# **WOMEN IN CONTACT WITH THE**

**SYDNEY LGBTQ COMMUNITIES:** 

REPORT OF THE SWASH LESBIAN, BISEXUAL

AND QUEER WOMEN'S HEALTH SURVEY

2014, 2016, 2018

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This report is based on the 2018 round of the SWASH survey, which was run by Julie Mooney-Somers (Sydney Health Ethics, University of Sydney) and Rachel Deacon (Discipline of Addiction Medicine, Sydney Medical School, University of Sydney; and Drug & Alcohol Services, South Eastern Sydney Local Health District). During the 2018 survey, Nicolas Parkhill was the CEO at ACON.

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ACON Health is NSW's leading health promotion organisation specialising in HIV prevention, care and support, and lesbian, gay, bisexual, transgender and intersex (LGBTI) health.

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# 1. Executive Summary

The SWASH survey is a comprehensive survey of important health issues relevant to lesbian, bisexual, queer (LBQ) and other non-heterosexual identifying women engaged with Sydney's lesbian, gay, bisexual, transgender and queer (LGBTQ) communities. The survey covers sexual health and wellbeing, violence, mental health, tobacco use, illicit drug use, alcohol consumption, and cancer, STI and HIV screening.

SWASH has run every two years since 1996, and since 2009 has been run by researchers at the University of Sydney in collaboration with ACON. The survey is regularly revised to reflect the needs of LGBTQ communities and knowledge deficits identified through research literature. Where possible, questions are sourced from established national surveys such as the Australian Health Survey, National Drug Strategy Household Survey, Australian Study of Health and Relationships, and Australian Longitudinal Survey of Women's Health.

Australian epidemiological data on the health and wellbeing of LBQ women remains inconsistent. The inclusion of sexuality indicators in large epidemiological surveys remains patchy, and data is often reported only by sexuality (e.g. LGB people vs heterosexual people) and not by sexuality and gender (e.g. LBQ women, GBQ men, heterosexual women, heterosexual women). In this context, SWASH provides a unique and important source of health-related information on Australian LBQ women and now, non-binary people.

This report presents results from the three most recent iterations of the survey conducted at the Mardi Gras Fair Day and other community events and venues during the Sydney Gay and Lesbian Mardi Gras seasons in 2014, 2016 and 2018. The report highlights several areas of particular concern (some of which have persisted over time), such as the need for mainstream preventative health interventions that are inclusive of or targeted to this group.

## SWASH 2018 Key Findings

**Sample:** 1272 participants returned valid questionnaires; 49% at the Sydney Gay and Lesbian Mardi Gras Fair Day, 37% at other LGBTQ social venues and 14% through the online survey.

**Demographics**: The age range was 16-94 years (median age 34 years). 77% had post-school education, 56% were employed full-time and 18% were students. 16% had dependent children and 13% were planning children in the coming two years. 51% lived in the city or eastern or inner western suburbs of Sydney.

**Sexual identity:** 55% thought of themselves as lesbian/dyke/homosexual/gay, 17% as bisexual, and 20% as queer; 8% chose the 'other' category. Being in a regular sexual relationship with a woman was the most common relationship status (48%).

**Gender identity:** 87% of respondents identified as cisgender women, with a further 6% identifying as non-binary and 3% reporting a trans experience.

**Community engagement**: 54% felt very or mostly connected to LGBTQ communities in their everyday life.

**Sexual relations with women**: 89% had ever had sex with a woman; 63% had done so in the preceding six months. Among respondents who had had sex with a woman in the preceding six months, 77% reported one sexual partner.

**Sexual relations with men**: 67% had ever had sex with a man; 21% had done so in the preceding six months. 27% had ever had sex with a man they believed to be gay or bisexual.

**Sex work**: 8% reported they had ever done sex work.

**Cervical cancer screening**: 21% had never had a Pap smear, and a further 12% had their last Pap smear more than three years ago. Respondents who had never had sex with a man were three times as likely to be overdue for screening as those who ever had sex with a man.

**STI screening**: 37% of respondents had never had an STI test, despite the vast majority being sexually active.

**Tobacco**: 22% were tobacco smokers, a substantially higher proportion than the general community.

**Alcohol**: 88% reported drinking alcohol; 49% consumed more than the NHMRC guidelines recommend for reducing the lifetime risk of alcohol-related disease or injury. 19% of drinkers drank 5 or more drinks (binge drinking) weekly or more often in the past 6 months.

**Illicit drugs**: In the preceding six months, 45% had used one or more illicit drug including cannabis (33%), methamphetamines (12%) and cocaine (18%). Rates of drug use were much higher than in the general community. 11% had ever sought help for a drug and/or alcohol issue, most commonly from a counsellor/psychologist.

**General health:** While most rated their general health as good/very good/excellent, 20% said it was poor or fair. 50% reported a height and weight that placed them outside the "healthy weight" range.

**Mental health**: 41% reported high or very high psychological distress (62% of 16-24 year olds). Over the past five years, 68% had accessed psychological services, 41% had received a mental health diagnosis. 31% said they had felt life was not worth living in the past 12 months, 14% had self-harmed.

Chronic illness and disability: 24% reported having a disability or chronic illness.

**Experiences of abuse and violence**: 32% had ever experienced physical or emotional abuse by a female partner. 40% had experienced some kind of anti-LGBTQ behaviour in the past year.

# 2. Overview

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 ignored. At best, they have been considered to be synonymous with general women's health. While sex between women is considered relatively low risk to health, a range of social, psychological and economic factors mean that this minority group has poorer 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.

SWASH is the longest running periodic survey of LBQ women's health and wellbeing in the world. The first round of the SWASH survey (then called the Sydney Women and Sexual Health survey) was carried out in 1996, making this the twelfth iteration. It was 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. Concern had been voiced about the possibility of HIV spreading from gay and bisexual 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 gay and lesbian communities in Sydney. In the following years, the focus shifted to a general health survey. In 2018, new questions were included on cervical cancer screening, mammography, alcohol and other drug treatment, and self-harm.

A key strength of the SWASH data set is that the same core questions have been asked every two years of women engaging with LGBTQ communities in similar venues and events, at the same time of year. This allows us to track trends in the population of community-engaged LBQ women. We take a conservative approach to changing the survey so as not to undermine our ability to capture trends. In 2018, we changed our approach to asking about survey respondents' gender; this revealed that 13% of survey respondents were not cisgender women. We will continue to work on the survey to meet community expectations around capturing the diversity of ways people describe their experiences, practices or identities, and in some cases, their partners' identities or bodies.

The inclusion of lesbian and bisexual women in the 2010 National Women's Health Policy<sup>2</sup> and for the first time in 2018, the NSW Women's Strategy<sup>3</sup> is 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. SWASH 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.

This report presents results from the 2018 survey with 2014 and 2016 data presented for comparison; the format follows previous survey iterations. 4-9 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.

# 3. Methods

## 3.1 Survey instrument

A two-page self-complete questionnaire was used for each iteration; some survey questions were included in all iterations, others appeared only once (see Appendices for copies of the questionnaires). In 2018, the questionnaire included items on demographics; sexual and gender identity; LGBTQ communities connection; smoking, alcohol and drug use; sexual health; general health; chronic illness and disability; psychological wellbeing; experiences of anti-LGBTQ behaviour, intimate partner violence; parenthood intentions; preventive health practices health-related help-seeking behaviour; and healthcare access and satisfaction. Responding to community feedback, and after consultation, we replaced a longstanding question on trans status, with a two-step question on gender identity and gender assigned at birth (as recommended by ACON).

## 3.2 Sampling and recruitment

SWASH is a repeated cross-sectional survey that takes place every two years in February during the Sydney Gay and Lesbian Mardi Gras season. It employs a modified version of the Time-Location convenience sampling also used for the HIV behavioural surveillance undertaken by the Gay Community Periodic Survey. This venue-based method is often employed for populations that cluster in locations. We drew on the knowledge of ACON health promotion staff to identify venues and events likely to have a high concentration of LBQ women and non-binary people during the survey recruitment period. As in previous years, in 2018 the primary recruitment site was the Mardi Gras Fair Day – a highly significant community family day with entertainment, stalls, and food attended by up to 80,000 people. Additional recruitment took place at 19 other social events that occurred during the Mardi Gras Season.

In 2018 we made sustained efforts to increase the sample's diversity by recruiting at events that were aimed at Aboriginal and Torres Strait Islander women or at LBQ-identifying trans and gender diverse people, and at events that were located outside the CBD or that did not revolve around alcohol. The significant disruption to data collection that occurred at Fair Day in 2016 (when security stopped data collectors approaching potential respondents) did not reoccur and respondent numbers returned to usual levels (numbers were almost halved in 2016); in 2018 recruitment was less reliant on commercial venues.

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 potential respondents who wish to avoid completing the questionnaire can easily do so; annecdotally, we can report that few explicitly refused a verbal offer to contribute.

In 2018 we also ran the survey online using REDCap electronic data capture tools hosted at the University of Sydney. The survey was open for one month immediately after face-to-face recruitment ceased. We delayed online recruitment to ensure the face-to-face sample was not changed by an online option and to maintain our ability to compare SWASH samples year to year.

## 3.3 Analysis

Data were entered from the coded questionnaires and loaded into SPSS v24.0 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 (that is, where the 'expected' number was very small).

The non-answer rate for some questions completed face-to-face was relatively high, especially those requiring writing text rather than ticking a box. (The online version of the survey contained controls alerting participants to non-completed questions.) We assume that many respondents simply left a question blank when it did not apply to them, rather than ticking the 'no' response. However, percentages have generally been calculated on the total sample, not on the question-specific response rate, which would have inflated the 'yes' percentages. Readers can take the 'yes' percentages 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 respondents could select more than one item, and tables reporting sub-samples.

# 4. Findings

Reflecting our practice since the 2004 survey report, 129 respondents who identified as heterosexual were excluded from this report. While respondents who identified as heterosexual may still have had sex with women, most of these respondents did so only rarely (of the 129 heterosexual respondents, 19 had ever had sex with a woman, only six in the last six months). Respondents identifying as male (regardless of gender assigned at birth) would have been removed but none remained in the sample after heterosexual identifying respondents were excluded. Thus, this report focuses on lesbian, bisexual, queer and other non-heterosexual identifying (LBQ) women (cis and trans), and includes non-binary people.

Face to face recruitment generated 1096 valid responses (Table 1). The online survey generated 335 valid responses. SWASH has always been a survey of community-engaged lesbian, bisexual and queer (LBQ) people traditionally recruited at events during the Mardi Gras season, to maintain the sample's coherence we excluded 159 online surveys from people who had not attended any events during the 2018 Sydney Gay and Lesbian Mardi Gras season. Thus, the final 2018 sample comprised 1096 paper and 176 online responses.

We asked respondents to indicate if they had completed the previous SWASH iteration in 2016; 7% had. This compares to 14% in 2014, 13% in 2012 and 12% in 2010. The decrease in the 2018 repeat participate rate is most likely due to recruitment disruption at Fair Day in 2016.

Table 1: Recruitment venues				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
Fair Day	767 (69.7)	397 (63.7)	622 (48.9)	
Social venues/ events	333 (30.3)	184 (29.5)	474 (37.3)	
Community group	-	42 (6.7)	-	
Online	-	-	176 (13.8)	
Total	1100 (100)	623 (100)	1272 (100)	

## 4.1 Sample Characteristics

### 4.1.1 Age

The age range was 16-94 years, with a median age of 34 (2014 range 16-66, median age 31; 2016 range 16-74, median 33). 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.

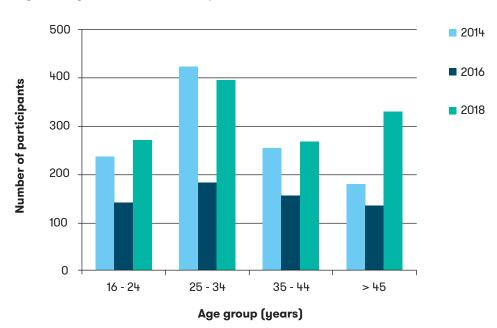


Figure 1: Age distribution of sample

## 4.1.2 Sexual identity and attraction

We continue to observe a drop in the proportion of respondents identifying as lesbian (58%) in SWASH (since 2006); the decrease over the last three iterations continues to be statistically significant (p<0.001; Table 2). The proportion of respondents identifying as bisexual (17%) has remained steady since 2014. Queer has been a separate response option since 2010 (to reflect the high proportion ticking "other" and then writing "queer") and now comprises 20% of respondents. As noted earlier, respondents who identified as heterosexual, regardless of their sexual practice or gender identity, were excluded from the data set.

The proportion of respondents who did not feel the available sexuality response options reflected their experience, or who selected more than one, is now 8%. The vast majority of respondents in the 'other' category used multiple terms to describe their sexuality, including 20 respondents who ticked multiple responses, e.g. both queer and lesbian. Some people resisted categorisation, making comments such "me" "no label" or "love is love", or describing themselves as fluid or "heteroflexible", while others defined themselves in opposition for example as "not heterosexual". Some people left the categorisation open, describing themselves as "experimenting", "questioning" or "not enough experience to label yet". The most common written term was pansexual (N=30) either on its own or in

conjunction with terms like queer or lesbian. Thirteen respondents used the term "asexual" or "ace", again either on its own or in conjunction other terms such as "queer" or "lesbian"; 13 respondents said they felt attracted to no one at all (Table 3). Several respondents described their sexuality as "trans".

Exclusive attraction to women was not the majority experience (26%; Table 3), even among this highly community-attached sample, the majority of whom (63%) had been sexually active with a woman in the preceding six months. This is the lowest exclusive attraction to women (26%), and the highest equal attraction to men and women (19%) that SWASH has captured. As would be expected, lesbian-identifying respondents were most likely to say they were attracted only or mostly to women (96%), followed by queer or other respondents (64%), and then bisexual respondents (20%).

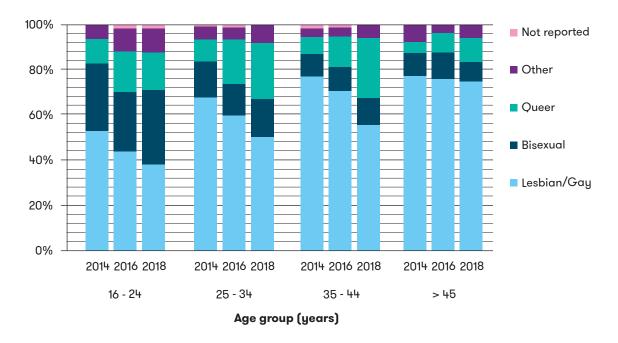
The median age of lesbian respondents was 37 years, of bisexual respondents 26 years, and of queer respondents 33 years (Table 4). Age and sexual identity have been correlated in each SWASH survey, with younger respondents more likely than older respondents to identify as bisexual, queer or other, and less likely to identify as lesbian (Figure 2).

Table 2: Sexual identity					
	2014	2016	2018		
	n (%)	n (%)	n (%)		
Lesbian/dyke/gay/homosexual	753 (68.5)	389 (62.4)	705 (55.4)		
Bisexual	180 (16.4)	97 (15.6)	214 (16.8)		
Queer	95 (8.6)	95 (15.2)	252 (19.8)		
Other	65 (5.9)	36 (5.8)	97 (7.6)		
Not reported	7 (0.6)	6 (1.0)	4 (0.3)		
Total	1100 (100)	623 (100)	1272 (100)		

Table 3: Sexual attraction to males and females ("I have felt sexually attracted to")					
	2014	2016	2018		
	n (%)	n (%)	n (%)		
Only to females	372 (33.8)	207 (33.2)	332 (26.1)		
More often to females	511 (46.5)	285 (45.7)	586 (46.1)		
Equally often to both	131 (11.9)	89 (14.3)	241 (18.9)		
More often to males	68 (6.2)	30(4.8)	90 (7.1)		
Only to males	6 (0.5)	3 (0.5)	4 (0.3)		
To no one at all	5 (0.5)	5 (0.8)	13 (1.0)		
No answer	7 (0.6)	4 (0.6)	6 (0.5)		
Total	1100 (100)	623 (100)	1272 (100)		

Table 4: Mean and median age, by sexual identity				
	2014	2016	2018	
	Mean (median)	Mean (median)	Mean (median)	
Lesbian	34.7 (33.0)	37.8 (36.0)	39.0 (37.0)	
Bisexual	29.6 (26.5)	30.1 (28.0)	30.1 (26.0)	
Queer	31.1 (29.0)	31.9 (31.0)	33.1 (32.5)	
Other	33.3 (28.0)	30.1 (28.0)	32.9 (30.0)	
Not reported	34.9 (36.0)	28.7 (28.0)	21.0 (20.5)	

Figure 2: Sexual identity by age group



#### 4.1.3 Gender identity

For the 2018 survey, 2018 we reviewed the way the survey captured gender. We previously only captured respondents' trans experience by collecting transgender status, and so did not reflect the gender diversity among LBQ people who engaged with the survey. Drawing on the current recommendations from ACON, we introduced two new questions: "Which of the following best describes your gender identity: female, male, non-binary, other (please specify)" and "What gender were you assigned at birth: female, male".

