

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

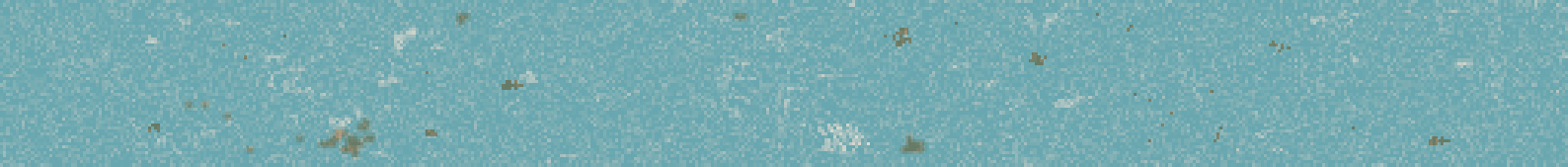
**REPORT OF THE SYDNEY WOMEN AND
SEXUAL HEALTH (SWASH) SURVEY
2006, 2008 AND 2010**

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This report is based on the 2006, 2008 and 2010 rounds of the Sydney Women and Sexual Health (SWASH) survey. Juliet Richters ran the 2006 and 2008 survey and received support from the National Centre in HIV Social Research and the School of Public Health and Community Medicine, University of New South Wales. Sophia León de la Barra and Karen Schneider provided research assistance on the 2006 and 2008 reports respectively. The 2010 survey was run by Julie Mooney-Somers and Rachel Deacon while they were based at the National Centre in HIV Epidemiology and Clinical Research (now Kirby Institute), University of New South Wales, and the report was drafted when they moved to the University of Sydney. During the 2006 and 2008 surveys, Stevie Clayton was the CEO at ACON, while Nicolas Parkhill was CEO during the 2010 survey. Members of ACON's Lesbian Advisory Committee provided comment on draft versions of the report.

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

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The Sydney Women and Sexual Health (SWASH) survey was first carried out in 1996. 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. While research on same-sex-attracted women's health and wellbeing has increased since then, epidemiological data on sexual health, mental health, experiences of abuse and violence and behaviours such as screening, illicit drug use, alcohol and smoking that can leave women vulnerable to adverse health outcomes, is still scarce.

Moreover, as long as the inclusion of sexuality questions in large epidemiological surveys remains patchy or data are reported only by sexuality and not by sexuality and gender, SWASH provides a unique and important source of health-related information in Australian lesbian, bisexual and queer (LBQ) women.

SWASH has been run biennially since 1996 by a collaboration of ACON and researchers at the University of New South Wales (until 2009), and now the University of Sydney (since 2010). The survey is regularly revised to reflect the needs of the community and research needs identified through research literature. Over its lifetime, SWASH has become a comprehensive survey of sexual health and wellbeing, violence, mental health and levels of psychological distress, and a number of other important health issues relevant to LBQ women, such as illicit drug use, alcohol consumption, and cancer screening behaviours.

Where possible, questions have been used from established national surveys such as the National Drug Strategy Household Survey (NDSHS), the Australian Study of Health and Relationships (ASHR), and the Australian Longitudinal Survey of Women's Health (ALSWH). This report presents results from surveys collected at the Sydney Gay and Lesbian Mardi Gras Fair Day and other community events and venues during the Sydney Gay and Lesbian Mardi Gras seasons in 2006, 2008 and 2010.

SWASH provides a unique and important source of health-related information in Australian lesbian, bisexual and queer women.



2010 Key Findings

Sample: 964 participants returned valid surveys; 72% of valid surveys from Sydney Gay and Lesbian Mardi Gras Fair Day, 22% at other lesbian, gay, bisexual, trans and queer (LGBTQ) social venues and events and 6% at LGBTQ groups.

Demographics: The age range was 17-81 years (median age 31 years) and 65% had post-school education. 64% were employed full-time and 18% were students. 14% had dependent children and 13% were planning children in the coming two years. 43% lived in the city or Inner West of Sydney, but few lived in the core 'gay' suburbs around Oxford Street in Sydney's Inner East.

Sexual identity: 75% thought of themselves as lesbian/dyke/homosexual/gay, 11% as bisexual, and 9% as queer; 3% chose the 'other' category. Most women (63%) had a regular female partner.

Community engagement: 55% felt very or mostly connected to the LGBTQ community in their everyday life.

Sexual relations with women: 95% had ever had sex with a woman; 78% had done so in the preceding six months. Among women who had had sex with a woman in the preceding six months, 71% reported one sexual partner.

Sexual relations with men: 59% had ever had sex with a man; 10% had done so in the preceding six months. 18% had ever had sex with a man they knew to be gay or bisexual; 39 women had done so in the preceding six months, 7 of whom often had unprotected sex.

Sex work: 5% had ever done sex work.

Pap smears: 18% had never had a Pap smear screen, and a further 11% had their last screening more than three years ago. Women who had never had sex with a man were most likely to be overdue for screening.

HIV/STI/Hepatitis C screening: Fewer women than ever before (43%) had been tested for HIV; no women were HIV-positive. 45% reported ever having had a test for hepatitis C; of those tested, 4% were positive.

Knowledge of sexually transmissible infections (STI): 76% were aware that a person with a cold sore could give a partner genital herpes through oral sex, and 87% were aware that you can have an STI but not have any symptoms.

Tobacco: 35% were tobacco smokers, a substantially higher proportion than the general community; smoking was most common in 16-24 year olds (42%).

Alcohol: 83% reported drinking alcohol; 50% consumed more than the NHMRC guidelines recommend to reduce the lifetime risk of alcohol-related disease or injury, while 20% drank at levels likely to put them at risk of alcohol-related injury on a single drinking occasion. Risky drinking was higher than in the general community.

Illicit drugs: In the preceding six months, 48% had used one or more illicit drugs including cannabis (33%), ecstasy (25%) and cocaine (17%). Rates of drug use were much higher than in the general community.

Self-reported health status: While most women rated their physical health as good/very good/excellent, 14% said their health was poor or fair.

Weight: While 40% of women had a body mass index (BMI) in the healthy range, nearly as many (39%) were overweight or obese, and 11% were underweight.

Psychological health: 8% of women reported high psychological distress (12% of 16-24 year olds); 50% had accessed psychological services in the past 5 years and 33% had received a mental health diagnosis.

Experiences of abuse and violence: 22% had ever experienced sexual coercion by a man, and 7% had ever experienced sexual coercion by a woman. 29% had ever experienced domestic violence with a female partner; 54% of these women had sought help. 34% had experienced some kind of anti-LGBTQ behaviour in the past year.

SWASH highlights several areas of physical and mental health concern for LBQ women.

Recommendations

Tobacco use

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

Alcohol use

- LBQ women are at a higher risk of lifetime risk of alcohol-related disease or injury than women in the general community, and are more often drinking at levels that put them at risk of alcohol-related injury on a single drinking occasion.
- Further research is needed to understand the social and cultural context of alcohol use among LBQ women; this knowledge can inform targeted interventions.
- Levels of risky drinking among younger LBQ women demonstrate an urgent need for early interventions. Messages about responsible drinking should be integrated into existing programs delivered by LGBTQ community organisations, while LGBTQ community organisations need to consider the role of alcohol sponsorship of community events.
- While SWASH reports alcohol use there is an urgent need for research on alcohol-related harms and the utilisation of treatment programs among this group.

Illicit drug use

- LBQ women are using illicit drugs at rates several times higher than women in the general community, demonstrating an urgent need for interventions targeted to LBQ women.

- Without a sophisticated understanding of the drivers of illicit drug use in LBQ women, and the conditions under which these practices become problematic and harmful, interventions are unlikely to succeed.
- Research is needed to understand LBQ women's utilisation of and satisfaction with drug treatment programs, as well as treatment outcomes.

Sexual Health

- Those designing STI prevention programs need to be aware that a significant proportion of women who do not identify as heterosexual are having sex with men and consider the reach of their programs; LBQ women may not respond to health promotion campaigns directed at assumed heterosexual audiences.
- STI prevention programs need to address skill development among LBQ women to support successful negotiation of safe and satisfying sexual relationships with all sexual partners.

Prevention-related screening

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

Health indicators

- Public health programs on weight, exercise and diet need to target and be accessible to LBQ women, and sensitively engage with LGBTQ communities around the health impacts of these issues.

Mental Health

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

Experiences of abuse and violence

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

Engaging with LBQ women around health

- We need to know more about the patterns of engagement among LBQ women and with the wider LGBTQ communities. In particular, how is community connection generated, what accounts for the feeling of high connection in the context of reduced face-to-face engagement in LGBTQ spaces and how important is community connection for health and wellbeing?
- As 'E-health' gains more prominence, it is important to know more about how LBQ women access information online - and how health services can access women - to improve the future effectiveness of health promotion, prevention messages or early interventions to this group.

Conclusion

SWASH highlights several areas of physical and mental health concern for LBQ women. The lack of health promotion, prevention and intervention programs that specifically address these health issues for lesbian, bisexual and queer women is disappointing and unacceptable. The consistent messages from national and community-based research is that the health outcome gains being made in the general population are not being replicated for this group of Australian women; it is time for action.

A lack of systematic, nuanced research on the health and wellbeing of Australian lesbian, bisexual and queer (LBQ) women has been a significant barrier to understanding, recognising and addressing their health needs. At worst, LBQ women's health needs have been largely ignored. At best, they have been considered to be synonymous with women's health.⁽¹⁾

While sex between women is rarely a health risk in itself, a range of social, psychological and economic factors mean that this minority group has worse health outcomes than their heterosexual peers. Stigma, family and community rejection and discrimination can impact on health and wellbeing, the delivery of health services, and women's access to services.

The inclusion of lesbian and bisexual women in the 2010 National Women's Health Policy⁽²⁾ was a timely recognition of persuasive international and local evidence that some health problems may be more prevalent, risk factors may be different, and interventions may need to be tailored to the needs of this group. With a focus on LBQ women's health, the long-running Sydney Women and Sexual Health (SWASH) project provides a much needed local evidence base to inform best practice in healthcare and prevention for chronic diseases, mental health and wellbeing, sexual and reproductive health and ageing.

The first round of the SWASH survey was carried out in 1996 and has been run every two years since. It was initiated by workers from two ACON (formerly the AIDS Council of NSW) projects, Women Partners of Gay and Bisexual Men and the Gay and Lesbian Injecting Drug Use Project, who were faced with a lack of empirical evidence on which to base their intervention work. Concern had been voiced about the possibility of HIV spreading from gay men to the 'general community' so the first SWASH survey focused on sexual and injection-related HIV transmission risks. The survey was addressed to all women in social contact with the gay and lesbian communities in Sydney.

In the succeeding years, the focus shifted from sex with men to lesbian sexual practice, and questions on hepatitis A, B and C were added; later questions were added about knowledge of sexually transmissible infections (STIs), Pap smears and testing for STIs, tobacco smoking, and illicit drug use. More

recently, questions about domestic violence, experiences of anti-LGBTQ behaviour, and self-report measures of physical health, mental health, alcohol consumption, and height and weight were added. The shift in focus since the survey's inception in 1996 extended the reach of SWASH to a broader survey of the health of women in and around Sydney's lesbian, gay, bisexual, transgender and queer (LGBTQ) communities.

SWASH is now the longest running and only regular survey of LBQ women's health and wellbeing in Australia (and probably the world). This important and unique resource on LBQ women's health and wellbeing is a self-funded partnership between a community-based NGO and its university partners.

This report presents results from the 2010, 2008 and 2006 surveys, and follows reports on previous survey iterations.⁽³⁻⁷⁾ Slight differences 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.

SWASH is now the longest running and only regular survey of LBQ women's health and wellbeing in Australia (and probably the world).

In March 2006, 2008 and 2010 a two-page self-complete questionnaire was distributed to women attending the Gay and Lesbian Mardi Gras Fair Day at Victoria Park in inner western Sydney and in 2006 and 2010 at several other lesbian community venues and health services in Sydney.

The questionnaire included items on demographics; sexual and gender identity; community connection; smoking, alcohol and drug use; sexual health; height and weight; psychological wellbeing; experiences of anti-gay, sexual and domestic violence; parenthood intentions; preventive health behaviour; healthcare access and satisfaction; and knowledge questions on reproductive health. Some survey questions were included in all three iterations; others appeared only once (e.g. a snapshot question on cancer diagnosis). See Appendices for copies of the 2006, 2008 and 2010 questionnaires.

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

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

3.1. Recruitment

As in previous years, the primary recruitment site in 2010 was the Mardi Gras Fair Day. Additional recruitment took place at other lesbian, bisexual and queer venues, social events during the Mardi Gras season (over February and March) or through targeted recruitment to selected LGBTQ organisations to over-sample older women and women living in the western suburbs.

After 2006, we excluded clinics and needle and syringe programs as recruitment sites.⁽³⁾ In 2008 recruitment occurred only at Fair Day. Questionnaires were offered to everyone identifying as a woman who was willing to respond. Because of practical difficulties, refusal rates were not calculated. Recruitment takes place in public spaces and entertainment venues, so women who wish to avoid completing the survey can easily do so. Few women explicitly refused a verbal offer to contribute. In 2006 recruiters at Fair Day wore caps with the slogan *'Secret lesbian business'*; this appears to have resulted in a lower number of bisexual and queer/other women than in previous and later years.

Age and sexual identity have been correlated in each SWASH survey since it began in 1996.

It is impossible to calculate a response rate for SWASH. Very few women declined the invitation to participate but it was easy for women in recruitment sites to avoid the survey recruiters. Reflecting the decision taken for the 2004 survey report,⁽⁵⁾ responses of women who identified as heterosexual have not been included in this report. While women who identify as straight may still have sex with women, many of them do so only rarely (of the 128 heterosexual women who responded to the 2010 survey, 17 had ever had sex with a woman, only four in the last six months). Thus, this report focuses on LBQ women. Table 1 summarises the valid responses by recruitment venue.

Table 1: Recruitment venues

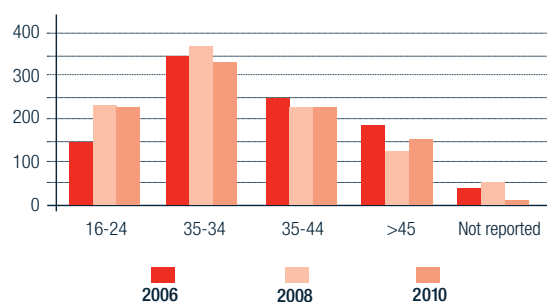
	2006	2008	2010
	n (%)	n (%)	n (%)
Fair Day	461 (47.9)	1013 (100)	689 (71.5)
Social venues/ events	286 (29.7)	-	216 (22.4)
Group	204 (21.2)	-	59 (6.1)
Health Clinics	11 (1.1)	-	-
Total	962 (100)	1013 (100)	964 (100)

4.1. Sample Characteristics

4.1.1. Age

The age range was 17-81 years, with a median age of 31 (2006 range was 16-68 years, median age 33; 2008 range was 16-69 years, median age 31). Figure 1 compares the proportion of respondents in 5-year age categories over the three surveys. Since 2006, more women aged 20-30 years and fewer women over the age of 30 years have responded.

