

**WOMEN IN CONTACT WITH THE NORTHERN RIVERS AND
MID NORTH COAST LGBTQ COMMUNITIES:
REPORT OF THE SWASH LESBIAN, BISEXUAL
AND QUEER WOMEN'S HEALTH SURVEY
2018**

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

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

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1. Overview

A lack of systematic, nuanced research on the health and wellbeing of Australian lesbian, bisexual and queer (LBQ) women has been a significant barrier to understanding, recognising and addressing their health needs. At worst, LBQ women's health needs have been largely ignored. At best, they have been considered to be synonymous with general women's health.¹ While sex between women is considered relatively low risk to health, a range of social, psychological and economic factors mean that this minority group has poorer health outcomes than their heterosexual peers. Stigma, family and community rejection and discrimination can impact on health and wellbeing, the delivery of health services, and women's access to services.

The SWASH survey is a comprehensive survey of important health issues relevant to LBQ and other non-heterosexual identifying women engaged with Sydney's lesbian, gay, bisexual, transgender and queer (LGBTQ) communities. The survey covers sexual health and wellbeing, violence, mental health, tobacco use, illicit drug use, alcohol consumption, and cancer screening behaviours. SWASH has run every two years since 1996, and since 2009 has been run by researchers at the University of Sydney in collaboration with ACON. The survey is regularly revised to reflect the needs of LGBTQ communities and knowledge deficits identified through research literature. Where possible, questions are sourced from established national surveys such as the Australian Health Survey (AHS), National Drug Strategy Household Survey (NDSHS), Australian Study of Health and Relationships (ASHR), and Australian Longitudinal Survey of Women's Health (ALSWH).

SWASH provides a much needed local evidence base to inform best practice in healthcare and prevention for chronic diseases, mental health and wellbeing, sexual and reproductive health and ageing. Full background on the SWASH project and the results from the 2018 survey can be found in the main SWASH report.

For the 2018 iteration of SWASH, we undertook sustained community engagement in the Northern Rivers and Mid North Coast region of NSW to generate sufficient numbers for a regional analysis. The SWASH NR-MNC report presents results based on surveys where participants who resided in this region.

2. Methods

2.1 Survey instrument

A two-page self-complete questionnaire (see Appendix for the questionnaire), including items on demographics; sexual and gender identity; LGBTQ communities connection; smoking, alcohol and drug use; sexual health; general health; chronic illness; psychological wellbeing; experiences of anti-LGBTQ behaviour, intimate partner violence; parenthood intentions; preventive health practices health-related help-seeking behaviour; and healthcare access and satisfaction.

2.2 Sampling and recruitment

SWASH is a repeated cross-sectional survey that takes place every two years in February during the Sydney Mardi Gras season. It employs a modified version of the Time-Location convenience sampling also used for the HIV behavioural surveillance undertaken by the Gay Community Periodic Survey.² This venue-based method is often employed for populations that cluster in locations. We draw on the knowledge of ACON health promotion staff to identify venues and events likely to have a high concentration of LBQ women and non-binary people during the survey recruitment period. We used this same approach to generate a sample in the Northern Rivers and Mid North Coast region, attending LGBTQ events and groups across the region throughout March 2018 including during the Lismore Women's Festival.

Questionnaires were offered to everyone identifying as a woman who was willing to respond. Because of practical difficulties, refusal rates were not calculated. Recruitment takes place in public spaces and entertainment venues, so potential respondents who wish to avoid completing the questionnaire can easily do so; few explicitly refused a verbal offer to contribute.

The SWASH survey was also made available online using REDCap electronic data capture tools hosted at The University of Sydney.³ The survey was open for one month at the same time as face-to-face recruitment.

