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, Rachel M. Deacon, Jude Comfort, Juliet Richters, Nicolas Parkhill





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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 9206 2000 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 9036 3412 Email: Julie.MooneySomers@sydney.edu.au

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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.

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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 drug 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

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 Findings

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 age range was 16-76 years (median age 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 illicit drugs 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 LBQ 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 drugs 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.

Sexual Health

- Those designing STI prevention programs 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 testing campaigns and resources targeting 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 LBO 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 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 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 highlights 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 lifestyle-related 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, socio-economic data, mortality data-sets, morbidity data-sets, same-sex attracted people, continue to be excluded from national statistics."(1)

Introduction

A lack of systematic, nuanced research on the health and wellbeing of Australian lesbian, bisexual and queer (LBQ) women has been a significant barrier to understanding, recognising 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 A, B and C were added; later questions were added about knowledge of sexually transmissible infections (STIs). Pap smear test, testing for STIs, tobacco smoking, 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 self-funded 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. (46,8) 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.

Methods

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-page 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.g. 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 significant 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 venues/ events	286 (29.7)	-	216 (22.4)	398 (47.7)		
Group	204 (21.2)	-	59 (6.1)			
Health Clinics	11 (1.2)	-	-			
Total	962 (100)	1013 (100)	964 (100)	835 (100)		

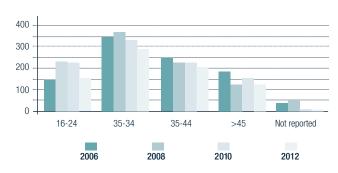
Table 2: Repeat responders					
	2012				
	n (%)				
Never completed before	594 (71.4)				
Completed before:	153 (18.3)				
Not reported	88 (10.5)				
Total	835 (100)				

4.1. Sample Characteristics

4.1.1. Age

The age range was 16-76 years, with a median age of 32 (2006 range was 16-68 years, median age 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

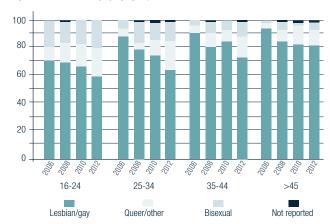
In 2012 we kept the response option 'queer' - added in 2010 - in the question 'Do you think of yourself primarily as: Lesbian/dyke/homosexual/gay, Bisexual, Heterosexual/ straight, Other (please specify)?'. We did this to reflect the significant proportion of women in previous years who ticked 'other' 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		
	n (%)	n (%)	n (%)	n (%)		
Lesbian/ homosexual	828(86.1)	773 (76.3)	726 (75.3)	570 (68.2)		
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)		
¹ 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). Although 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 Respondent	s who did not indicate a s	sexual identity were exclu	ided from the dataset in 20	006.	

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 2						
	n (%)	n (%)	n (%)	n (%)			
Only to females	367 (38.2)	399 (39.4)	343 (35.6)	238 (28.5)			
More often to females	475 (49.4)	454 (44.8)	475 (49.3)	434 (52.0)			
Equally often to both	71 (7.4)	99 (9.8)	102 (10.6)	100 (12.0)			
More often to males	24 (2.5)	30 (3.0)	25 (2.6)	42 (5.2)			
Only to males	1 (0.1)	3 (0.3)	4 (0.4)	7 (0.8)			
To no one 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. Transgender respondents

In 2012, 36 respondents (4%) indicated that they were transgender (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 (%)						
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)			
Not reported	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 longer have dependent children if the children have left home and are self-supporting; their status as parents is not reflected here.

Table 7: Dependent children (birth or co-parent)					
	2006	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	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, transgender 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).

	nnection to LGE 10, 2012)	BTQ community	, by sexual ide	ntity	
	Lesbian	Bisexual	Queer/ Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
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)
Not reported	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)
Not reported	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 surprisingly 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) Not at Very/mostly Somewhat Rarely all/n/a reported n (%) n (%) n (%) n (%) n (%) Hanging out at home with LGBTQ friends 169 (20.2) 40 (4.8) 551 (66.0) 31 (3.7) 44 (5.3) and family Socialising with LGBTQ friends at 514 (61.6) 185 (22.2) 64 (7.7) 37 (4.3) 35 (4.2) LGBTQ venues Spending time with 489 (58.6) 74 (8.9) 32 (3.8) 186 (22.3) 54 (6.5) my LGBTQ partner Socialising with 388 (46.5) 253 (30.3) 105 (12.6) LGBTQ friends at 41 (4 9) 48 (5.8) mainstream venues Attending LGBTQ 462 (55.4) 207 (24.8) 57 (6.8) community events Having LGBTQ colleagues at work/ 275 (32.9) 200 (24.0) 110 (13.2) 195 (23.3) uni Socialising with 247 (29.6) 177 (21.2) 153 (18.3) 202 (24 2) LGBTQ friends online Playing sport with LGBTQ teams/ 198 (23.7) 99 (11.9) 89 (10.7) 393 (47.0) 56 (6.7) leagues

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.

Table 12: Attendance at LGBTQ social venues or groups in the past 6 months					
	2006	2008	2010	2012	
	n (%)	n (%)	n (%)	n (%)	
Lesbian/queer women's night/ bar	689 (71.6)	773 (76.3)	614 (63.7)	553 (66.2)	
Gay night/bar	584 (60.7)	659 (65.1)	496 (51.5)	451 (54.0)	
LGBTQ ⁽¹⁾ dance party	415 (43.1)	489 (48.3)	295 (30.6)	304 (36.4)	
LGBTQ ⁽¹⁾ group meeting	333 (34.6)	244 (24.1)	205 (21.3)	222 (26.6)	
LGBTQ ⁽¹⁾ community event	-	563 (55.6)	403 (41.8)	423 (50.7)	
LGBTQ ⁽¹⁾ sports group	-	129 (12.7)	133 (13.8)	151 (18.1)	
Any of the above	828 (86.1)	942 (93.0)	781 (81.0)	706 (84.6)	
Note: Summary table;	adds up to more t	han 100% becaus	e respondents could	d be in more than	

one category.

(1) 2006 and 2008 wording was "gay and/or lesbian"

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 postgraduate qualification. For comparison, 43% of New South Wales women aged over 15 had post-school qualifications in 2011, with only 4% having a postgraduate qualification. (9)

Table 13: Education					
	2006	2008	2010	2012	
	n (%)	n (%)	n (%)	n (%)	
Up to Year 10/School Certificate	140 (14.6)	131 (12.9)	133 (13.8)	86 (10.3)	
Year 12/Higher School Certificate	191 (19.9)	202 (19.9)	197 (20.4)	131 (15.7)	
Tertiary diploma/ trade certificate	167 (17.4)	206 (20.3)	159 (16.5)	155 (18.6)	
University or college 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 high 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 2011 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.(10) 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 ¹	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)		

4.1.8. Geographical 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 region for the Sydney Mardi Gras festival.

Table 17: Where res	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)			

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⁾ Including UK and Irish/Scottish/Celtic. (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.

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 great 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).

	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 22% reporting between two and five partners (Table 19).