Figure 1: Age distribution of sample



4.1.2. Sexual identity and attraction

In 2010 we added the response option 'queer' to the question 'Do you think of yourself primarily as: Lesbian/dyke/homosexual/gay, Bisexual, Heterosexual/straight, Other (please specify)?' that was posed in 2006 and 2008. We did this because of the number of women in previous years who ticked 'other' and wrote 'queer'. This change is reflected in the drop in the number of women selecting 'other' in 2010, compared to 2006 and 2008 (Table 2). To allow easy comparison we have collapsed 'queer' and 'other' in the analyses. Some women resisted sexual categorisation, making comments such as 'label free' or 'no specific label' or 'homoflexible' or 'just me'. Tension between identity labels and practice was evident in a few replies, such as the woman who ticked 'lesbian' and added 'mostly lesbian with a bisexual twist'. Throughout this report, when women are referred to as lesbian, bisexual, etc., it is this self-description that is being used, whatever their reported sexual behaviour.

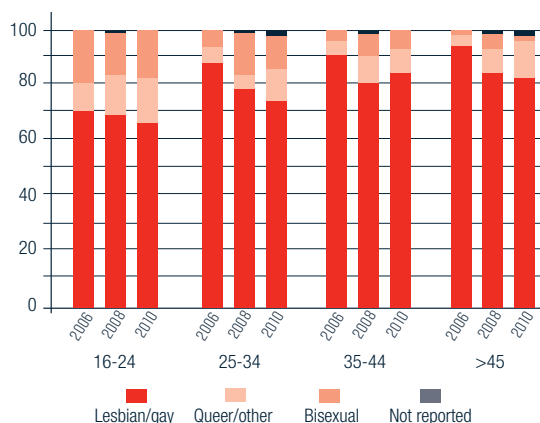
Table 2: Stated sexual identity

	2006	2008	2010
	n (%)	n (%)	n (%)
Lesbian/homosexual	828 (86.1)	773 (76.3)	726 (75.3)
Bisexual	84 (8.7)	122 (12.0)	101 (10.5)
Queer ¹	-	-	91 (9.4)
Other	50 (5.2)	105 (10.4)	33 (3.4)
Not reported	0 (0.0)	13 (1.3)	13 (1.4)
Total	962 (100)	1013 (100)	964 (100)

¹ The option 'queer' was introduced in 2010

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

Figure 02: Sexual identity by age group



In 2010, the median age of lesbian women was 33 years, of bisexual women 25 years, and of queer and other women 28 years (Table 3). Although women under 25 years only constituted 24% of the sample, 45% of the bisexual women were in the 16-24 year age group. There are several possible reasons for this. Some older bisexual women, if they are in long-term relationships with men, may be less likely to take part in LGBTQ social events where they can be recruited for the survey. People's identities may also become more fixed and more polarised as they age, partly as a result of the relationships they have. Almost a third (30%) of the queer or other identifying women were also in this youngest age group; together with the higher proportion of bisexual women this may also reflect a greater acceptance of queer and fluid identities in the younger age groups.

Table 3: Mean and median age, by sexual identity

	Lesbian	Bisexual	Queer/ Other	Not reported
	Mean (median)	Mean (median)	Mean (median)	Mean (median)
2006	35 (34.0)	29 (26.5)	32 (31.0)	-1
2008	33 (32.0)	29 (27.5)	30 (28.0)	36 (34.0)
2010	34 (33.0)	28 (25.0)	31 (28.0)	40 (38.0)

¹ Respondents who did not indicate a sexual identity were excluded from the dataset in 2006.

We also asked about sexual attraction to men and women. After heterosexual identifying women were excluded from the sample, all but 1.5% of respondents indicated at least some attraction to women, though only 36% indicated exclusively same-sex attraction. As Table 4 shows, not everyone felt sexual attraction exclusively or even mostly to women, even in this sample of women who were in contact with and recruited through LGBTQ community venues and functions, and 82% of whom had been sexually active with a woman in the preceding six months (and 94% in their lives). As would be expected, lesbian-identified women were most likely to say they were attracted only or mostly to women (96%) when compared to bisexual women (33%) and queer or other women (67%).

Table 4: Sexual attraction to males and females (“I have felt sexually attracted to”)

	2006	2008	2010
	n (%)	n (%)	n (%)
Only to females	367 (38.2)	399 (39.4)	343 (35.6)
More often to females	475 (49.4)	454 (44.8)	475 (49.3)
Equally often to both	71 (7.4)	99 (9.8)	102 (10.6)
More often to males	24 (2.5)	30 (3.0)	25 (2.6)
Only to males	1 (0.1)	3 (0.3)	4 (0.4)
To no one at all	5 (0.5)	5 (0.5)	3 (0.3)
No answer	19 (2.0)	23 (2.3)	12 (1.2)
Total	962 (100)	1013 (100)	964 (100)

4.1.3. Transgender respondents

In 2010, 31 respondents (3%) indicated that they were transgender (Table 5). The number of transgender respondents in the survey has increased since 2006. We asked more detailed questions about gender identity in 2010 because ACON had experienced an increasing number of trans-identified people accessing their Young Women’s Project. Most of the 2010 respondents identified as female transgender (n=16) or ‘other’ transgender (n=11); most people that ticked ‘other’ wrote ‘genderqueer’. Only four people identified as male which may reflect the recruitment strategy and the branding of the survey as ‘for women’. Transgender people are included with the other women in the analyses that follow unless stated otherwise. Sexual attraction varied similarly among the transgender respondents, with 87% reporting attraction mostly or always to women.

Table 5: Transgender and transsexual respondents (“Are you transgender or transsexual?”)

	2006	2008	2010
	n (%)	n (%)	n (%)
No	925 (96.2)	970 (95.8)	925 (96.0)
Yes	11 (1.1)	25 (2.5)	31 (3.2)
<i>Identify as female</i>	-	-	16 (1.7)
<i>Identify as male</i>	-	-	4 (0.4)
<i>Identify as other</i>	-	-	11 (1.1)
Not reported	26 (2.7)	18 (1.8)	8 (0.8)
Total	962 (100)	1013 (100)	964 (100)

The number of transgender respondents in the survey has increased since 2006.

4.1.4. Children

In 2010, 139 women (14%) said they had dependent children, a similar proportion to 2006 (14%) and 2008 (12%) (Table 6). Some women who are biological mothers or co-parents may no longer have dependent children if the children have left home and are self-supporting.

Table 6: Dependent children (birth or co-parent)

	2006 n (%)	2008 n (%)	2010 n (%)
No	814 (84.6)	892 (88.1)	816 (84.7)
Yes	137 (14.2)	119 (11.8)	139 (14.4)
Not reported	11 (1.1)	2 (0.2)	9 (0.9)
Total	962 (100)	1013 (100)	964 (100)

One hundred and twenty-nine women (13%) said they were planning to have children in the next two years, with a further 145 women (15%) reporting they were not sure (Table 7). The vast majority of women (75%) considering children in the coming two years did not already have dependent children.

Table 7: Planning to have children in next two years

	2006 n (%)	2008 n (%)	2010 n (%)
No	699 (72.7)	676 (66.8)	677 (70.2)
Yes	100 (10.4)	156 (15.4)	129 (13.4)
Not sure	149 (15.5)	153 (15.1)	145 (15.0)
Not reported	14 (1.5)	28 (2.8)	13 (1.4)
Total	962 (100)	1013 (100)	964 (100)

For the women who were considering having children in the coming two years, two different conception options were common: anonymous IVF (24%) and self-insemination with a known donor (20%) (Table 8). Intended conception methods varied significantly between sexual identities ($p < 0.01$). For lesbian women, the most common intended method of conception was anonymous donor IVF (29%), followed by known donor self-insemination (18%) and known donor IVF (16%). For bisexual women the most common intended method of conception was sex with a male partner (33%) followed by known donor self-insemination (19%). For queer and other women the most common intended method of conception was known donor self-insemination (30%) and known donor IVF (15%).

Table 8: How plan to conceive, by sexual identity (2010)

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
Sex with male partner	8 (3.7)	9 (33.3)	2 (7.4)	0 (0.00)	19 (6.9)
Anonymous IVF	62 (28.6)	3 (11.1)	1 (3.7)	0 (0.00)	66 (24.1)
Known IVF	35 (16.1)	1 (3.7)	4 (14.8)	1 (33.3)	41 (15.0)
Anonymous self-inseminate	11 (5.1)	0 (0.0)	2 (7.4)	0 (0.00)	13 (4.7)
Known self-inseminate	40 (18.4)	5 (18.5)	8 (29.6)	1 (33.3)	54 (19.7)
Considering more than one option	17 (7.8)	2 (7.4)	0 (0.0)	1 (33.3)	20 (7.3)
Not reported	44 (20.3)	7 (25.9)	10 (37.0)	0 (0.0)	61 (22.3)
Total	217 (100)	27 (100)	27 (100)	3 (100)	274 (100)

NOTE: Table only includes women that indicated they planned to conceive or were unsure, in the next 2 years

“For the first time we asked women how connected they felt to a LGBTQ community in their everyday life.”

4.1.5. Social attachment to the gay and lesbian community

This sample of women was highly attached to the gay and lesbian community. Of the 964 respondents in 2010, 96% said that at least a few of their friends were lesbians, gay men, bisexual, transgender or queer (Table 9).

Table 9: Number of friends who are LGBTQ

	Lesbian friends n (%)	Gay male friends n (%)	LGBTQ friends n (%)
2006			
None	13 (1.4)	80 (8.3)	-
A few	131 (13.6)	419 (43.6)	-
Some	345 (35.9)	328 (34.1)	-
Most	428 (44.5)	115 (12.0)	-
All	38 (4.0)	9 (0.9)	-
Not reported	7 (0.7)	11 (1.1)	-
Total	962 (100)	962 (100)	-
2008			
None	13 (1.3)	55 (5.4)	-
A few	113 (11.2)	383 (37.8)	-
Some	395 (39.0)	387 (38.2)	-
Most	435 (42.9)	158 (15.6)	-
All	53 (5.2)	20 (2.0)	-
Not reported	4 (0.4)	10 (1.0)	-
Total	1013 (100)	1013 (100)	-
2010			
None	-	-	23 (2.4)
A few	-	-	127 (13.2)
Some	-	-	285 (29.6)
Most	-	-	471 (48.9)
All	-	-	38 (3.9)
Not reported	-	-	20 (2.1)
Total	-	-	964 (100)

For the first time we asked women how connected they felt to a LGBTQ community in their everyday life. Unsurprisingly for a sample that is generated through attendance at LGBTQ community events, levels of connection were high, with over half reporting they felt mostly or very connected in their everyday lives (Table 10). These findings contrast with those from Private Lives, a national survey conducted online, where half (10%) as many women reported they were very connected and twice (23%) as many reported feeling rarely connected.⁽⁸⁾

Table 10: Connection to LGBTQ community, by sexual identity (2010)

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
Very	147 (20.3)	9 (8.9)	34 (27.4)	3 (23.1)	193 (20.0)
Mostly	230 (31.7)	22 (21.8)	41 (33.1)	1 (7.7)	294 (30.5)
Somewhat	221 (30.4)	43 (42.6)	35 (28.2)	3 (23.1)	302 (31.3)
Rarely	79 (10.9)	16 (15.8)	4 (3.2)	1 (7.7)	100 (10.4)
Not at all	44 (6.1)	8 (7.9)	9 (7.3)	2 (15.4)	63 (6.5)
Not reported	5 (0.7)	3 (3.0)	1 (0.8)	3 (23.1)	12 (1.2)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

In the preceding six months, 81% (2006: 86%; 2008: 93%) had attended at least one LGBTQ social group or venue (Table 11). The drop in attendance compared to previous survey years is striking and may suggest a change in the patterns of socialising among the broader community. LBQ women may be attending more mixed mainstream venues. It may also be that the number of venues or opportunities to attend events such as women's nights has changed in recent years.

Table 11: Attendance at LGBTQ social venues or groups in the past 6 months

	2006 n (%)	2008 n (%)	2010 n (%)
Lesbian/queer women's night/bar	689 (71.6)	773 (76.3)	614 (63.7)
Gay night/bar	584 (60.7)	659 (65.1)	496 (51.5)
LGBTQ ⁽¹⁾ dance party	415 (43.1)	489 (48.3)	295 (30.6)
LGBTQ ⁽¹⁾ group meeting	333(34.6)	244 (24.1)	205 (21.3)
LGBTQ ⁽¹⁾ community event	-	563 (55.6)	403 (41.8)
LGBTQ ⁽¹⁾ sports group	-	129 (12.7)	133 (13.8)
Any of the above	828 (86.1)	942 (93.0)	781 (81.0)

Note: Summary table; adds up to more than 100% because respondents could be in more than one category.
⁽¹⁾ 2006 and 2008 wording was "gay and/or lesbian".

There was a wholesale decrease in the proportion of women reporting the use of gay and lesbian street press (Table 12), from 91% to 75%. When asked which LGBTQ internet sites they visited most often, 39% of women responded and named 508 sites. The top 10 sites were: Pink Sofa, Same Same, LOTL, Gaydargirls/Gaydar, After Ellen, ACON, SSO (Sydney Star Observer), Sapphic Sydney, Mardi Gras, and Facebook. Most of these sites are Australian-based and only Gaydargirls and Pinksofa are primarily LGBTQ social networking sites. Although we asked, "Which LGBTQ websites do you visit most often", women reported accessing many internet sites that were not specifically LGBTQ, such as Facebook.

Table 12: Number of respondents reading gay and lesbian street press

	2006 n (%)	2008 n (%)	2010 n (%)
LOTL	865 (89.9)	804 (79.4)	705 (73.1)
Cherrie	-	532 (52.5)	378 (39.2)
SSO (Sydney Star Observer)	461 (47.9)	429 (42.4)	276 (28.6)
SX	351 (36.5)	377 (37.2)	227 (23.6)
Any of the above	875 (91.0)	850 (83.9)	733 (76.0)

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

4.1.6. Education, employment and income

The SWASH sample has always been well educated; around 65% had post-school qualifications in 2010 (Table 13). For comparison, only 36% of New South Wales women aged over 15 had post-school qualifications in 2006.⁽⁹⁾

Table 13: Education

	2006 n (%)	2008 n (%)	2010 n (%)
Up to Year 10/School Certificate	140 (14.6)	131 (12.9)	133 (13.8)
Year 12/Higher School Certificate	191 (19.9)	202 (19.9)	197 (20.4)
Tertiary diploma/trade certificate	167 (17.4)	206 (20.3)	159 (16.5)
University or college degree	291 (30.3)	351 (34.7)	305 (31.6)
Postgraduate degree	161 (16.7)	115 (11.4)	160 (16.6)
Not reported	12 (1.3)	8 (0.8)	10 (1.0)
Total	962 (100)	1013 (100)	964 (100)

Of those who answered the question on employment, 64% were employed full-time and 18% were students, some of whom were also employed (Table 14). It is difficult to compare the employment status of the SWASH sample with Census data, as our sample is skewed towards younger and childless women.

