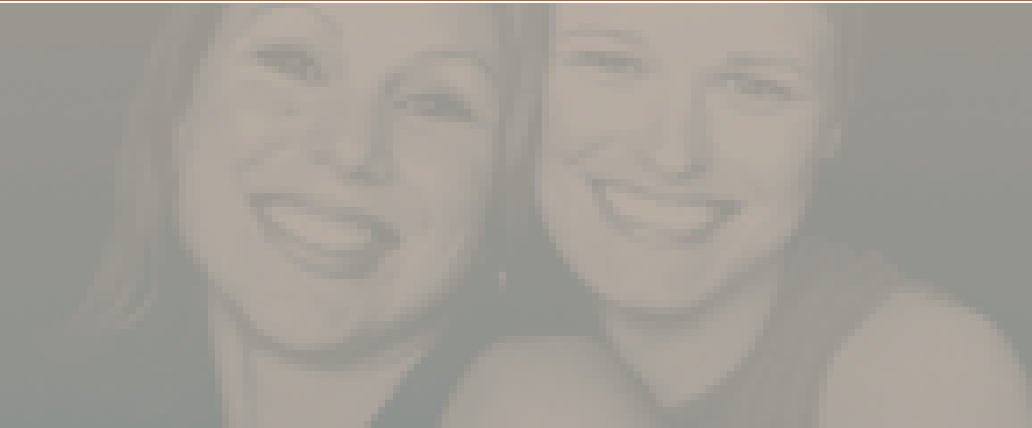


MONOGRAPH 2/2005

Health of lesbian, bisexual and queer women in Sydney

The 2004 Sydney Women and Sexual Health survey



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Acknowledgments

The Sydney Women and Sexual Health (SWASH) survey is a joint project of ACON (AIDS Council of NSW), the National Centre in HIV Social Research and the National Centre in HIV Epidemiology and Clinical Research.

ACON is a health promotion organisation based in the gay, lesbian, bisexual and trans-gender communities with a central focus on HIV/AIDS. ACON provides HIV prevention, health promotion, advocacy, care and support services to members of those communities including Indigenous people and people who inject drugs, to sex workers and to all people living with HIV/AIDS.

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Summary

- In February 2004, women at Sydney Gay and Lesbian Mardi Gras Fair Day and at other groups, venues and clinics in contact with gay, bisexual and lesbian communities completed a two-page self-complete questionnaire. For this report, responses from the 440 women who identified as lesbian, bisexual, queer or 'other' have been analysed.
- Ages ranged from 17 to 64 (median age 31) and 70% had post-school education. 65% were employed full-time and 21% were students. 15% had dependent children. 46% lived in inner or eastern Sydney, but few in the core 'gay' suburbs around Oxford Street.
- 80% thought of themselves as lesbian/dyke/homosexual/gay and 13% as bisexual. 6% chose the 'other' category, often adding 'queer'.
- 418 women (95%) had ever had sex with a woman; 346 women (79%) had done so in the past six months. Dental dams were rarely used; more women used condoms (18%) and gloves (13%).
- 298 women (68%) had ever had sex with a man; 74 women (13%) had done so in the past six months.
- 112 women (26%) said they had ever had sex with a man they knew to be gay or bisexual; 25 women (6%) had done so in the past six months.
- 11 women (3%) had had unprotected vaginal or anal sex with a gay or bi male partner in the past six months.
- 20 women (5%) had done sex work at some time in the past six months.
- 13% had had their last Pap smear screen more than three years ago and 16% had never been screened. Women who had never had sex with a man were more likely to be overdue for screening.
- 260 women (59%) had been tested for HIV; one woman was HIV-positive.
- The women's knowledge of sexually transmissible infections was generally better than that of women in the general community, but 28% were unaware that a person with a cold sore could give a partner genital herpes through oral sex.
- Nearly half the women had been tested for hepatitis C; of those tested, 4.7% were positive. Of those who had hepatitis C, all had injected drugs.
- 34% of the women were tobacco smokers and a further 30% had smoked tobacco in the past. This is a higher proportion than of women in the general community (about 25%).
- 50% had used one or more illicit drugs in the past six months. Rates of drug use were much higher than in the general community.
- 47 (11%) had ever injected a drug, 16 (4%) in the past six months. Only one respondent had shared injecting equipment.

1 Introduction

The first round of the Sydney Women and Sexual Health (SWASH) survey was carried out in 1996 and the survey has been run every two years since then. It was initiated by workers from two ACON (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. The first SWASH survey focused on HIV transmission risks, both sexual and injection-related, because concern had been voiced about the possibility of HIV spreading from gay men to the 'general community'. The survey was addressed not only to women who identified as lesbian or who had sex with women, but to all women in social contact with the gay and lesbian communities in Sydney. Recruitment was by convenience sampling at Sydney Gay and Lesbian Mardi Gras Fair Day in February and at other social events, groups, meetings and clinics during and soon after the Mardi Gras period in late summer.

For the 1998 survey, questions on hepatitis C were added. In the succeeding years the focus was shifted from sex with men to lesbian sexual practice, and questions on hepatitis A and B were added. In 2004 further questions were asked about sexually transmitted disease testing and knowledge and about tobacco smoking. The shift in focus over the years since 1996 has reflected the shift in ACON's role and concerns, from a narrow one on HIV/AIDS to a broader interest in the health of women in Sydney's lesbian, bisexual, queer (LBQ) and transgender communities.

As ACON has worked over the past four years to become a broader gay, lesbian,

bisexual and transgender (GLBT) health organisation, one of the stumbling blocks has been the lack of research into the practices and health needs of women who identify as lesbian, bisexual and queer (LBQ). Such research is vital, not only to help in the design and targeting of programs and services, but also to convince funding bodies that these women have specific and unmet needs. This study is one step in the process of building the body of knowledge that is needed.

The responses of women who identified as heterosexual have not been included in this report, as it focuses on LBQ health. Of course, women who identify as straight may still have sex with women, but many of them do so only once or rarely. In the Australian Study of Health and Relationships (ASHR) national telephone survey (Smith et al., 2003b), two-thirds of the women who reported both ever having had sexual contact with a woman and having been sexually attracted to a woman nonetheless identified as heterosexual. However, most heterosexually identified women who had had sex with another woman had had sex with only one woman. Of the 102 straight women who responded to the 2004 SWASH survey but were not included in this report, 17 had ever had sex with a woman but none had done so in the past six months.

Transgender women who responded to the survey are included in this report but, as there were only 12 transgender respondents, it was not possible to do any detailed analyses or make statistically significant comparisons between them and other women. Targeted research is necessary to study the health needs of transgender people.