	Lesbian	Bisexual	Queer/ Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
2006					
One	532 (79.9)	36 (66.7)	21 (52.5)	-	589 (77.5)
2-5	112 (16.8)	15 (27.7)	9 (22.5)	-	136 (17.9)
>5	14 (2.1)	2 (3.7)	3 (7.5)	-	19 (2.5)
Not reported	8 (1.2)	1 (1.9)	7 (17.5)	-	16 (2.1)
Total	666 (100)	54 (100)	40 (100)	-	760 (100)
2008					
One	481 (75.0)	43 (71.7)	49 (58.3)	6 (66.7)	579 (72.9)
2-5	132 (20.6)	14 (23.3)	29 (34.5)	1 (11.1)	176 (22.2)
>5	18 (2.8)	3 (5.0)	5 (6.0)	0 (0.0)	26 (3.3)
Not reported	10 (1.6)	0 (0.0)	1 (1.2)	2 (22.2)	13 (1.6)
Total	641 (100)	60 (100)	84 (100)	9 (100)	974 (100)
2010					
One	462 (75.0)	41 (57.7)	61 (59.8)	6 (50.0)	570 (71.2)
2-5	126 (20.5)	16 (22.5)	31 (30.4)	3 (25.0)	176 (22.0)
>5	16 (2.6)	8 (11.3)	5 (4.9)	0 (0.0)	29 (3.6)
Not reported	12 (1.9)	6 (8.5)	5 (4.9)	3 (25.0)	26 (3.2)
Total	616 (100)	71 (100)	102 (100)	12(100)	801 (100)
2012					
One	339 (72.1)	43 (69.4)	69 (65.1)	3 (42.9)	454 (70.4)
2-5	100 (21.3)	16 (25.8)	28 (26.4)	0 (0)	144 (22.3)
>5	17 (3.6)	2 (3.2)	7 (6.6)	1 (14.2)	27 (4.2)
Not reported	14 (3.0)	1 (1.6)	2 (1.9)	3 (42.9)	20 (3.1)
Total	470 (100)	62 (100)	106 (100)	7 (100)	645 (100)

20

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. (10-13) However, perhaps reflecting the decrease in lesbian-identifying women, the proportion in the SWASH sample has increased over time (Tables 20 and 21). 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, 92% 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.

Typographical 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 higher than 2010.

ble 20: When responder	nts last had sex with a het	erosexual man, by sexual	identity		
	Lesbian	Bisexual	Queer/ Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
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)

	Lesbian	Bisexual	Queer/ Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
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; act than one category; only inc					

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)		
NOTE: Table only include women who reported sex with a woman in the past 6 months					

One hundred and thirty-eight (16%) women reported having been involved in 'S/M dominance/bondage' (i.e. sadomasochism or slave-mistress encounters) without or with blood (i.e. from practices such as cutting, 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 group 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)	
BDSM¹ 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; a	dds up to more ti	nan 100% because	respondents cou	ıld be in more	

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.

Table 26: Regular partner					
	2006	2008	2010	2012	
	n (%)	n (%)	n (%)	n (%)	
No	284 (29.5)	282 (27.8)	273 (28.3)	266 (31.9)	
With a woman	634 (65.9)	633 (62.5)	607 (63.0)	410 (49.1)	
With a man	25 (2.6)	47 (4.6)	24 (2.5)	42 (5.0)	
Poly/Multiple partners	7 (0.7)	11 (1.1)	35 (3.6)	25 (3.0)	
Not reported	12 (1.3)	40 (4.0)	25 (2.6)	92 (11.0)	
Total	962 (100)	1013 (100)	964 (100)	835 (100)	

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

Table 27: Leng	Table 27: Length of regular relationship						
	2006	2008	2010	2012			
	n (%)	n (%)	n (%)	n (%)			
Less than 6 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	3-5 years 146 (21.7) 152 (20.9) 101 (14.6) 84 (14.8)						
Over 5 years	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 in	clude women who	reported being in a	a regular relationsh	ip			

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
	n (%)	n (%)	n (%)	n (%)
Never	914 (95.0)	934 (92.2)	887 (92.0)	767 (91.9)
Over 6 months ago	36 (3.7)	52 (5.1)	34 (3.5)	32 (3.8)
In last 6 months	2 (0.2)	10 (1.0)	14 (1.5)	15 (1.8)
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 disaggregated 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 age 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.

lable co. ciliciting of	atus by sexual identity				
	Lesbian	Bisexual	Queer/Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
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)
Mr	66 (41.8)	129 (39.9)	74 (34.3)	49 (36.8)	319 (38.2)
Never smoked	00 (1110)	, ,			
Never smoked Not reported	10 (6.4)	22 (6.8)	16 (7.4)	8 (6.0)	58 (7.0)

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 77% of Australian women had drunk alcohol in the preceding year. (16)

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.⁽¹⁷⁾ 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 aged 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)	
9 or more drinks	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 alcohol-related 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 (16-24 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)

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 / 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/ 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 ta than one ca		ore than 100% be	cause respondents	could be in mor

4.3.3. Illicit drugs

In the preceding six months, 48% of respondents had used any illicit drug including cannabis (32%), ecstasy (23%), and cocaine (17%; Table 34). The proportion reporting illicit drug 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%).

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. (14)

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					
	n (%)	n (%)				
No regular doctor	226 (23.4)	196 (23.5)				
Yes, regular GP	474 (49.2)	446 (53.4)				
Yes, regular health 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 (2012)					
	2012				
	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%, 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			
	n (%)	n (%)			
Very Satisfied	221 (47.5)	34 (28.6)			
Satisfied	139 (29.9)	45 (37.8)			
Neither	26 (5.6)	12 (10.1)			
Unsatisfied	10 (2.1)	7 (5.9)			
Very Unsatisfied	3 (0.7)	2 (1.7)			
Not reported	66 (14.2)	19 (15.9)			
Total	465 (100)	119 (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 (p<0.001). The reasons for this decrease in self-assessed general health are not clear.

able 39: Self reported	general health, by sexual i	dentity			
	Lesbian	Bisexual	Queer/ Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
2006					
Poor/Fair	74 (8.9)	12 (14.3)	6 (12.0)	-	92 (9.6)
Good/Very good	513 (62.0)	52 (61.9)	35 (70.0)	-	600 (62.4)
Excellent	216 (26.1)	16 (19.1)	6 (12.0)	-	238 (24.7)
Not reported	25 (3.0)	4 (4.8)	3 (6.0)	-	32 (3.3)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2008					
Poor/Fair	40 (5.2)	16 (13.1)	9 (8.6)	0 (0.0)	65 (6.4)
Good/Very good	476 (61.6)	76 (62.3)	59 (56.2)	8 (61.5)	619 (61.1)
Excellent	225 (29.1)	25 (20.5)	35 (33.3)	3 (23.4)	288 (28.4)
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					
Poor/Fair	106 (14.6)	8 (7.9)	15 (12.1)	1 (7.7)	130 (13.5)
Good/Very good	443 (61.0)	65 (64.4)	79 (63.7)	8 (61.5)	595 (61.7)
Excellent	140 (19.3)	22 (21.8)	21 (16.9)	2 (15.4)	185 (19.2)
Not reported	37 (5.1)	6 (5.9)	9 (7.3)	2 (15.4)	54 (5.6)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)
2012					
Poor/Fair	61 (10.7)	14 (12.7)	23 (15.6)	3 (37.5)	101 (12.1)
Good/Very good	366 (64.2)	61 (55.4)	99 (67.4)	3 (37.5)	529 (63.4)
Excellent	111 (19.5)	29 (26.4)	23 (15.6)	0 (0.0)	163 (19.5)
Not reported	32 (5.6)	6 (5.5)	2 (1.4)	2 (25.0)	42 (5.0)
Total	570 (100)	110 (100)	147 (100)	8 (100)	835 (100)

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). 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 AHS 2011/12 SWASH 2012 % % Poor/Fair 127 14.6 Good 31.3 Excellent/Very 56.0 55.7 aood Note: For comparison, table excludes SWASH non-responders

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 height and underestimate weight when self-reporting, 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				
	n (%)	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						
SWASH 2012 AHS 2011/2012 %						
Underweight/Healthy 56.4 44.3						
Overweight 26.2 28.2						
Obese 17.2 27.5						
Note: For comparison, table excludes SWASH non-responders.						

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.

Table 43: Lifestyle diseases (2012)					
	2012				
	n (%)				
Heart disease	15 (1.8)				
Type 2 diabetes	12 (1.4)				
High cholesterol	51 (6.1)				
High blood pressure	36 (4.3)				
Any lifestyle disease 84 (10.5)					
Note: Summary table; adds up to more than 100% because respondents could be in more than one category.					