The majority of respondents (87%; Table 5) felt female best described their gender identity and had been assigned female at birth; these respondents would usually be referred to as cisgender or cis women. Respondents identifying as non-binary represented 6% of the sample, the overwhelming majority of whom had been assigned female at birth. Thirty three respondents (3%) identified as female and had been assigned male at birth; these respondents have conventionally been referred to as trans women but many may self-

identify simply as women. A further 4% of respondents ticked multiple options or "other"; the majority were assigned female at birth. Respondents who identified as male (whether assigned male or female at birth) would have been excluded from the data set. Four such respondents had already been removed as they identified as heterosexual, and no further male-identifying respondents remained.

The proportion of respondents with a trans experience in previous iterations of SWASH had been increasing (1% in 2006 to 7% in 2016). Due to the new questions in 2018, it is not possible to say that the 12% of respondents reporting trans and gender diverse experiences represents an increase. We have not conducted separate analyses for cis and trans and gender diverse respondents.

Table 5: Gender identity and assignment at birth		
	2018	
	n %	
Female (female at birth)	1110 (87.3)	
Female (male at birth)	33 (2.6)	
Non-binary (female at birth)	79 (6.2)	
Non-binary (male at birth)	2 (0.2)	
Other/multiple (female at birth)	32 (2.5)	
Other/multiple (male at birth)	14 (1.1)	
Not reported	2 (0.2)	
Total	1272 (100)	

#### 4.1.4 Intersex status

Since 2014 we have asked respondents about their intersex status. Twenty four (1.9%) indicated that they had variations in sex characteristics (Table 6). The most commonly cited estimate of the prevalence of variations in sexual characteristics in the general population is 1.7%; this is the source used by Intersex Human Rights Australia. We have not conducted separate analyses for people reporting an intersex status.

Table 6: Intersex status				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
No	1062 (96.5)	593 (95.2)	1230 (96.7)	
Yes	9 (0.8)	12 (1.9)	24 (1.9)	
Prefer not to say	12 (1.1)	5 (0.8)	11 (0.9)	
Not reported	17 (1.6)	13 (2.1)	7 (0.5)	
Total	1100 (100)	623 (100)	1272 (100)	

#### 4.1.5 Children

In 2018, 16% of respondents said they had dependent children, a similar proportion to other years (Table 7). This number does not capture parents who no longer have dependent children (that is, children have left home and are self-supporting). Ninety five respondents (13%) said they were planning to have children in the next two years (Table 8); most (75%) did not already have dependent children.

Table 7: Dependent children (birth or co-parent)				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
No	929 (84.5)	510 (81.9)	1062 (83.5)	
Yes	152 (13.8)	102 (16.4)	209 (16.4)	
Not reported	19 (1.7)	11 (1.8)	1 (0.1)	
Total	1100 (100)	623 (100)	1272 (100)	

Table 8: Planning to have children in next two years				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
No	879 (79.9)	518 (83.1)	1102 (86.6)	
Yes / Maybe	198 (18.0)	98 (15.7)	165 (13.0)	
Not reported	23 (2.1)	7 (1.2)	5 (0.4)	
Total	1100 (100)	623 (100)	1272 (100)	

#### 4.1.6 Social attachment to LGBTQ communities

Unsurprisingly for a sample that is generated through attendance at LGBTQ community events, levels of connection were high, with 54% reporting they felt mostly or very connected to LGBTQ communities in their everyday life (Table 9). Of the 1272 respondents, 98% said that at least a few of their friends were lesbian, gay, bisexual, transgender or queer people (Table 10).

In the preceding six months, 72% had attended at least one LGBTQ group, event or venue (Table 11). Over the past decade of the survey we've tracked a significant decline in overall attendance in all categories (from 86% in 2006 to 72% in 2018). The drop may indicate a change in socialising habits - LBQ people may be attending more mixed-mainstream venues - and/or opportunities to attend LGBTQ events and venues may have decreased. This presents challenges for health services wishing to engage with this group. Previous strategies for delivering health promotion often relied on people physically congregating at events or venues or reading community street press.

Table 9: Conn	ection to LGBT	Q communitie	es, by sexual i	dentity		
	Lesbian	Bisexual	Queer	Other	Not reported	Total
	n (%)	n (%)	n (%)	N (%)	n (%)	n (%)
2018						
Very	166 (23.5)	34 (15.9)	86 (34.1)	25 (25.8)	1 (25.0)	312 (24.5)
Mostly	203 (28.8)	57 (26.6)	84 (33.3)	31 (32.0)	0 (0.0)	375 (29.5)
Somewhat	226 (32.1)	83 (38.8)	64 (25.4)	28 (28.9)	2 (50.0)	403 (31.7)
Rarely	87 (12.3)	32 (38.8)	16 (6.3)	3 (3.1)	1 (25.0)	145 (31.4)
Not at all	18 (2.6)	5 (2.3)	1 (0.4)	9 (9.3)	0 (0.0)	27 (2.1)
Not reported	5 (0.7)	3 (1.4)	1 (0.4)	1 (1.0)	0 (0.0)	10 (0.8)
Total	705 (100)	214 (100)	252 (100)	97 (100)	4 (100)	1272 (100)
2016						
Very	84 (21.6)	13 (13.4)	36 (37.9)	7 (19.4)	1 (16.7)	141 (22.6)
Mostly	125 (32.1)	18 (18.6)	26 (27.4)	13 (36.1)	3 (50.0)	185( 29.7)
Somewhat	119 (30.6)	40 (41.2)	23 (24.2)	10 (27.8)	1 (16.7)	193 (31.0)
Rarely	48 (12.3)	16 (16.5)	6 (6.3)	6 (16.7)	1 (16.7)	77 (12.4)
Not at all	8 (2.1)	9 (9.3)	3 (3.2)	0 (0.0)	0 (0.0)	20 (3.2)
Not reported	5 (1.3)	1 (1.0)	1 (1.1)	0 (0.0)	0 (0.0)	7 (1.1)
Total	389 (100)	97 (100)	95 (100)	36 (100)	6 (100)	623 (100)
2014						
Very	153 (20.0)	20 (11.1)	26 (27.4)	11 (16.9)	0 (0.0)	210 (19.1)
Mostly	224 (29.7)	47 (2.61)	28 (29.5)	18 (27.7)	1 (14.3)	318 (28.9)
Somewhat	240 (31.9)	62 (34.4)	31 (32.6)	25 (38.5)	4 (57.1)	362 (32.9)
Rarely	109 (14.5)	32 (17.8)	8 (8.4)	8 (12.3)	1 (14.3)	158 (14.4)
Not at all	23 (3.1)	17 (9.4)	1 (1.1)	3 (4.6)	1 (14.3)	45 (4.1)
Not reported	4 (0.5)	2 (1.1)	1 (1.1)	0 (0.0)	0 (0.0)	7 (0.6)
Total	753 (100)	180 (100)	95 (100)	65 (100)	7 (100)	1100 (100)

Table 10: Number of friends who are LGBTQ				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
None	27 (2.5)	6 (1.0)	17 (1.3)	
A few	169 (15.4)	85 (13.6)	192 (15.1)	
Some	363 (33.0)	185 (29.7)	408 (32.1)	
Most	490 (44.5)	321 (51.5)	607 (47.7)	
All	25 (2.3)	19 (3.0)	33 (2.6)	
Not reported	26 (2.4)	7 (1.1)	15 (1.2)	
Total	1100 (100)	623 (100)	1272 (100)	

Table 11: Attendance at LGBTQ social venues, events or groups in past 6 months				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
Lesbian/queer women's night/bar	640 (58.2)	289 (46.4)	576 (45.3)	
Gay night/bar	537 (48.8)	234 (37.6)	446 (35.1)	
LGBTQ dance party	333 (30.3)	198 (31.8)	378 (29.7)	
LGBTQ group meeting	244 (22.2)	171 (27.4)	294 (23.1)	
LGBTQ community event	462 (42.0)	303(48.6)	695 (54.6)	
LGBTQ sports group	184 (16.7)	83 (13.3)	191 (15.0)	
Any of the above	855 (77.7)	465 (75.6)	956 (72.2)	

### 4.1.7 Education, employment and income

The SWASH sample has always been well educated; the proportion of respondents who have post-school qualifications has increased gradually from 64% in 2006 to 77% in 2018; 23% had a postgraduate qualification (Table 12). Of those who answered the questions on employment, 56% were employed full-time and 18% were students, some of whom were also employed (Table 13). With 45% of respondents earning an annual before tax income of \$60,000 or more and the proportion dependent on state benefits low; this is a reasonably well-off group (Table 14).

Table 12: Education			
	2014	2016	2018
	n (%)	n (%)	n (%)
Up to Year 10/School Certificate	88 (8.0)	70 (11.2)	98 (7.7)
Year 12/Higher School Certificate	170 (15.5)	108 (17.3)	194 (15.3)
Tertiary diploma/trade certificate	229 (20.8)	112 (18.0)	228 (17.9)
University or college degree	403 (36.6)	202 (32.4)	451 (35.5)
Postgraduate degree	207 (18.8)	126 (20.2)	295 (23.2)
Not reported	3 (0.3)	5 (0.8)	6 (0.5)
Total	1100 (100)	623 (100)	1272 (100)

Table 13: Employment status			
	2014	2016	2018
	n (%)	n (%)	n (%)
Employed full-time	683 (62.1)	363 (58.3)	711 (55.9)
Employed part-time	232 (21.1)	134 (21.5)	319 (25.1)
Unemployed	42 (3.8)	35 (5.6)	76 (6.0)
Student	181 (16.5)	100 (16.1)	234 (18.4)
Pensioner/social security benefits	29 (2.6)	30 (4.8)	61 (4.8)
Domestic duties	32 (2.9)	16 (2.6)	43 (3.4)
Not in work force	17 (1.5)	6 (1.0)	40 (3.1)

Table 14: Annual income before tax						
	2014	2016	2018			
	n (%)	n (%)	n (%)			
Nil-\$19,999	189 (17.2)	125 (20.1)	265 (20.8)			
\$20,000-\$39,999	179 (16.3)	101 (16.2)	185 (20.8)			
\$40,000-\$59,999	220 (20.0)	107 (17.2)	228 (17.9)			
\$60,000-\$99,999	308 (28.0)	173 (27.8)	380 (29.9)			
\$100,000+	171 (15.5)	89 (14.3)	191 (15.0)			
Not reported	33 (3.0)	28 (4.5)	23 (1.8)			
Total	1100 (100)	623 (100)	1272 (100)			

### 4.1.8 Ethnicity

Table 15 shows responses to questions on ethnic or cultural background grouped into broad categories (we have provided an expanded number of categories compared to previous SWASH reports). 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. In SWASH, 6% of respondents self-identified as Aboriginal and/or Torres Strait Islander persons; this is higher than the proportion that would be expected if the sample were similar to the total NSW population and may be due to recruitment efforts targeted to relevant events (4.4% of the female population of NSW (aged 15 years and older) identified as Aboriginal or Torres Strait Islander.)<sup>14</sup>

Table 15: Ethnicity			
	2014	2016	2018
	n (%)	n (%)	n (%)
Anglo-Australian only	623 (56.6)	387 (62.1)	797 (62.7)
Aboriginal <sup>1</sup>	62 (5.6)	40 (6.4)	83 (6.5)
Australian or Anglo-Australian plus other ethnicity	42 (3.8)	12 (1.9)	37 (2.9)
Oceanian <sup>2</sup>	27 (2.5)	16 (2.6)	29 (2.3)
North West European	81 (7.4)	28 (4.5)	75 (5.9)
South and Eastern European	71 (6.5)	38 (6.1)	75 (5.9)
European multi/not specified	12 (1.1)	7 (1.1)	14 (1.1)
African and/or Middle Eastern	34 (3.1)	10 (1.6)	28 (2.2)
Asian	61 (5.5)	28 (4.5)	56 (4.4)
Americas	33 (3.0)	26 (4.2)	17 (1.3)
Multiple/not specified	29 (2.6)	14 (2.2)	55 (4.3)
Not reported	25 (2.3)	17 (2.7)	6 (0.5)
Total	1100 (100)	623 (100)	1272 (100)

NOTE: Open text responses were classified into the above categories based on the 2016 Australian Standard Classification of Cultural and Ethnic Groups.<sup>15</sup>

<sup>&</sup>lt;sup>1</sup> Includes 28 reporting multiple affiliations in 2018

<sup>&</sup>lt;sup>2</sup> Includes New Zealand peoples, Melanesian, Papuan, Micronesian and Polynesian

### 4.1.9 Geographical location and residential status

Just over half (51%) of respondents lived in the city, inner west or eastern suburbs of Sydney (Table 16). This is unsurprising as most recruitment sites including Fair Day were located in this area. The online sample, where recruitment was not driven by geography, had a similar spread in geography. Few respondents (3%) lived in what has traditionally been considered the core gay Sydney suburbs of Darlinghurst, Potts Point, Kings Cross, and Surry Hills. A significant proportion of respondents lived outside the Sydney region (12%) demonstrating the number of respondents coming into the region for the events during Mardi Gras season.

Table 16: Where respondents lived			
	2014	2016	2018
	n (%)	n (%)	n (%)
Gay Sydney <sup>1</sup>	38 (3.5)	27 (4.3)	35 (2.8)
Eastern suburbs²	86 (7.8)	27 (4.3)	65 (5.1)
City and inner western suburbs³	480 (43.6)	315 (50.6)	549 (43.2)
Southern suburbs <sup>4</sup>	65 (5.9)	27 (4.3)	93 (7.3)
Northern suburbs <sup>5</sup>	154 (14.0)*	62 (10.0)	138 (10.8)
Western suburbs and Blue Mountains <sup>6</sup>	153 (13.9)	97 (15.6)	214 (16.8)
Outside Sydney region	107 (9.7)*	57 (9.2)	157 (12.3)
Not reported/invalid	17 (1.5)	11 (1.8)	21 (1.7)
Total	1100 (100)	623 (100)	1272 (100)

NOTE: The classification of postcodes and suburbs into the above regions is broadly aligned on the SA4 areas designated within 2016 Australian Statistical Geography Standard (ASGS).<sup>16</sup>

- (1) Eastern inner city suburbs of Surry Hills, Darlinghurst, Kings Cross and Potts Point
- (2) Sydney Eastern Suburbs
- (3) Sydney Inner West, City and Inner South plus Canterbury, excluding "Gay Sydney"
- (4) Sydney Sutherland, Inner South West and South West, excluding Canterbury
- (5) Sydney North Sydney and Hornsby, Northern Beaches, Ryde, Baulkham Hills, and Central Coast.
- (6) Sydney Parramatta, Outer West, Blacktown, Outer South West, South West, Blue Mountains

<sup>\*</sup>For 2014, proportion of responders residing in Northern suburbs has increased and proportion outside Sydney region decreased compared to previous reports as Central Coast localities are now included in Greater Sydney region.

## 4.2 Sexual partners and practices

#### 4.2.1 Sex with women

The great majority of respondents (89%) reported that they had ever had sex with a woman; 63% had done so in the preceding six months (Table 17). As expected, lesbian respondents were most likely (72%) to report recent sex with a woman, and bisexual respondents least likely (40%). Respondents who reported sex with a woman in the preceding six months were most likely to report one sexual partner (77%; Table 18) and most likely to have had sex between two and five times in the preceding four weeks (37%; Table 19).