Table 14: Employment status

	2006 n (%)	2008 n (%)	2010 n (%)
Employed full-time	618 (64.2)	691 (68.2)	615 (63.8)
Employed part-time	164 (17.1)	163 (16.1)	168 (17.4)
Unemployed	42 (4.4)	42 (4.2)	40 (4.2)
Student	150 (15.6)	140 (13.8)	168 (17.4)
Pensioner/social security benefits	65 (6.8)	27 (2.7)	22 (2.3)
Doing domestic duties	22 (2.3)	25 (2.5)	15 (1.6)
Not in the work force	14 (1.5)	14 (1.4)	22 (2.3)
Not reported	10 (1.0)	8 (0.8)	9 (0.9)

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

With nearly two-thirds employed full-time and the proportion dependent on state benefits low (even compared to previous years), this is a reasonably well-off group. The distribution of income levels among respondents in the sample is illustrated in Table 15. For comparison, the average before-tax annual income for NSW women in February 2010 was \$40,158.⁽¹⁰⁾

Table 15: Annual income before tax

	2006 n (%)	2008 n (%)	2010 n (%)
Nil-\$19,999	192 (20.0)	167 (16.5)	181 (18.8)
\$20,000-\$39,999	200 (20.8)	212 (20.9)	197 (20.4)
\$40,000-\$59,999	281 (29.2)	300 (29.6)	234 (24.3)
\$60,000-\$99,999	196 (20.4)	251 (24.8)	248 (25.7)
\$100,000+	48 (5.0)	47 (4.6)	90 (9.3)
Not reported	45 (4.7)	36 (3.6)	14 (1.5)
Total	962 (100)	1013 (100)	964 (100)

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

4.1.7. Ethnicity

Table 16 shows responses to questions on ethnic or cultural background grouped into broad categories. This cannot be compared directly with the Census data, which report several variables including place of birth, language spoken and ancestry rather than our less specific category of ethnic affiliation. However, according to the 2006 Census, 65% of the female population of New South Wales aged 15-64 was born in Australia, 11% in Europe or the Middle East and 11% in Asia.⁽⁹⁾ This suggests that this sample of lesbian, bisexual and queer women contains fewer Asian women than would be expected if it were similar to the total NSW population.

⁽⁹⁾ Thirty-seven women self-identified as Aboriginal or Torres Strait Islander; this is higher than would be expected if the sample were similar to the total NSW population (2% of the female population of NSW identified as Aboriginal or Torres Strait Islander in the 2006 census).⁽⁹⁾

	2006 n (%)	2008 n (%)	2010 n (%)
Anglo-Australian ¹	652 (67.8)	647 (63.9)	627 (65.0)
Aboriginal or Torres Strait Islander ²	36 (3.7)	39 (3.9)	37 (3.8)
European and Middle Eastern	101 (10.5)	124 (12.2)	137 (14.2)
Asian	34 (3.5)	39 (3.9)	58 (6.0)
Other	75 (7.8)	94 (9.3)	91 (9.4)
Not reported	64 (6.7)	70 (6.9)	14 (1.5)
Total	962 (100)	1013 (100)	964 (100)

(1) Including UK and Irish/Scottish/Celtic.
 (2) In 2010, 29 respondents also indicated Anglo-Australia, European, Asian or other ethnic or cultural background; in 2006 it was 25 and in 2008 it was 29.

4.1.8. Geographical location

Half of the respondents lived in the city, inner west or eastern suburbs (Table 17). This is unsurprising as recruitment sites were all located in the metropolitan area. As in earlier years, few women 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 women lived outside the Sydney region (16%) demonstrating the number of women coming into the region for the Sydney Mardi Gras festival.

	2006 n (%)	2008 n (%)	2010 n (%)
Gay Sydney ¹	39 (4.1)	26 (2.6)	23 (2.4)
Eastern suburbs	51 (5.3)	56 (5.5)	56 (5.8)
City and inner western Sydney ²	361 (37.5)	426 (42.1)	414 (43.0)
Southern suburbs ³	68 (7.1)	57 (5.6)	57 (5.9)
Northern suburbs ⁴	96 (10.0)	82 (8.1)	110 (11.4)
Western suburbs ⁵	166 (17.3)	187 (18.5)	157 (16.3)
Outside Sydney region ⁶	133 (13.8)	116 (11.5)	136 (14.1)
Not reported/invalid	48 (5.0)	63 (6.2)	11 (1.1)
Total	962 (100)	1013 (100)	964 (100)

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

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

4.2. Sexual partners and practices

4.2.1. Sex with women

The great majority of respondents (94%) reported that they had ever had sex with a woman; 82% had done so in the preceding six months. The great majority of lesbian (84%) and queer/other (81%) women reported having recently had sex with at least one woman, as did 69% of bisexual women (Table 18).

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2006					
Never	17 (2.1)	7 (8.3)	4 (8.0)	-	28 (2.9)
Over 6 months ago	131 (15.8)	22 (26.2)	5 (10.0)	-	158 (16.4)
In the past 6 months	666 (80.4)	51 (60.7)	34 (68.0)	-	751 (78.1)
Not reported	14 (1.7)	4 (4.8)	7 (14.0)	-	25 (2.6)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2008					
Never	12 (1.6)	15 (12.3)	7 (6.7)	2 (15.4)	36 (3.6)
Over 6 months ago	106 (13.7)	44 (36.1)	14 (13.3)	1 (7.697)	165 (16.3)
In the past 6 months	644 (83.3)	60 (49.2)	80 (76.2)	8 (61.5)	792 (78.2)
Not reported	11 (1.4)	3 (2.5)	4 (3.8)	2 (15.4)	20 (2.0)
Total	773 (100)	122 (100)	105 (100)	13 (100)	1013 (100)
2010					
Never	9 (1.2)	8 (7.9)	6 (4.8)	1 (7.7)	24 (2.5)
Over 6 months ago	87 (12.0)	19 (18.1)	15 (12.1)	0 (0.0)	121 (12.6)
In the past 6 months	61 (84.0)	70 (69.3)	100 (80.7)	8 (61.5)	788 (81.7)
Not reported	20 (2.8)	4 (4.0)	3 (2.4)	4 (30.8)	31 (3.2)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

Women who reported sex with a female partner in the preceding six months were most likely to report only one sexual partner (71%), with 22% reporting between two and five partners (Table 19).

Table 19: Number of female sexual partners in the preceding six months, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2006					
One	532 (79.9)	36 (66.7)	21 (52.5)	-	589 (77.5)
2-5	112 (16.8)	15 (27.8)	9 (22.5)	-	136 (17.9)
>5	14 (2.1)	2 (3.7)	3 (7.5)	-	19 (2.5)
Not reported	8 (1.2)	1 (1.9)	7 (17.5)	-	16 (2.1)
Total	666 (100)	54 (100)	40 (100)	-	760 (100)
2008					
One	481 (75.0)	43 (71.7)	49 (58.3)	6 (66.7)	579 (72.9)
2-5	132 (20.6)	14 (23.3)	29 (34.5)	1 (11.1)	176 (22.2)
>5	18 (2.8)	3 (5.0)	5 (6.0)	0 (0.0)	26 (3.3)
Not reported	10 (1.6)	0 (0.0)	1 (1.2)	2 (22.2)	13 (1.6)
Total	641 (100)	60 (100)	84 (100)	9 (100)	974 (100)
2010					
One	462 (75.0)	41 (57.8)	61 (59.8)	6 (50.0)	570 (71.2)
2-5	126 (20.5)	16 (22.5)	31 (30.4)	3 (25.0)	176 (22.0)
>5	16 (2.6)	8 (11.3)	5 (4.9)	0 (0.0)	29 (3.6)
Not reported	12 (2.0)	6 (8.5)	5 (4.9)	3 (25.0)	26 (3.3)
Total	616 (100)	71 (100)	102 (100)	12(100)	801 (100)

NOTE: Table only includes women who reported sex with a woman in the preceding 6 months

4.2.2. Sex with men

Five hundred and seventy-one women (59%) reported they had ever had sex with a man. Bisexual (82%) and queer/other (79%) women were more likely to have ever had sex with a man compared to lesbian women (53%). This is lower than international research showing 80%-85% of LBQ women have a sexual history with men.⁽¹¹⁻¹³⁾ In our sample, sex was

overwhelmingly with men the respondents believed to be heterosexual: 539 women reported sex with heterosexual men (Table 20) compared to 177 women reporting sex with a gay or bisexual man (Table 21). Of the 39 women reporting sex with a gay or bisexual man in the past six months, seven (18%) often had unprotected sex (similar to previous years). Of the 92 women reporting sex with a heterosexual man in the preceding six months, 14 (15%) often had unprotected sex.

Table 20: When respondents last had sex with a heterosexual man, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2006					
Never	307 (37.1)	11 (13.1)	13 (26.0)	-	331 (34.4)
Over 6 months ago	476 (57.5)	36 (42.9)	24 (48.0)	-	536 (55.7)
In the past 6 months	19 (2.3)	35 (41.8)	8 (16.0)	-	62 (6.4)
Not reported	26 (3.1)	2 (2.4)	5 (10.0)	-	33 (3.4)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2008					
Never	383 (49.6)	22 (18.0)	31 (29.5)	5 (38.5)	441 (43.5)
Over 6 months ago	348 (45.0)	42 (34.4)	53 (50.5)	6 (46.2)	449 (44.3)
In the past 6 months	20 (2.6)	56 (45.9)	18 (17.1)	1 (7.7)	95 (9.4)
Not reported	22 (2.9)	2 (1.6)	3 (2.9)	1 (7.7)	28 (2.8)
Total	773 (100)	122 (100)	105 (100)	13 (100)	1313 (100)
2010					
Never	293 (40.4)	16 (15.8)	29 (23.4)	3 (23.1)	341 (35.4)
Over 6 months ago	339 (46.7)	34 (33.7)	68 (54.8)	6 (46.2)	447 (46.4)
In the past 6 months	25 (3.4)	46 (45.5)	21 (16.9)	0 (0.0)	92 (9.5)
Not reported	69 (9.5)	5 (5.0)	6 (4.8)	4 (30.1)	84 (8.7)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

Five hundred and seventy-one women (59%) reported they had ever had sex with a man.

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

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2006					
Never	699 (84.4)	48 (57.1)	28 (56.0)	-	775 (80.6)
Over 6 months ago	105 (12.7)	20 (23.8)	12 (24.0)	-	137 (14.2)
In the past 6 months	10 (1.2)	14 (16.7)	5 (10.0)	-	29 (3.0)
Not reported	14 (1.7)	2 (2.4)	5 (10.0)	-	21 (2.2)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2008					
Never	661 (85.5)	62 (50.8)	70 (66.7)	11 (84.6)	804 (79.4)
Over 6 months ago	85 (11.0)	36 (29.5)	21 (20.0)	1 (7.7)	143 (14.1)
In the past 6 months	15 (1.9)	20 (16.4)	9 (8.6)	0 (0.0)	44 (4.3)
Not reported	12 (1.6)	4 (3.3)	5 (4.8)	1 (7.7)	22 (2.2)
Total	773 (100)	122 (100)	105 (100)	13 (100)	1313 (100)
2010					
Never	606 (83.5)	66 (65.4)	79 (63.7)	9 (69.2)	760 (78.8)
Over 6 months ago	81 (11.2)	19 (18.8)	37 (29.8)	1 (7.7)	138 (14.3)
In the past 6 months	19 (2.6)	12 (11.9)	8 (6.5)	0 (0.0)	39 (4.1)
Not reported	20 (2.8)	4 (4.0)	0 (0.0)	3 (23.1)	27 (2.8)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

4.2.3. Sexual practices

Among the 82% of women who had had sex with a woman in the preceding six months, the most common sexual practice was manual sex (Table 22). Stimulation of the external genitals was practised by only a few more women than sex with the fingers or hand inside the vagina. Most women also practised oral sex (cunnilingus), both given and received, although a few (8%) had experienced only giving or receiving, not both. Over

half (55%) reported having used a sex toy. Almost all women (99%) who had used a toy used it both on the external genitals and inside the vagina. Anal practices were less common; 28% had given or received manual stimulation of the anus and 21% had practised rimming (oral-anal contact). Again, these practices were generally reciprocal.

“One in 10 women reported that they had had group sex in the preceding six months.

Table 22: Sexual practices with a woman in the past 6 months

	2006	2008	2010
	n (%)	n (%)	n (%)
Fingers/hand on external genitals	723 (96.3)	751 (94.8)	753 (95.6)
Fingers/hand inside vagina	704 (93.7)	746 (94.2)	741 (94.0)
Fingers/hand inside anus	230 (30.6)	246 (31.1)	223 (28.3)
Oral sex (mouth on partner's genitals)	640 (85.2)	686 (86.6)	693 (87.9)
Oral sex (mouth on respondent's genitals)	611 (81.4)	668 (84.3)	663 (84.1)
Rimming (mouth on partner's anus)	118 (15.7)	146 (18.4)	128 (16.2)
Rimming (mouth on respondent's anus)	112 (14.9)	145 (18.3)	119 (15.1)
Sex toy used on external genitals	421 (56.1)	474 (59.9)	470 (59.6)
Sex toy used inside vagina	427 (56.9)	485 (61.2)	482 (61.2)
Sex toy used inside anus	108 (14.4)	138 (17.4)	110 (14.0)

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

Respondents were also asked how many times they had had sex with a woman in the previous four weeks (Table 23). A small proportion of women (6%) wrote an estimate in words rather than numbers.

Table 23: Number of times women had had sex with a woman in the past 4 weeks (2008 and 2010)

	2008	2010
	n (%)	n (%)
0	100 (12.6)	129 (16.4)
1	73 (9.2)	82 (10.4)
2-5	223 (28.2)	244 (31)
6-10	136 (17.2)	139 (17.6)
11+	127 (16.0)	107 (13.6)
"A few"	6 (0.8)	9 (1.3)
"Many", "Lots"	41 (5.2)	31 (3.9)
"Too many to count"	14 (1.8)	2 (0.3)
"Not enough"	3 (0.4)	3 (0.4)
"Don't know", "Forget"	19 (2.4)	4 (0.5)
Not reported	50 (6.3)	38 (4.8)
Total	792 (100)	788 (100)

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

One hundred and fifty-one (16%) women reported having been involved in 'S/M dominance/bondage' (i.e. sado-masochism or slave-master encounters) without or with blood (i.e. from practices such as cutting, piercing, whipping or fisting) (Table 24).

Table 24: Experience of S/M dominance/bondage in the past 6 months

	2006	2008	2010
	n (%)	n (%)	n (%)
Yes, no blood	172 (17.9)	198 (19.6)	145 (15.0)
Yes, with blood	62 (6.4)	68 (6.7)	35 (3.6)
No	770 (80.0)	772 (76.2)	753 (78.1)
Not reported	15 (1.6)	34 (3.4)	60 (6.2)
Total	751 (100)	792 (100)	788 (100)

One in 10 women reported that they had had group sex in the preceding six months; most respondents reported that this group sex involved a woman (Table 25).

Table 25: Group sex in the past 6 months

	2006 n (%)	2008 n (%)	2010 n (%)
Group sex which included -			
A gay or bisexual man	11 (1.1)	20 (2.0)	14 (1.5)
A straight or heterosexual man	21 (2.2)	31 (3.1)	31 (3.2)
A woman	62 (6.4)	94 (9.3)	77 (8.0)
BDSM ¹ no blood	-	-	35 (3.6)
BDSM ² with blood	-	-	9 (0.9)
Any group sex	69 (7.2)	111 (11.0)	93 (9.6)

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

Of those in regular relationships, the most common length was over five years (Table 27).

Table 27: Length of regular relationship

	2006 n (%)	2008 n (%)	2010 n (%)
Less than 6 months	90 (13.4)	133 (18.2)	122 (17.7)
6-11 months	78 (11.4)	75 (10.3)	84 (12.2)
1-2 years	142 (21.1)	145 (19.9)	161 (23.3)
3-5 years	146 (21.7)	152 (20.9)	101 (14.6)
Over 5 years	203 (30.1)	182 (25.0)	189 (27.4)
Not reported	15 (2.2)	42 (5.8)	34 (4.9)
Total	674 (100)	729 (100)	691 (100)

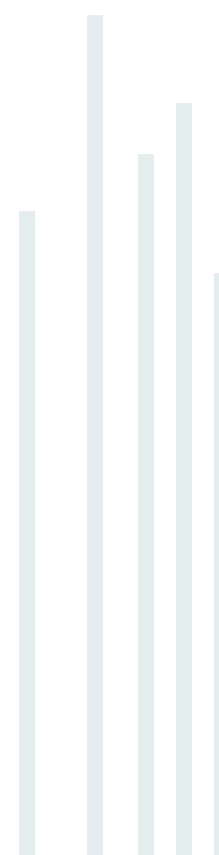
NOTE Totals only include women who reported being in a regular relationship

4.2.4. Sexual relationships

Six hundred and seven women (63%) were in a regular sexual relationship with a woman; 28% were not in a regular sexual relationship (Table 26).