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 2006, 2010 and 2012 we used the Kessler 6 (K6) to measure non-specific psychological distress (e.g. 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 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.

	16-24 years	25-34 years	35-44 years	45+	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2006						
Low distress	96 (62.7)	266 (75.0)	195 (78.3)	137 (80.1)	4 (11.8)	698 (72.6)
Medium distress	31 (20.3)	31 (8.7)	25 (10.0)	14 (8.2)	0 (0.00)	101 (10.5)
High distress	20 (13.1)	21 (5.9)	3 (1.2)	9 (5.3)	0 (0.00)	53 (5.5)
Not reported	6 (3.9)	37 (10.4)	26 (10.4)	11 (6.4)	30 (88.2)	110 (11.4)
Total	153 (100)	355 (100)	249 (100)	171 (100)	34 (100)	962 (100)
2010						
Low distress	124 (53.2)	215 (62.1)	165 (73.0)	114 (74.5)	2 (33.3)	620 (64.3)
Medium distress	55 (23.6)	61 (17.6)	27 (11.9)	14 (9.2)	0 (0.00)	157 (16.3)
High distress	28 (12.0)	29 (8.4)	12 (5.3)	4 (2.6)	0 (0.00)	73 (7.6)
Not reported	26 (11.1)	41 (11.8)	22 (9.7)	21 (13.7)	4 (66.7)	114 (11.8)
Total	233 (100)	346 (100)	226 (100)	153 (100)	6 (100)	964 (100)
2012						
Low distress	82 (51.9)	214 (66.3)	143 (66.2)	90 (67.6)	4 (80.0)	533 (63.8)
Medium distress	34 (21.5)	53 (16.4)	30 (13.9)	17 (12.8)	0 (0.00)	134 (16.1)
High distress	26 (16.5)	24 (7.4)	19 (8.8)	7 (5.3)	0 (0.00)	76 (9.1)
Not reported	16 (10.1)	32 (9.9)	24 (11.1)	19 (14.3)	1 (20.0)	92 (11.0)
Total	158 (100)	323 (100)	216 (100)	133 (100)	5 (100)	835 (100)

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) Queer/ Lesbian Bisexual Not reported Total n (%) n (%) n (%) n (%) n (%) 2010 213 (29.3) 37 (36.6) 3 (23.1) No 29 (23.4) 282 (29.3) Yes, in the past 5 359 (49.5) 45 (44.6) 80 (64.5) 3 (23.1) 487 (50.5) years Yes, over 5 105 (14.5) 10 (9.9) 8 (6.5) 4 (30.8) 127 (13.2) years ago 68 (7.1) 49 (6.8) 9 (8.9) 7 (5.7) 3 (23.1) reported 964 (100) Total 726 (100) 101 (100) 124 (100) 13 (100) 2012 No 161 (28.3) 33 (30.0) 19 (12.9) 3 (37.5) 216 (25.9) Yes, in 105 (71.4) 3 (37.5) 548 (54.9) the past 292 (51.2) 58 (52.7) 5 years Yes, over 5 11 (10.0) 0 (0.0) 101 (12.0) years ago Not 2 (25.0) 43 (7.5) 8 (7.3) 7 (4.8) 60 (7.2) reported 570 (100) 110 (100) 147 (100) 8 (100) 835 (100) Total

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). Unsurprisingly, women who reported high psychological distress were more likely to have accessed psychological support and to have received a diagnosis.

Table 46: Ever diagnosed (self-report) with anxiety, depression or other mental health disorder (2010, 2012)						
	Lesbian	Bisexual	Queer/ Other	Not reported	Total	
	n (%)	n (%)	n (%)	n (%)	n (%)	
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)	
Not reported	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)	
Not reported	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. 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 2012 72%.

		able 47: Timing of last Pap smear test, by experience of sex with men						
	Never had sex with a man	Ever had sex with a man	Not reported	Total				
	n (%)	n (%)	n (%)	n (%)				
2006								
Less than 3 years ago(a)	169 (49.7)	450 (73.7)	4 (36.4)	623 (64.8)				
More than 3 years ago(b)	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(b)	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⁾ 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.

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 with a man	Not reported		Total		
	n (%)	n (%)	n (%)	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 reported	20 (6.8)	31 (6.0)	12 (75.0)	63 (7.6)		
Total	295 (100)	524 (100)	16 (100)	835 (100)		

Similar to previous years, just over half of respondents (54%) had ever had a diagnostic 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 diagnostic 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 diagnosis; 18% of those tested. An STI diagnosis was most likely among 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	Bisexual	Queer/ Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
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 the past 6 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 give their partner genital herpes during oral sex.

Table 50: Answers to STI knowledge questions					
		2006	2008	2010	2012
		n (%)	n (%)	n (%)	n (%)
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
	n (%)	n (%)	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)

⁽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

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 sought 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)				

(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

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 significantly since 2006 from 40% to 30% (p<0.001). Among women responding to SWASH experience of any anti-LGBTQ acts has dropped significantly from 2006 (p<0.001); this is entirely due the reduction in reported verbal abuse.

Table 53: Anti-LGBTQ behaviour experienced in the past 12 months 2006 2008 2010 2012 n (%) n (%) n (%) n (%) Verbal abuse or 387 (40.2) 415 (41.0) 295 (30.6) 246 (29.5) harassment Being pushed or 74 (7.7) 65 (6.4) 91 (9.4) 68 (8.1) 23 (2.4) Being bashed 22 (2.2) 23 (2.4) 18 (2.2) Physical threat or 101 (10.5) 133 (13.1) 92 (9.5) 80 (9.6) intimidation 70 (7.3) Refusal of service 73 (7.6) 53 (5.2) 51 (6.1) Refused employment 46 (4.8) 35 (3.5) 41 (4.3) 34 (4.1) or promotion Any of the above 42.7 33.8

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 reported to police	experienced in the pa	ast 12 months and
	Experienced	Reported to the police
	n (%)	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)

Discussion and Conclusion

This report provides an unparalleled insight into the health and wellbeing of LBO 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 findings 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. (14,15) The vast majority were daily smokers (66%); with 22% of LBQ women smoking daily this is again considerably higher than the general population 12%. (15) 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 ago 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. (26) 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 significant public health 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". 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. Targeted interventions to
 prevent young LBQ women taking up smoking may be
 needed.
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 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 alcohol-related disease or injury. (16) Among younger women, 70% 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 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.

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

5.3. Illicit drug use

Almost half (48%) of the 2012 sample had used an illicit drug in the preceding six months. Use of illicit drugs 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 Strategy Household Survey (NDSHS), gay people had the highest rate of recent drug use (36%) among all subpopulation groups.⁽¹⁴⁾ 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 (11% 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 largely focused on gay men.

- LBQ women are using illicit drugs 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 regard 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 findings on unprotected sex echo international research that condom use by LBQ women during sex with men is low. (11, 30, 31) 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 among 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 pregnancy 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 suggest sex is unplanned and that LBQ women may not have the necessary negotiation skills to protect themselves against STIs in these situations.

 Those designing STI prevention programs 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

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, designed 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. Knowledge 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 testing campaigns and resources targeting 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.

5.6. Health indicators

Levels of overweight and obesity in this younger sample were slightly lower than in the general population. 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. (41,43,44) Our findings suggest 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 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.

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. (51) This is borne out by the Australian Longitudinal Study of Women's Health: younger LBQ women were significantly 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 high 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 suggests that demand is increasing for LGBT specific counselling. Regardless of whether access has increased or was always high, these findings 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 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 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 LBO women?

5.8. Experiences of abuse and violence

A number of campaigns over recent years have addressed violence and abuse of LGBTQ people; this includes raising awareness of the impact of homophobic harassment.