Table 17: Last h	ad sex with a	woman, by se	xual identify			
	Lesbian	Bisexual	Queer	Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
Never	27 (3.8)	48 (22.4)	20 (7.9)	25 (25.8)	0 (0.0)	120 (9.4)
Over 6 months ago	162 (23.0)	74 (34.6)	69 (27.4)	28 (28.9)	1 (25.0)	334 (26.3)
In the past 6 months	505 (71.6)	86 (40.2)	159 (63.1)	42 (43.3)	3 (75.0)	795 (62.5)
Not reported	11 (1.6)	6 (2.8)	4 (1.6)	2 (2.1)	0 (0.0)	23 (1.8)
Total	705 (100)	214 (100)	252 (100)	97 (100)	4 (100)	1272 (100)
2016						
Never	7 (1.8)	24 (24.7)	5 (5.3)	9 (25.0)	2 (33.3)	47 (7.5)
Over 6 months ago	55 (14.1)	30 (30.9)	14 (14.7)	7 (19.4)	0 (0.0)	106 (17.0)
In the past 6 months	318 (81.7)	42 (43.3)	75 (78.9)	17 (19.4)	4 (66.7)	456 (73.2)
Not reported	9 (2.3)	1 (1.0)	1 (1.1)	3 (8.3)	0 (0.0)	14 (2.2)
Total	389 (100)	97 (100)	95 (100)	36 (100)	6 (100)	623 (100)
2014						
Never	13 (1.7)	17 (9.4)	2 (2.1)	13 (20.0)	1 (14.3)	46 (4.2)
Over 6 months ago	116 (15.4)	64 (35.6)	22 (23.2)	14 (21.5)	2 (28.6)	218 (19.8)
In the past 6 months	610 (81.0)	97 (53.9)	70 (73.7)	38 (58.5)	4 (57.1)	819 (74.5)
Not reported	14 (1.9)	2(1.1)	1 (1.1)	0 (0.0)	0 (0.0)	17 (1.5)
Total	753 (100)	180 (100)	95 (100)	65 (100)	7 (100)	1100 (100)

	Lesbian	Bisexual	Queer	Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
One	414 (83.1)	61 (70.9)	98 (61.6)	28 (66.7)	3 (100)	607 (76.6)
2-5	68 (13.7)	22 (25.6)	48 (30.2)	12 (28.6)	0 (0.0)	150 (19.0)
>5	12 (2.4)	2 (2.3)	12 (7.5)	2 (4.8)	0 (0.0)	28 (3.6)
Not reported	4 (0.8)	1 (1.2)	1 (0.6)	0 (0.0)	0 (0.0)	6 (0.8)
Total	498 (100)	86 (100)	159 (100)	<b>42 (100)</b>	3 (100)	788 (100)
2016						
One	246 (79.4)	32 (76.2)	44 (59.5)	12 (75.0)	4 (100)	338 (75.8)
2-5	45 (14.5)	9 (21.4)	23 (31.1)	4 (25.0)	0 (0.0)	81 (18.2)
>5	16 (5.2)	1 (2.4)	6 (8.1)	0 (0.0)	0 (0.0)	23 (5.2)
Not reported	3 (1.0)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	4 (0,9)
Total	310 (100)	<b>42 (100)</b>	74 (100)	16 (100)	4 (100)	446 (100)
2014						
One	459 (77.9)	66 (71.0)	42 (62.7)	19 (51.4)	2 (50.0)	588 (74.4)
2-5	102 (17.3)	23 (24.7)	23 (34.3)	15 (40.5)	2 (50.0)	165 (20.0)
>5	20 (3.4)	4 (4.3)	2 (3.0)	2 (5.4)	0 (0.0)	28 (3.5)
Not reported	8 (1.4)	0 (0.0)	0 (0.0)	1 (2.7)	0 (0.0)	9 (1.1)
Total	589 (100)	93 (100)	67 (100)	37 (100)	4 (100)	790 (100)

Table 19: Number of times respondents had sex with a woman in the past 4 weeks					
	2014	2016	2018		
	n (%)	n (%)	n (%)		
0	171 (21.6)	96 (21.5)	193 (24.5)		
1	90 (11.4)	48 (10.8)	102 (12.9)		
2-5	224 (28.4)	147 (33.0)	288 (36.5)		
6-10	124 (15.7)	64 (14.3)	117 (14.8)		
11+	144 (18.2)	58 (13.0)	86 (10.9)		
Not reported	37 (4.1)	33 (7.4)	2 (0.3)		
Total	790 (100)	446 (100)	788 (100)		

NOTE: Table only includes respondents who reported sex with a woman in the preceding  $\boldsymbol{6}$  months.

#### 4.2.2 Sex with men

Sixty seven percent of respondents reported they had ever had sex with a man; 21% in the last 6 months. Bisexual (85%), queer (84%) and other-identifying (71%) respondents were more likely to have ever had sex with a man compared to lesbian respondents (56%). The fact that a majority of lesbian respondents have a sexual history that includes men is perhaps familiar and unremarkable to members of LGBTQ communities. However, health service providers, policy makers and those designing STI prevention programs need to be aware that a significant proportion of women and non-binary people who do not identify as heterosexual are having sex with men, and consider the reach of their programs. This group may not respond to health promotion campaigns directed at assumed heterosexual audiences.

Sixty four percent of respondents said they had ever had sex with a man they believed to be heterosexual (Table 20), while 27% said they had ever had sex with a man they believed to be gay or bisexual (Table 21). Of the 203 respondents who reported sex with a heterosexual man in the last 6 months, 70% had had any unprotected vaginal or anal intercourse; 37% had done so often. We do not know if the sex reported was with cis or trans men as the SWASH survey does not ask respondents (or allow them to indicate) the specific gender experience of their partners.

Of the 115 respondents who reported sex with a gay or bisexual man in the last 6 months, 64% had had any unprotected vaginal or anal intercourse; 31% had done so often. While the absolute numbers are relatively small, the proportion reporting often having unprotected sex with a gay or bisexual man in 2018 (n = 36) is three times higher than the steady rate reported in 2014 and 2016. There is no evidence of a similar increase of unprotected sex with heterosexual men. These data suggest a need for further research regarding LBQ women and non-binary people's sexual practice with gay and bisexual men, especially in the preexposure prophylaxis (PrEP) era where there is evidence of a decrease in consistent condom use by gay and bisexual men when they have sex with other men. In additional to risks of STI and HIV transmission, unprotected vaginal sex also presents a risk of unintended pregnancy.

Table 20: When respondents last had sex with a heterosexual man, by sexual identity						
	Lesbian	Bisexual	Queer	Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
Never	303 (43.0)	34 (15.9)	50 (19.8)	28 (28.9)	4 (100)	419 (32.9)
Over 6 months ago	366 (51.9)	77 (36.0)	127 (50.4)	42 (43.3)	0 (0.0)	612 (48.1)
In the past 6 months	14 (2.0)	97 (45.3)	68 (27.0)	24 (24.7)	0 (0.0)	203 (16.0)
Not reported	22 (3.1)	6 (2.8)	37 (2.8)	3 (3.1)	0 (0.0)	38 (3.0)
Total	705 (100)	214 (100)	252 (100)	97 (100)	4 (100)	1272 (100)
2016						
Never	180 (46.3)	14 (14.4)	26 (27.4)	13 (5.6)	2 (33.3)	235 (37.7)
Over 6 months ago	187 (48.1)	38 (39.2)	47 (49.5)	10 (27.8)	3 (50.0)	285 (45.7)
In the past 6 months	9 (2.3)	41 (42.3)	19 (20.0)	11 (30.6)	1 (16.7)	81 (13.0)
Not reported	13 (3.3)	4 (4.1)	3 (3.2)	2 (5.6)	0 (0.0)	22 (3.5)
Total	389 (100)	97 (100)	95 (100)	36 (100)	6 (100)	623 (100)
2014						
Never	312 (41.4)	16 (8.9)	23 (24.2)	17 (26.2)	1 (14.3)	369 (33.5)
Over 6 months ago	392 (52.1)	69 (38.3)	47 (49.5)	25 (38.8)	1 (14.3)	534 (48.6)
In the past 6 months	33 (4.4)	86 (47.8)	24 (25.3)	22 (33.8)	4 (57.1)	169 (15.4)
Not reported	16 (2.1)	9 (5.0)	1 (1.1)	1 (1.5)	1 (14.3)	28 (2.5)
Total	753 (100)	180 (100)	95 (100)	65 (100)	7 (100)	1100 (100)

Table 21: When	respondents	last had sex v	vith a gay or l	oisexual man,	by sexual id	entity
	Lesbian	Bisexual	Queer	Other	Not reported	Total
	n (%)	n (%)	n (%)	N (%)	n (%)	n (%)
2018						
Never	590 (83.7)	127 (59.3)	126 (50.0)	55 (56.7)	4 (100)	902 (70.9)
Over 6 months ago	89 (12.6)	41 (19.2)	75 (29.8)	24 (24.7)	0 (0.0)	229 (18.0)
In the past 6 months	13 (1.8)	42 (19.6)	44 (17.5)	16 (16.5)	0 (0.0)	115 (9.0)
Not reported	13 (1.8)	4 (1.9)	7 (2.8)	2 (2.1)	0 (0.0)	26 (2.1)
Total	705 (100)	214 (100)	252 (100)	97 (100)	4 (100)	1272 (100)
2016						
Never	313 (80.5)	58 (59.8)	45 (46.4)	21 (58.3)	4 (66.7)	441 (70.8)
Over 6 months ago	51 (13.1)	22 (22.7)	31 (32.6)	6 (16.7)	2 (33.3)	112 (18.0)
In the past 6 months	16 (4.1)	15 (15.5)	18 (18.9)	9 (15.0)	0 (0.0)	58 (9.3)
Not reported	9 (2.3)	2 (2.1)	1 (1.1)	0 (0.0)	0 (0.0)	12 (1.9)
Total	389 (100)	97 (100)	95 (100)	36 (100)	6 (100)	623 (100)
2014						
Never	592 (78.6)	103 (57.2)	53 (55.8)	44 (67.7)	4 (57.1)	796 (72.4)
Over 6 months ago	84 (11.2)	47 (26.1)	27 (28.4)	12 (18.5)	2 (28.6)	172 (15.6)
In the past 6 months	48 (6.4)	25 (13.9)	14 (14.7)	8 (12.3)	0 (0.0)	95 (8.6)
Not reported	29 (3.9)	5 (2.8)	1 (1.1)	1 (1.5)	1 (14.3)	37 (3.4)
Total	753 (100)	180 (100)	95 (100)	65 (100)	7 (100)	1100 (100)

### 4.2.3 Sexual practices

Among the 63% of respondents 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 respondents than sex with the fingers or hand inside the vagina. Most respondents also practised oral sex (cunnilingus), the majority who had done so had both given and received (77%). More than half (60%) reported having used a sex toy. Most respondents who had used a toy had done so both on the external genitals and inside the vagina (53%). Anal practices were less common (30%), with manual stimulation (24%) a more common practice than oral stimulation (rimming; 14%) or the use of sex toys (14%). We do not know if the sex reported was with cis or trans women as the SWASH survey does not ask respondents (or allow them to indicate) the specific gender experience of their partners.

Twenty seven percent of respondents reported having been involved in 'S/M dominance/bondage' (e.g., sadomasochism or slave-mistress encounters) without or with blood (e.g., practices such as cutting, piercing, whipping or fisting; Table 23). Ten percent of respondents reported they had had group sex in the preceding six months; of the 131 reporting group sex 80% said this had involved a woman (Table 24). One hundred and four respondents (8%) reported they had ever done sex work (Table 25).

	2014	2016	2018
	n (%)	n (%)	n (%)
Fingers/hand on external genitals	740 (93.7)	416 (93.3)	756 (93.4)
Fingers/hand inside vagina	729 (92.3)	405 (90.8)	714 (88.3)
Fingers/hand inside anus	198 (25.1)	127 (28.5)	190 (23.5)
Oral sex (mouth on partner's genitals)	644 (81.5)	381 (85.4)	633 (78.2)
Oral sex (mouth on respondent's genitals)	622 (78.7)	367 (82.3)	601 (74.3)
Rimming (mouth on partner's anus)	98 (12.4)	80 (17.9)	95 (11.7)
Rimming (mouth on respondent's anus)	103 (13.0)	73 (16.4)	87 (10.8)
Sex toy used on external genitals	419 (53.8)	266 (59.6)	435 (53.8)
Sex toy used inside vagina	425 (53.8)	252 (56.5)	426 (25.7)
Sex toy used inside anus	91 (11.5)	71 (15.9)	114 (14.1)

NOTE: Summary table; adds up to more than 100% because respondents could be in more than one category; only includes respondents who reported sex with a woman in the past 6 months.

Table 23: Experience of S/M dominance/bondage in the past 6 months					
	2014	2014 2016			
	n (%)	n (%)	n (%)		
Yes	185 (16.8)	167 (26.8)	340 (26.8)		
- with blood	39 (3.5)	48 (7.7)	63 (5.0)		
No	868 (78.9)	428 (68.7)	883 (69.4)		
Not reported	47 (4.3)	28 (4.5)	49 (3.9)		
Total	1100 (100)	623 (100)	1272 (100)		

Table 24: Group sex in the past 6 months				
	2014	2016	2018	
Group sex which included:	n (%)	n (%)	n (%)	
A woman	115 (10.5)	51 (8.2)	105 (8.3)	
A straight or heterosexual man	50 (4.5)	28 (4.5)	53 (4.2)	
A gay or bisexual man	21 (1.9)	17 (2.7)	42 (3.3)	
BDSM <sup>1</sup> no blood	43 (3.9)	39 (6.3)	67 (5.3)	
BDSM² with blood	15 (1.4)	15 (2.4)	16 (1.3)	
Any group sex	139 (12.6)	72 (11.6)	131 (10.3)	

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

<sup>&</sup>lt;sup>2</sup> Practices such as cutting, piercing, whipping or fisting

Table 25: Sex work						
	2014 2016					
	n (%)	n (%)	n (%)			
Never	1020 (92.7)	559 (89.7)	1149 (90.3)			
Over 6 months ago	42 (3.8)	39 (6.3)	72 (5.7)			
In last 6 months	22 (2.0)	15 (2.4)	32 (2.5)			
Not reported	16 (1.5)	10 (1.6)	19 (1.5)			
Total	1100 (100)	623 (100)	1272 (100)			

#### 4.2.4 Sexual relationships

Forty eight percent of respondents were in a regular sexual relationship with a woman, 8% with a man and 36% were not in a regular sexual relationship (Table 26). The decreasing trend in the proportion of respondents reporting a relationship with a woman (2006: 66% to 48% in 2018) reflects the general decrease in lesbian-identifying respondents and the increase in recent sex with men already reported. The most common relationship length was over five years (35%; Table 27). Twenty five per cent of respondents reported they had

<sup>&</sup>lt;sup>1</sup> BDSM is bondage, dominance or sadomasochism or slave-mistress encounters

had a casual partner(s) in the preceding six months; 20% reported casual sex with a female partner (Table 28). We do not know if respondents are reporting relationships with cis or trans people as the SWASH survey does not ask respondents (or allow them to indicate) the specific gender experience of their partners.

Table 26: Current sexual relationship with a regular partner					
	2014	2016	2018		
	n (%)	n (%)	n (%)		
No	350 (31.8)	191 (30.7)	461 (36.2)		
With a woman	634 (57.6)	355 (57.0)	611 (48.1)		
With a man	64 (5.8)	39 (6.3)	107 (8.4)		
Poly/Multiple partners	41 (3.7)	23 (3.7)	73 (5.7)		
Not reported	11 (1.0)	13 (2.1)	20 (1.6)		
Total	1100 (100)	623 (100)	1272 (100)		

Table 27: Length of regular relationship					
	2014	2014 2016			
	n (%)	n (%)	n (%)		
Less than 6 months	114 (15.4)	62 (14.9)	128 (16.2)		
6-11 months	100 (13.5)	49 (11.8)	90 (11.4)		
1-2 years	142 (19.2)	83 (19.9)	130 (16.4)		
3-5 years	162 (21.9)	93 (22.3)	158 (20.0)		
Over 5 years	214 (29.0)	128 (30.7)	280 (35.4)		
Not reported	7 (0.9)	2 (0.5)	5 (0.6)		
Total	739 (100)	417 (100)	791 (100)		

Table 28: Casual sexual partners in past 6 months					
	2014 2016 20				
	n (%)	n (%)	n (%)		
No	780 (70.9)	437 (70.1)	937 (73.7)		
Yes, with women	192 (17.5)	105 (16.9)	167 (13.1)		
Yes, with men	48 (4.4)	26 (4.2)	67 (5.3)		
Yes, with both	68 (6.2)	39 (6.3)	83 (6.5)		
Not reported	12 (1.1)	16 (2.6)	18 (1.4)		
Total	1100 (100)	623 (100)	1272 (100)		

## 4.3 Tobacco, alcohol and illicit drug use

#### 4.3.1 Tobacco

Twenty two percent of respondents were current tobacco smokers (Table 29), with 59% of smokers smoking daily. SWASH data has shown a significant, although slow, downward trend from 35% in 2006 to 30% in 2016, so the drop to 22% is notable. The marked change is due to younger respondents. Over time, SWASH has tracked a very high rate of smoking among younger respondents (Table 29). Among 16-24 year olds, smoking has dropped from 42% in 2016 to 24% in 2018, and among 25-34 year olds from 34% to 25%. Rates of smoking among older respondents are steady. For the first time in the life of the survey slightly more than half of respondents have never smoked (67% of 16-24 year olds and 56% of 25-34 year olds).