2 Methods and sample

This report is based on a survey first carried out in 1996 (Richters et al., 1997, 1998) and repeated every two years since then (Richters et al., 1999, 2001, 2002; Van de Ven et al., 2002). A two-page self-complete questionnaire was developed on the model of the one used for the Sydney Gay Community Periodic Survey of men in contact with Sydney's gay community (Prestage et al., 1996). The questionnaire asked women about HIV-related risk behaviours including drug use and sex with gay or bisexual men. In subsequent surveys alterations were progressively made to the questionnaire to improve comprehension and to provide check data on important points. We also added new questions related to sex between women and to health issues such as tobacco smoking, illicit drug use and Pap test screening. See Appendix, page 22, for a copy of the 2004 questionnaire.

From February to May 2004 the questionnaire was distributed to women attending the Gay and Lesbian Mardi Gras Fair Day at Victoria Park in inner western Sydney and at several other gay/lesbian community venues and health services. Volunteer respondents at Fair Day who chose to leave their names and contact details went into a draw for a prize of two free tickets to an ACON debate. All respondents were given a bottle of bubbles and heart-shaped stickers that were a component of an ACON campaign being launched at Fair Day.

Results were entered from the coded questionnaires and loaded into SPSS software for analysis. The data were cleaned and checked for internal consistency and, where inconsistencies were found, checked against the

questionnaires. All 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 respondents to write a word or phrase rather than simply to tick a box. 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'. Where the non-answer rate was low and the difference between the valid and total percentages was less than 1%, results are generally given without comment on missing responses.

Some of the results are compared with all women responding to the Australian Study of Health and Relationships in 2001–02 (Smith et al., 2003a). This was a national representative sample survey of households using computer-assisted telephone interviews. This allows us to see the responses of Sydney LBQ women in comparison with Australian women in general aged over 16 and under 60.

3 Recruitment and sample characteristics

Recruitment

In 2004, at the Mardi Gras Fair Day, 486 women completed the survey; a further 57 were recruited at other community groups and clinics over the following weeks, giving a total of 543 respondents. Those who identified as heterosexual (102; 18.8%) and one respondent whose age was outside the study range were excluded from the data reported here, giving a sample size of 440. Community groups included a stall run by ACON, and clinics included primary care and sexual health services. Questionnaires were offered to everyone identifying as a woman who was willing to respond. Because of practical difficulties, refusal rates were not calculated. Fair Day is an open-air function, so women who wish to avoid questionnaires can take a route to avoid recruiters carrying clipboards or directing respondents to the booths; women can also easily accept a survey form and disappear with it. Few women explicitly refused a verbal offer to contribute; they appeared mostly to do so because they felt they had nothing to contribute because they were not sexually active or did not perceive HIV/AIDS risks as relevant to them.

Social attachment to the gay and lesbian community

As in previous SWASH surveys, the sample achieved was highly attached to the gay and lesbian community. Of the 440 respondents, 99% said that at least a few of their friends were gay men or lesbians. (See Table 1 for gay and lesbian friends tabulated separately.) In the past six months, 84% had attended a gay or lesbian bar, dance party or group meeting (see Table 2).

Age

The age range was 17 to 64 years and the median age was 31; 21 women did not answer the question (see Figure 1).

Sexual identity and attraction

The questionnaire asked, 'Do you think of yourself as: Lesbian/dyke/homosexual/gay, Bisexual, Heterosexual/straight, Other (please specify)?' This response is termed 'sexual identity' here. Throughout this report, when women are referred to as lesbian, bisexual etc., it is this self-description that is being used. (The 102 women—18.8% of the original total number of respondents—who identified as heterosexual or straight have not been included in this report.) Twenty-four women used some other term to describe themselves, most often 'queer'. Some women resisted sexual categorisation, making comments such as 'label free' or 'unique' or 'just me'. Tension between identity labels and practice was evident in a few replies, such as the woman who ticked 'lesbian' and added 'Lesbian currently dating boys—>Bisexual?'. Five women did not answer the question (see Table 3).

Age and sexual identity have been correlated in each survey since 1996. Younger women were more likely than older women to identify as bisexual and less likely to identify as lesbian (see Figure 2). In 2004 the mean age of bisexual women was 29 and of lesbians, 34. Although women under 25 constituted only 18% of the sample, 28% of the bisexual women were in the 16–24 age group. There are several possible reasons for this. It may perhaps partly be because some older bi women, if they are in long-term relationships with men, may be less likely to take part in GLBT social events where they can be recruited for the survey. It may be because people's identities become more fixed and more polarised as they age, partly as a result of the relationships they have. It may also reflect a greater acceptance of queer and fluid identities in the younger age groups.

The questionnaire also asked about sexual attraction to males and females. All but 3% of respondents indicated at least some attraction to females, though only 39% indicated exclusively same-sex attraction. As Table 4 shows, not everyone felt sexual

Table 1: Number of friends who are gay or homosexual men or lesbians

	Gay men <i>n</i> (%)	Lesbians <i>n</i> (%)
None	14 (3.2)	9 (2.0)
A few	136 (30.9)	67 (15.2)
Some	163 (37.0)	163 (37.0)
Most	111 (25.2)	189 (43.0)
All	13 (3.0)	10 (2.3)
Not answered	3 (0.7)	2 (0.5)
Total	440 (100.0)	440 (100.0)

Table 2: Attendance at gay/lesbian social venues or groups in the past six months

	<i>n</i> (%)
Gay bar	283 (64.3)
Lesbian bar	278 (63.2)
Gay/lesbian dance party	207 (47.0)
Gay/lesbian group meeting	131 (29.8)
Any of the above	369 (83.9)

Table 3: Stated sexual identity

	<i>n</i> (%)
Lesbian/homosexual	353 (80.2)
Bisexual	58 (13.2)
Other	24 (5.5)
Not answered	5 (1.1)
Total	440 (100.0)

Table 4: Sexual attraction to males and females

I have felt sexually attracted—	<i>n</i> (%)
only to females, never to males	173 (39.3)
more often to females, and at least once to a male	189 (43.0)
about equally often to females and to males	42 (9.5)
more often to males, and at least once to a female	24 (5.5)
only to males, never to females	4 (0.9)
to no one at all	0 (0.0)
No answer	8 (1.8)
Total	440 (100.0)