Table 26: Regular partner

	2006 n (%)	2008 n (%)	2010 n (%)
No	284 (29.5)	282 (27.8)	273 (28.3)
With a woman	634 (65.9)	633 (62.5)	607 (63.0)
With a man	25 (2.6)	47 (4.6)	24 (2.5)
Poly/Multiple partners	7 (0.7)	11 (1.1)	35 (3.6)
Not reported	12 (1.3)	40 (4.0)	25 (2.6)
Total	962 (100)	1013 (100)	964 (100)



Two hundred and ten women (22%) reported that they had had a casual female partner(s) in the preceding six months (Table 28). Almost half (48%) of these women were also in a regular relationship. That is, 23% of women in a regular relationship with a woman had had a casual sexual partner in the preceding six months.

	2006 n (%)	2008 n (%)	2010 n (%)
No	702 (73.0)	644 (63.6)	620 (64.3)
Yes, with women	184 (19.1)	233 (23.0)	210 (21.8)
Yes, with men	11 (1.1)	37 (3.7)	24 (2.5)
Yes, with both	37 (3.9)	48 (4.7)	53 (5.5)
Not reported	28 (2.9)	51 (5.0)	57 (5.9)
Total	962 (100)	1013 (100)	964 (100)

4.2.5. Sex work

Forty eight women (5%) reported they had ever done sex work (Table 29).

	2006 n (%)	2008 n (%)	2010 n (%)
Never	914 (95.0)	934 (92.2)	887 (92.0)
Over 6 months ago	36 (3.7)	52 (5.1)	34 (3.5)
In last 6 months	2 (0.2)	10 (1.0)	14 (1.5)
Not reported	10 (1.0)	17 (1.7)	29 (3.0)
Total	962 (100)	1013 (100)	964 (100)

In SWASH, tobacco use was twice as likely in the youngest age group compared to the oldest age group.

4.3. Tobacco, alcohol and other drug use

4.3.1. Tobacco use

Over a third of women (35%) said they were current tobacco smokers (Table 30), 25% of women (or 71% of current smokers) were daily smokers and the median number of cigarettes smoked per day was 10. These are high rates of smoking compared with the general population, especially considering that this is a highly educated urban sample. For comparison, in the 2010 National Drug Strategy Household Survey (NDSHS) of the general population,⁽¹⁴⁾ 16% of women 18 or older were current smokers (vs 35% SWASH), with 14% of women being daily smokers (vs 25% SWASH). In the NDSHS sample, gay women and men (not reported by gender) were

twice as likely to smoke and among smokers were twice as likely to report smoking daily, compared to the heterosexual women and men in the sample.⁽¹⁴⁾ In SWASH, tobacco use was twice as likely in the youngest age group compared to the oldest age group (42% of 16-24 year olds vs. 22% of women over 45 years) (Table 34). The closest comparison in the NDSHS is 20-29 year old women, of whom 22% are smokers.⁽¹⁴⁾ Smoking was highest among bisexual women (47%), followed by lesbians (35%) and queer/other women (26%) (Table 31); this may reflect the association between sexual identity and age.

Table 30: Smoking status by age group

	16-24 years n (%)	25-34 years n (%)	35-44 years n (%)	45+ n (%)	Not reported n (%)	Total n (%)
2006						
Current smoker	69 (45.1)	139 (39.2)	78 (31.3)	50 (29.2)	2 (5.9)	338 (35.1)
Ex-smoker	25 (16.3)	94 (26.5)	85 (34.1)	63 (36.8)	0 (0.0)	267 (27.8)
Never smoked	56 (36.6)	121 (34.1)	84 (33.7)	57 (33.3)	2 (5.9)	320 (33.3)
Not reported	3 (2.0)	1 (0.3)	2 (0.8)	1 (0.6)	30 (88.2)	37 (3.9)
Total	153 (100)	355 (100)	249 (100)	171 (100)	34 (100)	962 (100)
2008						
Current smoker	119 (50.6)	123 (33.3)	89 (39.2)	38 (28.8)	6 (12.0)	375 (37.0)
Ex-smoker	33 (14.0)	115 (31.2)	67 (29.5)	65 (49.2)	1 (2.0)	281 (27.7)
Never smoked	82 (34.9)	131 (35.5)	71 (31.3)	29 (22.0)	3 (6.0)	316 (31.2)
Not reported	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	40 (80.0)	41 (4.1)
Total	235 (100)	369 (100)	227 (100)	132 (100)	50 (100)	1013 (100)
2010						
Current smoker	98 (42.1)	127 (36.7)	75 (33.2)	33 (21.6)	1 (16.7)	334 (34.7)
Ex-smoker	32 (13.7)	77 (22.3)	66 (29.2)	68 (44.4)	2 (33.3)	245 (25.4)
Never smoked	86 (36.9)	120 (34.7)	78 (34.5)	42 (27.5)	2 (33.3)	328 (34.0)
Not reported	17 (7.3)	22 (6.4)	7 (3.1)	10 (6.5)	1 (16.7)	57 (5.9)
Total	233 (100)	346 (100)	226 (100)	153 (100)	6 (100)	964 (100)

Smoking was highest among bisexual women (47%), followed by lesbians (35%) and queer/other women (26%).

Table 31: Smoking status by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/Other n (%)	Not reported n (%)	Total n (%)
2006					
Current smoker	292 (35.3)	30 (35.7)	16 (32.0)	-	338 (35.1)
Ex-smoker	237 (28.6)	19 (22.6)	11 (22.0)	-	267 (27.8)
Never smoked	271 (32.7)	30 (35.7)	19 (38.0)	-	320 (33.3)
Not reported	28 (3.4)	5 (6.0)	4 (8.0)	-	37 (3.9)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2008					
Current smoker	279 (36.1)	47 (38.5)	43 (41.0)	6 (45.2)	375 (37.0)
Ex-smoker	225 (29.1)	26 (21.3)	28 (26.7)	2 (15.4)	281 (27.7)
Never smoked	237 (30.7)	44 (36.1)	32 (30.5)	3 (23.0)	316 (31.2)
Not reported	32 (4.1)	5 (4.1)	2 (1.9)	2 (15.4)	41 (4.1)
Total	773 (100)	122 (100)	105 (100)	13 (100)	1013 (100)
2010					
Current smoker	251 (34.6)	47 (46.5)	32 (25.8)	4 (30.8)	334 (34.7)
Ex-smoker	192 (26.5)	21 (20.8)	27 (21.8)	5 (38.5)	245 (25.4)
Never smoked	244 (33.6)	26 (25.7)	56 (45.2)	2 (15.4)	328 (34.0)
Not reported	39 (5.4)	7 (6.9)	9 (7.3)	2 (15.4)	57 (5.9)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

4.3.2. Alcohol

The majority of women (83%) in the 2010 survey reported drinking alcohol. Table 32 illustrates the distribution of drinking frequency.

Table 32: Frequency of drinking alcohol

	2006 n (%)	2008 n (%)	2010 n (%)
Never	96 (10.0)	91 (9.0)	100 (10.4)
Less often than weekly	294 (30.6)	276 (27.3)	251 (26.0)
1 or 2 days a week	222 (23.1)	274 (27.1)	270 (28.0)
3 or 4 days a week	193 (20.1)	198 (19.6)	177 (18.4)
5 or 6 days a week	89 (9.3)	70 (6.9)	53 (5.5)
Every day	37 (3.9)	60 (5.9)	49 (5.1)
Not reported	31 (3.2)	44 (4.3)	64 (6.6)
Total	962 (100)	1013 (100)	964 (100)

The National Health and Medical Research Council (NHMRC) recommends that adults drink no more than two standard drinks on any single day to reduce the lifetime risk of alcohol-related disease or injury.⁽¹⁵⁾ Half of all women - 56% of drinkers - exceeded this recommendation (Table 33). This compares to 11% of women in the general population.⁽¹⁴⁾ The level of drinking in our sample decreased with age; 63% of 16-24 year olds reported consuming more than 2 standard drinks on a typical day compared to 25% of women aged over 45 years.

Table 33: Drinks consumed on a typical day

	2006 n (%)	2008 n (%)	2010 n (%)
1 or 2 drinks	345 (35.9)	307 (30.3)	302 (31.3)
3 or 4 drinks	320 (33.3)	348 (34.4)	275 (28.5)
5 to 8 drinks	114 (11.8)	154 (15.2)	160 (16.6)
9 or more drinks	56 (5.8)	61 (6.0)	51 (5.3)
Not reported	31 (3.2)	52 (5.1)	76 (7.9)
Non-drinker	96 (10.0)	91 (9.0)	100 (10.4)
Total	866 (100)	922 (100)	864 (100)

The NHMRC recommends that adults drink no more than four standard drinks on a single occasion to reduce the risk of alcohol-related injury on that occasion.⁽¹⁵⁾ One in five women - 24% of drinkers - exceeded this advice (Table 33). This is lower than women in the general population (30% in the preceding 12 months).⁽¹⁴⁾ However, 2.5 times as many LBQ women drank at these risky levels daily or weekly (23% of the whole sample), compared to women in the general population (9%) (Table 34).⁽¹⁴⁾ Again, risky drinking was associated with age; 57% of 16-24 year olds reported binge drinking more than twice in the preceding six months compared to 20% of women aged over 45 years ($p < 0.001$; Table 34).

Table 34: Frequency of drinking 5 or more on a single occasion in past 6 months

	2006 'Drunk/Binge' n (%)	2008 7+ drinks n (%)	2010 5+ drinks n (%)
Never	229 (23.8)	240 (23.7)	139 (14.4)
Once or twice	305 (31.7)	322 (31.8)	234 (24.3)
About once a month	154 (16.0)	125 (12.3)	202 (21.0)
About once a week	104 (10.8)	134 (13.2)	153 (15.9)
More than once a week	39 (4.1)	50 (4.9)	63 (6.5)
Every day	3 (0.3)	3 (0.3)	8 (0.8)
Not reported	32 (3.3)	48 (4.7)	65 (6.7)
Non-drinker	96 (10)	91 (9.0)	100 (10.4)
Total	962 (100)	1013 (100)	964 (100)

4.3.3. Illicit drugs

In the preceding six months, 47% of respondents had used any illicit drug including cannabis (33%), ecstasy (25%), and cocaine (17%) (Table 35). Use of speed and crystal meth has dropped significantly since 2006 ($p < 0.001$ for each), while cocaine use has significantly increased ($p < 0.001$). These trends echo the 2010 National Drug Strategy Household Survey (NDSHS).⁽¹⁴⁾ In response to the question 'Have you ever injected drugs?' 8% of women indicated that they had ever done so (2006: 10%; 2008: 10%; 2010: 8%).

	2006 n (%)	2008 n (%)	2010 n (%)
Cannabis	329 (34.2)	388 (38.3)	319 (33.1)
Ecstasy	262 (27.2)	328 (32.4)	241 (25.0)
Cocaine	113 (11.8)	186 (18.4)	164 (17.0)
Speed	223 (23.2)	259 (25.6)	150 (15.6)
Crystal meth	82 (8.5)	66 (6.5)	40 (4.2)
Benzos / Valium	92 (9.6)	150 (14.8)	130 (13.5)
Amyl / poppers	-	110 (10.9)	93 (9.7)
LSD / trips	-	73 (7.2)	53 (5.5)
Special K/ ketamine	70 (7.3)	62 (6.1)	48 (5.0)
GHB	35 (3.6)	32 (3.2)	22 (2.3)
Heroin	9 (0.9)	19 (1.9)	13 (1.4)
Steroids ^(a)	-	10 (1.0)	13 (1.4)
Viagra, Cialis etc.	5 (0.5)	9 (0.9)	12 (1.2)
Any other drug ^(b)	40 (4.2)	75 (7.4)	60 (6.2)

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

Rates of use of illicit drug use were several times higher among our respondents than rates reported in the general community by the NDSHS (Table 36). Gay women and men (not reported by gender) in the NDSHS had the highest rate of recent drug use (36%) among all subpopulation groups.⁽¹⁴⁾

	SWASH 2010 past 6 months %	NDSHS 2010 ⁽¹⁴⁾ past 12 months %
Cannabis	33.1	7.0
Ecstasy/designer drugs	25.1	2.3
Cocaine	17.1	1.5
Speed/crystal meth	17.0	1.7
Ever injected drug	8.2	1.2

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



4.4. Health behaviour and knowledge

4.4.1. Relationships with doctors

In 2010, the majority of women said they had a regular doctor (49%) or attended the same health centre (22%) (Table 37). Two thirds of women (67%) said they were out - open about their sexuality - to their doctor. If women had a regular doctor or attended the same health centre, they were most likely to be out (78%).

Table 37: Regular doctor (2010)

	2010 n (%)
No regular doctor	226 (23.4)
Yes, regular GP	474 (49.2)
Yes, regular health centre	211 (21.9)
Not reported	53 (5.5)
Total	964 (100)

In 2006 and 2008 women indicated in a single question if they were out to their doctor or if they did not have a regular GP (Table 38).

Table 38: Regular doctor

	2006 n (%)	2008 n (%)
No regular doctor	233 (24.2)	157 (15.5)
Out to regular GP	537 (55.8)	645 (63.7)
Not out to regular GP	157 (16.3)	165 (16.3)
Not reported	35 (3.6)	46 (4.5)
Total	962 (100)	1013 (100)

“For the first time we asked respondents whether they had ever been diagnosed with cancer; 7% of women said that they had.”

4.4.2. Self-reported general health

The majority of respondents rated their general health as excellent/very good/good (81%); 14% of respondents reported their health as fair/poor (Table 39). There has been a significant drop in ratings of self-reported general health; about 10% fewer women rated their health as excellent/very good/good in 2010 compared to 2008, and the proportion of women rating their health as fair/poor increased by the same amount ($p < 0.001$). The reasons for this decrease in self-reported general health are not clear.

For the first time we asked respondents to provide their height and weight. We have used these to calculate a body mass index (BMI) for each respondent. The BMI is an internationally recognised standard for classifying overweight and obesity in adult populations. It is an imperfect measure as people tend to overestimate height and underestimate weight when self-reporting,⁽¹⁶⁾ and it does not recognise differences in height and weight proportions which may be related to diverse cultural heritage. Women were as likely to self-report height and weight that placed them in the overweight or obese category (39%) than in the healthy category (40%) (Table 40).