These results need to be treated with caution. This is a surprisingly large drop (7% overall, 18% among younger respondents) for a behaviour linked to addiction, that had appeared intransigent. It is not clear what explains this drop, although the first tailored and targeted community smoking cessation campaign (a joint initiative by ACON and Cancer Institute NSW) ran in May 2016. Rates of smoking remain higher among this population group when compared with the general population, especially considering this is a highly educated urban sample. In comparison, in 2017, 12% of women in NSW (cf SWASH 22%) smoked, and 14% of those aged 16-24 (cf 24%). We continue to see rates of smoking around double the general population, that had appeared to be the general population of the same transfer and the second sec

Table 29: Smoki	ng status by	age group				_
	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
Current smoker	64 (23.5)	99 (24.9)	62 (23.0)	57 (17.2)	1 (50.0)	283 (22.2)
Ex-smoker	23 (8.5)	70 (17.6)	94 (34.8)	138 (41.7)	1 (50.0)	326 (25.6)
Never smoked	181 (66.5)	221 (55.7)	110 (40.7)	131 (39.6)	0 (0.0)	643 (50.6)
Not reported	4 (1.5)	7 (1.8)	4 (1.5)	5 (1.5)	0 (0.0)	20 (1.6)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
Current smoker	59 (41.8)	63 (34.2)	33 (21.0)	29 (21.2)	0 (0.0)	184 (29.5)
Ex-smoker	8 (5.7)	29 (15.8)	56 (35.7)	47 (34.3)	2 (50.0)	142 (22.8)
Never smoked	71 (50.4)	87 (47.3)	59 (37.6)	51 (37.2)	2 (50.0)	270 (43.3)
Not reported	3 (2.1)	5 (2.7)	9 (5.7)	10 (7.3)	0 (0.0)	27 (4.3)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)
2014						
Current smoker	113 (47.7)	127 (30.0)	56 (22.0)	32 (17.6)	1 (50.0)	329 (29.9)
Ex-smoker	30 (12.7)	104 (24.5)	78 (30.6)	73 (40.1)	1 (50.0)	286 (26.0)
Never smoked	91 (38.4)	185 (43.6)	116 (45.5)	73 (40.1)	0 (0.0)	465 (42.3)
Not reported	3 (1.3)	8 (1.9)	5 (2.0)	4 (2.2)	0 (0.0)	20 (1.8)
Total	237 (100)	<b>424 (100)</b>	255 (100)	182 (100)	2(100)	1100 (100)

#### 4.3.2 Alcohol

The majority of respondents (88%) in the 2018 survey reported drinking alcohol (among NSW women, 64% drink alcohol).<sup>20</sup> Table 30 illustrates the frequency of drinking was related to age: younger drinkers were more likely to drink two or fewer days per week (78% of 16-34 year olds compared to 64% of 35-44) while older drinkers were more likely to drink three or more days per week (23% of 16-34 year olds compared to 36% of 35-44).

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.<sup>22</sup> We asked respondents: on a day when you drink alcohol, how many standard drinks do you usually have? Nearly half of all respondents (49%; 57% of those who drank) and 63% of 16-24 year olds (72% of younger drinkers) reported they usually drank at levels that exceed this recommendation (Table 33).

The NHMRC recommends that drinking no more than four standard drinks on a single occasion to reduce the risk of alcohol-related injury arising from that **single occasion.**<sup>22</sup> Using data from the same question about how many standard drinks respondents usually have, 17% of all respondents (19% of those who drank) reported that they usually drank at levels that exceed this recommendation (Table 31). Seventeen percent of respondents (20% of those who drank) reported drinking five or more drinks ('binge drinking') weekly or more often in the past six months (Table 32). Respondents aged 16-24 years (75%) were more likely to binge drink two or more times in the last 6 months compared to the oldest age group (45 years plus; 56%); this pattern has not changed substantially over time.

Table 30: Frequency of drinking alcohol						
	2014	2014 2016				
	n (%)	n (%)	n (%)			
Less often than weekly	359 (32.6)	195 (31.3)	469 (36.9)			
1 or 2 days a week	310 (28.2)	178 (28.6)	3188 (25.0)			
3 or 4 days a week	200 (18.2)	88 (14.1)	190 (14.9)			
5 or 6 days a week	71 (6.5)	32 (5.1)	96 (7.5)			
Every day	48 (4.4)	26 (4.2)	42 (3.3)			
Not reported	18 (1.6)	21 (3.4)	19 (1.5)			
Never	94 (8.5)	83 (13.3)	138 (10.8)			
Total	1100 (100)	623 (100)	1272 (100)			

Table 31: Number of drinks consumed per occasion					
	2014	2014 2016			
	n (%)	n (%)	n (%)		
1 or 2 drinks	369 (33.6)	206 (33.1)	473 (37.2)		
3 or 4 drinks	348 (31.6)	198 (31.8)	405 (31.8)		
5 to 8 drinks	186 (16.9)	71 (11.4)	168 (13.2)		
9 or more drinks	84 (7.6)	32 (5.1)	47 (3.7)		
Not reported	19 (1.7)	33 (5.3)	41 (3.2)		
Non-drinker	94 (8.5)	83 (13.3)	138 (10.8)		
Total	1100 (100)	623 (100)	1272 (100)		

Table 32: Frequency of drinking 5 or more on a single occasion in past 6 months					
	2014	2014 2016			
	n (%)	n (%)	n (%)		
Never	191 (17.4)	120 (19.3)	233 (18.3)		
Once or twice	232 (21.1)	141 (22.6)	380 (29.9)		
About once a month	294 (26.7)	154 (24.7)	273 (21.5)		
About once a week	171 (15.5)	60 (9.6)	149 (11.7)		
More than once a week	95 (8.6)	35 (5.6)	64 (5.0)		
Every day	11 (1.0)	3 (0.5)	7 (0.6)		
Not reported	12 (1.1)	27 (4.3)	28 (2.2)		
Non-drinker	94 (8.5)	83 (13.3)	138 (10.8)		
Total	1100 (100)	623 (100)	1272 (100)		

#### 4.3.3 Illicit drugs

In the preceding six months, 47% of respondents had used any illicit drug (Table 33). Drug use remains steady including cannabis (33%), methamphamine use (12%; although it dropped over the last decade from 23% in 2006), and cocaine (18%). In response to the question 'Have you ever injected drugs?' 7% of respondents indicated that they had ever done so (steady over three iterations).

Rates of illicit drug use remain several times higher among the SWASH sample than reported for the general community (Table 34). The NDSHS 2016 found 13% of women in Australia reported using any illicit drug in the past 12 months, compared to 47% in our sample who reported using any illicit drug in the past 6 months. Echoing these disparities, the NDSHS found homosexual and bisexual people (not disaggregated by gender) generally reported recent illicit drug use several times higher than heterosexual people, most notably ecstasy and meth/amphetamines (5.8 times), cocaine (3.7 times), and cannabis (3.2).<sup>23</sup> Without a sophisticated understanding of the drivers of illicit drug use for LBQ women and non-binary people, and the conditions under which these practices become problematic, interventions are unlikely to succeed.

Respondents indicated whether selected drug types were usually taken at home, at a friend's home or private party, a public venue or party, or before or during sex. Table 35 shows the most common context for each drug: natural cannabis and benzos/Valium were more likely to be consumed in private, ecstasy and methamphetamines at public venues, while cocaine was most likely consumed at a private venue or public party. A small number of respondents reported drug use during sex, cocaine, ecstasy and cannabis were the most likely illicit drugs consumed in this context.

## 4.3.4 Help seeking

Eleven percent (n=142) of respondents said they had ever sought help for a drug and/or alcohol issue. The most common support sought was counsellor/psychologist (71%; Table 36), GP (53%), self-help groups (36%), friends/relatives (35%), and specialist drug and alcohol services (23%). One hundred and seven respondents told us which of these supports they had found the most helpful: counsellor/psychologist (26%), self-help groups (13%), friends/relatives (10%), GP (9%), and specialist drug and alcohol services (9%).

Table 33: Illicit drug use in the past 6 months				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
Any cannabis¹	371 (33.7)	184 (29.5)	416 (32.7)	
Natural	371 (33.7)	183 (29.4)	387 (30.4)	
Synthetic	-	20 (3.2)	67 (5.3)	
Ecstasy	232 (21.1)	117 (18.8)	207 (16.3)	
Methamphetamine <sup>2</sup>	153 (13.9)	61 (9.8)	154 (12.1)	
Cocaine	209 (19.0)	101 (16.2)	233 (18.3)	
Benzos / Valium	140 (12.7)	115 (18.5)	229 (18.0)	
Amyl / poppers	106 (9.6)	50 (8.0)	122 (9.6)	
LSD / trips	78 (7.1)	35 (5.6)	82 (6.4)	
Special K/ ketamine	49 (4.5)	28 (4.5)	89 (7.0)	
GHB	32 (2.9)	13 (2.1)	33 (2.6)	
New/emerging psychostimulants <sup>3</sup>	-	4 (0.6)	17 (1.3)	
Other drugs	41 (3.7)	19 (3.0)	47 (3.7)	
Any of the above	524 (47.6)	280 (44.9)	595 (46.8)	

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

<sup>&</sup>lt;sup>3</sup> New question in 2016.

Table 34: Illicit drug use SWASH sample compared with women in general community				
	SWASH 2018	NDSHS 2016		
	past 6 months	past 12 months		
	%	%		
Cannabis (natural)	30.4	7.9		
Ecstasy	16.3	1.8		
Cocaine	18.3	2.0		

<sup>&</sup>lt;sup>1</sup> From 2016 respondents were asked separately about natural and synthetic cannabis; in 2014 we have assumed all use to be natural form.

 $<sup>^2</sup>$  Use of speed and crystalline forms of methamphetamine no longer asked separately from 2016; we have collapsed 2014 responses for this report.

	Home	Home Friends home / Private party		Before or during sex
	n (%)	n (%)	n (%)	n (%)
Cannabis (natural)	163 (42.1)	223 (57.6)	40 (10.3)	31 (8.0)
Ecstasy	22 (10.6)	69 (33.3)	149 (72.0)	19 (9.2)
Methamphetamine	34 (22.1)	42 (27.3)	86 (55.8)	13 (8.4)
Benzos / Valium	190 (83.0)	30 (13.1)	14 (6.1)	6 (2.6)
Cocaine	51 (21.9)	139 (59.7)	109 (46.8)	23 (9.9)
Alcohol	320 (19.6)	350 (21.4)	369 (22.6)	94 (5.8)

NOTE: Summary table; adds up to more than 100% because respondents could be in more than one category; percentages are calculated on proportion of respondents who reported using that drug in the past 6 months.

Table 36: Drug/alcohol help-seeking behaviour (2018)			
	2016	2018	
	n (%)	n (%)	
GP	27 (39.1)	75 (52.8)	
Counsellor/psychologist	54 (78.3)	101 (71.1)	
Helpline	6 (8.7)	22 (15.5)	
Specialist drug & alcohol service	17 (24.6)	33 (23.2)	
LGBTI service	10 (14.5)	17 (12.1)	
Community organisation	7 (10.1)	21 (14.8)	
Friends/relatives	16 (23.2)	49 (34.5)	
Self-help groups (AA/NA/SMART)	17 (24.6)	51 (35.9)	
Hospital/ED	12 (17.4)	23 (16.2)	
Online/apps	2 (2.9)	12 (8.5)	
Other	4 (5.8)	11 (7.7)	
NOTE: Superpose tables adde up to prove their 100% hooses a green adopte acted he in			

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

### 4.4 Health status and behaviour

## 4.4.1 Relationships with doctors

The majority of respondents reported they had a regular doctor (59%) or health practice (18%; Table 37). The vast majority of respondents with a regular doctor/practice (84%) reported being satisfied or very satisfied (Table 38). Respondents who were out to their regular GP were more likely to be very satisfied (49%, p<0.01) than those who were not out (30%). That is, while respondents were largely satisfied with the service they received, disclosing sexuality appeared to be associated with a more positive evaluation of that service/relationship.

Table 37: Regular doctor					
	2014	2016	2018		
	n (%)	n (%)	n (%)		
No regular doctor	239 (21.7)	123 (19.7)	278 (21.9)		
Yes, regular GP	684 (62.2)	375 (60.2)	754 (59.3)		
Yes, regular health practice	169 (15.4)	105 (16.9)	222 (17.5)		
Not reported	8 (0.7)	20 (3.2)	18 (1.4)		
Total	1100 (100)	623 (100)	1272 (100)		

Table 38: Satisfaction with regular doctor				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
Very satisfied	363 (42.6)	218 (45.4)	433 (44.4)	
Satisfied	301 (35.3)	173 (36.0)	385 (39.4)	
Neither	86 (10.1)	44 (9.2)	93 (9.5)	
Unsatisfied	33 (3.9)	14 (2.9)	38 (3.9)	
Very unsatisfied	21 (2.1)	8 (1.7)	5 (0.5)	
Not reported	49 (5.7)	23 (4.8)	22 (2.3)	
Total	853 (100)	480 (100)	976 (100)	

#### 4.4.2 General health

The majority of respondents rated their general health as excellent/very good/good (78%; Table 39); 20% reported their health as fair/poor. The proportion reporting fair/poor health has increased over time. Three hundred respondents (24%) said they had a chronic (long-term) illness or disability.

Table 39: General health, by sexual identity						
	Lesbian	Bisexual	Queer	Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
Poor/Fair	116 (16.5)	44 (20.6)	66 (26.2)	37 (38.1)	0 (0.0)	263 (20.7)
Good/Very good	474 (67.2)	146 (68.2)	163 (64.7)	52 (53.6)	4 (100)	839 (66.0)
Excellent	107 (15.2)	20 (9.3)	20 (7.9)	7 (7.2)	0 (0.0)	154 (12.1)
Not reported	8 (1.1)	4 (1.9)	3 (1.2)	1 (1.0)	0 (0.0)	16 (1.3)
Total	705 (100)	214 (100)	252 (100)	97 (7.2)	4 (100)	1272 (100)
2016						
Poor/Fair	55 (14.1)	23 (23.7)	15 (15.8)	11 (30.6)	2 (33.3)	106 (17.0)
Good/Very good	264 (67.9)	65 (67.0)	65 (68.4)	24 (66.7)	4 (66.7)	422 (67.7)
Excellent	56 (14.4)	5 (5.2)	11 (11.6)	0 (0.0)	0 (0.0)	72 (11.6)
Not reported	14 (3.6)	4 (4.1)	4 (4.2)	1 (2.8)	0 (0.0)	23 (3.7)
Total	389 (100)	97 (100)	95 (100)	36 (100)	6 (100)	623 (100)
2014						
Poor/Fair	71 (9.4)	19 (10.6)	8 (8.4)	11 (16.9)	1 (14.3)	110 (10.0)
Good/Very good	501 (66.5)	123 (68.3)	69 (72.6)	44 (67.7)	4 (57.1)	741 (67.4)
Excellent	173 (23.0)	37 (20.6)	18 (18.9)	10 (15.4)	2 (28.6)	240 (21.8)
Not reported	8 (1.1)	1 (0.6)	0 (0.0)	0 (0.0)	0 (0.0)	9 (0.8)
Total	753 (100)	180 (100)	95 (100)	65 (100)	7 (100)	1100 (100)

#### 4.4.3 Height and weight

We use respondent's height and weight 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, and is one of the World Health Organisation's 100 Core Health Indicators.<sup>24</sup> It is an imperfect measure as people tend to overestimate height and underestimate weight when self-reporting,<sup>25</sup> and it does not recognise differences in height and weight proportions which may be related to cultural heritage. We acknowledge understandable concern among members of LGBTQ communities about a focus on body weight, and in particular on using normative ideals of body shape. While 41% of the sample was within the "healthy weight" range, 50% reported height and weight that placed them above this range (Table 42). We have provided comparative self-report data from women aged 18 years and older in the 2014-15 National Health Survey (NHS; Table 41).<sup>26</sup>

Table 40: Body mass index				
	2014	2016	2018	
	n (%)	n (%)	n (%)	
Below range	39 (3.5)	21 (3.4)	31 (2.4)	
Within range	524 (47.6)	267 (42.9)	519 (40.8)	
Above range	266 (24.2)	138(22.2)	347 (27.3)	
Higher range	172 (15.6)	140 (22.5)	289 (22.7)	
Not reported	99 (9.0)	57 (9.1)	86 (6.8)	
Total	1100 (100)	623 (100)	1272 (100)	

NOTE: Cut off scores were Below range = <18.50, Within range = 18.50- 24.99, Above range = 25-29.99, Higher range = >30

Table 41: Body mass index compared with women aged 18+ in general community					
	SWASH 2016 %	SWASH 2018 %	NHS 2014-15 %		
Below/Healthy range	51.0	46.1	45.1		
Above range	24.0	29.2	28.2		
Higher range	25.0	24.7	27.2		

NOTE: Cut off scores were Below/Within range = <24.99, Above range = 25-29.99, Higher range = >30 For comparison, table excludes SWASH non-responders and those aged less than 18 years.

#### 4.4.4 Mental health

We use the Kessler 6 (K6) to measure non-specific psychological distress (e.g. feeling nervous, hopeless, restless, worthless) in the preceding four weeks.<sup>27</sup> The proportion of respondents reporting high or very high acute distress has been trending up since we first posed the questions in 2006, and over the last three iterations has risen 10% to 41% (Table 42). HealthStats NSW use the K10,<sup>28</sup> and while these measures cannot be directly compared, the categories are broadly equivalent: in 2017, 4% of women in NSW reported very high levels of distress, and 8% reported high distress.<sup>20</sup> These rates are between one-quarter and one-third the levels of high and very high distress reported in our sample.