Figure 1: Age distribution of sample

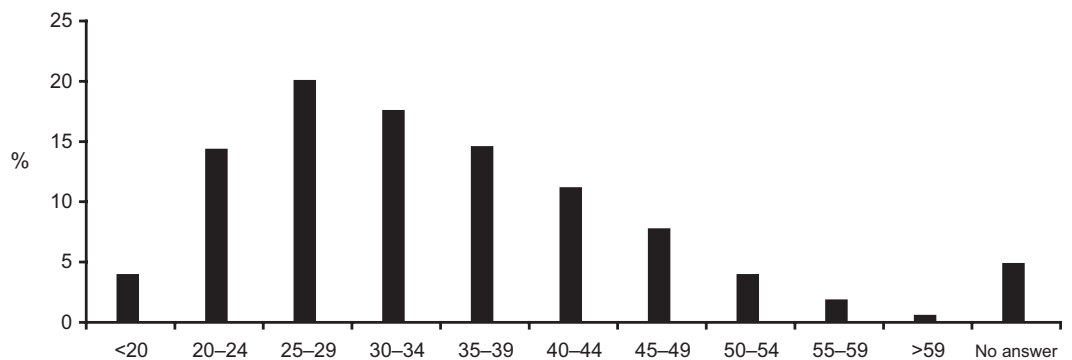
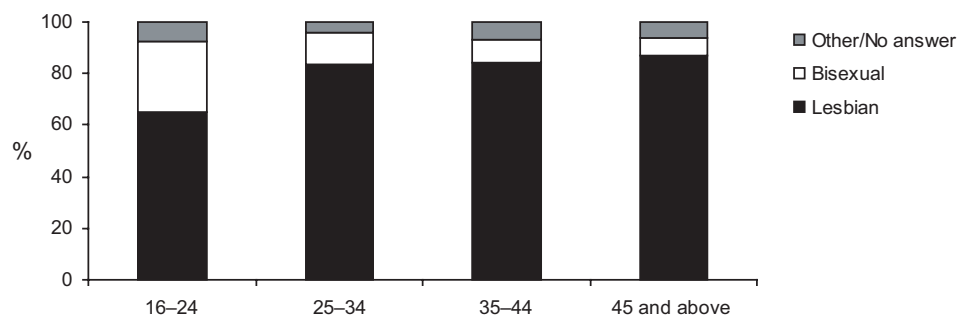


Figure 2: Sexual identity by age group



attraction exclusively or even mostly to women, even in this community-focused sample of women who did not identify as straight, who were recruited through gay and lesbian community venues and functions, and 79% of whom had been sexually active with a woman in the past six months (and 95% in their lives). This fact is perhaps familiar and unremarkable to GLBT community members, but needs to be pointed out repeatedly to epidemiologists and policy makers, who tend to 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.

Transgender respondents

Twelve respondents (2.7%) indicated that they were transgender. The transnians differed significantly from the other women on only a few variables, which are noted below where appropriate. (The term 'trannies' is often used by Sydney transgender people of themselves, sometimes spelt 'trans'. It has the advantage of avoiding any political difficulties with the distinction between transsexual and transgender.) Sexual attraction varied among the transnians, with five reporting attraction mostly or always to males and five mostly or always to females. Two said they were equally attracted to males and females.

Education and employment

This was a well-educated sample; 70% had post-school qualifications (see Table 5). For comparison, only 47% of New South Wales women aged over 15 had post-school qualifications in 2001 (ABS, 2002a). Of those who answered the question on employment, 65% were employed full-time and 21% were students, some of whom were also employed (see Table 6). It is difficult to compare the employment status of the SWASH sample with Census data, as our sample is biased towards younger and childless women. However, with nearly two-thirds employed full-time and only 8% dependent on state benefits, this appears to be a reasonably well-off group.

Table 5: Education

	<i>n</i> (%)
Up to Year 10/School Certificate	53 (12.0)
Year 12/Higher School Certificate	74 (16.8)
Tertiary diploma or trade certificate	96 (21.8)
University or college degree	210 (47.7)
Not answered	7 (1.6)
Total	440 (100.0)

Table 6: Employment status

	<i>n</i> (%)
Employed full-time	284 (64.5)
Employed part-time	77 (17.5)
Unemployed	11 (2.5)
A student	93 (21.1)
A pensioner or on social security benefits	26 (5.9)
Doing domestic duties	13 (3.0)
Not in the workforce	5 (1.1)

Note: Adds up to more than 100% because respondents could be in more than one category.

Children

Sixty-four women (14.5%) had dependent children and there was no statistically significant difference between lesbians and bisexual women in the proportion who had children.

Sixty-nine women (16%) said they were biological mothers and 30 (7%) were co-parents. These categories are not mutually exclusive as a woman may, for example, be biological mother of one child and co-parent of her partner's child in a family with two children. 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.

Ethnicity

Table 7 shows the responses to the questions on Australian Aboriginal or Torres Strait Islander origin and 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 vaguer category of ethnic affiliation. However, according to the 2001 Census, 74.5% of the female population of New South Wales was born in Australia, 6.7% in Europe and 9.6% in Asia (ABS, 2002a). This suggests that this sample of lesbian, bisexual and queer women contains fewer Asians than would be expected if it were similar to the total Sydney population.

Table 7: Ethnicity

	<i>n</i> (%)
Anglo-Australian ^a	304 (69.1)
Aboriginal or Torres Strait Islander	11 (2.5)
European ^b	37 (8.4)
Asian	15 (3.4)
Other	47 (10.7)
Not answered	26 (5.9)
Total	440 (100.0)

(a) Including UK and Irish/Scottish/Celtic

(b) Including Middle Eastern

Geographical location

Nearly half the women (202; 46%; 24 did not answer the question) lived in inner or eastern Sydney, around the areas generally associated with 'gay Sydney' (see Table 8). However, few of them (4%) lived in the core gay Sydney area where over a quarter of the men surveyed in the Sydney Gay Community Periodic Survey lived (Hull et al., 2003). LBQ women, even those highly attached to the gay and lesbian community, are more widely geographically spread in Sydney than gay men. This may be related to the high property prices in the central area and the fact that more women live in couples and with children and thus seek more stable and spacious (and perhaps cheaper) housing than gay men. (See Mao et al., 2002, for data on gay men.)

Table 8: Where respondents lived

	<i>n</i> (%)
Gay Sydney ^a	19 (4.3)
Eastern suburbs	34 (7.7)
City and inner western Sydney ^b	149 (33.9)
Southern suburbs	40 (9.1)
Northern suburbs	28 (6.4)
Western suburbs	68 (15.5)
Outside Sydney	78 (17.7)
Not answered	24 (5.5)
Total	440 (100.0)

(a) Surry Hills, Darlinghurst, Kings Cross and Potts Point, eastern inner city districts close to the Oxford Street gay precinct

(b) Including the increasingly gay area of Newtown, near the University of Sydney

4 Sexual partners and practices

Respondents were asked whether they had had sex with women, with gay or bisexual men, and with heterosexual men. Results are shown in Tables 9 to 19.

Sex with women

Almost all of the respondents (418; 95%) reported that they had ever had sex with a woman, and 346 (79%) had done so in the past six months. (Ten women did not answer the question.) The great majority of the lesbians (84%) reported having recently had sex with at least one woman, as did 62% of the bisexual women and 48% of the 'other' women (see Table 9). Bisexual and 'other' women were more likely than lesbians not to have had sex with a woman recently, but if they had had sex with a woman in the past six months they were at least as likely as lesbians to have had multiple partners ($p > 0.05$) (see Table 10).