Table 39: Self reported general health, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2006					
Poor/Fair	74 (8.9)	12 (14.3)	6 (12.0)	-	92 (9.6)
Good/Very good	513 (62.0)	52 (61.9)	35 (70.0)	-	600 (62.4)
Excellent	216 (26.1)	16 (19.1)	6 (12.0)	-	238 (24.7)
Not reported	25 (3.0)	4 (4.8)	3 (6.0)	-	32 (3.3)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2008					
Poor/Fair	40 (5.2)	16 (13.1)	9 (8.6)	0 (0.0)	65 (6.4)
Good/Very good	476 (61.6)	76 (62.3)	59 (56.2)	8 (61.5)	619 (61.1)
Excellent	225 (29.1)	25 (20.5)	35 (33.3)	3 (23.4)	288 (28.4)
Not reported	32 (4.1)	5 (4.1)	2 (1.9)	2 (15.4)	41 (4.1)
Total	773 (100)	122 (100)	105 (100)	13 (100)	1013 (100)
2010					
Poor/Fair	106 (14.6)	8 (7.9)	15 (12.1)	1 (7.7)	130 (13.5)
Good/Very good	443 (61.0)	65 (64.4)	79 (63.7)	8 (61.5)	595 (61.7)
Excellent	140 (19.3)	22 (21.8)	21 (16.9)	2 (15.4)	185 (19.2)
Not reported	37 (5.1)	6 (5.9)	9 (7.3)	2 (15.4)	54 (5.6)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

Lesbian women were almost twice as likely to self-report height and weight that placed them in the obese category compared to bisexual (12%) and queer or other (12%). However lesbian women were more likely to be older and there is an association between age and weight; while 3% of underweight women were aged 45 or older, a third of obese women fell into this age category.

Table 40: Body mass index (2010)

	2010 n (%)
Underweight (<20)	105 (10.9)
Healthy (20-<25)	386 (40.0)
Overweight (25-<30)	207 (21.5)
Obese (>30)	169 (17.5)
Not reported	97 (10.1)
Total	964 (100)

We have provided comparative self-report data from women in the 2008 National Health Survey (NHS) (Table 41).⁽¹⁷⁾ The younger age of our sample may explain the striking differences in the proportion of underweight women.

Table 41: Body mass index compared with the general community (18-54 year olds)

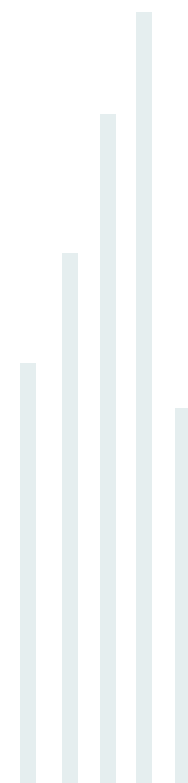
	SWASH 2010 %	NHS 2007-2008 %
Underweight (<20)	13	4
Healthy (20-<25)	46	52
Overweight (25-<30)	24	26
Obese (>30)	19	17

For the first time we asked respondents whether they had ever been diagnosed with cancer; 7% of women said that they had (Table 42). We provide these figures as a means of tracking cancer diagnosis in this sample. There are no comparable statistics on lesbians and cancer in Australia.

Table 42: Cancer diagnoses (2010)

	2010 n (%)
Cervical	24 (2.5)
Skin	21 (2.2)
Breast	13 (1.4)
Lung	1 (0.1)
Other (1)	16 (1.6)
Any cancer	64 (6.6)

Note: Summary table; adds up to more than 100% because respondents could be in more than one category.
(1) Other cancers included 4 ovarian and 3 bowel/colon cancers.



4.4.3. Self-reported mental health

In 2006 and 2010 we used the Kessler 6 to measure non-specific psychological distress (e.g. feeling nervous, hopeless, restless, worthless) in the preceding four weeks.⁽¹⁸⁾ Distress was most common in younger women; 12% of 16-24 year olds reported high distress compared to 3% of women aged 45 years and older ($p < 0.001$; Table 43).

Table 43: Kessler 6 measure of psychological distress, by age group (2006 and 2010)

	16-24 years n (%)	25-34 years n (%)	35-44 years n (%)	45+ n (%)	Not reported n (%)	Total n (%)
2006						
Low distress	96 (62.7)	266 (75.0)	195 (78.3)	137 (80.1)	4 (11.8)	698 (72.6)
Medium distress	31 (20.3)	31 (8.7)	25 (10.0)	14 (8.2)	0 (0.00)	101 (10.5)
High distress	20 (13.1)	21 (5.9)	3 (1.2)	9 (5.3)	0 (0.00)	53 (5.5)
Not reported	6 (3.9)	37 (10.4)	26 (10.4)	11 (6.4)	30 (88.2)	110 (11.4)
Total	153 (100)	355 (100)	249 (100)	171 (100)	34 (100)	962 (100)
2010						
Low distress	124 (53.2)	215 (62.1)	165 (73.0)	114 (74.5)	2 (33.3)	620 (64.3)
Medium distress	55 (23.6)	61 (17.6)	27 (11.9)	14 (9.2)	0 (0.00)	157 (16.3)
High distress	28 (12.0)	29 (8.4)	12 (5.3)	4 (2.6)	0 (0.00)	73 (7.6)
Not reported	26 (11.1)	41 (11.8)	22 (9.7)	21 (13.7)	4 (66.7)	114 (11.8)
Total	233 (100)	346 (100)	226 (100)	153 (100)	6 (100)	964 (100)

Note: cut off scores were Low = 0-7, Medium = 8-12, High = 13-24.⁽¹⁹⁾

For the first time we asked women if they had ever accessed counselling or psychological services.



Given the similarity in age, it is not clear why more than twice as many queer and other identifying women reported high distress compared to bisexual women (Table 44).

Table 44: Kessler 6 measure of psychological distress, by sexual identity (2006 and 2010)

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2006					
Low distress	618 (74.6)	56 (66.7)	24 (48.0)	-	698 (72.6)
Medium distress	81 (10.0)	8 (9.5)	12 (24.0)	-	101 (10.5)
High distress	41 (5.0)	10 (11.9)	2 (4.0)	-	53 (5.5)
Not reported	88 (10.6)	10 (11.9)	12 (24.0)	-	110 (11.4)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2010					
Low distress	481 (66.6)	67 (66.4)	67 (54.0)	5 (38.5)	620 (64.3)
Medium distress	103 (14.2)	17 (16.8)	33 (26.6)	4 (30.8)	157 (16.3)
High distress	53 (7.3)	5 (5.0)	15 (12.1)	0 (0)	73 (7.6)
Not reported	89 (12.3)	12 (11.9)	9 (7.3)	4 (30.8)	114 (11.8)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

Note: cut off scores were Low = 0-7, Medium = 8-12, High = 13-24. ⁽¹⁹⁾

For the first time we asked women if they had ever accessed counselling or psychological services (Table 45). Half the sample had accessed such services in the preceding five years; nearly two thirds (64%) had ever accessed services.

Table 45: Ever accessed counselling or psychological services (2010)

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
No	213 (29.3)	37 (36.6)	29 (23.4)	3 (23.1)	282 (29.3)
Yes, in the past 5 years	359 (49.5)	45 (44.6)	80 (64.5)	3 (23.1)	487 (50.5)
Yes, over 5 years ago	105 (14.5)	10 (9.9)	8 (6.5)	4 (30.8)	127 (13.2)
Not reported	49 (6.8)	9 (8.9)	7 (5.7)	3 (23.1)	68 (7.1)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

A third of women in our sample reported that they had received a mental health diagnosis in the preceding five years.

We also asked women if they had ever been diagnosed with depression, anxiety disorder or other mental health disorder. A third of women in our sample reported that they had received a mental health diagnosis in the preceding five years (Table 46).

Table 46: Ever diagnosed (self-report) with anxiety, depression or other mental health disorder (2010)

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
No	367 (50.6)	53 (52.5)	56 (45.2)	5 (38.5)	481 (50.0)
Yes, in past 5 years	237 (32.6)	28 (27.7)	48 (38.7)	3 (23.1)	316 (32.8)
Yes, over 5 years ago	67 (9.2)	11 (10.9)	13 (10.5)	2 (15.4)	93 (9.6)
Not reported	55 (7.6)	0 (0.0)	7 (5.6)	3 (23.1)	74 (7.7)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

4.4.4. Screening tests

The NSW Ministry of Health recommends that all women should be screened for precursors of cervical cancer by having Pap smears every two years, even if they have never had sex with a man, as sex with men is not the only risk factor.⁽²⁰⁾ Table 47 shows that 26% of the women in the sample were overdue for screening: last screened more than three years ago, never had or not sure when last had a Pap smear. The good news is that the proportion of women in this category has decreased from over 30% in 2006 ($p=0.022$).

A need for education remains however as women who had never had sex with a man were 2.5 times more likely to have never been screened. Among women in our sample who had ever had sex with a man, bisexual women were consistently more likely to have never been screened (more than 30% of bisexual women had never been screened in each of the three iterations of SWASH); while these women are more likely to be younger, their sexual practices also put them at increased risk for HPV transmission (and therefore cervical cancer).

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

	Never had sex with a man	Ever had sex with a man	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
2006				
Less than 3 years ago ^(a)	169 (49.7)	450 (73.7)	4 (36.4)	623 (64.8)
More than 3 years ago ^(b)	46 (13.5)	85 (13.9)	1 (9.1)	132 (13.7)
Never	105 (30.9)	64 (10.5)	0 (0)	169 (17.6)
Not reported	20 (5.9)	12 (2.0)	6 (54.6)	38 (4.0)
Total	340 (100)	611 (100)	11 (100)	962 (100)
2008				
Less than 3 years ago ^(a)	254 (59.2)	425 (74.4)	3 (23.1)	682 (67.3)
More than 3 years ago ^(b)	44 (10.3)	62 (10.9)	1 (7.7)	107 (10.6)
Never	112 (26.1)	69 (12.1)	1 (7.7)	182 (18.0)
Not reported	19 (4.4)	15 (2.6)	8 (61.5)	42 (4.2)
Total	429 (100)	571 (100)	13 (100)	1013 (100)
2010				
Less than 3 years ago ⁽¹⁾	226 (60.1)	430 (75.3)	7 (41.2)	663 (68.8)
More than 3 years ago ⁽²⁾	29 (7.7)	46 (8.1)	0 (0)	75 (7.8)
Never	91 (24.2)	61 (10.7)	0 (0)	152 (15.8)
Not sure	10 (2.7)	8 (1.4)	0 (0)	18 (1.9)
Not reported	20 (5.3)	26 (4.6)	10 (58.8)	56 (5.8)
Total	376 (100)	571 (100)	17 (100)	964 (100)

(1) The response options in 2006 and 2008 were "Less than a year" and "1-3 years"; in 2010 they changed to "less than 2 years ago", "2-3 year". We have collapsed the options to "less than 3 years ago" for comparison.

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

A total of 522 respondents (54%) had ever had a diagnostic or screening test for an STI other than HIV; 16% had done so in the previous six months (Table 48). Queer and other women (66%) were most likely to have been ever tested, followed by bisexual women (54%) and lesbian women (52%). Women who had ever had sex with a man were more likely to have ever had a diagnostic or screening test for an STI (63%) compared to women who had never had sex with a man (42%).

Table 48: Timing of last STI test other than HIV by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2006					
Never	356 (43.0)	30 (35.7)	14 (28.0)	-	400 (41.6)
Yes, over 6 months ago	344 (41.6)	34 (40.5)	23 (46.0)	-	401 (41.7)
Yes, in the past 6 months	93 (11.2)	15 (17.9)	8 (16.0)	-	116 (12.1)
Not reported	35 (4.2)	5 (6.0)	5 (10.0)	-	45 (4.7)
Total	828 (100)	84 (100)	50 (100)	-	962 (100)
2008					
Never	337 (43.6)	38 (31.2)	25 (23.8)	5 (38.5)	405 (40.0)
Yes, over 6 months ago	297 (38.4)	53 (43.4)	51 (48.6)	3 (23.1)	404 (39.9)
Yes, in the past 6 months	106 (13.7)	27 (22.1)	27 (25.7)	3 (23.1)	163 (16.1)
Not reported	33 (4.3)	4 (3.3)	2 (1.9)	2 (15.4)	41 (4.1)
Total	773 (100)	122 (100)	105 (100)	13 (100)	1013 (100)
2010					
Never	305 (42.0)	39 (38.6)	34 (27.4)	6 (46.2)	384 (39.8)
Yes, over 6 months ago	277 (38.2)	32 (31.7)	54 (43.6)	5 (38.5)	368 (38.2)
Yes, in the past 6 months	103 (14.2)	23 (22.8)	28 (22.6)	0 (0.0)	154 (16.0)
Not reported	41 (5.7)	7 (6.9)	8 (6.5)	2 (15.4)	58 (6.0)
Total	726 (100)	101 (100)	124 (100)	13 (100)	964 (100)

The most commonly reported STI diagnosis was genital warts followed by Chlamydia.

One hundred and thirty women (14%) had ever received an STI diagnosis. The most commonly reported STI diagnosis was genital warts followed by Chlamydia (Table 49).

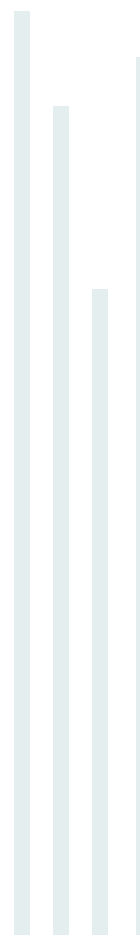
Table 49: STI other than HIV diagnosis (2010)

	2010 n (%)
Genital warts	35 (3.6)
Chlamydia	30 (3.1)
Bacterial vaginosis	27 (2.8)
Genital herpes	25 (2.6)
HPV	22 (2.3)
Gonorrhoea	15 (1.6)
Lice/crabs	10 (1.0)
Hepatitis B	6 (0.6)
Syphilis	0 (0.00)

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

In 2010, more women had never been tested for HIV (47%) than reported having been tested (43%). Testing rates have been dropping since 2006 (2006: 59%; 2008: 44%; $p < 0.001$) and may reflect a decreasing perception of risk to HIV or changes in the survey population. Of the 410 women who had ever been tested for HIV, none reported that they were HIV-positive (2006: 9 HIV positive; 2008: 6 HIV positive).

Testing for hepatitis C has varied from year to year (2010: 45%; 2008: 53%; 2006: 46%). It is possible that some women answered 'yes' to this question but did not actually know which of the hepatitis viruses they had been tested for (A, B or C). Indeed it is worth noting that 8% said they were not sure if they had been screened for hepatitis C. Of those who said they had been tested for hepatitis C, 19 women (4%) reported they were positive. Despite the drop in testing among our sample, the number of women in the survey that are positive remains steady: 2% in 2006, 2% in 2008 and 2% in 2010. It is possible that the drop in testing reflects a tendency for only women who perceive themselves to be at risk to seek screening. Of the 19 women who had hepatitis C, 18 had ever injected drugs.



14% were unaware that a person experiencing a cold sore outbreak can give their partner genital herpes during oral sex.

4.4.5. Knowledge of sexually transmissible infections (STIs)

Three knowledge questions about STIs and Pap smears were asked in true/false format (Table 50). Most women knew the correct answers for the Pap smear and STI symptoms questions; 14% were unaware that a person experiencing a cold sore outbreak can give their partner genital herpes during oral sex.