Reflecting the levels of acute distress reported, 31% of respondents said they that in the preceding 12 months they had felt that life was not worth living (suicidal ideation; Table 43) and 14% said they had deliberately hurt themselves or done something they knew might harm or kill them (self-harm; Table 44). A majority of respondents (68%) had accessed mental health services in the last five years (Table 46). In the same period, 46% had received a diagnosis of depression, anxiety disorder or other mental health disorder (Table 45).

Psychological distress among 16-24 year olds is alarming; 62% reported high/very high acute distress (Table 42), an increase of 20% over the last three iterations of the survey. This is markedly higher than among 16-24 year old women in NSW, where 11% report very high and 10% report high psychological distress.<sup>20</sup> Over the preceding 12 months, 45% of our youngest respondents had felt that life was not worth living and 26% had deliberately hurt themselves or done something they knew might harm or kill them. These are higher levels

than reported by 18-23 year old women in the Australian Longitudinal Survey of Women's Health, where 31% reported suicidal ideation in the last 12 months and 13% reported self-harm.<sup>29</sup> Almost three quarters of the youngest respondents (71%) had accessed mental health services in the last five years (Table 46). In the same period, 60% had received a diagnosis of depression, anxiety disorder or other mental health disorder (Table 45).

The self-harm question ("have you deliberately hurt yourself or done something you knew might harm or kill you") was drawn from the Australian Longitudinal Survey of Women's Health.<sup>30</sup> It covers self-harm with suicidal intent and non-suicidal self-harm and relies on respondents' self-definition of self-harm. We have heard anecdotally of SWASH respondents discussing how to interpret this question, whether to include for example drug use or snapping yourself with an elastic band. We do not know how these respondents ultimately responded to the question. However researchers using this question have argued that there is good evidence that people understand what is meant by self-harm.<sup>30</sup>

	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
Low distress	32 (11.8)	91 (22.9)	79 (29.3)	162 (48.9)	2 (100)	366 (28.8)
Medium distress	64 (23.5)	106 (26.7)	69 (25.6)	88 (26.6)	0 (0.0)	327 (25.7)
High distress	79 (29.0)	108 (27.2)	63 (23.3)	39 (11.8)	0 (0.0)	289 (22.7)
Very high distress	89 (32.7)	77 (19.4)	43 (15.9)	26 (7.9)	0 (0.0)	235 (18.5)
Not reported	8 (2.9)	15 (3.8)	16 (5.9)	16 (4.8)	0 (0.0)	55 (4.3)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
Low distress	15 (10.6)	44 (23.9)	57 (36.3)	59 (43.1)	1 (25.0)	176 (28.3)
Medium distress	24 (17.0)	63 (34.2)	46 (29.3)	25 (18.2)	1 (25.0)	159 (25.5)
High distress	42 (29.8)	44 (23.9)	29 (18.5)	22 (16.1)	2 (50.0)	139 (22.3)
Very high distress	49 (34.8)	20 (10.9)	10 (6.4)	7 (5.1)	0 (0.0)	86 (13.8)
Not reported	11 (7.8)	13 (7.1)	15 (9.6)	24 (17.5)	0 (0.0)	63 (10.1)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)
2014						
Low distress	63 (26.6)	146 (34.4)	126 (49.4)	99 (54.4)	0 (0.0)	434 (39.5)
Medium distress	53 (22.4)	14 (26.9)	50 (19.6	34 (18.7	1 (50.0)	252 (22.9)
High distress	54 (22.8)	85 (20.0)	39 (15.3)	25 (13.7)	1 (50.0)	204 (18.5)
Very high distress	51 (21.5)	49 (11.6)	17 (6.7)	8 (4.4)	0 (0.0)	125 (11.4)
Not reported	16 (6.8)	30 (7.1)	23 (9.0)	16 (8.8)	0 (0.0)	85 (7.7)
Total	237 (100)	<b>424 (100)</b>	255 (100)	182 (100)	2 (100)	1100 (100)

Table 43: Have you ever felt that life was not worth living? (2018)						
	16-24 years	25-34 years	35-44 years	45+ years	Not Reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Yes	189 (69.5)	269 (67.8)	170 (63.0)	176 (53.2)	1 (50.0)	805 (63.3)
in the last 12 months	121 (44.5)	134 (33.8)	80 (26.9)	56 (19.6)	0 (0.0)	391 (30.7)
No	1 (50.0)	77 (28.3)	123 (31.0)	97 (35.9)	152 (45.9)	450 (35.4)
Not reported	6 (2.2)	5 (1.3)	3 (1.1)	3 (0.9)	0 (0.0)	17 (1.3)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)

Table 44: Have you ever deliberately harmed yourself? (2018)						
	16-24 years	25-34 years	35-44 years	45+ years	Not Reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Yes	171 (62.9)	218 (54.9)	117 (43.3)	83 (25.1)	1 (50.0)	590 (46.4)
in the last 12 months	70 (25.7)	64 (16.1)	29 (10.7)	12 (3.6)	0 (0.0)	175 (13.8)
No	92 (33.8)	172 (43.3)	148 (54.8)	244 (73.7)	1 (50.0)	657 (51.7)
Not reported	9 (3.3)	7 (1.8)	5 (1.9)	4 (1.2)	0 (0.0)	25 (1.9)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)

Table 44: Ever a	ccessed cour	nselling or psį	ychological s	ervices		
	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
No	63 (23.2)	64 (16.1)	45 (16.7)	61 (18.4)	0 (0.0)	233 (18.3)
Yes, in the past 5 years	192 (70.6)	295 (74.3)	191 (70.7)	180 (54.4)	1 (50.0)	859 (67.5)
Yes, over 5 years ago	14 (5.1)	32 (8.1)	31 (11.5)	86 (26.0)	1 (50.0)	164 (12.9)
Not reported	3 (1.1)	6 (1.5)	3 (1.1)	4 (1.2)	0 (0.0)	16 (1.3)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
No	37 (26.2)	41 (22.3)	25 (15.9)	27 (19.7)	0 (0.0)	130 (20.9)
Yes, in the past 5 years	96 (68.1)	119 (64.7)	107 (68.2)	77 (56.2)	3 (75.0)	402 (64.5)
Yes, over 5 years ago	6 (4.3)	20 (10.9)	19 (12.1)	26 (19.0)	1 (25.0)	72 (11.6)
Not reported	2 (1.4)	4 (2.2)	6 (3.8)	7 (5.1)	0 (0.0)	19 (3.0)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)
2014						
No	71 (30.0)	140 (33.0)	55 (21.6)	34 (18.7)	0 (0.0)	300 (37.3)
Yes, in the past 5 years	149 (62.9)	240 (56.6)	160 (62.7)	109 (59.9)	2 (100)	660 (60.0)
Yes, over 5 years ago	14 (5.9)	41 (9.7)	39 (15.3)	36 (19.8)	0 (0.0)	130 (11.8)
Not reported	3 (1.3)	3 (0.7)	1 (0.4)	3 (1.6)	0 (0.0)	10 (0.9)
Total	237 (100)	<b>424 (100)</b>	255 (100)	182 (100)	2 (100)	1100 (100)

	16 -24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2018						
No	89 (32.7)	143 (36.0)	98 (36.3)	152 (45.9)	0 (0.0)	482 (37.9)
Yes, in past 5 years	163 (59.9)	195 (49.1)	130 (48.1)	99 (29.9)	0 (0.0)	587 (46.1)
Yes, over 5 years ago	16 (5.9)	53 (13.4)	39 (14.4)	75 (22.7)	2 (100)	185 (14.5)
Not reported	4 (1.5)	6 (1.5)	3 (1.1)	5 (1.5)	0 (0.0)	18 (1.4)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
No	47 (33.3)	74 (40.2)	63 (40.1)	55 (40.1)	1 (25.0)	240 (38.5)
Yes, in past 5 years	89 (63.1)	85 (46.2)	63 (40.1)	53 (38.7)	2 (50.0)	292 (46.9)
Yes, over 5 years ago	3 (2.1)	23 (12.5)	21 (13.4)	21 (15.3)	1 (25.0)	69 (11.1)
Not reported	2 (1.4)	2 (1.1)	10 (6.4)	8 (5.8)	0 (0.0)	22 (3.5)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)
2014						
No	107 (45.1)	208 (49.1)	133 (52.2)	99 (54.4)	0 (0.0)	547 (49.7)
Yes, in past 5 years	121 (51.1)	164 (38.7)	85 (33.3)	53 (29.1)	2 (100)	425 (38.6)
Yes, over 5 years ago	5 (2.1)	47 (11.1)	35 (13.7)	28 (15.4)	0 (0.0)	115 (10.5)
Not reported	4 (1.7)	5 (1.2)	2 (0.8)	2 (1.1)	0 (00)	13 (1.2)
Total	237 (100)	<b>424 (100)</b>	255 (100)	182 (100)	2 (100)	1100 (100)

### 4.4.5 Preventive health practices

From 1st December 2017, the National Cervical Screening Program changed to recommend the age at which screening starts increase from 18 to 25 years (ending at age 74 years) and the time between screening tests increase from two to five years. The Pap smear test (looking for physical changes indicating cancer) was replaced by a Cervical Screening Test (CST; testing for the Human Papilloma Virus (HPV) that may lead to cancer). Anyone who had previously had a Pap smear test is due to attend for the new CST within two years, after which they will be on a five-year cycle. 32

The new CST began a few months before the 2018 survey was conducted; we continued to ask about Pap smears, apply the two-year rule and not remove anyone due to age (too young/old) as the overwhelmingly majority of respondents would have been screened under the previous program.<sup>33</sup> We did not exclude anyone who spontaneously reported they did

not have/no longer had a cervix, because our knowledge of this fact for the whole sample is incomplete. There may be a slight overestimation in the proportion who are overdue for screening.

Table 47 shows that 34% of respondents were overdue for screening - that is, they were last screened more than three years ago, never had screening or were not sure when they last had a Pap smear. The proportion of women in NSW who had had at least one Pap smear test in the preceding 3 years (the 3-year participation) for the period 2015-2016 (the latest available) was 68%.34 The equivalent screening rate for SWASH respondents aged 20-69 years is very similar: 69% (the rate has remained around 70% since 2006). However, respondents who had never had sex with a man were three times more likely to have never been screened (39% compared to 13% who had ever had sex with a man; Table 47); this discrepancy has remained steady. Despite HPV transmission only requiring skin-to-skin contact<sup>35</sup>, and research demonstrating the prevalence of genital warts in women with a sexual history with women is similar to that of exclusively heterosexual women,<sup>36</sup> the idea that lesbian women are at lower risk of cervical cancer persists,<sup>37</sup> including among Australian healthcare providers.38 ACON's recent health promotion campaign The Inner Circle 39 to educate LGBTIQ+ communities of changes to the Cervical Cancer Screening Program used language and imagery to raise awareness of the need for anyone with a cervix, regardless of gender identity or sexuality, to be screened.

The main reasons respondents gave for not having had a Pap smear in the last three years were, being busy (22%), the awkward nature of the test (22%), and fear of the test (12%; Table 48). In response to an invitation to provide other reasons the most common reasons provided were: not having a cervix (generally from birth) or having had a hysterectomy (9%); being too young or too old (6%); unsure if needed/ had never occurred to them/never invited or told by a doctor that it was not necessary (6%); and trauma (including sexual abuse or past experiences of prejudice around body shape or sex worker status), pain (including vaginismus) or the lack of a safe inclusive service (4%).

Under the new National Cervical Screening Program, people are able to self-collect their CST in a clinical setting (that is, not at home) if they are aged 30 years or older and at least two years overdue (that is, four years since their last test) or have never been screened. 40 Self-collection is less accurate than a test conducted by a clinician using a speculum. However, for people who may be put off seeking CST due to past experiences of trauma or pain, anticipated trauma or pain, or fear of discrimination including around sexuality, gender identity or presentation (Table 48), self-collection may be a valuable access option. We asked respondents if they would prefer to take their own sample and 42% said yes (Table 49); this was higher (53%) among respondents who were overdue for screening.

The HPV vaccine, or cervical cancer vaccine, offers protection against nine HPV types related to cancer in the cervix (and some cancers in the anus, vulva, vagina, penis and throat) and related to genital warts. Since 2007 it has been offered free to girls aged 12 to 13 years (and since 2013 to boys) through the National HPV Vaccination Program run in Australian schools, with a parallel catch up program available for free through GPs for those aged up to 19 years old. Several jurisdictions also offer free catch up programs for men who have sex with men, and anyone can access the vaccine at their own expense. Over half of 18 to 28 years old respondents (64%) said they had received at least one dose; only 31% reported completing the full vaccine schedule (3 doses; Table 50). Coverage in this sample does not come close to that reported for the general population; a 2014 study of 2011 data found 50% of women surveyed in NSW, who were eligible to receive the HPV vaccine, believed they had

the full 3 doses (61% reported 1 dose, 56% reported 2 doses).<sup>41</sup> The concern here is that LBQ women and non-binary people may not benefit from the markedly reduced incidence in genital warts nor, more importantly, protection against HPV-related cervical cancer.

BreastScreen NSW recommend a free mammogram to screen for breast cancer every two years for all women aged 50 to 74. Women aged 40–49 or over 74 can also access a mammogram free of change but they are not directly invited. (We have chosen to reflect the gendered language used by BreastScreen NSW in their eligibility information.) For the first time in 2018, we asked respondents aged 40 years and older if they had ever had a mammogram: 66% had. However, 55% were overdue: they were last screened more than two years ago, never had a mammogram (30%) or were not sure if they had been screened (Table 51). According to HealthStats NSW, 51% of women aged 50-69 years old in the Sydney Local Health District (where most of the SWASH sample resides) had received a mammogram in the preceding two years.<sup>20</sup> The equivalent screening rate for SWASH respondents aged 50-69 years is 64%. Other Australian studies asking LBQ women about mammography report rates are slightly higher or slightly lower than the general population.<sup>42,43</sup> ACON's ongoing breast health campaign *Talk Touch* Test has been promoting breast cancer awareness and working to bring the mobile screening van to community events and expand access to trans and gender diverse people.<sup>44</sup>

Rates of STI testing within the sample appear steady. Over half of respondents (61%) had ever had a test for an STI other than HIV; 17% had done so in the previous six months (Table 52). Echoing the findings on Pap smears, respondents who had ever had sex with a man were 1.8 times more likely to have had an STI test (72%) compared to respondents who had never had sex with a man (40%; p<0.001); this discrepancy has remained steady. Only thirty six percent of respondents reporting recent unprotected sex with a gay or bisexual man had had a recent STI test. This (again) suggests a need for STI testing campaigns and resources targeting LBQ people about their sexual health, risks and the need for regular screening Of those ever tested for an STI, 24% respondents had ever received an STI diagnosis. An STI diagnosis was significantly more likely among respondents who reported ever having had sex with a man (27%) compared to those who had never had sex with a man (8%; p<0.001). In comparison to STI testing, the proportion of respondents who reported ever having had an

HIV test was 35%, the lowest we've seen. Only fifty three percent of respondents who had ever had sex with a gay or bisexual man, had had a HIV test. Less than 1% of respondents reported they were HIV positive.

Table 47: Timing of last I	Pap smear, by expe	rience of sex with	men	
	Never had sex with a man	Ever had sex with a man	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
2018				
Less than 3 years ago	170 (44.9)	613 (71.5)	14 (38.9)	797 (62.7)
More than 3 years ago	43 (11.3)	106 (12.4)	1 (2.8)	150 (11.8)
Never	148 (39.1)	113 (13.2)	9 (25.0)	270 (21.2)
Not sure	2 (0.5)	7 (0.8)	0 (0.0)	9 (0.7)
Not reported	16 (4.2)	18 (2.1)	12 (33.3)	46 (3.6)
Total	379 (100)	857 (100)	36 (100)	1272 (100)
2016				
Less than 3 years ago	106 (52.5)	289 (72.4)	13 (59.1)	408 (65.5)
More than 3 years ago	18 (8.9)	52 (13.0)	2 (9.1)	72 (11.6)
Never	64 (31.7)	50 (12.5)	2 (9.1)	116 (18.6)
Not sure	7 (3.5)	4 (1.0)	1 (4.5)	12 (1.9)
Not reported	7 (3.5)	4 (1.0)	4 (18.2)	15 (2.4)
Total	202 (100)	399 (100)	22 (100)	623 (100)
2014				
Less than 3 years ago	185 (57.3)	540 (72.2)	17 (58.6)	742 (67.5)
More than 3 years ago	21 (6.5)	76 (10.2)	3 (10.3)	100 (9.1)
Never	103 (31.9)	110 (14.7)	7 (24.1)	220 (20.0)
Not sure	9 (2.8)	16 (2.1)	1 (3.4)	26 (2.4)
Not reported	5 (1.6)	6 (0.8)	1 (3.4)	12 (1.1)
Total	323 (100)	748 (100)	29 (100)	1100 (100)

Table 48: Reasons why respondents had not had a Pap smear in past 3 years (2018)				
	2018			
	n (%)			
Being busy/forgetting when your next test is due	103 (21.7)			
Embarrassment/awkward nature of the test	104 (21.9)			
Fear of Pap tests	59 (12.4)			
Other: No cervix	44 (9.2)			
Other: Age	28 (5.9)			
Other: Unsure if needed/advised not required	26 (5.5)			
Other: Trauma/pain	18 (3.8)			
NOTE: Table only includes respondents who had not had a Pap smed	ır in the past 3 years.			