Sexual practices

Among women who had had sex with a woman in the past six months (346; 79%), the most common sexual practice was manual sex (see Table 11). Stimulation of the external genitals was practised by slightly 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 (7%) had experienced only giving or receiving, not both. About half had used a sex toy. The great majority of women who had used a toy used it both on the external genitals and inside the vagina. Therefore health promotion advice to use a condom on toys and to change it before using it on a second person is appropriate.

Anal practices were less common: 30% had given or received manual stimulation of the anus and 19% had practised rimming (oral–anal contact). Again, these practices were generally reciprocal. The results suggest that it is worth including anal practices in health advice about lesbian sex, but advice should be phrased in such a way as not to imply that anal practices are universal among women who have sex with women.

Safe sex practices

Although there are no recorded cases in Australia of a woman contracting HIV through sexual contact with another woman, transmission between women during sex is theoretically possible. HIV prevention information is offered at lesbian social functions. Safe sex packs at Sydney women's events include condom, glove and lube. Dams are available separately packaged in a zip-lock bag.

We asked women about their use of safe sex equipment for sex with women in the past six months (see Table 12). Few used barriers, as the majority of the sex reported by this sample occurred within regular relationships (see Sexual relationships, page 13). Gloves and condoms were used by more women than were dental dams, and were more likely to be used often rather than just once. (In 2000 the response options were 'never', 'once', 'several times' and 'every time'. Of the 10 women who used a dental dam more than once, nine had done so several times and one ticked 'every time'.)

Of the 317 women who had had oral sex with a woman in the past six months, the great majority (276; 87%) said they had never used a dam. Only 32 women had used a dental dam: 25 reported doing so once and seven 'often'. Nine did not answer. Given that more than three-quarters of the women who had used a dental dam had done so only once, it is possible that this use was experimental rather than driven by safe sex considerations. (None of the women was HIV-positive; HIV status of women partners was not asked.) There was no correlation between experience of genital or oral herpes and dam use ($p = 0.59$).

Exposure to blood during sex

We also asked about oral sex during menstruation. About a third of the women who had had oral sex (118/317; 37%) reported no oral sex (given or received) during menstruation. Among those who had had oral sex during menstruation, it was common to do so with a tampon in place (see Table 13). This is likely to be

Table 9: When respondents last had sex with a woman, by sexual identity

	Lesbian <i>n</i> (column %)	Bisexual <i>n</i> (column %)	Other/n.a. <i>n</i> (column %)	Total <i>n</i> (column %)
Never	4 (1.1)	1 (1.7)	7 (24.1)	12 (2.7)
Over 6 months ago	47 (13.3)	19 (32.8)	6 (20.7)	72 (16.4)
In the past 6 months	296 (83.9)	36 (62.0)	14 (48.3)	346 (78.6)
Not answered	6 (1.7)	2 (3.4)	2 (6.9)	10 (2.3)
Total	353 (100.0)	58 (100.0)	29 (100.0)	440 (100.0)

Table 10: Number of female sexual partners in the past six months, by sexual identity of respondents

Number of partners	Lesbian <i>n</i> (column %)	Bisexual <i>n</i> (column %)	Other/n.a. <i>n</i> (column %)	Total <i>n</i> (column %)
One	231 (78.0)	26 (72.2)	9 (64.3)	266 (76.9)
2–5	55 (18.6)	8 (22.2)	3 (21.4)	66 (19.1)
>5	8 (2.7)	2 (5.6)	2 (14.3)	12 (3.5)
Not answered	2 (0.7)	0 (0.0)	0 (0.0)	2 (0.6)
Total	296 (100.0)	36 (100.0)	14 (100.0)	346 (100.0)

Table 11: Sexual practices with a woman in the past six months (*n* = 346)

Practice	<i>n</i> (%)
Fingers/hand on external genitals	334 (96.5)
Fingers/hand inside vagina	324 (93.6)
Fingers/hand inside anus	105 (30.3)
Oral sex (mouth on partner's genitals)	302 (87.3)
Oral sex (mouth on respondent's genitals)	301 (87.0)
Rimming (mouth on partner's anus)	54 (15.6)
Rimming (mouth on respondent's anus)	56 (16.2)
Sex toy used on external genitals	176 (50.9)
Sex toy used inside vagina	178 (51.4)
Sex toy used inside anus	47 (13.6)

Table 12: Use of safe sex equipment during sex with a woman in the past six months (*n* = 346)

	Never <i>n</i> (row %)	Once <i>n</i> (row %)	Often <i>n</i> (row %)	No answer <i>n</i> (row %)
Dental dam	301 (87.0)	25 (7.2)	8 (2.3)	12 (3.5)
Glove	287 (82.9)	17 (4.9)	29 (8.4)	13 (3.8)
Condom	275 (79.5)	13 (3.8)	48 (13.9)	10 (2.9)

Table 13: Exposure to blood during sex: practice of cunnilingus during menstruation among women who had had oral sex with a woman in the past six months (*n* = 317)

	Given oral sex to woman who was menstruating <i>n</i> (%)	Received oral sex while menstruating <i>n</i> (%)
Yes	131 (41.3)	126 (39.7)
Yes, but always with a dam	0 (0.0)	0 (0.0)
Yes, but always with a tampon	48 (15.1)	49 (15.5)
No	138 (43.5)	141 (44.5)
Not answered	0 (0.0)	1 (0.3)
Total	317 (100.0)	317 (100.0)

circumstantial (i.e. the tampon happens to be in place when sex occurs) rather than a deliberate prophylactic practice.

Forty-eight women reported having had some other form of sex in which blood was involved, such as cutting, piercing, whipping or fisting (see Table 14). This could have occurred during sex with women or men in mixed BDSM settings. (The term 'BDSM', from 'bondage and discipline and sado-masochism', is used here to mean mutual consensual activity for the purposes of sexual arousal which involves some sort of pain, physical restraint or domination.)

Table 14: Exposure to blood during sex: other sexual practices including cutting, piercing, whipping and fisting

Had other sex where blood was involved ^a	<i>n</i> (%)
Yes	48 (10.9)
No	365 (83.0)
Not answered	27 (6.1)
Total	440 (100.0)

(a) These sexual practices may have been with women, men or both.

Sex with men

Men in general

Women's experience of sex with men in general, whatever the men's apparent sexual identity/orientation, is shown in Table 15. It is notable that 215 of the 353 lesbians (61%) had ever had sex with a man.