		2006	2008	2010
		n (%)	n (%)	n (%)
If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes (F)	Correct	728 (75.7)	741 (73.2)	736 (76.4)
	Incorrect	177 (18.4)	201 (19.8)	152 (15.7)
	Not reported	57 (5.9)	71 (7.0)	76 (7.9)
	Total	962 (100)	1013 (100)	964 (100)
Lesbians do not need Pap smears (F)	Correct	900 (93.6)	934 (92.2)	854 (88.6)
	Incorrect	24 (2.4)	32 (3.2)	40 (4.1)
	Not reported	38 (4.0)	47 (4.6)	70 (7.3)
	Total	962 (100)	1013 (100)	964 (100)
You can have an STI and not have any symptoms (T)	Correct	-	-	841 (87.2)
	Incorrect	-	-	53 (5.5)
	Not reported	-	-	70 (7.3)
	Total			964 (100)
Chlamydia can lead to infertility in women (T)	Correct	784 (81.5)	832 (82.1)	-
	Incorrect	106 (11.0)	98 (9.7)	-
	Not reported	72 (7.5)	83 (8.2)	-
	Total	962 (100)	1013 (100)	-

4.5. Experiences of violence and abuse

4.5.1. Sexual coercion

We asked women: 'Since the age of 16, have you ever been forced or frightened into doing something sexually that you did not want to do?' The majority of respondents (66%) indicated that they had never experienced sexual coercion. Among the women ever coerced since age 16, the majority were coerced by a male (Table 51). Thirty-three women reported having been coerced by both males and females in the 2010 survey.

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

	2006	2010
	n (%)	n (%)
Never	595 (61.9)	640 (66.4)
Yes, by a male only	274 (28.5)	183 (18.98)
Yes, by a female only	46 (4.8)	38 (3.9)
Yes, both	- ¹	33 (3.4)
Not reported	47 (4.9)	70 (7.3)
Total	962 (100)	964 (100)

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

4.5.2. Domestic Violence

In 2010, 355 women (37%) reported having ever experienced domestic violence (DV), 15 with both male and female partners (Table 52). Two hundred and sixty-six women (28%) reported only experiencing domestic violence in a relationship with a woman. The increase in reporting since 2006 needs to be interpreted with caution as it is not clear if DV is increasing or if awareness has increased, resulting in more women labelling their experiences as 'domestic violence'.

Table 52: Number of respondents who experienced domestic violence in a relationship

	2006	2008	2010
	n (%)	n (%)	n (%)
Never	608 (63.2)	636 (62.8)	538 (55.8)
Yes, with a female only	194 (20.2)	221 (21.8)	266 (27.6)
Yes, with a male only	130 (13.5)	113 (11.2)	74 (7.7)
Yes, with both	- ¹	- ¹	15 (1.6)
Not reported	30 (3.1)	43 (4.2)	71 (7.4)
Total	962 (100)	1013 (100)	964 (100)

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

Just over half (56%) of women who reported experiencing domestic violence had sought help. Women experiencing same-sex DV were as likely to have sought help (52%) compared to women experiencing other-sex DV (53%). In 2006 and 2008 we asked women where they sought help (Table 53). Counsellors, friends and family were most common, while only 10% of women who reported experiencing domestic violence had reported it to the police.

Table 53: Source of help for respondents experiencing domestic violence (2006 and 2008)

	2006 n (%)	2008 n (%)
Counsellor or psychologist	89 (27.5)	90 (27.0)
Friend or neighbour	86 (26.5)	98 (29.3)
Family or relative	65 (20.1)	88 (26.4)
Police	33 (10.2)	31 (9.3)
Doctor or hospital	32 (9.9)	18 (5.4)
Gay/lesbian service	12 (3.7)	18 (5.4)
Other	12 (3.7)	9 (2.7)
DV helpline	4 (1.2)	4 (1.2)
Magazine, radio, etc	3 (0.9)	2 (0.6)

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

Just over half (56%) of women who reported experiencing domestic violence had sought help.

4.5.3. Anti-gay and anti-lesbian behaviour

Respondents were asked whether they had experienced any of six specified anti-gay or anti-lesbian acts against them in the preceding 12 months (Table 54). The most common form of abuse women had experienced was verbal abuse or harassment. Among women responding to SWASH experience of any anti-gay or anti-lesbian acts has dropped significantly from 2006 ($p < 0.001$); however, this is primarily due to a reduction in reported verbal abuse.

Over the last three iterations of the SWASH survey (2006, 2008 and 2010), a total of 2,939 lesbian, bisexual and queer women engaged with the Sydney LGBTQ community have been surveyed (repeat participation rates are unknown). The lack of comparable surveys within Australia (and to the authors' knowledge, internationally) highlights the importance of SWASH. This report provides an unparalleled insight into the health and wellbeing of LBQ women, but also indicates findings of particular salience and urgency for those interested in improving the health and wellbeing of this population.

Table 54: Anti-gay or anti-lesbian behaviour experienced in the past 12 months

	2006 n (%)	2008 n (%)	2010 n (%)
Verbal abuse or harassment	387 (40.2)	415 (41.0)	295 (30.6)
Being pushed or shoved	74 (7.7)	65 (6.4)	91 (9.4)
Being bashed	23 (2.4)	22 (2.2)	23 (2.4)
Physical threat or intimidation	101 (10.5)	133 (13.1)	92 (9.5)
Refusal of service	73 (7.6)	53 (5.2)	70 (7.3)
Refused employment or promotion	46 (4.8)	35 (3.5)	41 (4.3)
Any of the above	43.0	42.7	33.8

Use of illicit drugs was several times higher among LBQ women than in the general community.

5.1. Tobacco use

Over a third (35%) of LBQ women reported smoking. This is twice the rate (16%) among women in the general population. ⁽¹⁴⁾ A quarter of all LBQ women were daily smokers (the vast majority of smokers in the sample), compared to 14% of women in the general population. ⁽¹⁴⁾ Of considerable concern is the rate of smoking among younger women: 42% of 16-24 year old SWASH respondents smoked. The closest comparison provided by the 2010 National Drug Strategy Household Survey is among 20-29 year olds, 22% of whom reported smoking. ⁽¹⁴⁾

The Australian Longitudinal Study of Women's Health found a similar level of disparity: 46% of LBQ women aged 22-27 years were smokers, compared to 25% of heterosexual women, suggesting that this finding is robust. ⁽²¹⁾ These findings that LBQ women are twice as likely to be smoking as women in the general population appear to be consistent and robust.

It is clear that tobacco use is a significant public health problem facing LBQ women and their communities. Wide-ranging government initiatives have been introduced since the 2006 survey, including graphic pictures on all tobacco products and, in 2007, a ban on smoking in all indoor areas in pubs and nightclubs. Several hard-hitting campaigns in popular media have also appeared. Despite these population-level efforts, rates among this population group have remained unchanged over the last four years (35% in 2006 and 35% in 2010).

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

5.2. Alcohol use

The vast majority of LBQ women drank alcohol, most doing so frequently. Four and half times as many LBQ women (56% of women) drank at levels that put them at a lifetime risk of alcohol-related disease or injury, compared to women in the general population.⁽¹⁴⁾ Among younger women, two thirds drank at this risky level. Our urban sample of same-sex-attracted women reported higher levels of risky drinking than the 2010 National Drug Strategy Household Survey (NDSHS) reported among all gay respondents in their sample.⁽¹⁴⁾ However, the NDSHS reports its findings by sexuality without a breakdown for gender; we think it more meaningful to compare LBQ women with other women.

One in five women - 24% of drinkers - drank at levels that put them at risk of alcohol-related injury on a single drinking occasion (more than four standard drinks). This is a lower proportion of women than in the general population (30% of whom reported drinking at risky levels in the preceding 12 months).⁽¹⁴⁾ However 2.5 times as many LBQ women in our sample reported drinking at these risky levels daily or weekly, compared to women in the general population.⁽¹⁴⁾ While risky drinking was high among all women, it was particularly concerning among younger women. Two thirds of young women reported drinking more than two standard drinks on a typical day when they drank and the same proportion had drunk more than five standard drinks more than twice in the preceding six months.

- LBQ women are at a higher risk of lifetime risk of alcohol-related disease or injury than women in the general community, and are more often drinking at levels that put them at risk of alcohol-related injury on a single drinking occasion.
- Further research is needed to understand the social and cultural context of alcohol use among LBQ women; this knowledge can inform targeted interventions.
- Levels of risky drinking among younger LBQ women demonstrate an urgent need for early interventions. Messages about responsible drinking should be integrated into existing programs delivered by LGBTQ community

organisations, while LGBTQ community organisations need to consider the role of alcohol sponsorship of community events.

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

5.3. Illicit drug use

Use of illicit drugs was several times higher among LBQ women than in the general community, and some of this drug use may be problematic.⁽¹⁴⁾ In the 2010 National Drug Strategy Household Survey, gay people had the highest rate of recent drug use (36%) among all subpopulation groups.⁽¹⁴⁾ The Australian Longitudinal Survey of Women's Health found that compared to heterosexual women, LBQ women were more likely to have used illicit drugs (41% vs. 10%) and to have ever injected drugs (11% vs. 1%).⁽²¹⁾

A recent international meta-analysis of 18 studies of sexual orientation and adolescent substance use found the odds of substance use by young LBQ women was four times higher than that of heterosexual young women.⁽²²⁾ To contextualise this, the authors note that LBQ women report illicit drug use at a similar level to that of young heterosexual men. Despite stark evidence that a lesbian, bisexual or queer identity appears predictive of drug use, harm reduction efforts have largely focused on gay men.

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

5.4. Sexual health

Of the 964 women in this report, 75% identified as lesbian. Younger women under 25 were more likely to regard themselves as bisexual than the older age groups. Sexual attraction roughly corresponded to identity for most women. Exclusive attraction to women was not the majority experience (36%), even among these highly community-attached women, the majority of whom (78%) had been sexually active with a woman in the preceding six months. Indeed, over half (59%) of the sample had had sex with a man at some time in their lives, and 10% had had sex with a man in the preceding six months.

This fact is perhaps familiar and unremarkable to LGBTQ community members, but needs to be better understood by health service providers and policy makers, who often assume that all women who have sex with women are lesbians and that all lesbians are attracted only to women and never have sex with men. Sexual attraction, like sexual identity (with which it is highly correlated), is also age-related, with younger women more likely to report attraction to both men and women.

Our findings on unprotected sex echo international research that condom use by LBQ women during sex with men is low.^(11, 23, 24) One in five women had ever had sex with a man they believed to be gay or bisexual, raising the issue of possible exposure to STIs, including HIV, that are more common among gay and bisexual men. While few women reported sex with gay or bisexual men, these women were more likely to report unprotected vaginal or anal intercourse. We did not ask about unintended pregnancy but Australian research suggests that unplanned pregnancy among younger same-sex-attracted women is much higher than among their heterosexual peers,^(25, 26) a disparity echoed by international research.^(27, 28) The nature of LBQ women's sexual relationships with men is not well understood, and high rates of unprotected sex may suggest sex is unplanned and that LBQ women may not have the necessary negotiation skills to protect themselves against STIs in these situations.

- Those designing STI prevention programs need to be aware that a significant proportion of women who do not

identify as heterosexual are having sex with men and consider the reach of their programs; LBQ women may not respond to health promotion campaigns directed at assumed heterosexual audiences.

- STI prevention programs need to address skill development among LBQ women to support successful negotiation of safe and satisfying sexual relationships with all sexual partners.

5.5 Prevention-related screening

A quarter of women were overdue for cervical cancer screening. Low screening in LBQ women may be due to a belief that lesbian women are at lower risk of cervical cancer,⁽²⁹⁾ a perception that has been reported among Australian healthcare providers.⁽³⁰⁾ This is despite HPV transmission only requiring skin-to-skin contact⁽³¹⁾ and Australian research demonstrating that the prevalence of genital warts in women with a sexual history with women is similar to that of exclusively heterosexual women.⁽²³⁾ The decreasing number of women who are overdue for screening - down to 26% from 31% - may be indicative of a trend but the need for education remains. Two and a half times as many women who had never had sex with a man had never been screened, compared to women who had had sex with men. Among women that had ever had sex with a man, bisexual women were consistently more likely to have never been screened (more than 30% of bisexual women were overdue for screening over the three iterations of SWASH). Health promotion campaigns like the Cancer Council of Victoria's Lesbians need Pap smears too, designed to raise awareness among the LGBTQ community and the professionals caring for their health need to continue.

Half of the women in our sample had been tested for an STI other than HIV. Rates of testing appear steady, with bisexual and queer women - especially younger ones - more likely to report recent testing. However, testing for HIV has been dropping since 2006, from 59% to 43% in 2010. Knowledge about STIs was high, but 16% of women did not know that someone with a cold sore could transmit herpes to the genitals through oral sex.

STI testing campaigns and resources targeting LBQ women about their sexual health, risks and the need for testing are required.

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

5.6. Health indicators

Levels of overweight and obesity were similar in LBQ women and women in the general population,⁽¹⁷⁾ yet no public health campaigns have targeted the LBQ community. There is understandable concern among members of the LGBTQ community about a focus on body weight, and in particular on using normative ideals of body shape. This issue does pose a challenge for our communities: levels of overweight and obesity put women at increased risk of heart and lung disease, joint problems, and diabetes.⁽³²⁻³⁵⁾

More broadly, international research suggests that lesbian and bisexual women have an above-average prevalence of known risk factors for breast and gynaecological cancers including having no children or being older at first childbirth, tobacco use, alcohol consumption, and obesity.^(34, 36, 37) Our findings suggest a confluence of a number of risk factors present for LBQ women at rates much higher than for the general community.

- Public health programs on weight, exercise and diet need to target and be accessible to LBQ women, and sensitively engage with LGBTQ communities around the health impacts of these issues.

5.7. Mental Health

There are reasons to be concerned about the mental health of some within this group of women. While only 8% of women reported high levels of non-specific psychological distress, this rose to 12% of younger women. An increase in the proportion of highly distressed lesbian women since 2006 is also concerning, especially when taken together with a decrease in self-reported general health over the same period. There is consistent and persuasive international evidence that LGBTQ populations experience higher rates of mental health problems and suicidal behaviour than heterosexual people.⁽³⁸⁻⁴³⁾

A recent review of the international literature concluded that higher rates of depressive symptoms and mental health outcomes are consistently found in LBQ women than in their heterosexual peers.⁽⁴⁴⁾ This is borne out by the Australian Longitudinal Study of Women's Health: younger LBQ women were significantly more likely to exhibit poorer mental health and exhibited significantly higher levels of self-harm than exclusively heterosexual women (17% vs. 3%).⁽⁴⁵⁾ The Australian Private Lives survey found 15% of LBQ women reported that in the preceding two weeks they had felt they would be better off dead, with 80% reporting a history of feeling depressed. In that study, one in three had seen a counsellor or psychiatrist in the previous five years, mostly for anxiety or depression.⁽⁶⁾

The high levels of distress among these LBQ women are reflected in the high proportion of women who accessed mental health services in the preceding five years (51%) or who self-reported a mental illness diagnosis in the preceding five years (33%). The considerable increase in recent access and diagnoses may be due in part to the Australian government's Better Access program, which since 2006 has provided intensive, short-term Medicare-subsidised mental health services.

A 2005 national survey of gay and lesbian wellbeing⁽⁶⁾ found that 62% of women had accessed counselling or psychological support services between 2000-2005, suggesting use of these services may always have been

There are very few programs for LBQ women on developing and sustaining healthy and respectful relationships.

high in this population. The work of ACON's Counselling services suggests that demand is increasing for LGBT-specific counselling. Regardless of whether access has increased or was always high, these findings demonstrate very clearly a considerable demand for services. We do not know how this demand is being met, or by which professionals. Nor do we know whether women are satisfied with the services they are receiving. While LGBTQ specific services are important, it is also important that general mental health services and individual professionals are able to provide culturally appropriate services to LGBTQ women.