Table 49: Prefer to self collect HPV test? (2018 only)				
2018				
	n (%)			
Yes	529 (41.6)			
No	229 (18.0)			
Unsure of preference 446 (35.1)				
Not reported	68 (5.3)			

	16-19 years	20-28 years	Total
	n (%)	n (%)	n (%)
2018			
One dose	11 (7.7)	25 (9.2)	36 (8.7)
Two doses	12 (8.4)	19 (7.0)	31 (7.5)
Three doses	24 (16.8)	104 (38.1)	128 (30.8)
Yes but unsure about no. of doses	30 (21.0)	42 (15.4)	72 (17.3)
No	22 (15.4)	33 (12.1)	55 (13.2)
Not sure if at all	40 (28.0)	40 (14.7)	80 (19.2)
Not reported	4 (2.8)	10 (3.7)	14 (3.4)
Total	143 (100)	273 (100)	416 (100)

Table 51: : Timing of last mammogram (2018 only)				
	2018			
	n (%)			
Less than 2 years ago	192 (43.2)			
2-3 years ago	50 (11.3)			
3-5 years ago	29 (6.5)			
More than 5 years ago	24 (5.4)			
Never	135 (30.4)			
Not Sure	4 (0.9)			
Not Reported	10 (2.3)			
Total 444 (100)				
NOTE: Table only includes responden	ts aged 40 years and older.			

Table 52: Timing of last STI test other than HIV, 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 (%)		
2018						
Never	222 (58.6)	235 (27.4)	14 (38.9)	471 (37.0)		
Yes, over 6 months ago	112 (29.6)	439 (51.2)	8 (22.2)	559 (43.9)		
Yes, in the past 6 months	39 (10.3)	175 (20.4)	1 (2.8)	215 (16.9)		
Not reported	6 (1.6)	8 (0.8)	13 (36.1)	27 (2.1)		
Total	379 (100)	857 (100)	36 (100)	1272 (100)		
2016						
Never	102 (50.5)	104 (26.1)	10 (45.5)	216 (34.7)		
Yes, over 6 months ago	65 (32.2)	198 (49.6)	3 (13.6)	266 (42.7)		
Yes, in the past 6 months	26 (12.9)	91 (22.8)	3 (13.6)	120 (19.3)		
Not reported	9 (4.5)	6 (1.5)	6 (27.3)	21 (3.4)		
Total	202 (100)	399 (100)	22 (100)	623 (100)		
2014						
Never	167 (51.7)	255 (34.1)	13 (44.8)	435 (39.5)		
Yes, over 6 months ago	112 (34.7)	330 (44.1)	11 (37.9)	453 (41.2)		
Yes, in the past 6 months	38 (11.8)	155 (20.7)	4 (13.8)	197 (17.9)		
Not reported	6 (1.9)	8 (1.1)	1 (3.4)	15 (1.4)		
Total	323 (100)	748 (100)	29 (100)	1100 (100)		

### 4.5 Experiences of violence and abuse

### 4.5.1 Intimate partner violence

Forty eight percent of women reported they had ever been in a relationship where a partner had physically or emotionally abused them; 32% reported experiencing intimate partner violence (IPV) from a female partner (Table 53). The apparent increase in IPV (since we first started asking about it in 2006) needs to be interpreted with caution. It is not clear if IPV is increasing or if awareness and willingness to disclose has increased through work by ACON, the Inner City Legal Centre, and the LGBTIQ Domestic and Family Violence Interagency on LGBTQ domestic violence through Another Closet, 45 and the more recent Say It Loud campaign. 46

Table 53: Abuse experienced in an intimate relationship						
	2014	2016	2018			
	n (%)	n (%)	n (%)			
Never	643 (58.5)	328 (52.6)	633 (49.8)			
Yes, with a male only	124 (11.3)	81 (13.0)	210 (16.5)			
Yes, with a female only	292 (26.5)	163 (26.2)	333 (26.2)			
Yes, with both	29 (2.6)	34 (5.5)	72 (5.7)			
Not reported	12 (1.1)	17 (2.7)	24 (1.9)			
Total	1100 (100)	623 (100)	1272 (100)			

### 4.5.2 Anti-lesbian, gay, bi, trans and queer behaviour

Respondents were asked whether they had experienced any of six specified anti-LGBTQ acts against them in the preceding 12 months (Table 54). Forty percent of respondents had experienced some form of abuse or harassment. The most common experience was verbal abuse or harassment. Over a decade of data from SWASH shows that while other types of abuse and harassment have remained steady, verbal abuse and harassment has varied significantly over time; 2018 rates are similar to rates to those we captured in 2006/2008. That so few respondents reported abusive behaviour to police is of concern (Table 55) and points to a need for further work to strengthen the relationship between LGBTQ communities and the NSW police force.

Table 54: Anti-LGBTQ behaviour experienced in the past 12 months									
2014 2016 2018									
	n (%)	n (%)	n (%)						
Verbal abuse or harassment	297 (27.0)	233 (37.4)	478 (37.6)						
Being pushed or shoved	86 (7.8)	41 (6.6)	77 (6.1)						
Being bashed	24 (2.2)	15 (2.4)	10 (0.8)						
Physical threat or intimidation	110 (10.0)	65 (10.4)	155 (12.2)						
Refusal of service	60 (5.5)	34 (5.5)	61 (4.8)						
Refused employment or promotion	42 (3.8)	24 (3.9)	47 (3.7)						
Any of the above	315 (28.6)	247 (39.8)	509 (40.0)						

Table 55: Anti-LGBTQ behaviour reported to police in the past 12 months										
2014 2016 2018										
	n (%)	n (%)	n (%)							
Verbal abuse or harassment         7 (2.4)         7 (3.0)         10 (2.1)										
Being pushed or shoved	5 (5.8)	5 (12.2)	1 (1.3)							
Being bashed	3 (12.5)	1 (6.7)	1 (10.0)							
Physical threat or intimidation	8 (7.3)	5 (7.7)	5 (3.2)							
Refusal of service	1 (1.7)	1 (2.9)	1 (1.6)							
Refused employment or promotion	0 (0.0)	0 (0.0)	1 (2.1)							

### 5. Conclusion

SWASH provides a snapshot of the health and wellbeing of community-engaged lesbian, bisexual, queer (LBQ) and other non-heterosexual identifying women and non-binary people. It highlights several areas of particular concern – many of which have persisted over time – where mainstream preventive health interventions that are inclusive of or targeted to LBQ, are needed.

Despite the survey's breadth, we are not collecting information on all salient health issues. In particular, presentations at community forums and professional meetings have raised questions about the use of prescribed medication for psychological distress and use of mental health or physical health services. 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, which remains the core recruitment source, 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 who do not wish to associate or engage with LGBTQ communities or who are not drawn to the activities or events on offer during Mardi Gras season. The results reflect the features of a generally younger, metropolitan, community-attached group of LBQ women and non-binary people, rather than merely those who have had sexual experiences with women, or who do not identify as heterosexual.

The lack of comparable surveys within Australia (and to our knowledge, internationally) highlights the ongoing importance of SWASH. This report provides an unparalleled insight into the health and wellbeing of LBQ women and non-binary people, and indicates findings of particular salience and urgency for those interested in improving the health and wellbeing of this population.

### 6. References

- 1. McNair R. Lesbian health inequalities: A cultural minority issue for health professionals. MJA. 2003;178:643-5.
- 2. Department of Health. National Women's Health Policy 2010. Canberra: Commonwealth Government of Australia; 2010.
- 3. NSW Government. NSW Women's Strategy 2018-2022: Advancing economic and social equality in NSW In: Department of Family and Community Services Sydney: NSW Government; 2018.
- 4. Mooney-Somers J, Deacon R, Klinner C, Richters J, Parkhill N. Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016. Sydney: ACON & Sydney Health Ethics, University of Sydney; 2017.
- Mooney-Somers J, Deacon R, Richters J, Parkhill N. Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014. Sydney: ACON & VELIM, University of Sydney; 2015.
- 6. Mooney-Somers J, Deacon R, Comfort J, Richters J, Parkhill N. Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010 and 2012. Sydney: ACON & VELIM, University of Sydney; 2013.
- 7. Mooney-Somers J, Deacon RM, Price K, Richters J, León de la Barra S, Schneider K, et al. Women in contact with the Sydney gay and lesbian community: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010. Sydney: ACON & University of Sydney; 2012.
- 8. Richters J, Song A, Prestage G, Clayton S, Turner R. Health of lesbian, bisexual and queer women in Sydney: The 2004 Sydney women and sexual health survey. Sydney: NCHSR, UNSW; 2005.
- Richters J, Bebbington M, Prestage G, Ellard J, Cassar L. Women in contact with the gay and lesbian community: Sydney Women and Sexual Health survey 1996, 1998 and 2000 (Monograph 11/2001). Sydney: AIDS Council of New South Wales & NCHSR, UNSW; 2001.
- 10. Zablotska IB, Kippax S, Grulich A, Holt M, Prestage G. Behavioural surveillance among gay men in Australia: methods, findings and policy implications for the prevention of HIV and other sexually transmissible infections. Sexual Health. 2011;8(3):272-9.
- 11. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap) A metadata-driven methodology and workflow process for providing translational research informatics support. J Biomed Inform. 2009;42(2):377-81.
- 12. Blackless M, Charuvastra A, Derryck A, Fausto-Sterling A, Lauzanne K, Lee E. How sexually dimorphic are we? Review and synthesis. American Journal of Human Biology. 2000;12(2):151-66.
- 13. Intersex Human Rights Australia. On the number of intersex people: Intersex Human Rights Australia; 2013 Available from: https://ihra.org.au/16601/intersex-numbers/].
- 14. Australian Bureau of Statistics. 2016 Census of Population and Housing: Aboriginal and Torres Strait Islander Peoples Profile(Catalogue number 2002.0). New South Wales. Canberra: Australian Bureau of Statistics; 2017.
- Australian Bureau of Statistics. Australian Standard Classification of Cultural and Ethnic Groups (1249.0) 2016.
   Canberra: Australian Bureau of Statistics; 2016.
- 16. Australian Bureau of Statistics. Australian Statistical Geography Standard (ASGS): Volume 1 Main Structure and Greater Capital City Statistical Areas (1270.0.55.001) 2016. Canberra: Australian Bureau of Statistics; 2016.
- 17. Holt M, Lea T, Mao L, Kolstee J, Zablotska I, Duck T, et al. Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: results of repeated behavioural surveillance in 2013-2017. The Lancet HIV. 2018;5(8):e448-e56.
- 18. Deacon RM, Mooney-Somers J. Smoking prevalence among lesbian, bisexual and queer women in Sydney remains high: Analysis of trends and correlates. Drug and Alcohol Review. 2017;36:546–54.
- 19. ACON. Smoke Free Still Fierce Sydney: ACON; [Available from: https://www.acon.org.au/who-we-are-here-for/women/smoke-free-still-fierce-project/].

- 20. Centre for Epidemiology and Evidence. HealthStats NSW Sydney: NSW Ministry of Health; [Available from: www. healthstats.nsw.gov.au].
- 21. Praeger R, Roxburgh A, Passey M, Mooney-Somers J. The prevalence and factors associated with smoking among lesbian and bisexual women: Analysis of the National Drug Strategy Household Survey. Manuscript submitted for publication. 2018.
- 22. National Health and Medical Research Council. Australian Guidelines to Reduce Health Risks from Drinking Alcohol Canberra: National Health and Medical Research Council; 2009 [Available from: http://www.nhmrc.gov.au/guidelines/publications/ds10].
- 23. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2016: detailed finding. Canberra: Australian Institute of Health and Welfare; 2017.
- 24. World Health Organisation. Global List of 100 Core Health Indicators. Geneva: World Health Organisation; 2015.
- 25. Hayes AJ, Clarke PM, Lung TW. Change in bias in self-reported body mass index in Australia between 1995 and 2008 and the evaluation of correction equations. Population Health Metrics. 2011;9(1):53.
- 26. Australian Bureau of Statistics. Australian Health Survey: Updated Results, 2011–12. Canberra: Australian Bureau of Statistics; 2013.
- 27. Furukawa T, Kessler R, Slade T, Andrews G. The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. Psychological Medicine. 2003;33(02):357-62.
- 28. Australian Bureau of Statistics. Australian Health Survey: First Results, 2011–12. Canberra: Australian Bureau of Statistics: 2012.
- 29. Mishra G, Loxton D, Anderson A, Hockey R, Powers J, Brown W, et al. Health and wellbeing of women aged 18 to 23 in 2013 and 1996: Findings from the Australian Longitudinal Study on Women's Health. Canberra: Commonwealth Government of Australia; 2014.
- 30. Stanford S, Jones MP, Loxton DJ. Understanding women who self-harm: Predictors and long-term outcomes in a longitudinal community sample. Australian & New Zealand Journal of Psychiatry. 2017;51(2):151-60.
- 31. Slade T, Grove R, Burgess P. Kessler Psychological Distress Scale: normative data from the 2007 Australian National Survey of Mental Health and Wellbeing supplement. Australian and New Zealand Journal of Psychiatry 2011;45:308-16.
- 32. Department of Health. National Cervical Screening Program Canberra: Commonwealth Government of Australia; n.d. [Available from: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-screening-1].
- 33. NSW Cervical Screening Program. Do lesbians really need Pap tests? n.d. [Available from: http://www.csp.nsw.gov.au/women/lesbians.html].
- 34. Australian Institute of Health and Welfare. Cervical screening in Australia 2018. Canberra: Australian Institute of Health and Welfare: 2018.
- 35. Marrazzo JM, Koutsky LA, Stine K, Kuypers J, Grubert T, Galloway D, et al. Genital human papillomavirus infection in women who have sex with women. J Infect Dis. 1998;178(6):1604-9.
- 36. Fethers K, Marks C, Mindel A, Estcourt CS. Sexually transmitted infections and risk behaviours in women who have sex with women. Sex Transm Infect. 2000;76(5):345-9.
- 37. Hyde Z, Comfort J, McManus A, Brown G, Howat P. Alcohol, tobacco and illicit drug use amongst same-sex attracted women: results from the Western Australian Lesbian and Bisexual Women's Health and Well-Being Survey. BMC Public Health. 2009;9(1):317.
- 38. Brown R. More than just lip service the report of the lesbian health information project. Melbourne: Royal Women's Hospital; 2000.

- 39. ACON. The Inner Circle Sydney: ACON; 2018 [Available from: www.theinnercircle.org.au].
- 40. Department of Health. Quick Reference Guide Self-Collected Vaginal Sample for HPV Test Canberra: Commonwealth Government of Australia; [Available from: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/quick-reference-guide-self-collected].
- 41. Brotherton JML, Liu B, Donovan B, Kaldor JM, Saville M. Human papillomavirus (HPV) vaccination coverage in young Australian women is higher than previously estimated: Independent estimates from a nationally representative mobile phone survey. Vaccine. 2014;32(5):592-7.
- 42. Brown R, McNair R, Szalacha L, Livingston PM, Hughes T. Cancer Risk Factors, Diagnosis and Sexual Identity in the Australian Longitudinal Study of Women's Health. Women's Health Issues. 2015;25(5):509-16.
- 43. Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, et al. Private Lives: A second national survey of the health and wellbeing of GLBTI Australians. Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University,; 2012.
- 44. ACON. Talk Touch Test Sydney: ACON; [Available from: www.acon.org.au/who-we-are-here-for/women/talk-touch-test/].
- 45. LGBTIQ Domestic Violence Interagency. Another Closet; 2014 [Available from: http://www.anothercloset.com.au/].
- 46. ACON. Say It Out Loud: ACON; 2019 [Available from: https://sayitoutloud.org.au/].