Gay or bisexual men

Of the total number of women, 112 (26%) had had sex with a man whom they believed to be gay or bisexual, and 25 (6% of the total group) had done so in the past

six months (see Table 16); 12 were transnies. Seven women had had sex with more than one gay or bisexual man in the past six months (see Table 17). Of those who had had sex with a gay/bi man in the past six months (25), half (13) had had sex with only one such partner. However, it was not always safe sex: 11 women (44%) indicated that they had had vaginal or anal sex without a condom.

Table 17: Number of gay or bisexual male sexual partners in the past six months

Number of partners	<i>n</i> (%)
None ^a	5 (20.0)
One	13 (52.0)
2-5	4 (16.0)
>5	3 (12.0)
Total	25 (100.0)

(a) Five women said they had had sex with a gay/bi man in Q18, but then said 'None' in answer to Q19 when asked how many gay/bi men. We have no way of checking this anomaly through answers to other questions.

Heterosexual men

Of the total, 287 women (65%) had had sex with one or more heterosexual men, and 64 (15% of the total) had done so in the past six months (see Table 18). Six of the 64 women who had had sex with a straight male partner in the past six months were transnies. Four women (of whom two were transnies) had had more than 10 such partners; 14 of the 64 women had done sex work in the past six months.

Of the 58 bisexual women, 36 (62%) had had sex with at least one straight man in the past six months, whereas only 16 lesbians (4.5%) had done so. Bisexual women were also more heavily represented among women who had more than one straight male partner (see Table 19).

Table 15: When respondents last had sex with a man, by respondents' sexual identity

	Lesbian <i>n</i> (column %)	Bisexual <i>n</i> (column %)	Other/n.a. <i>n</i> (column %)	Total <i>n</i> (column %)
Never	136 (38.5)	3 (5.2)	1 (3.4)	140 (31.8)
Over 6 months ago	194 (55.0)	15 (25.9)	10 (34.5)	219 (49.8)
In the past 6 months	21 (5.9)	40 (69.0)	13 (44.8)	74 (16.8)
No answer	2 (0.6)	0 (0.0)	5 (17.2)	7 (1.6)
Total	353 (100.0)	58 (100.0)	29 (100.0)	440 (100.0)

Table 16: When respondents last had sex with a gay or bisexual man, by sexual identity

	Lesbian <i>n</i> (column %)	Bisexual <i>n</i> (column %)	Other/n.a. <i>n</i> (column %)	Total <i>n</i> (column %)
Never	278 (78.8)	27 (46.6)	9 (31.0)	314 (71.4)
Over 6 months ago	58 (16.4)	19 (32.8)	10 (34.5)	87 (19.8)
In the past 6 months	8 (2.3)	12 (20.7)	5 (17.2)	25 (5.7)
Not answered	9 (2.5)	0 (0.0)	5 (17.2)	14 (3.2)
Total	353 (100.0)	58 (100.0)	29 (100.0)	440 (100.0)

Table 18: When respondents last had sex with a heterosexual man, by sexual identity

	Lesbian <i>n</i> (column %)	Bisexual <i>n</i> (column %)	Other/n.a. <i>n</i> (column %)	Total <i>n</i> (column %)
Never	138 (39.1)	3 (5.2)	2 (6.9)	143 (32.5)
Over 6 months ago	194 (55.0)	19 (32.8)	10 (34.5)	223 (50.7)
In the past 6 months	16 (4.5)	36 (62.1)	12 (41.4)	64 (14.5)
Not answered	5 (1.4)	0 (0.0)	5 (17.2)	10 (2.3)
Total	353 (100.0)	58 (100.0)	29 (100.0)	440 (100.0)

Table 19: Number of heterosexual male partners in the past six months, by sexual identity of respondents

Number of partners	Lesbian <i>n</i> (column %)	Bisexual <i>n</i> (column %)	Other/n.a. <i>n</i> (column %)	Total <i>n</i> (column %)
One	6 (37.5)	20 (55.6)	5 (41.7)	31 (48.4)
2–5	4 (25.0)	11 (30.6)	5 (41.7)	20 (31.3)
>5	2 (12.5)	5 (13.9)	0 (0.0)	7 (10.9)
No/invalid answer	4 (25.0)	0 (0.0)	2 (16.7)	6 (9.4)
Total	16 (100.0)	36 (100.0)	12 (100.0)	64 (100.0)

Sexual relationships

The majority of respondents (291; 66%) were in a regular relationship with a woman, 28 (6%) with a man, and three were in a regular relationship with both a man and a woman; 113 (26%) were not in any regular relationship. Most (324; 74%) did not have casual partners, but 78 had had casual sex with women in the past six months, 25 with both men and women and 13 with men. Half (58) of the 116 women who had had casual partners were in a regular relationship. Of the 294 women in a regular relationship with a woman, 45 (15%) had had casual sex.

Among respondents in regular relationships with female partners (294), three-quarters (222; 76%) had a clear agreement about whether the partner could have sex with other people. The most common agreement was that she must not have sex with anyone else. This is much more like the heterosexual women's responses in the Australian Study of Health and Relationships (among whom 97% said they expected their male partner not to have sex with anyone else and 75% said they had discussed their expectations with their partner) than like the agreements made by gay men. Among gay men in regular relationships it is more common to agree that sex outside the relationship must be safe (no anal, or condoms always) than to agree that no sex with casual partners is permitted (Hull et al., 2003, p. 30).

Thirty-one women were in a regular sexual relationship with a man (including three women who also had female regular partners). Most of these men (19) were heterosexual, but six women said that their male partner

was bisexual and one that she did not know whether he had sex with men.

Sex work and group sex

Twenty women had done sex work in the past six months. Although only 13% of the respondents identified as bisexual, 25% of the women who had done sex work were bisexual. Identifying as lesbian was less common among those who had done sex work (40%) than in the group as a whole (80%). Eight of the 20 women who had done sex work had recently injected drugs. Not surprisingly, women who had done sex work were more likely to have had more than 10 recent heterosexual male sexual partners than other women ($p < 0.001$).

A minority of women (33, 8%) had had group sex (see Table 20). Almost all who had had group sex that included a man (for example, in a BDSM context) also reported having had sex with a man in the earlier questions about sexual partners. It appears, therefore, that there is no substantial number of women exposed to risk through group sex who do not report themselves as having male sexual partners.

Table 20: Group sex in the past six months

	<i>n</i> (%)
Group sex which included—	
a gay, homosexual or bisexual man	8 (1.8)
a straight or heterosexual man	15 (3.4)
a woman	26 (5.9)
Any group sex	33 (7.5)

5 Drug use

Smoking

A third of respondents (151; 34%) were current tobacco smokers (see Table 21). This is a high rate of smoking compared with the general population, especially considering that this is a highly educated urban sample. For comparison, in the National Health Survey (a random household telephone survey), 21% of Australian women over 18 and 28% of women aged 18 to 34 said they were smokers (AIHW, 2002). In the Australian Study of Health and Relationships, 26% of women aged 16 to 59 said they smoked. Of those SWASH respondents who were current smokers, the majority (127; 84%) smoked fewer than 20 cigarettes a day, 15% smoked more than 20 a day and only two women smoked more than 40 cigarettes a day.