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

5.8. Experiences of abuse and violence

A number of campaigns over recent years have addressed violence and abuse of LGBTQ people; this includes raising awareness of the impact of homophobic harassment. Campaigns such as ACON's This Is Oz are clearly valuable and must continue; it is unacceptable that a third of LBQ women experienced some type of homophobic abuse - one in ten being physically intimidated - in the preceding year. While the decline in verbal abuse and harassment is encouraging, there was no concomitant decrease in other types of abuse and violence.

Our findings suggest that there may be some evidence of the effectiveness of the work of ACON, the Inner City Legal Centre, and the LGBTQ Domestic and Family Violence Interagency and other campaign agencies and networks work on LGBTQ

domestic violence (DV) in relation to the increased number of women reporting having experienced domestic violence. While caution needs to be applied to this interpretation, campaigns that have targeted messages to the LGBTQ community (e.g. the nature of domestic violence or where to get support) may be having a positive effect by providing a language for talking about domestic violence and encourage reporting. Regardless, that 29% of LBQ women reported experiencing same-sex domestic violence is a finding that demands a response. There are very few programs for LBQ women on developing and sustaining healthy and respectful relationships.

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

5.9. Engaging with LBQ women around health

This study of women in contact with the LGBTQ community showed them to be a fairly well-educated group on average, though not universally - 14% had education only to Year 10 (School Certificate) equivalent or less. The majority were in their 20s and 30s and lived in inner Sydney suburbs. The relative population density of this sample - half lived in the city, inner west or eastern suburbs - presents an opportunity for targeted engagement strategies in the delivery of health and wellbeing programs.

This was a highly community connected sample - 96% of women had LGBTQ friends and over half reported feeling mostly or very connected to an LGBTQ community in their everyday lives. While the sense of connection appears stable, the mode of engagement appears to be changing. Fewer women are physically attending LGBTQ events and venues,

and fewer women are reading community street press. This presents challenges for health services wishing to engage with this group. Previous strategies for delivering health promotion often relied on women physically congregating at events or venues or reading community street press. A lot of women told us about websites they visited for LGBTQ content, but we don't know how this mode of engagement contributes to women's sense of community connection or how it may be productive for health promotion.

- We need to know more about the patterns of engagement among LBQ women and with the wider LGBTQ communities. In particular, how is community connection generated, what accounts for the feeling of high connection in the context of reduced face-to-face engagement in LGBTQ spaces and how important is community connection for health and wellbeing?
- As 'E-health' gains more prominence, it is important to know more about how LBQ women access information online, particularly in regions that do have the population to sustain dedicated physical spaces for LBQ women. This information will improve the future effectiveness of health promotion, prevention messages or early interventions to this group.

5.10. SWASH limitations

Since 2006, SWASH has expanded to include general health questions and issues of concern to the LGBTQ community. Despite this, we are not collecting information on health issues that affect all women, such as exercise, diet or health service utilisation. Our findings suggest there are worrying levels of psychological distress among young LBQ women and high numbers of LBQ women accessing psychological services. We do not know about the use of prescribed medication or about markers of psychological distress such as self-harm or suicidality. Nor do we collect adequate information on which mental health or physical health services women access or their experiences of these 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, where over two thirds of our respondents were recruited, for social reasons, not because they have health or other problems. This means that the sample is not skewed towards people with high rates of health difficulties or risk factors. On the other hand, a survey of this sort is not likely to include people with same-sex desires about which they are very uneasy or who do not wish to associate with the LGBTQ community or are not drawn to the activities or events on offer during Mardi Gras season. The results reflect the features of a generally younger metropolitan community-attached group of LBQ women, rather than a sample of women who have had sexual experiences with women.

5.11. Conclusion

SWASH has highlighted several areas of physical and mental health concern for LBQ women engaged with the LGBTQ community in Sydney. The lack of health promotion, prevention and intervention programs that specifically address these health issues for LBQ women is disappointing. The consistent messages from national and community-based research is that the health outcome gains being made in the general population are not being replicated for this group of LBQ Australian women; it is time for action.

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BUILDING OUR COMMUNITY'S HEALTH & WELLBEING

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

Sydney Women and Sexual Health Survey 2010

About You

1. What is your age? years
2. Where do you live? Postcode or Suburb/Town _____
3. Are you of Aboriginal or Torres Strait Islander origin?
No Yes
4. What is your ethnic or cultural background? e.g. Greek, Vietnamese, Lebanese, Chinese
Anglo-Australian only
Other (please specify) _____
5. Do you think of yourself primarily as:
Lesbian / dyke / homosexual / gay
Bisexual Heterosexual / straight
Queer Other (please specify) _____
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
7. Are you transgender or transsexual? No
Yes, identify as female Yes, identify as male
Yes, other (please specify) _____
8. Are you: (Tick all that apply to you) Employed full-time
Employed part-time Unemployed A student
Doing domestic duties Not in the work force
A pensioner or on social security benefits

9. What is your annual income before tax? Nil–\$19,999
\$20,000–\$39,999 \$40,000–\$59,999
\$60,000–\$99,999 \$100,000+

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

11. Do you have any dependent children?
No Yes If yes, how many? _____
12. Are you planning to have a child in the next 2 years?
No Yes Not sure

If yes, how do you plan to conceive?

- Sexual intercourse with a male partner
IVF, anonymous donor IVF, known donor
Self inseminate, anonymous donor
Self inseminate, known donor

Community

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

13. Do you feel connected to a LGBTQ community in your everyday life?
Very Mostly Somewhat Rarely Not at all
14. How many of your friends are LGBTQ?
None A few Some Most All

15. In the past 6 months have you attended:
No Monthly Weekly More
Lesbian/queer women's night/bar?
Gay night/bar?
LGBTQ dance party?
LGBTQ group meeting?
LGBTQ community event?
LGBTQ sports group?

16. Do you read:
Cherrie No Yes
LOTL No Yes
SSO (Star) No Yes
SX No Yes

17. Which GLBTQ websites do you visit most often?

Sex and relationships

18. When was the last time you had sex with a woman?
Never Over 6 months ago Go to question 22
In the past 6 months

19. During the past 6 months, how many women have you had sex with? None One 2–5 women
6–10 women More than 10 women

20. In the past 6 months, which of the following have you done while having sex with a woman?
Fingers / hand on external genitals No Yes
Fingers / hand inside vagina No Yes
Fingers / hand inside anus No Yes
Oral sex (your mouth, her genitals) No Yes
Oral sex (her mouth, your genitals) No Yes
Rimming (her mouth, her anus) No Yes
Rimming (your mouth, her anus) No Yes
Sex toy used on external genitals No Yes
Sex toy used inside vagina No Yes
Sex toy used inside anus No Yes

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

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

23. Have you done any sex work? Never
In the past 6 months Over 6 months ago

24. When was the last occasion that you had sex with a gay, homosexual or bisexual man?
Never Over 6 months ago Go to question 26
In the past 6 months

25. In the past 6 months have you had vaginal or anal intercourse with a gay or bisexual man (either regular or casual partner) without a condom?
Never Once Occasionally Often

26. When was the last occasion that you had sex with a straight or heterosexual man?
Never Over 6 months ago Go to question 28
In the past 6 months

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

28. Are you currently in a sexual relationship with a regular partner? No regular relationship
Yes, a woman Yes, a man
Yes, multiple regular partners/polyamorous
If yes, how long has this relationship been?
Less than 6 months 6–11 months
1–2 years 3–5 years >5 years

Appendix 1: Questionnaires

29. Have you had casual sex in the past **6 months**?
 Yes, with **women** 1 Yes, with **both** 3
 Yes, with **men** 2 No casual partners 4
30. On any occasion in the past **6 months** have you had group sex which included (*tick all that apply to you*)
 a gay, homosexual or bisexual **man**? No 1 Yes 2
 a straight or heterosexual **man**? No 1 Yes 2
 a **woman**? No 1 Yes 2
 S/M dominance/bondage (no blood) No 1 Yes 2
 S/M dominance/bondage (with blood) No 1 Yes 2

Your health

31. Do you have a regular GP? No 1 I see the same GP 2
 I attend the same health centre/practice 3
32. Are you out to your GP about your sexuality/gender identity? No 1 Yes 2
33. In general, would you say your health is
 Poor 1 Fair 2 Good 3 Very good 4 Excellent 5
34. How tall are you without shoes?
 (if you are not sure, estimate) _____ cms
35. How much do you weigh without clothes or shoes?
 (if you are not sure, estimate) _____ kgs
36. Have you ever been diagnosed with cancer? No 1
 Yes – Breast 2 Skin 3 Lung 4 Cervical 5
 Other cancer 6 (please specify) _____

37. When did you have your last Pap smear test?
 Less than 2 years ago 1 More than 5 years ago 4
 2-3 years ago 2 Never 5
 3-5 years ago 3 Not sure 6
38. Have you ever had a test for a sexually transmitted infection (**not** HIV)?
 No 1 Over 6 months ago 2 In the past 6 months 3
39. Have you ever been **diagnosed** with an STI?
 No 1 Yes 2

If yes, tick all that apply to you
 Gonorrhoea 1 Chlamydia 2 Lice/crabs 3
 Hepatitis B 4 Syphilis 5 Genital herpes 6
 Genital warts 7 Bacterial vaginosis 8 HPV 9
 Other 10 (please specify) _____

40. Have you ever had an HIV antibody test?
 No 1 Yes 2 Don't know 3
 If yes, what was the result of your last HIV test?
 Positive (you have HIV) 1 Negative 2 Not sure 3

41. Have you ever been tested for hepatitis C?
 No 1 Yes 2 Don't know 3
 If yes, are you?
 Positive (you have hep C) 1 Negative 2 Not sure 3

Smoking, drinking and drug use

42. Do you currently smoke cigarettes or other tobacco?
 Yes, daily 1 Yes, more than weekly (not daily) 2
 Yes, less than weekly 3 No, ex-smoker 4
 Never smoked/less than 100 in lifetime 5
43. On a day when you smoke, how many cigarettes do you usually have? (please specify number) _____
44. How often do you normally drink alcohol?
 Never, I don't drink 1 Less often than weekly 2
 1 or 2 days a week 3 3 or 4 days a week 4
 5 or 6 days a week 5 Every day 6
45. On a day when you drink alcohol, how many standard drinks do you usually have? (1 drink = a small glass of wine, a middy of beer or a nip of spirits)
 1-2 drinks 1 3-4 drinks 2 5-8 drinks 3
 9-12 drinks 4 13-20 drinks 5 20+ drinks 6
46. In the past **6 months**, how often have you drunk 5 or more drinks on one occasion?
 Never 1 Once or twice 2
 About once a month 3 About once a week 4
 More than once a week 5 Every day 6

47. How often have you **used** these drugs in the last **6 mths**?

	Never	1-5 times	6-10 times	11-20 times	More than 20 times
Benzos / Valium	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Amyl / poppers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Marijuana	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Viagra, Cialis etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ecstasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Speed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Crystal meth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
LSD / trips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
GHB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ketamine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Steroids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Any other drug	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
48. Have you ever **injected** drugs? Never 1
 Over 6 months ago 2 In the past 6 months 3
 Weekly+ 1 6-10 times 2 1-5 times 3 Never 4

49. How often have you injected drugs in the past **6 months**?
 Weekly+ 1 6-10 times 2 1-5 times 3 Never 4

Psychological health and wellbeing

50. During the past **4 weeks**, how much of the time did you feel:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
So sad nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Nervous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Restless or fidgety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
That everything was an effort?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Worthless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

Violence

53. In the last 12 months, have you experienced any of the following anti-lesbian, gay, bi or trans behaviour?
 Verbal abuse or harassment No 1 Yes 2
 Being pushed or shoved No 1 Yes 2
 Being bashed No 1 Yes 2
 Physical threat or intimidation No 1 Yes 2
 Refusal of service No 1 Yes 2
 Refused employment or promotion No 1 Yes 2
54. Have you ever been in a relationship where your partner abused you (physically or emotionally)?
 Never 1 Yes, with a man 2 Yes, with a woman 3
 If yes, did you talk to someone else about it or seek help?
 No 1 Yes 2

55. Since the age of 16, have you been forced or frightened into doing something sexually that you didn't want to do?
 No 1 Yes, by a female 2 Yes, by a male 3

Finally, please indicate whether you consider the following statements to be **true** or **false**.

56. If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes.
 True 1 False 2

57. You can have an STI and not have any symptoms.
 True 1 False 2

58. Lesbians do not need Pap smears. True 1 False 2

Thank you for taking the time to complete this survey.



BUILDING OUR COMMUNITY'S HEALTH & WELLBEING

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

Sydney Women and Sexual Health Brief Survey 2008

- How many of your friends are lesbians?
None 1 A few 2 Some 3 Most 4 All 5
- How many of your friends are gay or homosexual men?
None 1 A few 2 Some 3 Most 4 All 5
- In the past 6 months have you attended:
a lesbian bar? No 1 Yes 2
a gay bar? No 1 Yes 2
a gay/lesbian dance party? No 1 Yes 2
a gay/lesbian group meeting? No 1 Yes 2
a GLBT community event? No 1 Yes 2
a gay/lesbian sports group No 1 Yes 2
- Do you read—
Cherrie No 1 Sometimes 2 Often 3
LOTL No 1 Sometimes 2 Often 3
SSO (Star) No 1 Sometimes 2 Often 3
SX No 1 Sometimes 2 Often 3
- Which gay/lesbian websites do you visit most often?