Campaigns such as ACON's *This Is Oz* are clearly valuable and must continue; it is unacceptable that a third of LBQ 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, campaigns 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 programs.

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 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.

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 findings suggest 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 settings 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 lifestyle-related 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, socio-economic data, mortality data-sets, morbidity data-sets, same-sex attracted people, continue to be excluded from national statistics."(1)



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Sydney Women and Sexual Health SWASH) Survey 2012

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About You

- 1. What is your age? \(\bigcap \big| \\ \bigcap \end{ages}
- 2. Postcode or Suburb/town where you live
- 3. Are you of Aboriginal or Torres Strait Islander origin? No □1 Yes □2
- Anglo-Australian only □1 What is your ethnic or cultural background? (e.g. Greek) Vietnamese, Lebanese, Chinese) Other □₂ (please specify)
- Bisexual □2 Heterosexual / straight □⁴ Lesbian / dyke / homosexual / gay □1 5. Do you think of yourself primarily as: Other (please specify) □5 Queer 🗆3
- More often to males, and at least once to a female \square_4 More often to females, and at least once to a male \square_2 6. Which of these six statements best describes you? About equally often to females and to males □3 Only to females, never to males □1 Only to males, never to females □5 I have felt sexually attracted– To no one at all □6
- Are you transgender or transsexual? No □₁ Yes □₂
- Not in the work force □5 Student □7 Employed full-time □1 Unemployed □3 Pensioner/social security benefits □₆ 8. Are you: Tick all that apply Doing domestic duties □4 Employed part-time □2
- What is your annual income before tax? Nil-\$19,999 □1 \$40,000-\$59,999 \(\pris\$ \$100,000+ □₅ \$20,000-\$39,999 \(\tilde{1}\)2 \$60,000-\$99,999 \(\tilde{1}\)4

10. What is the highest level of education you have completed? Up to Year 10 / School Certificate □₁ Postgraduate degree (master's, PhD) □₅ Tertiary diploma or trade certificate □3 Year 12 / HSC / Leaving Cert / IB \square_2 University or college degree □4

any dependent children?	If yes, how many?
11. Do you have any	No □₁ Yes □₂

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Community

LGBTQ means Lesbian, Gay, Bisexual, Transgender, Queer

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Socialising with LGBTQ friends at LGBTQ venues		D	°	□	2	2
Socialising with LGBTQ friends at mainstream venues		□ □	3		<u> </u>	2
Hanging out at home with LGBTQ friends and family	_		3	<u></u>	2	2
Spending time with my LGBTQ partner		□ □	3	[−]	22	2
Socialising with LGBTQ friends online		□ 2	3	□	2	2
Having LGBTQ colleagues at work/uni		□ □	3	<u></u>	29	22
Attending LGBTQ community events	_	□ 2	3	□	2	2
Playing sport with LGBTQ teams/leagues	_	2	3	□	29	2
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Lesbian/queer women's night/bar	_	2	ũ	□
Gay night/bar	_		<u>=</u>	4
LGBTQ dance party	_	²	Ë	□
LGBTQ group meeting	_	<u></u>	ũ	4
LGBTQ community event	_	2	<u> </u>	□
LGBTQ sports group	_	²	ũ	□

All Ds 16. How many of your friends are LGBTQ? None □₁ A few □2 Some □₃ Most □⁴

Sex and relationships

- Never □1 Go to Q22 Over 6 months ago □2 Go to Q22 17. When was the last time you had sex with a woman? In the past 6 months □3
- 18. During the past 6 months, how many women have you 2–5 women □3 6–10 women □4 More than 10 women □5 had sex with? None □1 One □2
- 19. In the past 6 months, which of the following have you done while having sex with a woman?

Yes		\Box	\Box	\Box		\Box	\Box	\Box		
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	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

20. In the last 4 weeks, how many times have you had sex times (Please write a number) with a woman?

S/M dominance/bondage (no blood) No \square 1 Yes \square 2 S/M dominance/bondage (with blood) No \square 1 Yes \square 2 21. In the past 6 months, have you done:

22. Have you done any sex work? Never \Box_1 Over 6 months ago \Box_2 In the past 6 months \Box_3

23. When was the last occasion that you had sex with a gay, homosexual or bisexual man? Never □₁ Go to Q26 24. In the past 6 months have you had vaginal or anal inter-Over 6 mths ago \square_2 Go to Q26 In the past 6 mths \square_3

course with a gay or bisexual man (either regular or Never □1 Once □2 Occasionally □3 Often □4 casual partner) without a condom? straight or heterosexual man?

Never □1 Go to Q28 Over 6 months ago □2 Go to Q28 25. When was the last occasion that you had sex with a In the past 6 months □3 26. In the past **6 months** have you had vaginal or anal intercourse with a straight or heterosexual man (either Never □1 Once □2 Occasionally □3 Often □4 regular or casual partner) without a condom?

Page 1 of 2

Are you currently in a sexual relationship with a regular partner? No regular relationship □₁ Yes, a woman □₂ Yes, a man □₃ Yes, multiple regular partners/poly □⁴	If yes, how long has this relationship been? Less than 6 months □₁ 6–11 months □₂ 1–2 vears □₂ 2–5 vears □₂ More than 5 vears □₂
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- 27. Have you had casual sex in the past 6 months? No casual partners □4 Yes, with women □1 Yes, with men □2 Yes, with **both** □₃
- 28. On any occasion in the past 6 months have you had

apply to you)	No Yes	01	01	01	01	01
group sex which included (tick all that apply to you)		a gay, homosexual or bisexual man	a straight or heterosexual man	awoman	dominance/bondage (no blood)	S/M dominance/bondage (with blood)

Your health

- 29. Do you have a regular GP? No □₁ I see the same GP □₂ If you have a regular GP, how satisfied are you? Satisfied □₂ Neither □₃ I attend the same health centre/practice □3 Very satisfied □1
- 30. Are you out to your GP about your sexuality/gender Very unsatisfied □₅ identity? No □₁ Yes □2

Unsatisfied □⁴

- 31. In general, would you say your health is Poor □₁ Fair □2 Good □3 Very good □⁴ Excellent □s
- 32. How tall are you without shoes?
- 33. How much do you weigh (no clothes/shoes)

kgs

- 34. Has a doctor ever diagnosed you with: (Tick all that apply) High cholesterol □₃ High blood pressure □4 Heart disease □₁ Type 2 diabetes □²
- < 2 years ago □1 2-3 years ago □2 3-5 years ago □3 Never □₅ Not sure □₅ 35. When did you have your last Pap smear test? More than 5 years ago □4
- 36. Have you ever had an abnormal Pap smear test? Not sure □₃ No □₁ Yes□₂
- 37. Have you ever had a test for a sexually transmitted infection (not HIV)? No \Box_1 Over 6 months ago \Box_2 In the past 6 months □₃
- 38. Have you ever been diagnosed with an STI?