Gay and bisexual men are also more likely to smoke than their heterosexual counterparts. In the Health in Men cohort study of HIV-negative gay men in Sydney, 32% are current smokers, which is also higher than among adult men in the general population (data from the National Centre in HIV Epidemiology and Clinical Research [NCHECR] and NCHSR). Research in the United States showed not only that GLB smoking rates were higher than among heterosexuals (Ryan et al., 2001; Austin et al., 2004) but that the tobacco industry deliberately targeted GLBT people (Stevens et al., 2004). Smoking is a serious health issue in the GLBT community.

Recreational drugs

In response to the question 'Have you ever injected drugs?', 16 women (3.6%) indicated that they had done so in the past six months and a further 31 (7.0%) over six months ago. A more detailed question about the use of a range of drugs gave the results shown in Table 22. For this analysis, to avoid sampling bias due to the inclusion of women recruited at clinics, only women recruited at Fair Day have been included. The use of drugs by injection was much less common than smoking or taking pills. Among injectors there was a low rate of sharing: only one woman said she had shared any injecting equipment.

Table 23 compares some of these figures with those from the National Drug Strategy Household Survey of the general population (AIHW, 2002). Rates of use of marijuana and party drugs were several times higher among our respondents than in the general community. To some extent this reflects the importance to GLBT community cohesion of parties and other events where drug use is common (Ireland et al., 1999). Similar or even slightly higher rates of recreational drug use are apparent among gay men (data from Health in Men study, NCHECR and NCHSR). Anecdotal reports of difficulties experienced by people with long-term use of speed and with high levels of use of crystal methamphetamine suggest that this community acceptance of drug use is not entirely without deleterious effects. Little is known about the long-term effects of ecstasy use.

No questions were asked about the use of alcohol.

Table 21: Smoking status

	<i>n</i>	%	ASHR women aged 16–59 %
Current smoker	151	34.3	25.9
Ex-smoker	133	30.2	24.8
Never smoked	139	31.6	49.2
Not answered	17	3.9	<0.1
Total	440	100.0	100.0

Table 22: Use of various recreational drugs in the past six months (Fair Day subsample only, *n* = 407)

	Used <i>n</i> (%)	Injected <i>n</i> (%)
Marijuana	155 (38.1)	–
Ecstasy	115 (28.3)	–
GHB	12 (2.9)	–
Cocaine	38 (9.3)	1 (0.2)
Crystal meth	27 (6.6)	4 (1.0)
Heroin	4 (1.0)	4 (1.0)
Speed	103 (25.3)	9 (2.2)
Any other drug ^a	38 (9.3)	2 (0.5)

(a) We assume that, in the context, respondents will take this to mean non-prescribed or recreational drugs other than alcohol and caffeine.

Table 23: Use of various recreational drugs compared with the general community

	SWASH non-heterosexual women aged 16–64 ^a (%)	National Drug Strategy Household Survey women aged over 14 ^b (%)
Marijuana	38.1	10.0
Ecstasy/Designer drugs	28.3	2.3
Heroin	1.0	0.2
Speed	25.3	2.7
Ever injected drug	9.3	3.6

(a) In past six months; Fair Day respondents only (b) In past 12 months

6 Health behaviour and knowledge

Screening tests

The NSW Cervical Screening Program 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. Table 24 (opposite) shows that 28% of the women in the sample were overdue for screening—that is to say, they were last screened more than three years previously or had never had a Pap smear. Women who had never had sex with a man were more likely to be overdue for screening; 38% of them were in this category. Education is needed in this area for general practitioners as well as for LBQ women.

A total of 256 respondents (58%) had ever had a diagnostic or screening test for a sexually transmitted infection (STI) other than HIV. Table 25 shows where they went for these tests. The results in Table 25 are affected by the locations in which SWASH recruitment was carried out, which in 2004 included a sexual health clinic but no 24-hour clinics or FPA Health (family planning) clinics. Responses under ‘other’ included specialist gynaecologist and employer-based clinics (e.g. military).

Of the 260 women who had ever been tested for HIV (see Table 26 below), one (a transgender) said she was HIV-positive and one did not know her results. Women who had had sex with a man in the past six months (42/71; 59%) were more likely than women who had not (106/341; 31%) to have had an HIV test in the past two years ($p < 0.02$). This suggests that at least some of the testing was in response to actual risk exposure.

Table 26: Timing of HIV testing

	<i>n</i> (%)
Less than 6 months ago	60 (13.6)
6–11 months ago	26 (5.9)
1–2 years ago	62 (14.1)
More than 2 years ago	112 (25.5)
Never	152 (34.5)
No answer	28 (6.4)
Total	440 (100.0)

There were high rates of testing for hepatitis infections, but few women were positive (see Table 27 opposite). Of those who had hepatitis C, all 10 had injected drugs, six of them in the past six months.

Herpes

More than a third of respondents (166; 38%) indicated that they had ever had a cold sore on the mouth, and 25 (6%) had genital herpes; 11 women had both. This is an underestimate of actual prevalence of herpes infection, as the majority of people who are blood-test-positive for herpes simplex virus type 2 (the type most common in genital infections) are unaware of having symptoms (Smith & Robinson, 2002; Cunningham et al., 1993).

Knowledge of sexual infections and hepatitis C

Five knowledge questions, four about sexually transmissible infections and one about hepatitis C, were asked in true/false format. Table 28 shows the percentage who answered correctly and compares the answers with those given by women in the Australian Study of Health and Relationships (Grulich et al., 2003).

SWASH LBQ respondents appeared to have better knowledge of STIs than women in the wider community. Significantly more of the SWASH respondents were aware that genital herpes remained in the body, that genital warts could be spread by means other than intercourse and that chlamydia could lead to infertility. There was no difference in the proportion (71%) who were aware that a person with an oral cold sore could transmit herpes to the genitals. Although women who had had a cold sore or genital herpes appeared slightly more likely to be aware that oral–genital transmission was possible, the difference was not statistically significant ($p > 0.05$). This suggests that there is a need for education around herpes in the LBQ community, as this incurable viral infection is one that, unlike many other STIs, is readily transmitted in sex between women.