- Are you transgender / transsexual? No 1 Yes 2
- Do you think of yourself as:
Lesbian / dyke / homosexual / gay 1
Bisexual 2
Heterosexual / straight 3
Other (please specify) 4

- Do you have any dependent children?
No 1 Yes 2 If yes, how many? _____
- Are you a: (Tick all that apply to you)
Birth mother No 1 Yes 2
Co-parent No 1 Yes 2
- Are you planning to have a child in the next 2 years?
No 1 Yes 2 Not sure 3
- Are you: (Tick all that apply to you)
Employed full-time 1 Employed part-time 1
Unemployed 1 A student 1
Doing domestic duties 1 Not in the work force 1
A pensioner or on social security benefits 1
- What is your occupation? _____
- What is your annual income before tax?
Nil-\$19,999 1 \$60,000-\$99,999 4
\$20,000-\$39,999 2 \$100,000+ 5
\$40,000-\$59,999 3
- What is the highest level of education you have completed?
Up to Year 10 / School Certificate 3
Year 12 / HSC / Leaving Cert / IB 4
Tertiary diploma or trade certificate 5
University or college degree 6
Postgraduate degree (master's, PhD) 7
- When was the last time you had sex with a woman?
Never 1 Go to question 19
Over 6 months ago 2 Go to question 19
In the past 6 months 3 Go on to question 16
- During the past 6 months, how many women have you had sex with?
None 1 One 2 2-5 women 3
6-10 women 4 More than 10 women 5
- In the past 6 months, which of the following have you done while having sex with a woman?
Fingers / hand on external genitals No 1 Yes 2
Fingers / hand inside vagina No 1 Yes 2
Fingers / hand inside anus No 1 Yes 2
Oral sex (your mouth, her genitals) No 1 Yes 2
Oral sex (her mouth, your genitals) No 1 Yes 2
Rimming (her mouth, your anus) No 1 Yes 2
Rimming (your mouth, her anus) No 1 Yes 2
Sex toy used on external genitals No 1 Yes 2
Sex toy used inside vagina No 1 Yes 2
Sex toy used inside anus No 1 Yes 2
- In the last 4 weeks, how many times have you had sex with a woman?
_____ times
- In the past 6 months, have you done:
S/M dominance/bondage (no blood) Yes 1 No 2
S/M dominance/bondage (with blood) Yes 1 No 2
- Have you done any sex work?
No, never 1 More than 6 months ago 2
During the past 6 months 3
- When was the last occasion that you had sex with a gay, homosexual or bisexual man?
Never 1 Go to question 24
Over 6 months ago 2 Go to question 24
In the past 6 months 3 Go on to question 22
- During the past 6 months, how many gay, homosexual or bisexual men have you had sex with?
None 1 One 2 2-5 men 3
6-10 men 4 More than 10 men 5
- In the past 6 months have you had vaginal or anal intercourse with any gay or bi man (either regular or casual partner) without a condom?
Never 1 Once 2 Occasionally 3 Often 4
- When was the last occasion that you had sex with a straight or heterosexual man?
Never 1 Go to question 26
Over 6 months ago 2 Go to question 26
In the past 6 months 3 Go on to question 25
- During the past 6 months, how many straight or heterosexual men have you had sex with?
None 1 One 2 2-5 men 3
6-10 men 4 More than 10 men 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, and at least once to a male 2
about equally often to females and to males 3
more often to males, and at least once to a female 4
only to males, never to females 5
to no one at all 6

Please turn over ➤

Appendix 1: Questionnaires

27. Are you currently in a sexual relationship with a regular partner?
 Yes—with a **woman** 1 Yes—with **both** 3
 Yes—with a **man** 2 No regular relationship 4
28. If you are in a regular relationship, how long has it been?
 Less than 6 months 1 3–5 years 4
 6–11 months 2 More than 5 years 5
 1–2 years 3 No regular relationship 6
29. Have you had casual sex in the past 6 months?
 Yes—with **women** 1 Yes—with **both** 3
 Yes—with **men** 2 No casual partners 4
30. On any occasion in the past 6 months have you had group sex which included—
 a gay, homosexual or bisexual **man**? No 1 Yes 2
 a straight or heterosexual **man**? No 1 Yes 2
 a **woman**? No 1 Yes 2
31. In the last 12 months, have you experienced any of the following anti-lesbian or anti-gay behaviour?
 Verbal abuse or harassment No 1 Yes 2
 Being pushed or shoved No 1 Yes 2
 Being bashed No 1 Yes 2
 Physical threat or intimidation No 1 Yes 2
 Refusal of service No 1 Yes 2
 Refused employment or promotion No 1 Yes 2
32. Have you ever experienced domestic violence in a relationship?
 Never 1 Yes, with a man 2 Yes, with a woman 3
33. If yes, did you talk to someone else about it or seek help?
 No 1 Yes 2
34. If yes, who did you talk to?
 Family or relative 1 Counsellor, psychologist 1
 Friend or neighbour 1 Gay/lesbian service 1
 Doctor/hospital 1 Magazine, radio etc. 1
 Police 1 DV helpline 1
 Other 1 *please state* _____
35. In general, would you say your health is—
 Excellent 1 Very good 2
 Good 3 Fair 4 Poor 5
36. Are you out to your doctor about your sexuality?
 No 1 Yes 2 Don't have a regular doctor 1
37. When did you have your last Pap smear test?
 Less than a year ago 1 More than 3 years ago 3
 1–3 years ago 2 Never 4
38. Have you ever had a test for a sexually transmitted infection (not HIV)?
 No, never 1 More than 6 months ago 2
 During the past 6 months 3
39. Where did you go for this test?
 GP / family doctor 1 24-hour medical centre 4
 sexual health clinic 2 women's health centre 5
 FPA Health clinic 3
 other 6 (*please specify*) _____
40. Have you ever had an HIV antibody test?
 No 1 Yes 2 Don't know 2
41. Based on the result of your last HIV antibody test, are you—?
 Positive (you have HIV) 1 Negative 2 Don't know 3
42. Have you been tested for hepatitis C?
 No 1 Yes 2 Don't know 3
43. Do you have hepatitis C? No 1 Yes 2 Don't know 3
44. Have you ever **injected** drugs?
 Never 1 More than 6 months ago 2
 During the past 6 months 3
45. How often have you injected drugs in the past 6 months?
 Every week 1 6 or more times 2
 One to 5 times 3 Never 4
46. How often have you **used** these drugs in the past 6 months?
- | | Never | 1–5 times | 6–10 times | 11–20 times | More than 20 times |
|---------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Benzos / Valium | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Amyl / poppers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Marijuana | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Viagra, Cialis etc. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Ecstasy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Speed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cocaine | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Crystal meth | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| LSD / trips | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| GHB | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Special K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Heroin | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Steroids | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Any other drug | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
47. Do you currently smoke cigarettes or other tobacco?
 Yes 1 No, I have never smoked 2
 No, I am an ex-smoker 3
48. How often do you normally drink alcohol?
 Never, I don't drink 1 3 or 4 days a week 4
 Less often than weekly 2 5 or 6 days a week 5
 1 or 2 days a week 3 Every day 6
49. On a day when you drink alcohol, how many drinks do you usually have? (*1 drink = a small glass of wine, a middy of beer or a nip of spirits*)
 1 or 2 drinks 1 9–12 drinks 4
 3 or 4 drinks 2 13–20 drinks 5
 5–8 drinks 3 More than 20 drinks 6
50. In the past 6 months, how often have you drunk 7 or more drinks on one occasion?
 Never 1 About once a week 4
 Once or twice 2 More than once a week 5
 About once a month 3 Every day 6
- Please indicate whether you consider the following statements to be true or false.*
51. If a person with a cold sore has oral sex they can give their partner genital herpes. True 1 False 2
52. Chlamydia can lead to infertility in women.
 True 1 False 2
53. Lesbians do not need Pap smears
 True 1 False 2
- Finally, we need a few details to compare with other studies.*
54. What is your age? 1 2 years
55. Where do you live?
 Postcode or Suburb/town _____
56. Are you of Aboriginal or Torres Strait Islander origin?
 No 1 Yes 2
57. What is your ethnic or cultural background? e.g. Greek, Vietnamese, Lebanese, Chinese
 Anglo-Australian only 1
 Other 2 (*please specify*) _____

Thank you for taking the time to complete this survey.

ACON: AIDS Council of New South Wales

National Centre in HIV Social Research
National Centre in HIV Epidemiology and Clinical Research
University of New South Wales

Sydney Women and Sexual Health Brief Survey 2006

- How many of your friends are lesbians?
None 1 A few 2 Some 3 Most 4 All 5
- How many of your friends are gay or homosexual men?
None 1 A few 2 Some 3 Most 4 All 5
- In the past 6 months have you attended:
a lesbian bar? No 1 Yes 2
a gay bar? No 1 Yes 2
a gay/lesbian dance party? No 1 Yes 2
a gay/lesbian group meeting? No 1 Yes 2
- Do you read—
LOTL No 1 Sometimes 2 Often 3
SX No 1 Sometimes 2 Often 3
SSO (Star) No 1 Sometimes 2 Often 3
- Are you transgender / transsexual? No 1 Yes 2
- Do you think of yourself as:
Lesbian / dyke / homosexual / gay 1
Bisexual 2
Heterosexual / straight 3
Other (please specify) 4
- Do you have any dependent children?
No 1 Yes 2 If yes, how many? _____
- Are you a: (Tick all that apply to you)
Birth mother No 1 Yes 2
Co-parent No 1 Yes 2
- Are you planning to have a child in the next 2 years?
No 1 Yes 2 Not sure 3
- Are you: (Tick all that apply to you)
Employed full-time 1 Employed part-time 1
Unemployed 1 A student 1
Doing domestic duties 1 Not in the work force 1
A pensioner or on social security benefits 1

- What is your occupation? _____
- What is your annual income before tax?
Nil—\$19,999 1
\$20,000—\$39,999 2
\$40,000—\$59,999 3
\$60,000—\$99,999 4
\$100,000+ 5
- What is the highest level of education you have completed?
Up to Year 10 / School Certificate 3
Year 12 / HSC / Leaving Cert / IB 4
Tertiary diploma or trade certificate 5
University or college degree 6
Postgraduate degree (master's, PhD) 7
- Have you done any sex work?
No, never 1 More than 6 months ago 2
During the past 6 months 3
- When was the last occasion that you had sex with a woman?
Never 1 Go to question 19
Over 6 months ago 2 Go to question 19
In the past 6 months 3 Go on to question 16
- During the past 6 months, how many women have you had sex with?
None 1 6–10 women 4
One 2 More than 10 women 5
2–5 women 3
- In the past 6 months, which of the following have you done while having sex with a woman?
Fingers / hand on external genitals No 1 Yes 2
Fingers / hand inside vagina No 1 Yes 2
Fingers / hand inside anus No 1 Yes 2
Oral sex (your mouth, her genitals) No 1 Yes 2
Oral sex (her mouth, your genitals) No 1 Yes 2
Rimming (her mouth, your anus) No 1 Yes 2
Rimming (your mouth, her anus) No 1 Yes 2
Sex toy used on external genitals No 1 Yes 2
Sex toy used inside vagina No 1 Yes 2
Sex toy used inside anus No 1 Yes 2
- In the last 4 weeks, how many times have you had sex with a woman?
_____ times

- In the past 6 months, have you done:
S/M dominance/bondage (no blood) Yes 1 No 2
S/M dominance/bondage (with blood) Yes 1 No 2
- When was the last occasion that you had sex with a gay, homosexual or bisexual man?
Never 1 Go to question 23
Over 6 months ago 2 Go to question 23
In the past 6 months 3 Go on to question 21
- During the past 6 months, how many gay, homosexual or bisexual men have you had sex with?
None 1 One 2 2–5 men 3
6–10 men 4 More than 10 men 5
- In the past 6 months have you had vaginal or anal intercourse with any gay or bi man (either regular or casual partner) without a condom?
Never 1 Once 2 Occasionally 3 Often 4
- When was the last occasion that you had sex with a straight or heterosexual man?
Never 1 Go to question 25
Over 6 months ago 2 Go to question 25
In the past 6 months 3 Go on to question 24
- During the past 6 months, how many straight or heterosexual men have you had sex with?
None 1 One 2 2–5 men 3
6–10 men 4 More than 10 men 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, and at least once to a male 2
about equally often to females and to males 3
more often to males, and at least once to a female 4
only to males, never to females 5
to no one at all 6
- Are you currently in a sexual relationship with a regular partner?
Yes—with a woman 1 Yes—with both 3
Yes—with a man 2 No regular relationship 4
- If you are in a regular relationship, for how long has it been?
Less than 6 months 1 3–5 years 4
6–11 months 2 More than 5 years 5
1–2 years 3 No regular relationship 6

Please turn over ➤

Appendix 1: Questionnaires

28. Have you had casual sex in the past 6 months?
 Yes—with **women** 1
 Yes—with **men** 2
 Yes—with **both** 3
 No casual partners 4
29. On any occasion in the past 6 months have you had group sex which included—
 a gay, homosexual or bisexual **man**? No 1 Yes 2
 a straight or heterosexual **man**? No 1 Yes 2
 a **woman**? No 1 Yes 2
30. Since the age of 16, have you ever been forced or frightened into doing something sexually that you did not want to do?
 Never 1 Yes, by a male 2 Yes, by a female 3
31. In the last 12 months, have you experienced any of the following anti-lesbian or anti-gay behaviour?
 Verbal abuse or harassment No 1 Yes 2
 Being pushed or shoved No 1 Yes 2
 Being bashed No 1 Yes 2
 Physical threat or intimidation No 1 Yes 2
 Refusal of service No 1 Yes 2
 Refused employment or promotion No 1 Yes 2
32. Have you ever experienced domestic violence in a relationship?
 Never 1 Yes, with a man 2 Yes, with a woman 3
33. If yes, did you talk to someone else about it or seek help?
 No 1 Yes 2
34. If yes, who did you talk to?
 Family or relative 1 Counsellor, psychologist 1
 Friend or neighbour 1 Gay/lesbian service 1
 Doctor/hospital 1 Magazine, radio etc. 1
 Police 1 DV helpline 1
 Other 1 *please state* _____
35. In general, would you say your health is—
 Excellent 1 Very good 2
 Good 3 Fair 4 Poor 5
36. In the past 4 weeks, how often did you feel—
 nervous?
 so sad that nothing could cheer you up?
 restless or fidgety?
 hopeless?
 that everything was an effort?
 worthless?
- | | All | Most | Half | Some | None |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | of the time | | | | |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
37. Are you out to your doctor about your sexuality?
 No 1 Yes 2
 Don't have a regular doctor 1
38. When did you have your last Pap smear test?
 Less than a year ago 1 More than 3 years ago 3
 1–3 years ago 2 Never 4
39. Have you ever had a test for a sexually transmitted infection (not HIV)?
 No, never 1 More than 6 months ago 2
 During the past 6 months 3
40. Where did you go for this test?
 GP/family doctor 1 24-hour medical centre 4
 sexual health clinic 2 women's health centre 5
 FPA Health clinic 3
 other 6 (*please specify*) _____
41. When were you last tested for HIV?
 During past 6 months 1 6–11 months ago 2
 1–2 yrs ago 3 More than 2 yrs ago 4 Never 5
42. What was the result of your last HIV test?
 Positive 1 Negative 2 Don't know 3
43. Have you been tested for hepatitis C?
 No 1 Yes 2 Don't know 3
44. Do you have hepatitis C? No 1 Yes 2 Don't know 3
45. Have you **ever** injected drugs?
 Never 1 More than 6 months ago 2
 During the past 6 months 3
46. In the past 6 months, which of these drugs have you used or injected?
- | | Used | Injected |
|---------------------|--|--|
| Marijuana | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Ecstasy | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| GHB | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Special K | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Cocaine | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Crystal meth | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Heroin | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Speed | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Viagra, Cialis etc. | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Benzos e.g. Valium | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 | No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 |
| Any other drug | <input type="checkbox"/> please specify _____ | |
46. In the past 6 months, have you shared any injecting equipment (e.g. water, swab, needle)?
 No 1 Yes 2
47. Do you currently smoke cigarettes or other tobacco?
 Yes 1 No, I have never smoked 2
 No, I am an ex-smoker 3
48. How many cigarettes do you smoke each day?
 None 1 1–20 2 21–40 3 More than 40 4
49. How often do you normally drink alcohol?
 Never, I don't drink 1 3 or 4 days a week 4
 Less often than weekly 2 5 or 6 days a week 5
 1 or 2 days a week 3 Every day 6
50. On a day when you drink alcohol, how many drinks do you usually have? (*1 drink = a small glass of wine, a middy of beer or a nip of spirits*)
 1 or 2 drinks 1 9–12 drinks 4
 3 or 4 drinks 2 13–20 drinks 5
 5–8 drinks 3 More than 20 drinks 6
51. In the past 6 months how often have you got drunk or gone on a drinking binge?
 Never 1 About once a week 4
 Once or twice 2 More than once a week 5
 About once a month 3 Every day 6
- Please indicate whether you consider the following statements to be true or false.*
52. If a person with a cold sore has oral sex they can give their partner genital herpes. True 1 False 2
53. Chlamydia can lead to infertility in women.
 True 1 False 2
54. Lesbians do not need Pap smears
 True 1 False 2
- Finally, we need a few details to compare with other studies.*
55. What is your age? years
56. Where do you live?
 Postcode or Suburb/town _____
57. Are you of Aboriginal or Torres Strait Islander origin?
 No 1 Yes 2
58. What is your ethnic or cultural background? e.g. Greek, Vietnamese, Lebanese, Chinese
 Anglo-Australian only 1
 Other (*please specify*) _____

Thank you for taking the time to complete this survey.