SWASH 2012, Version 2012.02 31St Jan 2012

- Not sure □₃ If yes, what was the result of your last HIV test? Positive (you have HIV) □₁ Negative□₂ 39. Have you ever had an HIV antibody test? Don't know □₃
- If yes, what was the result of your last test? Have you ever been tested for hepatitis C? Don't know □₃ Yes \square_2
- Not sure □3 Positive (you have hep C) \square_1 Negative \square_2

Smoking, drinking and drug use

- More than weekly (not daily) □2 41. Do you currently smoke cigarettes or other tobacco? Never smoked/less than 100 in lifetime □s Ex-smoker □4 Less than weekly □3
- Less often than weekly □2 3-4 days a week □⁴ 42. How often do you normally drink alcohol? Every day □₆ 1 or 2 days a week □₃ 5-6 days a week □₅ Never □1
- 43. On a day when you drink alcohol, how many standard drinks do you usually have? (1 drink = a small glass of 1-2 drinks \square 1 3-4 drinks \square 2 5-8 drinks \square 3 9-12 drinks \square 4 13-20 drinks \square 5 20+ drinks \square 6 wine, a middy of beer or a nip of spirits) 3-4 drinks □2
- more drinks on one occasion? Never \square_1 Once or twice \square_2 About once a month \square_3 About once a week \square_4 44. In the past 6 months, how often have you drunk 5 or More than once a week □5 Every day □6
- 45. How often have you **used** these drugs in the last **6 mths**? 1-5 6-10 11-20 More than

		<u>ဂ</u>	0 - 0	07-11	More than
	Never	times	times	times	20 times
Benzos / Valium	ō		ũ	4	22
Amyl / poppers	Ō	²	Ë	4	2
Marijuana	ō	₂	ű	4	22
Ecstasy	ō	₂	ũ	4	22
Speed	ō		ũ	4	22
Cocaine	ō	2	Ë	4	22
Crystal meth	ō	\Box	ũ	4	22
LSD / trips	Ō	\Box	ũ	4	22
GHB	ō	\Box	ũ	4	22
Ketamine	Ō	\Box	ũ	4	2
Any other drug**	_	\square		4	
**Please specify other drug	other dn	6ı			

46. Have you ever injected drugs? Never \Box_1 Over 6 months ago \Box_2 In the past 6 months \Box_3

Thank you for taking the time to complete this survey

Psychological health and wellbeing

47. During the past 4 weeks, how much of the time did you

- 48. Have you **ever** accessed a counsellor or psychiatrist? No \Box 1 Yes, in past 5 yrs \Box 2 Yes, over 5 yrs ago \Box 3
- 49. Have you **ever** been diagnosed with depression, anxiety disorder or other mental health disorder?

 No □₁ Yes, in past 5 yrs □₂ Yes, over 5 yrs ago □₃

Violence

Reported 50. In the last 12 months, have you experienced any of the following anti-lesbian, gay, bi or trans behaviour?

	S	0	to police
Verbal abuse or harassment	_	_2	ű
Being pushed or shoved	_		ű
Being bashed	_		õ
Physical threat or intimidation	_		ű
Refusal of service	_	\Box	ű
Refused employment/promotion	_		ũ

- If yes, did you talk to someone else about it or seek help? No \Box_1 Yes \Box_2 51. Have you ever been in a relationship where your partner Never □1 Yes, with a man □2Yes, with a woman □3 abused you (physically or emotionally)?
 - 52. Since the age of 16, have you been forced or frightened into doing something sexually that you didn't want to do? No □1 Yes, by a female □2 Yes, by a male □2

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 □1 False □2
- 54. You can have an STI and not have any symptoms. True □1 False □2

Page 2 of 2

9. What is your annual income before tax? Nil-\$19,999

BUILDING OUR COMMUNITY'S HEALTH & WELLBEING

ACON and the National Centre in HIV Epidemiology and Clinical Research, University of New South Wales

Sydney Women and Sexual Health Survey 2010

About You

No 🗆	identify as male □₃	
7. Are you transgender or transsexual?	Yes, identify as female □₂ Yes, identif	Yes, other □₄ (<i>please specify</i>)

8. Are you: (Tick all that apply to you) Employed full-time □1 Employed part-time \square_2 Unemployed \square_3 A student \square_5 Doing domestic duties □₆ Not in the work force □₆ A pensioner or on social security benefits \$\simeq\$

done while having sex with a woman? Fingers / hand on external genitals	Fingers / nand inside vagina Fingers / hand inside anus	Oral sex (your mouth, her genitals)	Oral sex (fier mouth, your gernials) Rimming (her mouth, your anus)	Rimming (your mouth, her anus)	Sex toy used on external genitals No 🗀 1 Yes 🗀 2
completed? Up to Year 10 / School Certificate Year 12 / HSC / Leaving Cert / IB □₂ Todion disjoins of trade continued	y alpioma or trade cr sity or college degre	raduate degree (mas	ave any dependent c	1 Yes ∐₂ /fyes, no	12. Are you planning to have a child in the next 2 years?
	done while having sex with a woman? Fingers / hand on external genitals	□₁ done while having sex with a woman? Fingers / hand on external genitals Fingers / hand inside vagina Fingers / hand inside anus	done while having sex with a woman? Fingers / hand on external genitals Fingers / hand inside vagina Fingers / hand inside anus Oral sex (your mouth, her genitals)	done while having sex with a woman? 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)	done while having sex with a woman? 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)

21. In the last 4 weeks, how many times have you had sex	times
21. In the last 4 weeks,	with a woman?

22. In the past 6 months, have you done:

No □₁ Yes □ No □1 Yes □	Never □₁ Over 6 months ago □₂
ndage (no blood) ndage (with blood	
S/M dominance/bondage (no blood) No □₁ Yes □≀ S/M dominance/bondage (with blood) No □₁ Yes □≀	23. Have you done any sex work? In the past 6 months \square_3

24. When was the last occasion that you had sex with a gay,	Never □1 Over 6 months ago □2 Go to question 26	In the past 6 months □₃
-------------------------------------------------------------	-------------------------------------------------	-------------------------

Very ☐ Mostly ☐ Somewhat ☐ Rarely ☐ Not at all ☐

All D

Some □₃ Most □₄

14. How many of your friends are LGBTQ?

None □₁ A few □2

15. In the past 6 months have you attended:

Lesbian/queer women's night/bar?

Here, LGBTQ means Lesbian, Gay, Bisexual, Transgender, Queer

Community

IVF, **anonymous** donor □2 IVF, **known** donor □3

Self inseminate, anonymous donor □4

Self inseminate, known donor □5

Sexual intercourse with a male partner $\ \square_1$

If yes, how do you plan to conceive?

13. Do you feel connected to a LGBTQ community in your

				26 When was the last occasion that you had sex with a		SIL		In the past 6 months □₃
More	<u></u>	□	_ □	<u></u>	□	Ċ	1	
Weekly	ű	ű	ű	ű	ő	ć	ĵ	ŕ
Monthly	Ğ	ũ	ũ		õ	É	Ĭ	No □1 Yes □2
2	ō	Ō	Ō	Ō	ō	Ċ	j	N

27. In the past 6 months have you had vaginal or anal intercourse with a straight or heterosexual man (either Never □1 Once □2 Occasionally □3 Often □4 regular or casual partner) without a condom?

28. Are you currently in a sexual relationship with a regular Yes, multiple regular partners/polyamorous □₄ Yes, a man □₃ partner? No regular relationship □1 Yes, a woman □z

ن	\Box	>5 years □₅
elationship been?	1 6-11 months I	years
es, how long has this relationshi	n 6 months	.s □₃ 3–5)
If yes, how I	Less tha	1–2 years [

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a	
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17. Which GLBTQ websites do you visit most often?

No 01 Yes 02 No 01 Yes 02 No 01 Yes 02 No 01 Yes 02

SSO (Star)

Cherrie

16. Do you read:

LGBTQ community event?

LGBTQ group meeting? LGBTQ sports group?

LGBTQ dance party?

Gay night/bar?