Table 24: Timing of last Pap smear test, by experience of sex with men

	Ever had sex with a man <i>n</i> (column %)	Never had sex with a man <i>n</i> (column %)	Total <i>n</i> (column %)
Less than a year ago	104 (34.9)	35 (24.6)	139 (31.6)
1–3 years ago	110 (36.9)	37 (26.1)	147 (33.4)
More than 3 years ago	39 (13.1)	16 (11.3)	55 (12.5)
Never	30 (10.1)	38 (26.8)	68 (15.5)
No answer	15 (5.0)	16 (11.3)	31 (7.0)
Total	298 (100.0)	142 (100.0)	440 (100.0)

Table 25: Where women went for screening or diagnostic test(s) for sexually transmissible infections other than HIV (*n* = 256)

	<i>n</i>	% of women who had any STI test
GP/Family doctor	176	69.0
24-hour medical centre	15	5.9
Sexual health clinic	58	23.0
Women's health centre	22	8.6
FPA Health clinic	8	3.1
Other	10	3.9

Note: Categories are not mutually exclusive. Some women attended more than one location for testing.

Table 27: Reported testing for hepatitis infections

	Ever been tested		Found to be infected	
	<i>n</i>	% of respondents	<i>n</i>	% of those tested
Hepatitis A	220	50.0	4	1.8
Hepatitis B	244	55.5	4	1.6
Hepatitis C	213	48.4	10	4.7

Table 28: Answers to sexually transmissible infection and hepatitis C knowledge questions

	Correct answer	SWASH non-heterosexual women aged 16–64		ASHR women aged 16–59	Significance test for difference
		Number correct	% correct	% correct	
If a person with a cold sore has oral sex, they can give their partner genital herpes	T	315	71.6	71.4 ^a	<i>p</i> > 0.9
Once a person has caught genital herpes, they will always have the virus	T	377	85.7	74.8	<i>p</i> < 0.001
There is no vaccine available against hepatitis C	T	299	68.0	Not asked	–
Genital warts can only be spread by intercourse	F	292	66.4	45.2	<i>p</i> < 0.001
Chlamydia can lead to infertility in women	T	366	83.2	57.3	<i>p</i> < 0.001

(a) ASHR statement was 'Cold sores and genital herpes can be caused by the same virus.'

7 Discussion and conclusions

This study of LBQ women in contact with the GLBT community showed them to be a fairly well-educated group on average, though not universally: 12% 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, though they were more widely spread geographically than their GBQ male counterparts. They were well attached to the GLBT community: almost all had at least a few gay and lesbian friends, and over 80% had attended a GLBT social or community venue or meeting in the past six months. Fifteen per cent had dependent children.

Although some women who identified as heterosexual responded to the SWASH survey, this report analysed only the women who identified as lesbian, bisexual or 'other' (most often 'queer'). None of the heterosexual women whom we excluded had had sex with a woman in the past six months, though some had done so in the less recent past. Of the 440 women in this report, 80% 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, but exclusive attraction to women was not the majority experience (39%). Twelve respondents were transgender. In terms of ethnicity, more than two-thirds identified as Anglo-Australian, with Asian respondents underrepresented in comparison with the general community.

The majority had had sex with a woman in the past six months, and all but a few had done so at some time in their lives. Of those who had recently had sex with a woman, 23% (18% of the total sample) had had sex with more than one partner. In sex with women, manual stimulation was the most common practice, closely followed by oral sex. Sex toys were used by about half, and anal practices (digital stimulation and rimming) engaged in by less than a third. Use of safe sex equipment was low: few had used a dental dam but somewhat more had used gloves (10% of the total sample) and condoms (14%). About 40% had been potentially exposed to blood through oral sex during menstruation, and about

10% had had other sex where blood was involved. Two-thirds of the women were in a regular relationship with a woman, and most did not have casual sex.

The majority of the sample (68%) had had sex with a man at some time in their lives, but only 13% had had sex with a man in the past six months. About a third of these women had had sex with a gay or bisexual man, raising the issue of possible exposure to STIs, including HIV, that are more common in the gay community. Worryingly, a few of these women had had unprotected vaginal or anal intercourse. Six women were in a regular relationship with a bisexual man. It is important for women in this position to have clear and realistic agreements with their partners about safe sex outside the relationship if they are to have unprotected sex within the relationship.

Overall, the exposure of this group to risk through sex was not high: most had sex with women and the majority were in regular relationships and did not have casual sex. However, some did have multiple partners with potential risk exposure (e.g. to blood), and some had unsafe sex with men. Apart from a few women who had bisexual regular partners, it appears that having sex with a man is an occasional occurrence for women who live in a GLBT milieu, even for those who identify as lesbian rather than bisexual. Twenty women had done sex work in the past six months.

Smoking was more common than in the general community; this issue warrants attention. Use of recreational drugs was several times higher than in the general community, and some of this drug use may be problematic. It will be a challenge to balance addressing this issue with the pleasure-positive and harm-minimisation approach (e.g. to recreational sex) that has so successfully been adopted by Sydney's GLBT community in relation to HIV prevention. It is cheering that only one respondent reported sharing injecting equipment. This is an improvement since the 2000 survey, in which 15 of 35 injectors reported sharing equipment (Richters et al., 2001).

More than a quarter of the women were overdue for cervical cancer screening. This was more common among women who had never had sex with men, suggesting a need to educate both women and their doctors. More than half the women had been tested for an STI other than HIV, and the most common place to go for testing was the general practitioner. The majority had been tested for HIV, though many had last been tested more than two years previously. This level of testing reflects the overall low exposure to HIV risks in this group. Women who had recently had sex with men were more likely to have been tested in the past two years. About half the women had been tested for each of hepatitis A, B and C. Of those tested for hepatitis C, 5% (10 women), all of whom had injected drugs at some time, were positive.

Knowledge about STIs was better than in the general community except for the fact that someone with a cold sore could transmit herpes to the genitals through oral sex: nearly 30% of women were unaware of this.

What's missing?

Although this report is entitled 'Health of lesbian, bisexual and queer women in Sydney', the health issues studied are in fact a limited range that reflect the history of the SWASH survey in its focus on HIV and hepatitis C risks. Broader questions on other issues that affect all women, such as exercise, diet and blood pressure, were absent. So, too, were questions on issues of particular relevance to the

LBQ community. No questions were asked about drinking alcohol, yet there is concern that binge drinking is an issue for the community. Mental health needs attention, in particular the effects on LBQ women of homophobia and social or family exclusion. We did not ask about experience of sexual coercion. There is research evidence that levels of having been coerced into sex in the past (usually by men) is more common among women who identify as lesbian or bisexual than among heterosexuals, and that this is correlated with higher levels of unhappiness and anxiety (de Visser et al., 2003). Not all these issues can be effectively explored by the use of a self-complete questionnaire.

Who's missing?

SWASH is a convenience survey rather than a random sample but recruitment is done mostly in settings not specifically related to the health outcomes under study. People come to Fair Day, where the majority 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 GLBT community. The results reflect the features of a community-attached group of LBQ women.