### Appendix 1: Questionnaires

### **BEFORE YOU START ABOUT YOU** 666666 Vever 1-5 Times 6+ Times Where did you seek support? (tick all that apply) How often have you used these drugs in the last 6 months? For the drugs below, where did you usually take them? [Last 6 months] Have you ever sought support for a drug and/or alcohol issue (your own) Never □, Over 6 months ago □2 In past 6 months □3 Which support did you find the most helpful? ÕÕÖ ũ Community organisation \$\text{\$\text{\$0\$}}\$. Firefack/elditives \$\text{\$\text{\$D\$}}\$. Self-help groups (AA/NA/SMART) \$\text{\$\text{\$0\$}}\$. Online/orps (specify) \$\text{\$\text{\$D\$}}\$. Online/orps (specify) \$\text{\$D\$}\$. $\tilde{\Box}$ $\begin{picture}(60,0) \put(0,0){\line(0,0){10}} \put(0,$ Community organisation \$\text{\$\alpha\$}\$. Self-help groups \$\text{\$\alpha\$}\text{\$\alpha\$}/\text{\$\alpha\$} \text{\$\alpha\$}/\te No □₁End of survey Yes □₂ Go to Q63 66666666666 Counsellor/psychologist □₂ Helpline □₃ Specialist D&A service □, LGBII service □₅ Have you ever injected drugs? Counsellor/psychologist □₂ Helpline □₃ New/emerging psychostimulant Specialist D&A service □, LGBTI service □s /Any other drug (please specify)\_\_\_\_\_\_\_ Benzos / Valium ☐, Natural cannabis ☐, Ó őőő Synthetic cannabis Benzos / Valium Amyl / poppers Amphetamines Amphetamines LSD / trips Cocaine Ecstasy Alcohol GP 🗖 GP □, 90. 62. 63. 64. 61. Most Some Alittle None In the past 6 mths, how often have you drunk 5 or more drinks on one occasion? During the past 4 wks, how much of the time did you feel: Have you ever deliberately hurt yourself or done anything that you knew might have harmed or even killed you? Have you ever felt that life isn't worth living? Yes, in the last 12 months; □, Yes, more than 12 months ago; □? Never □s 666666 On a day when you drink alcohol, how many standard drinks do you usually have? (I drink = a small glass of wine, a middy of beer or a nip of spirits) How often do you normally drink alcohol? Never smoked/less than 100 in lifetime □s Do you currently smoke cigarettes or other tobacco? SMOKING, DRINKING AND DRUG USE Yes, in the last 12 months; □, Yes, more than 12 months ago; □² Never □³ Daily □. More than weekly (not daily) □₂ Less than weekly □₃ Ex-smoker □, About once a month □₃ About once a week □₄ More than once a week □₅ Every day □₅ Never Go to Q58 □, Less often than weekly □, 1 or 2 days a week □, 3-4 days a week □, 5-6 days a week □, Every day □, Everything was an effort Once or twice □₂ Restless or fidgety Sad: nothing could 1-2 drinks □₁ 3-4 drinks □₂ 5-8 drinks □₃ 9-12 drinks □₄ 13-20 drinks □₅ 20+ drinks □₅ cheer you up Worthless Hopeless

55.

56.

57.

58.

## LESBIAN, BISEXUAL AND QUEER WOMEN'S HEALTH SURVEY **2018 SWASH SURVEY**

DEFINITIONS: BY WOMAN WE MEAN A PERSON WHO IDENTIFIES AS A WOMAN (BORN FEMALE OR NOW IDENTIFIES AS FEMALE). BY MAN WE MENA N PERSON WHO IDENTIFIES AS MAN (BORN MALE OR NOW IDENTIFIES AS MALE). BY LOBTOW WE MEAN LESBIAN, GAY, BISECLAL, TRANSCENDER, INTERSEX AND QUERS.

### This code allows us to track changes in health over time. (This will NOT identify you.) First two letters of first name First two letters of sumame

Did you complete the SWASH survey in 2016? Yes □ No □

54:

53.

œ	٥.	No Li Nes □₂ Iander origin? Yes □₂ Prefer not to say □₃	10. , Lebanese, Chinese)	Pensioner(social security □。 f yourself primarily as: Student □, 'gay/homosexual □,	≓	\$60,000–\$99,999 □, \$100,000+ □s ?	J.2. What is the highest level of education you es, never to males $\square$ , have completed?			e to a female □, 13. Do you have any dependent children? 1. never to females □s No □, Yes □s Yes □s	ollowing best describes 14. Are you planning to have a child in the lentity?  next 2 wears?	
What is your age?		Are you of Aboriginal or Torres Strait Islander origin? No □,	Yes □z Whatis your ethnic or culf (e.g. Greek, Vietnamese, L Anglo-Australian only □i Other (specify)	Do you think of yourself primarily as: Lesbian/dyke/gay/homosexual □1	Bisexual □₂ Queer □₃ Heterosexual/straight □₄, Other (specify) □₅	Which of these six statements best describes you?	I have felt sexually attracted— Only to females, never to males □1	More often to females, & at least once to a male □²	About equally often to females and to males □₃ More often to males,	8 at least once to a female □, Only to males, never to females □s To no one at all □s	Which of the following best describes your gender identity? Female Cl.	Male □₂ Non-Binary □₃
1. What is yo	:	ri	÷	ιά							7.	

GO TO NEXT PAGE **▼** 

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR SURVEY

52.

ပ္ပ	COMMUNITY	_	VIOLENCE +3	. If you have NOT had a Pap test in the last 3
16.	Do you feel connected to a LGBTIQ community	Never ∐; Over 6 mths ago □2 In the nost 6 months □3	33. In the last 12 months, have you experienced any of	gedrs, predise territors wrig. Being busy/forgetting when your next test is due □. Emborrrassment/dwykword nature of the test □.
			*REPORTED	Fear of Pap tests 🗀
	Mostly □₂ Semandrat □₂	<ul> <li>When was the last occasion you had sex with a gay/homosexual/bisexual man?</li> </ul>		Other (piedse specify):
	Rarely	Never 0, Go to Q27	nent	Australia's new cervical screening program will
	Not at all □s	Over 6 mths ago $\Box z$ Go to $QZ/$ In the past 6 mths $\Box z$	Being pushed or shoved □, □₂ □₃ □₄ Being bashed	in a healtheare setting (not at home). Would you
17.	attended:		at or intimidation	screening test?
	No Monthly Weekly More	intercourse with a gay/bisexual man		No □1 Yes □2 Unsure □3
		(regular or casual partner) without a condom?	ent/promotion 🗖 🗖 🐧	
	°°	Never Li Once Li Occasionally Li Otten Li		. Pave you been vaccinated against Human Papillomavirus (HPV; Gardasil/Cervarix)?
	°°	When was the last occasion you had sex with a	54. have you been in a relationality where a partitle physically/emotionally abused you?	No, never □,
	ت ت	straight/heterosexual man?	Never □,	Not sure $\square_2$
	LGBTIQ community event □₁ □₂ □₁	Never Go to Q29 Li	Yes, a man □²	Yes, at least 2 doses □.
	LGBTIQ sports group $\Box_1$ $\Box_2$ $\Box_4$	In the past 6 mths □3	/es, d world!! ☐3 Yes, both □,	Yes, at least 3 doses □s Yes, unsure how many doses □。
18.	How many of your friends are LGBTIQ?	In the past 6 mths have you had vaginal/anal	GENERAL HEALTH	
	None 🗇	intercourse with a straight/heterosexual man fregular or casual partner) without a condom?	-	ted infection (not HIV)?
	A rew □₂ Some □₃	Never □₁	35. Do you have a regular GP?	N 0
	Most □, All □s	Once 🗆 2 Occasionally 🗖 3	No GO to GOS II. I see the same GP II. I attend the same health centre II.	Over 6 mths ago □² In the past 6 mths □₃
ĺ		Often □,		Have uou ever been diagnosed with an STI?
S	SEX AND RELATIONSHIPS 29.		ular GP, how satisfied are you?	
4	When was the last time you had sex with	regular partner?	Very satisfied L1 Satisfied L2	Yes □₂
	a woman?	No Li Go to Q37 A woman □;	Neither □3	. Have you ever had an HIV antibody test?
	Never ∐₁ Go to Q23 Over 6 mths aao □₂ Go to O23	A man 🗇	Unsatistied □4. Veru unsatisfied □5.	No Di Go to Q50
	In the past 6 mths □3	Multiple regular partners/poly □+		Yes □₂ Not sure □₃
20.	30.	_	3/. Are you out to your &P about your sexuality/gender identity?	
	had sex with?	Less than 6 mths □₁	X+ T □ °N	Vhat was the result of your last HIV test?  Docitive (1.01, have HIV) (1.1)
	None □₁ One □₁	1-2 yrs 🗀 s	Yes □ <sub>2</sub>	Negative $\Box_2$
	, , , , , , , , , , , , , , , , , , ,	3-5yrs □t More than 5 urs □s	38. In general, would you say your health is?	Not sure □3
	6-10 □t More than 10 □t			PSYCHOLOGICAL HEALTH
	31.		Good D <sub>3</sub>	AND WELLBEING
73	In the last 4 wks, how many times have you had	No 🗀 📉	, O	
	sex with a woman? (write a number)	Yes, with men $\square_3$	Excellent □s 50.	<ul> <li>Have you ever accessed a counsellor or psychiatrist?</li> </ul>
S	to the contract of the first term of the contract of the contr	Yes, with both □,	39. How tall are you without shoes?cms	N - i
. 77	you done while having sex with a woman?		40. How much do uou weigh? kas	Yes, in past 5 yrs □² Yes, over 5 urs ago □³
	No Yes			
	Fingers / hand on external genitals □, □₂ Fingers / hand inside vaaina □, □₂	A gay, homosexual or bisexual man	41. If you are 40+ years old, when did you last have 51. a mammogram:	Have you ever been diagnosed with depression, anxiety disorder or other mental health disorder?
	ÓI	ō	Less than 2 years ago □₁	No 🖸
	őć	dominance/bondage □₁	2-3 years ago □2 3-5 uears ago □3	Yes, in past 5 yrs □₂ Yes, over 5 urs and □²
		(iib bibba) Kink, S/M dominance/bondage 🗀 🗀 🗅	More than 5 years ago □,	
	őő	(with blood)	Never □s Don't know □s	
	Ō			
			42. When did you have your last Pap smear/ Cervical cancer test?	
23.			Less than 2 yrs ago □₁	
	Kink, S/M dominance/bondage		2-3 yrs ago □₂ 3-5 urs aao □₃	
			More than 5 yrs ago □,	
		1 30 MG EXAM OF OG	Never □s Not sure □s	TONEXT PACE 1





### Queer Women's Health Survey 2016 SWASH - Lesbian, Bisexual and

woman (born female or now identifies as female). By <i>man</i> we mean a person who identifies as a man (born male or now identifies as a man (born male or now identifies as male). By <i>LGB TIQ</i> we mean lesbian, gay, bisexual, transgender, intersex and queer	
Before you start: This code allows us to track changes in health over time. This will NOT identify you.	_
First two letters of first name	<b>\</b>
Did you complete the SWASH survey in 2014? Yes □1	

1		14.Do you have a chronic (lo
Ab	About You	disability?
<del>/</del> .	1. What is your age?years	If yes, please specify:
ζ.	2. Postcode/suburb/town where you live	Community
<sub>6</sub> .	3. Are you of Aboriginal or Torres Strait  No □₁ Yes □₂ Islander origin?	15.Do you feel connected to everyday life?
4.	What is your ethnic or cultural background? (e.g. Greek, Vietnamese, Lebanese, Chinese) Anglo-Australian only □1 Other (specify) □2	16. In the past <b>6 mths</b> have attended:
5.	5. Do you think of yourself primarily as:  Lesbian/dyke/gay/homosexual □₁  Bisexual □₂  Conner □₃ Heterosexual/straight □₄	Lesbian/queer women's night/bar Gay night/bar LGBTQ dance party
9.	Which of these six you? I have felt se	LGBTQ spoup meeuig LGBTQ community ever LGBTQ sports group
	Only to females, never to males  More often to females, and at least once to a male  About equally often to females and to males	17. Please tell us where you or content online (sites, page)
	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	18.How many of your friends None □₁ A few □₂
7.	7. Are you transgender or transsexual? No □₁ Yes □₂ Prefer not to say□₃	Sex and relationships 19. When was the last time y

9. Are you: (tick all that apply)		Employed full-time		20.In the past 6 mths, how many women have you had sex	sex
Employed part-time □2		Unemployed			
Doing domestic duties	□₄ Not in the work force	work fo	rce 🗆 5	None □1 One □2 2-5 □3 6-10 □4 More than 10 □5	n 10 □s
Pensioner/social security ∐6	9	Student	ent □7	21.In the last 4 wks, how many times have you	i,
10.What is your annual income before tax?		Nil-\$19,999	999 🗆	had sex with a woman? (write a number)	
\$60,000—\$99,999 \$60,000—\$99,999		\$100,000+	00+ □s	22. In the past <b>6 mths</b> , which of the following have No you done while having sex with a woman?	Yes
11. What is the highest level of education you have	scation you hav	,e			
completed?				Fingers / hand inside vagina	<u> </u>
Up to Year 10 / School Certificate	ate			(alctiac)	
Year 12 / HSC / Leaving Cert / IB	<u>B</u>		<sup>2</sup> [	Oral sex (your mouth, tiet genitals)	
l pivoreity or colloge degree	cate		<u> </u>		
Postgraduate degree (MA. MSc. PhD)	c. PhD)		2		
12 Do voil have any dependent children?	ildren?	No 🗆 Yes	المهر	Sex toy used on external genitals	2 0
If yes, ho	If yes, how many?				$\frac{5}{2}$
13.Are you planning to have a child in the next <b>2 vrs</b> ?		No 🗆	Yes □2	23.In the past <b>6 mths</b> , have you done: Kink, S/M dominance/bondage (no blood)	Yes
				<del>-</del>	$\Box$
14.Lo you nave a cnronic (long-term) liness or disability?  If yes, please specify:		No 🗆	Yes □2	24.Have you done any sex work? Over 6 mths ago □2 In the past 6 mths □3	Never □1 3 mths □3
Community				25.When was the last occasion you had sex Never 11 Go to 027	Go to 027
15.Do you feel connected to a LGBTIQ community in your everyday life?	3TIQ communit	y in your	_	with a gay/homosexual/bisexual man? Over 6 mths ago $\Box$ 2 60 to $Q27$ In the past 6 mths $\Box$ 3	mths □₃
Very □¹ Mostly □₂ Somewhat □₃ Rarely □₄ Not at all	t □₃ Rarely □₂	Not at	all $\square_5$	26.In the past 6 mths have you had vaginal/anal intercourse	nrse
16. In the past <b>6 mths</b> have you attended:	No MonthlyWeekly More	yWeekly	More	xual man (regular or casual partner) with	<b>t</b> a
l eshian/dileer women's				Never □¹ Once □₂ Occasionally □₃ Offe	Often □4
night/bar		ũ	4	27.When was the last occasion you had sex	000 000
Gay night/bar LGBTQ dance party		<u> </u>	<u> </u>	with a <b>straight/heterosexual man?</b> with a <b>straight/heterosexual man?</b> Over 6 mths ago $\square_2$ Go to $\square_2$ 99 In the past 6 mths $\square_3$	mths □3
LGBTQ group meeting		ű			
LGBTQ community event		ũ	4	with a straight/haterosexual man (regular or secural parties)	urse
LGBTQ sports group		°	4	with a starging letter osexual man (regular of casual paring without a condom?	
17. Please tell us where you connect with LGBTIQ community	ect with LGBTIC	2 comm	unity	Never □1 Once □2 Occasionally □3 Offe	Often □4
or content online (sites, pages, groups)	groups)			29. Are you currently in a sexual relationship	No. 1
				with a regular partner?	50 00 000
18. How many of your friends are LGBTIQ?	GBTIQ?			A woman □2 A man □3 Multiple regular partners/poly □4	/poly □4

	More than 5 yrs □5		Yes, with women $\square_2$	Yes, with both □4	
	3-5 yrs □4	t 6 mths?	Yes, \	Ye	
hip?	1-2 yrs	in the pas	No 🗆	<u> </u>	
s relations	6-11 mths □2	casual sex	ž	Yes, with men □3	
30. How long is this relationship?	Less than 6 6-11 mths 1-2 yrs mths $\Box_1$	31. Have you had casual sex in the past <b>6 mths</b> ?		Yes	
30		31			