18. When was the last time you had sex with a **woman**? Never \Box ¹ Over 6 months ago \Box ² Go to question 22 In the past 6 months □3

.⊑	ever been tested f	Psychological health and wellbeing	
Yes, with men \square_1 No casual partners \square_4	NO L1 Tes L2 DOILTRIOW L3	During the past 4 weeks, how much of the time did you feel:	_
30. On any occasion in the past 6 months have you had	Positive (you have hep C) \square_1 Negative \square_2 Not sure \square_3	All of the Most of Some of A little of None of time the time the time the time the time the time.	e of
group sex which included (<i>tick all that apply to you)</i> a gav. homosexual or bisexual man ? No ⊡₁ Yes □₂	Smoking, drinking and drug use		<u> </u>
a straight or heterosexual man? No □₁ Yes □₂ a woman? No □₁ Yes □₂	T (0	could cheer you up?	2 2
S/M dominance/bondage (no blood) No \Box 1 Yes \Box 2 S/M dominance/bondage (with blood) No \Box 1 Yes \Box 2	Yes, less than weekly \square_3 No, ex-smoker \square_4 Never smoked/less than 100 in lifetime \square_5		2 2
Your health	43. On a day when you smoke, how many digarettes do you	an effort?	2 1
31. Do you have a regular GP? No \Box_1 I see the same GP \Box_2 I attend the same health centre/practice \Box_3	44. How often do you normally drink alcohol?	you ever accessed a counsellor or psychiatrist?	Ω
32. Are you out to your GP about your sexuality/gender identity? No \square_1 Yes \square_2	Never, I don't drink □1 Less often than weekly □2 1 or 2 days a week □3 3 or 4 days a week □4 5 or 6 days a week □5 Fyery day □6	No □¹ Yes, in past 5 yrs □² Yes, over 5 yrs ago □³ 52. Have vou ever been diagnosed with depression, anxiety	പ് ≥
33. In general, would you say your health is Poor □₁ Fair □₂ Good □₃ Very good □₄ Excellent □₅	ے 2	disorder or other mental health disorder? No □₁ Yes, in past 5 yrs □₂ Yes, over 5 yrs ago □₃	. 🖺
34. How tall are you without shoes?	wine, a middy of beer or a rip of spirits) 1-2 drinks □₁ 3-4 drinks □₂ 5–8 drinks □₃	Violence So to the local 40 months have been any of the	
- adtob tuc	9–12 drinks □4 13–20 drinks □5 20+ drinks □6	following anti-lesbian, gay, bi or trans behaviour?	
(if you are not sure, estimate)	46. In the past 6 months , how often have you drunk 5 or more drinks on one occasion?		ñп
36. Have you ever been diagnosed with cancer? No □ Yes – Breast □ Skin □ Lung □ Cervical □ Other cancer □ (<i>please specify</i>)	Never \Box_1 About once a month \Box_3 About once a week \Box_4 More than once a week \Box_5 Every day \Box_6	Being bashed No □¹ Yes □₂ Physical threat or intimidation Refused employment or promotion No □¹ Yes □₂ Refused employment or promotion No □¹ Yes □₂	
a	ese drugs in the las	our partn	j _
s ago ∐1 ²		abused you (physically or emotionally) abused hower □ 1 Yes, with a man □ 2 Yes, with a woman □ 3	, <u> </u>
o-b years ago □3 Not sure □6		If yes, did you talk to someone else about it or seek help?	60
 Have you ever had a test for a sexually transmitted infection (not HIV)? 	a		
No \Box 1 Over 6 months ago \Box 2 In the past 6 months \Box 3		 Since the age of 16, have you been forced or frightened into doing something sexually that you didn't want to do? 	2 م
39. Have you ever been diagnosed with an STI? No □₁ Yes □₂		No □1 Yes, by a female □2 Yes, by a male □2	\Box
If yes, tick all that apply to you Gonorrhoea □1 Chlamydia □2 Lice/crabs □3	"	Finally, please indicate whether you consider the following statements to be true or false .	
Syphilis □₅ Bacterial vaginos	9	56. If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes.	sex
Other □₁₀ (please specify)	Steroids	True ☐1 False □2	
40. Have you ever had an HIV antibody test? No \Box_1 Yes \Box_2 Don't know \Box_3	u ever injected drugs? Never □	57. You can have an STI and not have any symptoms. True $\Box_1~$ False \Box_2	
If yes, what was the result of your last HIV test? Positive (you have HIV) \Box_1 Negative \Box_2 Not sure \Box_3	Over 6 months ago □2 In the past 6 months □3 49 How often have von injected dring in the nast 6 months?	58. Lesbians do not need Pap smears. True \Box_1 False \Box_2	Ο.

Thank you for taking the time to complete this survey.

49. How often have you injected drugs in the past **6 months?** Weekly+ \Box_1 6-10 times \Box_2 1-5 times \Box_3 Never \Box_4

BUILDING OUR COMMUNITY'S HEALTH & WELLBEING

National Centre in HIV Epidemiology and Clinical Research UNSW School of Public Health and Community Medicine ACON: AIDS Council of New South Wales

Sydney Women and Sexual Health **Brief Survey 2008**

- None □1 A few □2 Some □3 Most □4 All □5 How many of your friends are lesbians?
- None □1 A few □2 Some □3 Most □4 All □5 2. How many of your friends are gay or homosexual men?
- 52222 2222 2222 In the past 6 months have you attended: a gay/lesbian group meeting? a GLBT community event? a gay/lesbian dance party? a lesbian bar? a gay bar? რ

a gay/lesbian sports group

- Often 3
 Often 3
 Often 3
 Often 3 Sometimes \square_2 (Sometimes \square_2 (Someti 2888 8888 SSO (Star) Do you read— Cherrie 7107
- Which gay/lesbian websites do you visit most often? 2
- \Box Are you transgender / transsexual? No □1 Yes Lesbian / dyke / homosexual / gay □1 Do you think of yourself as: 9

Heterosexual / straight □3

Other (please specify) □4

Bisexual □2

Do you have any dependent children?	No □1 Yes □2 If yes, how many? _

- No □1 Yes □2 No □1 Yes □2 Are you a: (Tick all that apply to you) Birth mother
- 10. Are you planning to have a child in the next 2 years? No □1 Yes □2 Not sure □3
- Doing domestic duties □1 Not in the work force □1 Employed part-time □1 A pensioner or on social security benefits \square 1 A student □1 11. Are you: (Tick all that apply to you) Employed full-time □1 Unemployed □1
- 12. What is your occupation?
- \$60,000-\$99,999 \$100,000+ \$ What is your annual income before tax? \$20,000—\$39,999 \(\text{\mathbb{Z}} \) \$40,000—\$59,999 \(\text{\mathbb{Z}} \) Nil—\$19,999 □1
- 14. What is the highest level of education you have completed?
- Postgraduate degree (master's, PhD) □≀ Tertiary diploma or trade certificate □5 Up to Year 10 / School Certificate \square 3 Year 12 / HSC / Leaving Cert / IB \square 4 University or college degree □6
- 15. When was the last time you had sex with a woman? In the past 6 months 3 Go on to question 16 Over 6 months ago \$\sime\$ 2 Go to question 19 Never □1 Go to question 19
- During the past 6 months, how many women have you 6–10 women □4 More than 10 women □5 None □1 One □2 2–5 women □3 had sex with?
- 17. In the past 6 months, which of the following have you Fingers / hand on external genitals Oral sex (your mouth, her genitals) done while having sex with a woman? Oral sex (her mouth, your genitals Rimming (her mouth, your anus) Rimming (your mouth, her anus) Fingers / hand inside vagina Fingers / hand inside anus

Sex toy used on external genitals

Sex toy used inside vagina Sex toy used inside anus

18. In the last 4 weeks, how many times have you had sex with a woman?

- S/M dominance/bondage (no blood) Yes \square 1 No \square 2 S/M dominance/bondage (with blood) Yes \square 1 No \square 2 19. In the past 6 months, have you done:
- More than 6 months ago □2 During the past 6 months □3 20. Have you done any sex work? No, never □1
- 21. When was the last occasion that you had sex with a gay, In the past 6 months 3 Go on to question 22 Over 6 months ago \square 2 Go to question 24 homosexual or bisexual man? Never □1 Go to question 24
- In the past 6 months have you had vaginal or anal inter-2–5 men □3 More than 10 men □5 bisexual men have you had sex with? One \square_2 6-10 men □4 None 🗆 1

