $\square 4 \quad$ All $\square 5$ 5. Are you transgender / transsexual? No $\square 1$ Yes $\square 2$
3. Do you think of yourself as:
4. Do you have any dependent children?
No $\square 1$ Yes $\square 2$ If yes, how many?
$\begin{array}{ll}\text { 8. Are you a: (Tick all that apply to you) } \\ \begin{array}{ll}\text { Birth mother } & \text { No } \square 1 \text { Yes } \square 2 \\ \text { Co-parent } & \text { No } \square 1 \text { Yes } \square 2\end{array}\end{array}$.
5. Do you have any dependent children?
No $\square 1$ Yes $\square 2$ If yes, how many?
$\begin{array}{ll}\text { 8. Are you a: (Tick all that apply to you) } \\ \begin{array}{ll}\text { Birth mother } & \text { No } \square 1 \text { Yes } \square 2 \\ \text { Co-parent } & \text { No } \square 1 \text { Yes } \square 2\end{array}\end{array}$.
6. Are you planning to have a child in the next 2 years?
No $\square 1 \quad$ Yes $\square 2 \quad$ Not sure $\square 3$ $\begin{array}{ll}\text { 10. Are you: (Tick all that apply to you) } \\ \text { Employed full-time } \square 1 & \text { Employed part-time } \square 1 \\ \text { Unemployed } \square 1 & \text { A student } \square 1 \\ \text { Doing domestic duties } \square 1 & \text { Not in the work force } \square 1 \\ \text { A pensioner or on social security benefits } \square 1\end{array}$ University of New South Wales

5

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Bisexual $\square 2 \quad$ Heterosexual / straight $\square 3$
Other (please specify) $\square 4$

¿sцłuou 9 łsed әцł u！xəs ןenseэ peч no人 әлен＇8乙
$\begin{array}{ll}\text { Yes—with women } \square 1 & \text { Yes－with both } \square 3 \\ \text { Yes－with men } \square 2 & \text { No casual partners } \square 4\end{array}$
pey noर әлеч syłuou 9 łsed әчł u！uo！̣seวэo Kue uo $6 乙$ group sex which included－ group
hen did you have your last Pap smear test？
$\begin{array}{ll}\text { Less than a year ago } \square 1 & \text { More than } 3 \text { years ago } \square 3 \\ 1-3 \text { years ago } \square 2 & \text { Never } \square 4\end{array}$
38．Have you ever had a test for a sexually transmitted
No，never $\square 1 \quad$ More than 6 months ago $\square 2$
During the past 6 months $\square 3$
39．Where did you go for this test？
$\begin{array}{ll}\text { GP／family doctor } \square 1 & \text { 24－hour medical centre } \square 4 \\ \text { sexual health clinic } \square 2 & \text { women＇s health centre } \square 5\end{array}$ sexual health clinic $\square 2$ women＇s health centre $\square 5$
FPA Health clinic $\square 3$
other $\square 6$（please specify）
40．When were you last tested for HIV？
During past 6 months $\square 1 \quad 6-11$ months ago $\square 2$
During past 6 months $\square 1 \quad 6-11$ months ago $\square 2$
$1-2$ yrs ago $\square 3 \quad$ More than 2 yrs ago $\square 4 \quad$ Never $\square 5$
41．What was the result of your last HIV test？
Positive $\square 1 \quad$ Negative $\square 2$ Don＇t know $\square_{3}$ 42．Have you been tested for hepatitis C？

43．Do you have hepatitis C？No $\square 1$ Yes $\square 2$ Don＇t know $\square 3$

ve you ever injected drugs？
Never $\square 1 \quad$ More than 6 months ago $\square 2$
During the past 6 months $\square 3$

Refused employment or promotion No $\square 1$ Yes $\square 2$
32．Have you ever experienced domestic violence in a
relationship？
 33．If yes，did you talk to someone else about it or seek help？
No $\square 1$ Yes $\square 2$ 34．If yes，who did you talk to？

Family or relative $\square_{1}$ Counsellor，psychologist $\square_{1}$
$\begin{array}{ll}\text { Friend or neighbour } \square 1 & \text { Gay／lesbian service } \square_{1} \\ \text { Doctor／hospital } \square 1 & \text { Magazine，radio etc．} \square_{1}\end{array}$ DV helpline $\square_{1}$ Verbal abuse or harassment
Being pushed or shoved


$\begin{array}{ll}\text { Being pushed or shoved } & \text { No } \square_{1} \\ \text { Yes } \square_{2} \\ \text { Being bashed } & \text { No } \square_{1} \text { Yes } \square_{2}\end{array}$
Physical threat or intimidation
Refusal of service
Refusal of service
Refused employment or promotion
 ened into doing something sexually that you did not want to do？
Never $\square 1$ Yes，by a male $\square 2$ Yes，by a female $\square 3$ $\begin{array}{ll}\text { Being pushed or shoved } & \text { No } \square 1 \\ \text { Benyed } & \text { No } \square_{1} \\ \text { Physical threat or intimidation } & \text { No } \square_{1}\end{array}$ Family or relative $\square_{1}$
Friend or neighbour $\square_{1}$
Doctor／hospital $\square 1$


[^6]$\begin{array}{lll}\text { Excellent } \square 1 & \text { Very good } \square 2 \\ \text { Good } \square 3 & \text { Fair } \square 4 & \text { Poor } \square 5\end{array}$



[^0]:    Note: The classification of postcodes and suburbs into the above regions is based on the Australian Statistical Geography Standard (ASGS): Volume 3 (270.0.55.003)
    (1) Surry Hills, Darlinghurst, Kings Cross and Potts Point, eastern inner city districts.
    (2) Including Newtown and Erskineville, bounded by Homebush, Cooks River, Canterbury.
    (3) South to Waterfall/Menai and west to Punchbowl.
    (4) North to Norah Head and west to Pennant Hills/Epping.
    (5) From Carlingford and Greenacre, Bankstown, Padstow, Newington across the Blue Mountains as far as Bell, out to Pheasants Nest, and north to Wisemans' Ferry.
    (6) Based on the Australian Statistical Geography Standard (ASGS): Volume 3 (270.0.55.003).

[^1]:    (1) The response options in 2006 and 2008 were "Less than a year" and "1-3 years"; in 2010 and 2012 they were "less than 2 years ago", " $2-3$ year". We have collapsed the options to "less than

    3 years ago" for comparison.
    (2) The option in 2006 and 2008 was "more than 3 year ago"; in 2010 and 2012 it was " $3-5$ years" and "more than 5 years ago". We have collapsed the options to "more than 3 years ago" for comparison.

[^2]:    (1) In 2006, we did not ask if women had been sexually coerced by both male and female, but a proportion of respondents are likely to have experienced both

[^3]:    (1) In 2006 and 2008 we did not ask if women had experienced DV with both male and female, but a proportion of respondents are likely to have experienced both

[^4]:    35．When did you have your last Pap smear test？

[^5]:    Nen Over mon

[^6]:    35．In general，would you say your health is－