19. When was the last time you had sex with a **woman**?

Never □₁ G₀ to Q23 Over 6 mths ago □₂ G₀ to Q23 In the past 6 mths □₃

No □₁ Yes □₂ Prefer not to say□₃

8. Are you intersex?

Page 1 of 2

All  $\square_5$ 

Most □4

few □2 Some □3

than Never sure 1 or 2 days a week $\square$ 5. How often do you normally drink alcohol?  Never $\square$ 1 or 2 days a week $\square$ 3 days a week $\square$ 4 and $\square$ 5. Every day $\square$ 6.	56.On a day when you drink alcohol, how many standard dri do you usually have? □ <sub>2</sub> (1 drink = a small glass of wine, a middy of beer or a nip of spirits) □ <sub>4</sub> 1-2 drinks □ <sub>1</sub> 3-4 drinks □ <sub>2</sub> 5-8 drinks	e how many doses □e 9-12 drinks □4 13-20 drinks □5 20+ drinks □ No □1 57.In the past <b>6 mths</b> , how often have you drunk 5 or more drinks on one occasion?	In the past o mins $\Box_3$ About once a month $\Box_3$ About once a week $\Box_4$ an No $\Box_1$ Yes $\Box_2$ More than once a week $\Box_5$ Every day $\Box_6$	58. How often have you <b>used</b> thes And where did you take usually 1–5	Never times times   1911.9 party   5 □2 Not sure □3 Benzos / Valium □1 □2 □3 □1 □2 □2 □3 □1 □2 □2 □3 □1 □2 □2 □3 □1 □2 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □2 □3 □1 □1 □3 □1 □3	Online □1 Natural cannabis □1 □2 □3 organisation □4 Synthetic cannabis □1 □2 □3 Ecstasy □1 □2 □3 Ampheramines □1 □2 □3	(speedfice) Cocaine	ago □3 GHB □1 □2 □3 □1 □2 □2 □3 □1 □2	Ketamine	_ ` 	of the time did you feel (specify) I  Some of Alittle of None of 59.Have you ever <b>injected</b> drugs?  the time the time the time the time		04   05   04   05   05   05   05   05	☐5 61.Where did you seek help? (tick all that apply) Counsellor/psychologist □2	LGBTI service	Community organisation □ <sub>6</sub> Friends/relatives □ <sub>7</sub> Self-help groups (AA/NA/SMART) □ <sub>8</sub> Hospita/ED □ <sub>9</sub>	arettes or other tobacco?  Online/apps (specify) □10  Mare then weekly find delay) □2  Other (specify) □11	
44.When did you have your last Pap smear test? Less than 2-3 yrs 3-5 yrs More than 1 2 yrs ago ago 5 yrs ago □₁ □₂ □₃ □₄	gain	Yes, at least 3 doses □ <sub>5</sub> Unsura 46.Have you ever had a test for a sexually transmitted infection (not HIV)?	Over 6 mtns ago ∟₂ 47.Have you ever been <b>diagnosed</b> with an	you ever had an HIV antibody No ⊡₁ 6o to Q50	49.What was the result of your last HIV test? Positive (you have HIV) □₁ Negative	50.Where do you get sexual health information? Friends □₂ GP □₃ Community Other (specify) □₅	Psychological health and wellbeing 51 Have volt ever accessed a counsellor or neverhiatrist?	No □1 Yes, in past 5 yrs □2	ever r othe	No 1	53. During the past 4 wks, how much of the time did you feel All of Most of Some of A little of None. the time the time the time the time the time So sad nothing could □₁ □₂ □₃ □₄ □₅	01	or fidgety	ything was	<b>SS</b> — 1 — 2	Smoking, drinking and drug use	54.Do you currently smoke cigarettes or other tobacco?	
ccasion in the past <b>6 mths</b> have you No Yes osex which included: mosexual or bisexual man		33. In the last 12 months, have you experienced any of the following anti-lesbian, gay, bi or trans behaviour? Yes No Tick if reported	or harassment		nip where a Never □1 Go to Q38		36.Did you talk to someone/seek help? No □1 Go to Q38 P	apply) Friend/neighbour	Counsellor/psychologist □2 Family or relative □3 Foundation □2 Family or relative □3 Foundation □4 Family or relative □		General health  38.Do you have a regular GP?  I see the same GP □ I aftend the same health centre □ 3	have a regular GP, how satisfied are you?	Very Satisfied Neither Unsatisfied Very F Satisfied □¹ □2 □3 □4 unsatisfied □5	out to your GP about your No □₁ Yes □2	sexuality/gender Identity?	41.In general, would you say your health is? Poor □₁ Fair □₂ Good □₃ Very good □₄ Excellent □₅ \$	-	

SWASH 2016, Version 2016.01 16 December 2015

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(	5	COMMUNITY
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	J	BUILL



# Sydney Women and Sexual Health (SWASH) Survey 2014

? Yes □1	
Did you complete the SWASH survey in 2012?	About You

← c	What is your age?     Defende or SuburbHown where you live	years
4 m	3. Are you of Aboriginal or Torres Strait Islander origin?	No □₁ Yes □₂
4	<ol> <li>What is your ethnic or cultural background?</li> <li>(e.g. Greek, Vietnamese, Lebanese, Chinese)         Anglo-Australian only □₁ Other (specify) □2</li> </ol>	

Bisexual □2	aight □				_	$\Box$	Ë	□		9
	Queer □3 Heterosexual/straight □4		t describes	1		once to a male	to males	nce to a female		
<ol> <li>Do you think of yourself primarily as: Lesbian/dvke/dav/homosexual □₁</li> </ol>	Queer □3	Other (specify) □5	6. Which of these six statements best describes	you? I have felt sexually attracted—	Only to females, never to males	More often to females, and at least once to a male	About equally often to females and to males	More often to males, and at least once to a female	Only to males, never to females	To no one at all
5.			9							

11. What is the highest level of education you have	ave		21. In the past 6 mths, which of the following have		
completed?	)		you done while having sex with a woman?	2	Ğ K
The to Year 10 / School Certificate		Ĺ	Fingers / hand on external genitals	_	Ü
Year 12 / HSC / Leaving Cert / IB		Ē	Fingers / hand inside vagina		Ü
Tertiary diploma or trade certificate		j [	Fingers / hand inside anus	_	Ï
University or college degree		j C	Oral sex (your mouth, her genitals)		Ü
Postaradijate degree (MA MSc PhD)			Oral sex (her mouth, your genitals)	_	Ï
		Ì	Rimming (her mouth, your anus)		Ü
12.Do you have any dependent children?	No 🗆	No □1 Yes □2	Rimming (your mouth, her anus)		Ï
If yes, how many?			Sex toy used on external genitals	_	Ü
	[	[	Sex toy used inside vagina	_	Ï
1.3.Are you planning to have a child in the next No □₁ Yes □₂ 2 years?	No L	Yes ∐₂	Sex toy used inside anus		Ï
			22.In the past 6 mths, have you done:	8	≺es
er been homeless?	Now Past Never	Never	S/M dominance/bondage (no blood)	_	
lick all that apply			S/M dominance/bondage (with blood)	_	
Sleeping rough/squatting		ũ		1	
Emergency accommodation, refuge,	1	ũ		Š,	Never L
shifting between friends/relatives			Over 6 mths ago 🗆 2 In the past 6 mths L	ast 6 m	ths
Boarding house, caravan park, hostel,		Ë	24.When was the last occasion you had sex Neve	Never 71 Go to C	So to C
hotel, motel			with a gay/homosexual/bisexual man?	İ	
Community			Over 6 mths ago □2 Go to Q26 In the past 6 mths [	ast 6 m	ths [

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all     5   More	in your in your Not at a Weekly Weekly	ansgender, Queer  R community in your  Rarely □4 Not at all □5  No MonthlyWeekly More  □1 □2 □3 □4  □1 □2 □3 □4  □1 □2 □3 □4  □1 □2 □3 □4	Tansg Transg TQ con D3 Ra D1	LGBTQ means Lesbian, Gay, Bisexual, Transgender, Queer 15.Do you feel connected to a LGBTQ community in your everyday life? Very □¹ Mostly □² Somewhat □₃ Rarely □₄ Not at all □₅ 16. In the past 6 mths have you attended: Lesbian/queer women's □₁ □₂ □₃ □₄ night/bar Gay night/bar CGBTQ dance party □₁ □₂ □₃ □₄ LGBTQ dance party □₁ □₂ □₃ □₄ LGBTQ community event □₁ □₂ □₃ □₄ LGBTQ community event □₁ □₂ □₃ □₄
i 🗗	Î		ī	LGBTQ sports group
<b>□</b>	<u> </u>	$\Box^{5}$	_	LGBTQ community event
	<u>_</u>	$\Box$		LGBTQ group meeting
<b>□</b>	ũ	$\Box^{5}$		LGBTQ dance party
□	ũ	$\Box^{5}$		Gay night/bar
<b>□</b>	ũ	$\Box$		Lesbian/queer women's night/bar
More	Weekly	Monthly	N <sub>o</sub>	16. In the past <b>6 mths</b> have you attended:
all $\square_5$	in your Not at	nmunity irely 🗆	TQ con □₃ Ra	15.Do you feel connected to a LGE everyday life? Very □¹ Mostly □₂ Somewhat
	in your	nmunity	TQ con	15.Do you feel connected to a LGB
	leer	ender, Qı	Transg	LGBTQ means Lesbian, Gay, Bisexual,

	2
are LGBTQ?	Some □3
your friends	A few □2
7. How many of y	None □1

	Sex and relationships	
1 Yes ⊔₂ to say□₃	18.When was the last time you had sex with Never ☐₁ Go to Q22 a woman?	工
l-time □1	Over 6 mths ago □2 Go to Q22 In the past 6 mths □3	
loyed □3	19In the past 6 mths, how many women have you had sex	
udent 🗀	31.V	> 1
	None $\Box$ 1 One $\Box$ 2 Z-5 $\Box$ 3 6-10 $\Box$ 4 More than 10 $\Box$ 5	ш
9,999 🗆	20.In the last <b>4 weeks</b> , how many times have you	O U.
000+ 🗀	had sex with a woman? (write a number) times	) Ш

			you done while having sex with a woman?		
		_	Fingers / hand on external genitals		
			Fingers / hand inside anus	<sup>2</sup> <sup>2</sup>	
		]			
		22	Oral sex (her mouth, your genitals)		
	No 🗆	No □₁ Yes □₂			
ext _	No □	— Yes □ <sub>2</sub>			
Now	Past	Z	22.in the past <b>6 mths</b> , have you done: S/M dominance/bondage (no blood) S/M dominance/bondage (with blood)	Yes	
ā ā	<u> </u>	°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	23.Have you done any sex work? Over 6 mths ago □2 In the past 6 mths □3	Never □1 mths □3	
	$\Box$	33	24.When was the last occasion you had sex Never □₁ 6o to 226 with a gay/homosexual/bisexual man? Over 6 mths ago □₂ 6o to 026 In the past 6 mths □₃	Go to Q26	
ıder, Queer	lueer		25.in the past <b>6 mths</b> have you had vaginal or anal intercourse	course	
munity	nunity in your	<u>_</u>	Sexual final (regular of casual partition)	WILIDAL	
ely □	Not a	ely □4 Not at all □5	ıy □³	Orten 🗆 4	
lonthi	yWeek	IonthlyWeekly More	ad se	Go to Q28	
6	Ğ		Over 6 mths ago □₂ Go to Q28 In the past 6 mths □₃	mths 🗀	
j e	ĵ [		27.In the past <b>6 mths</b> have you had vaginal or anal intercourse	course	
$\frac{5}{1}$	<u> </u>		partner) without a condom?	[	
<u> </u>	<u> </u>		Never □1 Once □2 Occasionally □3 Offe	Offen 🗆 4	
2 0	<u> </u>		28. Are you currently in a sexual relationship No □₁ 60 to 030 with a regular partner? A woman □2 A man □3 Multiple regular partners/poly □4	No □1 Go to Q30 artners/poly □4	
Most □4	4	All $\square_5$		More than	
Š	ver 🗆	Never □1 Go to Q22	3 0-0 75	5 yrs □5	
η the <sub>I</sub>	the past 6 mths	mths □₃	ne past <b>6 mths</b> Ye	omen □2	
ve vo	ve vou had sex	xex	Yes, with men □₃ Yes, with both	both 🗆	
, M	More than 10	n 10 🗆	31. Where do you meet casual sexual partners? Tick all that apply Rarchight clinks	at apply	
9			Online dating sites	i □	
e you		times	Social networking sites Social networking sites Friends of friends	<u> </u>	
			Other (specify)		

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	47.Have you <b>ever</b> been diagnosed with depression, anxiety disorder or other mental health disorder?  No □₁ Yes, in past 5 yrs □≥ Yes, over 5 yrs ago □₃	n, anxiety r 5 yrs ago ⊡₃	55. In the last 12 mths, have you: Tick all that apply Reduced the number of times you drink Switched to drinking more low-alcoholic drinks than you used to	ave you: Tick	all that apply drink holic drinks th	
a woman $\square_1$ $\square_2$ $\square_2$ $\square_3$ $\square_4$ $\square_2$ $\square_2$ $\square_3$ $\square_4$ $\square_2$ $\square_3$ $\square_4$ $\square_2$ $\square_4$ $\square_2$	t 4 weeks, how much of the All of Most of Some of the time the time the time	A little of None of the time the time	Stopped drinking alcohol Changed your main drink None of the above	lo Äi		2
Your health	dn n		56.Would you like to reduce or quit your	ce or quit yo		No □1 Yes □2
33.Do you have a regular GP? No □₁ 60 to 036	Nervous	4	current level of alcohol use?	use?		
I see the same GP $\square_2$ I attend the same health centre $\square_3$	Hopeless		57. How often have you used these drugs in the last 6 mths?	sed these dr	ugs in the las	6 mths?
have a regular GP, how satisfied are you?	/thing was		Never	1-5 times	6–10 11-20 times	More than 20 times
Very Satistied Neither Unsatisfied Very Satisfied □1 □2 □3 □4 unsatisfied □5	Worthless — 1 — 2 — 3 — [	04 05	Benzos / Valium	2 6	6 6	\$ C
the volume GP arion of the	Smoking, drinking and drug use		Marijuana	5 6		ŝ
		30003		2 0		<u> </u>
36.In general, would you say your health is?	Daily □₁ More than weekly (not daily)	(Silly)	Cocaine	° č	6 6 7 7 8	ĵö
Poor □¹ Fair □2 Good □3 Very good □4 Excellent □5	Less than weekly □₃ Nover mekely □s	Ex-smoker □⁴	£			9
37.How tall are you without shoes?	-	5 CO 10 COZ	LSD / trips	2 6	33	ő
	20.		aric	2 5		£ 2
38.How much do you weign (no dotnes/shoes)?Kgs	Successfully given up smoking (more than a month) Tried to give up upsuccessfully	onin)	Any other drug	2	03	9
id you have your last Pa	Changed to a brand with lower tar/nicotine content		(specify)			
Less than 2-3 yrs 3-5 yrs More than 2 yrs ago ago Ago 5 yrs ago Never Not sure		ne □4	-=	d drugs?		[
	Reduced the amount of tobacco you smoke in a day	a day ⊟₅	Never □1 Over (	Over 6 months ago	o ⊟₂ In past	□2 In past 6 months □3
40.Have you been vaccinated against Human Papillomavirus	Tried to reduce the amount of tobacco smoked in a day, but were unsuccessful	day,	Violence			
(Trv, Galuasii Cervalix): 1 dose $\square_1$ 2 doses $\square_2$ 3 doses $\square_3$ Never $\square_4$ Not sure $\square_5$		4	59. In the last 12 months, have you experienced any of the following anti-leshian gas, hi or trans behaviour?	have you exp	perienced any	of the
41.Have you ever had a test for a sexually no □₁ transmitted infection (not HIV)?	51.Would you like to <b>reduce or quit</b> your current level of smoking?	No □₁ Yes □₂			Yes No Ti	Tick if reported to police:
Over 6 mths ago $\square_2$ In the past 6 mths $\square_3$	52.		Verbal abuse or harassment			_ 🖺
42.Have you ever been <b>diagnosed</b> with an No □₁ Yes □₂	Never □1 Go to Q57 Less c	in weekly □2	Being pushed or shoved		2 6	<u> </u>
	1 or 2 days a week ∐₃ 3-4 da 5-6 days a week ⊡₅	3-4 days a week ∐₄ Every day ⊡₀	Physical threat or intimidation			ìöı
43.Have you ever had an HIV antibody test? No □₁ 6₀ to Q 45 Yes □2 Not sure □3	53.On a day when you drink alcohol, how many s	andard drinks	Refusal of service Refused employment/promotion			<u> </u>
44.What was the result of your last HIV test?		induty of beef of a	60. Have you ever been in a relationship where your partner physically or emotionally abused you?	a relationshi	p where your	partner
	1-2 drinks □1 3-4 drinks □2 9-12 drinks □4 13-20 drinks □5	5-8 drinks □3 20+ drinks □6	Never □1 Go to Q62 Yes, with a man □2 Yes, with a woman	with a man	□₂ Yes, with	a woman □3
45.Where do you get sexual health information? Online □1 Friends □2 GP □3 Community organisation □4 Other (specify) □5 Don't seek Information□6	54.In the past <b>6 mths</b> , how often have you drur drinks on one occasion?	or more	61.Did you talk to someone else about it or seek help?	ie else about		No □₁ Yes □₂
Psychological health and wellbeing 46 Have vou ever accessed a counsellor or psychiatrist?	Never □₁ On. About once a month □₃ About or More than once a week □₅	Once or twice □₂ About once a week □₄ Every day □₀	16, h sexu	ave you been	forced or frig	ntened into
No □₁ Yes, in past 5 yrs □₂ Yes, over 5 yrs ago □₃				es, by a ma	res, by a man ⊟z res, by a woman	_
			Thank you for taking the time to complete this survey	the time to	complete this	survev

Thank you for taking the time to complete this survey  $${\rm Page}\,2\,{\rm of}\,2$$ 