22. During the past 6 months, how many gay, homosexual or

- course with any gay or bi man (either regular or casual Never □1 Once □2 Occasionally □3 Often □4 24. When was the last occasion that you had sex with a Over 6 months ago \$\simes\$ to question 26 straight or heterosexual man? Never □1 Go to question 26 partner) without a condom?
- 25. During the past 6 months, how many straight or hetero-2–5 men □3 More than 10 men □5 sexual men have you had sex with? One \square_2 6-10 men □4 None 🗆 1

In the past 6 months □3 Go on to question 25

26. Which of these six statements best describes you?

more often to females, and at least once to a male \Box more often to males, and at least once to a female \square 4 about equally often to females and to males □3 only to males, never to females □5 only to females, never to males □1 I have felt sexually attractedPlease turn over >

27. Are you currently in a sexual relationship with a regular partner? Yes—with a woman □1 Yes—with both □3 Yes—with a man □2 No recular relationship □4	38. Have you ever had a test for a sexually transmitted infection (not HIV)? No, never □1 More than 6 months ago □2 During the past 6 months □3	47. Do you currently smoke cigarettes or other tobacco? Yes □1 No, I have never smoked □2 No, I am an ex-smoker □3
ationsh 11	39. Where did you go for this test? GP / family doctor □1 24-hour medical centre □4 sexual health clinic □2 women's health centre □5 FPA Health clinic □3	48. How often do you normally drink alcohol? Never, I don't drink □1 3 or 4 days a week □4 Less often than weekly □2 5 or 6 days a week □5 1 or 2 days a week □3 Every day □6
29. Have you had casual sex in the past 6 months? Yes—with women □₁ Yes—with both □₃ Yes—with men □2 No casual partners □4	other ⊔6 (please specify) 40. Have you ever had an HIV antibody test?	drink alcoho 1 <i>drink = a s</i> ip of spirits)
30. On any occasion in the past 6 months have you had group sex which included— a gay, homosexual or bisexual man? No □1 Yes □2 a straight or heterosexual man? No □1 Yes □2	No \square_1 Yes \square_2 Don't know \square_2 41. Based on the result of your last HIV antibody test, are you—? Positive (you have HIV) \square_1 Negative \square_2 Don't know \square_3	3 or 4 drinks □2 13-20 drinks □5 5-8 drinks □3 More than 20 drinks □6 50. In the past 6 months, how often have you drunk 7 or more drinks on one occasion?
a woman? No □1 Yes □2 31. In the last 12 months, have you experienced any of the following and lastical perions and periods and the following and lastical periods and the following and the f	42. Hav	Never □1 About once a week □4 Once or twice □2 More than once a week □5 About once a month □3 Every day □6
<u></u>	43. Do you have hepatitis C? No □1 Yes □2 Don't know □3	Please indicate whether you consider the following statements to be true or false.
Being bashed No □1 Yes □2 Physical threat or intimidation No □1 Yes □2 Refusal of service No □1 Yes □2	44. Have you ever injected drugs? Never \square_1 More than 6 months ago \square_2 During the past 6 months \square_3	51. If a person with a cold sore has oral sex they can give their partner genital herpes. True \Box 1 False \Box 2
riolence in a	45. How often have you injected drugs in the past 6 months? Every week □₁ 6 or more times □₂ Cost of 5 times □ Navor □.	52. Chlamydia can lead to infertility in women. True □1 False □2
Never □1 Yes, with a man □2 Yes, with a woman □3	Gird to 5 unites as a nevel at 46. How often have you used these drugs in the past	53. Lesbians do not need Pap smears True □1 False □2
No \square 1 Yes \square 2 No \square 1 Yes \square 2	6 months? 1–5 6–10 11-20 More than	Finally, we need a few details to compare with other studies.
¢ to? 11 □ 1	Never times times alium \Box_1 \Box_2 \Box_3 pers \Box_1 \Box_2 \Box_3	54. What is your age? \textcolor \textcall years 55. Where do you live? Postcode or Suburb/town
Doctornospital ⊡1 Magazine, radio etc. ⊡1 Police □1 DV helpline □1 Other □1 <i>please state</i>	Manyuana	56. Are you of Aboriginal or Torres Strait Islander origin? No □1 Yes □2
35. In general, would you say your health is— Excellent □1 Very good □2 Good □3 Fair □4 Poor □5		57. What is your ethnic or cultural background? e.g. Greek, Vietnamese, Lebanese, Chinese Anglo-Vastralian only □1 Other □ (please specify)
36. Are you out to your doctor about your sexuality? No \Box 1 Yes \Box 2 Don't have a regular doctor \Box 1		
37. When did you have your last Pap smear test? Less than a year ago □₁ More than 3 years ago □₃ 1.2. Some a second when the second we have the second we have the second when the second we have the second which the second which is second when the second we have the second which the se	Heroin □1 □2 □3 □4 □5 Steroids □1 □2 □3 □4 □5 Any other drug □1 □1 □2 □3 □4	Thank vou for taking the time to complete this survey.

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

Sydney Women and Sexual Health Brief Survey 2006

- How many of your friends are lesbians?
 None □1 A few □2 Some □3 Most □4 All □5
- How many of your friends are gay or homosexual men?
 None □1 A few □2 Some □3 Most □4 All □5
- In the past 6 months have you attended: a lesbian bar? No □1
- a lesbian bar?

 a gay bar?

 a gay/lesbian dance party?

 b □ Yes □ 2

 a gay/lesbian group meeting?

 N □ Yes □ 2
- Do you read—
- LOTL
 No □1
 Sometimes □2
 Often □3

 SX
 No □1
 Sometimes □2
 Often □3

 SSO (Star)
 No □1
 Sometimes □2
 Often □3
- Are you transgender / transsexual? No \square 1 Yes \square 2

2

- Do you think of yourself as:
 Lesbian / dyke / homosexual / gay □₁
 Bisexual □2 Hetrosexual / straight □₃
 Other (please specify) □4
- Oo you have any dependent children?
 No □1 Yes □2 If yes, how many?
- Are you a: (*Tick all that apply to you*)

 Birth mother

 No \square 1 Yes \square 2

 Co-parent

 No \square 1 Yes \square 2

œ.

- Are you planning to have a child in the next 2 years? No □₁ Yes □2 Not sure □3
- 10. Are you. (*Tick all that apply to you*)

 Employed full-time □1 Employed part-time □1

 Unemployed □1 A student □1

 Doing domestic duties □1 Not in the work force □1

 A pensioner or on social security benefits □1

- 12. What is your annual income before tax?

 Nil-\$19,999 □1

 \$20,000-\$39,999 □2

 \$40,000-\$69,999 □3

 \$60,000-\$99,999 □4
- What is the highest level of education you have completed?

Up to Year 10 / School Certificate □3 Year 12 / HSC / Leaving Cert / IB □4 Tertiary diploma or trade certificate □5 University or college degree □6 Postgraduate degree (master's, PhD) □7

- 14. Have you done any sex work? No, never □1 More than 6 months ago □2 During the past 6 months □3
- 15. When was the last occasion that you had sex with a woman?
 Never □₁ Go to question 19
 Over 6 months ago □2 Go to question 19
- During the past 6 months, how many women have you had sex with?