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Appendix

Questionnaire

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 2004

- How many of your friends are gay or homosexual men?
None 1 A few 2 Some 3 Most 4 All 5
- How many of your friends are lesbians?
None 1 A few 2 Some 3 Most 4 All 5
- In the past 6 months have you attended:
a gay bar? No 1 Yes 2
a lesbian bar? No 1 Yes 2
a gay/lesbian dance party? No 1 Yes 2
a gay/lesbian group meeting? No 1 Yes 2
- 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
- Are you planning to have a child in the next 2 years?
No 1 Yes 2
- Do you have any dependent children?
No 1 Yes 2
- Are you a: (Tick all that apply)
Biological mother No 1 Yes 2
Co-parent No 1 Yes 2
- Are you: (Tick all that apply to you.)
Employed full-time 1 Employed part-time 1
Unemployed 1 A student 1
A pensioner or on social security benefits 1
Doing domestic duties 1 Not in the work force 1
- What is the highest level of education you have completed?
Up to Year 10 / School Certificate 3
Year 12 / HSC 4
Tertiary diploma or trade certificate 5
University or CAE degree 6

- When was the last occasion that you had sex with a woman?
Never 1 Go to question 1
Over 6 months ago 2 Go to question 17
In the past 6 months 3 Go on to question 12

- 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
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 past 6 months, while having sex with a woman, have you used—
a dental dam? Never 1 Once 2 Often 3
a glove? Never 1 Once 2 Often 3
a condom? Never 1 Once 2 Often 3

- In the past 6 months, have you had sex with a woman who was menstruating at the time?
Yes 1 Yes, but always with a dam 2 No 4
Yes, but always with a tampon 3

- In the past 6 months, have you had sex with a woman when you were menstruating at the time?
Yes 1 Yes, but always with a dam 2 No 4
Yes, but always with a tampon 3

- In the past 6 months, have you had any other form of sex in which blood was involved (such as cutting, piercing, whipping, fisting)?
Yes 1 No 2

- When was the last occasion that you had sex with a man you believed to be gay, homosexual or bisexual?
Never 1 Go to question 20
Over 6 months ago 2 Go to question 20
In the past 6 months 3 Go on to question 19

- During the past 6 months, how many gay, homosexual or bisexual men have you had sex with?
None 1 6–10 men 4
One 2 More than 10 men 5
2–5 men 3

- When was the last occasion that you had sex with a man you believed to be straight or heterosexual?
Never 1 Go to question 22
Over 6 months ago 2 Go to question 22
In the past 6 months 3 Go on to question 21

- During the past 6 months, how many straight or heterosexual men have you had sex with?
None 1 6–10 men 4
One 2 More than 10 men 5
2–5 men 3

- 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

- 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

- During the past 6 months have you done any sex work?
No 1 Yes 2

- On any occasion in the past 6 months did you have 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

Please turn over ➤

The following questions are about your **regular female partner**. (If you do not have a regular female partner, please go to the next box.)

28. Do you have a clear agreement about your regular female partner having sex with other people?
 No 1 Yes 2
 What is that agreement?
 No agreement 1
 She must not have sex with anyone else 2
 She must not have sex with other women 3
 She must not have sex with men 4
 She must only have safe sex with other people 5

The following questions are about your **regular male partner**. (If you do not have a regular male partner, please go to the next box.)

29. Is your regular male partner:
 Gay / homosexual 1 Bisexual 2
 Heterosexual / straight 3
 Other (please specify) _____4
 Don't know if he has sex with men 5

30. In the past 6 months have you had vaginal or anal intercourse with him without a condom?
 Never 1 Occasionally 2 Often 3

31. Do you know the result of your regular partner's HIV test?
 Yes—positive 1 Yes—negative 2
 No—don't know 3 He hasn't had a test 4

32. Do you have a clear agreement with your regular partner about him having sex with other women?
 No 1 Yes 2
 What is that agreement?
 No agreement 1
 He must have no sex at all with women 2
 He must have no vaginal/anal sex with women 3
 He must always use condoms for vaginal/anal sex 4
 He can have vaginal/anal sex without a condom 5

33. Do you have a clear agreement with your regular partner about him having sex with men?
 No 1 Yes 2
 What is that agreement?
 No agreement 1
 He must have no sex at all with men 2
 He must have no anal sex with men 3
 He must always use condoms for anal sex with men 4
 He can have anal sex without a condom 5

If you have had sex with any other male partners who are gay, homosexual or bisexual in the past 6 months, please complete this question.

34. In the past 6 months have you had vaginal or anal intercourse with any other gay or bi men without a condom?
 Never 1 Occasionally 2 Often 3

35. 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

36. Which of the following diagnostic or screening tests have you ever had for sexually transmitted infection (not HIV)?
 Urine test 1 Blood test 2 Vaginal swab 3
 Throat swab 4 Anal/rectal swab 5
 Never had an STI test 6

37. 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) _____

38. Have you ever had—
 a cold sore on the mouth? No 1 Yes 2
 genital herpes? No 1 Yes 2

39. When were you last tested for HIV?
 Less than 6 months ago 1 6–11 months ago 2
 1–2 years ago 3 More than 2 years ago 4
 Never 5

40. What was the result of your last HIV test?
 Positive (You have the virus) 1
 Negative (You do not have the virus) 2
 Don't know 3

41. Have you ever been tested for—
 hepatitis A? No 1 Yes 2
 hepatitis B? No 1 Yes 2
 hepatitis C? No 1 Yes 2

42. What was the result of your last test for—
 hepatitis A? Positive 1 Negative 2 Don't know 3
 hepatitis B? Positive 1 Negative 2 Don't know 3
 hepatitis C? Positive 1 Negative 2 Don't know 3

43. Have you ever injected drugs?
 Never 1 Over 6 months ago 2
 In the past 6 months 3

44. 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	
Ecstasy	No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2	
GHB	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
Any other drug	No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2	No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2

45. In the past 6 months, have you shared any injecting equipment?
 No 1 Yes 2

46. Do you currently smoke cigarettes or other tobacco?
 Yes 1 No, I have never smoked 2
 No, I am an ex-smoker 3

47. How many cigarettes do you smoke each day?
 None 1 1–20 2 21–40 3 More than 40 4

Please indicate whether the following statements are **true** or **false**.

48. If a person with a cold sore has oral sex they can give their partner genital herpes. True 1 False 2
 49. Once a person has caught genital herpes, they will always have the virus. True 1 False 2
 50. There is no vaccine available against hepatitis C. True 1 False 2
 51. Genital warts can only be spread by intercourse. True 1 False 2
 52. Chlamydia can lead to infertility in women. True 1 False 2

Finally, we need a few details to compare with other studies.

53. What is your age? years
 54. Where do you live?
 Postcode or Suburb/town _____
 55. Are you of Aboriginal or Torres Strait Islander origin?
 No 1 Yes 2
 56. 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.