In the past 6 months □3 Go on to question 16

- ad sex win *;*None □1 6–10 women □4
 One □2 More than 10 women □5
 2–5 women □3
- 17. In the past 6 months, which of the following have you done while having sex with a woman?
- Fingers / hand on external genitals No | Yes | 2 Fingers / hand inside vagina | No | 1 Yes | 2 Fingers / hand inside anus | No | 1 Yes | 2 Oral sex (your mouth, her genitals) | No | 1 Yes | 2 Oral sex (her mouth, your genitals) | No | 1 Yes | 2 Rimming (her mouth, your anus) | No | 1 Yes | 2 Rimming (your mouth, her anus) | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus | No | 1 Yes | 2 Sex toy used inside anus
- 18. In the last 4 weeks, how many times have you had sex with a woman?

times

19. In the past 6 months, have you done: S/M dominance/bondage (no blood) Yes □1 No □2 S/M dominance/bondage (with blood) Yes □1 No □2

20. When was the last occasion that you had sex with a gay, homosexual or bisexual man?

Never \Box 1 Go to question 23 Over 6 months ago \Box 2 Go to question 23 In the past 6 months \Box 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 □1 One □2 2–5 men □3
6–10 men □4 More than 10 men □5
22. In the past 6 months have you had vaginal or anal intercourse with any **gay or bi man** (either regular or casual

course with any gay or on man (either regular or casual partner) without a condom?

Never □1 Once □2 Occasionally □3 Often □4

23. When was the last occasion that you had sex with a straight or heterosexual man?

Never □1 Go to question 25

In the past 6 months as 60 on to question 24.

24. During the past 6 months, how many straight or hetero-

Over 6 months ago

25

- 4. During the past's months, how many straignt or n sexual men have you had sex with?
 6-10 men □1 One □2 2-5 men □3 6-10 men □4 More than 10 men □5
- 25. Which of these six statements best describes you?

 I have felt sexually attracted—
 only to females, never to males □1
 more often to females, and at least once to a male □2
 about equally often to females and to males □3
 more often to males, and at least once to a female □4
 only to males, never to females □5
 to no one at all □6
- 26.Are you currently in a sexual relationship with a regular partner?
 Yes—with a woman □1 Yes—with both □3 Yes—with a man □2 No regular relationship □4
- 27. If you are in a regular relationship, for how long has it been?

 Less than 6 months □1 3–5 years □4

 Less than 6 months □2 Nore than 5 years □5

 1–2 years □3 No regular relationship □6

Please turn over >

28. Have you had casual sex in the past 6 months? Yes—with women □1 Yes—with both □3 Yes—with men □2 No casual partners 1	ex in the control of	Yes—w No cast	past 6 months? Yes—with both □3 No casual partners □4	3 ers	36. Are you out to your doctor about your sexuality? No □1 Yes □2 Don't have a regular doctor □1 27 When did you have yourlast ban emear fact?	doctor about your se jular doctor □1	xuality?	46. In the past 6 months, have you shared any injecting equipment (e.g. water, swab, needle)? No □1 Yes □2
On any occasion in the past o months ha group sex which included— a gay, homosexual or bisexual man? a straight or heterosexual man?	past o ed— or bise	xual man:	ave you na ? No □1 ` No □1 `	es	37. When did you have your last Pap smear test? Less than a year ago □1 More than 3 ye 1–3 years ago □2 Never □4	your last Pap smear te r ago □1 More than 12 Never □4	p smear test? More than 3 years ago ⊟3 Never ⊟4	47. Do you currently smoke cigarettes or other tobacco? Yes □1 No, I have never smoked □2 No, I am an ex-smoker □3
a woman? 30. Since the age of 16, have you ever been forced or frightened in doing something sexually that you did not want to do?	ve you 3 sexua	ever been	No 🗆	No □1 Yes □2 Inced or fright- Inot want to do?	38. Have you ever had a test for a sexually transmitted infection (not HIV)? No, never □1 More than 6 months ago □2 During the past 6 months □3	a test for a sexually transmitte More than 6 months ago □2 6 months □3	transmitted is ago □2	ou smoke 21–40 ⊏ y drink alc
Nevel Cl. Tes, by a litate C. Tes, by a tentate C. 31. In the last 12 months, have you experienced any of the following anti-lesbian or anti-gay behaviour? Verbal abuse or harassment Being pushed or shoved No Cl. Yes Being bashed	a mare yc anti-g assme oved	ou experie	s, by a rein concept any lour? No □1 No □1	of the Yes = 2 Yes = 2 Yes = 2 Yes = 2	39. Where did you go for this test? GP / family doctor □1 24 sexual health clinic □2 w FPA Health clinic □3 other □6 (please specify)	or this test? or □1 24-hour me nic □2 women's he c □3 s specify)	st? 24-hour medical centre □4 women's health centre □5)	Never, I don't drink □1 3 or 4 days a week □4 Less often than weekly □2 5 or 6 days a week □5 1 or 2 days a week □3 Every day □6 50. On a day when you drink alcohol, how many drinks do middy of bear or a ning estimate.
Physical threat or intimidation Refusal of service Refused employment or promotion	timidai nt or pr	tion	888	1 Yes □2 1 Yes □2 1 Yes □2	40. When were you last tested for HIV? During past 6 months □1 6-1	en were you last tested for HIV? During past 6 months □1 6–11 months 1–2 vrs ano □4	IV? 6–11 months ago □2 2 vrs ano □4 Never □5	5–8 drinks □1 9–12 drinks □4 1 3 or 4 drinks □2 13–2 More than 20 drinks □5
32. Have you ever experienced domestic violence in a relationship? Never □1 Yes, with a man □2 Yes, with a woman	a man	omestic vi	iolence in , with a w	ı a ′oman ⊟₃	41. What was the result of your last HIV test? Positive □1 Negative □2 Don't knr	t of your last HIV test? egative □2 Don't know	j §	how often nge?
33. If yes, did you talk to someone else about it or seek hel No □1 Yes □2	meone	e else abo	out it or se	ek help?	42. Have you been tested for hepatitis C? No □1 Yes □2 Don't know □3	ed for hepatitis C? 2 Don't know □3		Once or twice □2 More than once a week □s About once a month □3 Every day □6
34. If yes, who did you talk to? Family or relative □1		Counsellor, psychologist	., psychok	ogist □1	43. Do you have hepatitis C?		No □1 Yes □2 Don't know □3	Please indicate whether you consider the following statements to be true or false .
Friend or neighbour □1 Doctor/hospital □1 Police □1 Other □1 please state_		Gay/lesbian service □1 Magazine, radio etc. □1 DV helpline □1	in service radio etc e □1	<u>-</u>	44. Have you ever injected drugs? Never □₁ More than 6 m During the past 6 months □₃	jected drugs? More than 6 months ago	go □2	52. If a person with a cold sore has oral sex they can give their partner genital herpes. True □₁ False □₂ 53. Chlamydia can lead to infertility in women. True □₁ False □₂
J J	ou say your he Very good ⊟2	r health is □2	ļ		45. In the past 6 months, which of these drugs have you used or injected?	s, which of these dru	gs have you used	54. Lesbians do not need Pap smears True □1 False □2
Good □3 Fair □4	1	Poor □5			Marijuana		Injected	Finally, we need a few details to compare with other studies.
36. In the past 4 weeks, how often did you feel	w often	n did you f	u feel— Half Some	enoN en	Ecstasy GHB	'nП		55. What is your age? \[\] \[\] years
nervous?		— of th	≒		Special K Cocaine	No 01 Yes 02 No 01 Yes 02	No 🗆1 Yes 🗆2 No 🖂 Yes 🗆2	56. Where do you live? Postcode or Suburb/town
so sad that nothing could cheer you up?	5			0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Heroin Speed	 		57. Are you of Aboriginal or Torres Strait Islander origin? No □₁ Yes □2
hopeless?	<u> </u>	5 6			Viagra, Cialis etc. Benzos e.g. Valium	No □1 Yes □2 No □1 Yes □2	No □1 Yes □2 No □1 Yes □2	58. What is your ethnic or cultural background? e.g. Greek, Vietnamese, Lebanese, Chinese
an effort? worthless?	<u>_</u>	² ²		0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Any other drug □ <i>please specify</i>	lease specify		Anglo-Australian only □1 Other □ (please specify)
-								Thank you for taking the time to complete this such