2.3 Analysis

Data were entered from the coded questionnaires and loaded into SPSS v24.0 software for analysis. Data were cleaned and checked for internal consistency and, where inconsistencies were found, checked against the questionnaires. Additional comments and answers to 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 completed face-to-face was relatively high, especially those requiring writing text rather than ticking a box. (The online version of the survey contained controls alerting participants to non-completed questions). We assume that many respondents simply left a question blank when it did not apply to them, rather than ticking the 'no' response. However, percentages have generally been calculated on the total sample, not on the question-specific response rate, which would have inflated the 'yes' percentages. Readers can take the 'yes' percentages as lower-bound estimates and judge for themselves whether to interpret the missing people as likely to be similar to the respondents or likely to mean 'no' or 'not applicable'. Exceptions to this are tables reporting summaries of questions where respondents could select more than one item, and tables reporting sub-samples.

3. Findings

Respondents who identified as heterosexual ($n = 4$) or identifying as male (regardless of gender assigned at birth; $n=1$) have not been included in this report. Thus, this report focuses on lesbian, bisexual, queer and other non-heterosexual identifying (LBQ) women (regardless of gender assigned at birth), and includes non-binary people.

The final sample of Northern Rivers and Mid North Coast respondents comprised 245 responses: 69 (28%) via face to face recruitment and 176 (72%) spacevia online recruitment). There was no difference between the two regions in mode of survey completion. In addition to presenting the sample demographics below, we also note demographic differences between the Northern Rivers (NR) respondents and the Mid North Coast (MNC) respondents.

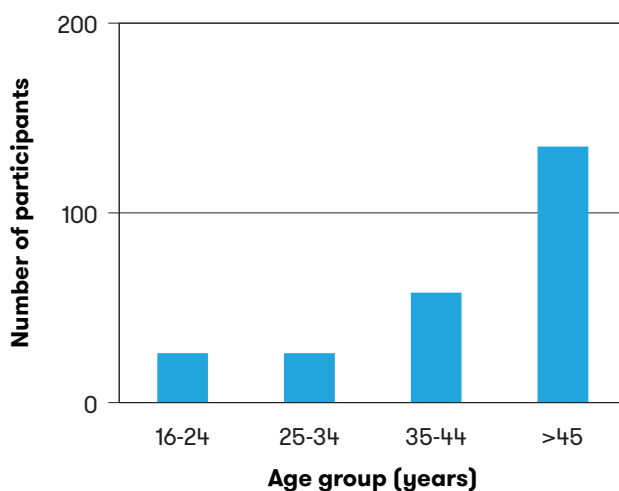
3.1. Sample Characteristics

3.1.1 Age

The age range was 16-76 years, with a median age of 46; there were no significant differences across the two regions. This is a markedly higher median age compared to median age of 34 in the main SWASH sample; as a result comparisons between these two samples should be made with caution. When reporting the main SWASH findings we use four age categories; Figure 1 shows the proportion of respondents in these four age categories. For the rest of this report we have collapsed the two youngest age categories into 16-34 years, as the numbers were so small.

While younger respondents were just as likely to have completed the survey face to face as online, respondents aged over 35 years were much more likely to have completed the survey online.

Figure 1: Age distribution of sample



3.1.2. Sexual identity and attraction

Respondents were significantly more likely to report identifying as lesbian (61%) than bisexual (20%) or queer and other non-heterosexual identity (18%) ($p < 0.05$; Table 1). Notably, lesbian identifying respondents were more likely to be in the MNC (72% compared to 56% NR) and queer and other identifying respondents were more likely to be in the NR (24% compared to 7% in MNC; $p < 0.005$). The main SWASH sample showed a much higher proportion of respondents reporting a queer or other non-heterosexual identity (lesbian 55%, bisexual 17%, queer and other 27%).

Exclusive attraction to women was not the majority experience (23%; Table 2), even among this highly community-attached sample, the majority of whom (53%) had been sexually active with a woman in the preceding six months. As would be expected, lesbian-identifying respondents were most likely to say they were attracted only or mostly to women (97%), followed by queer and other non-heterosexual identifying respondents (51%), and then bisexual respondents (24%).

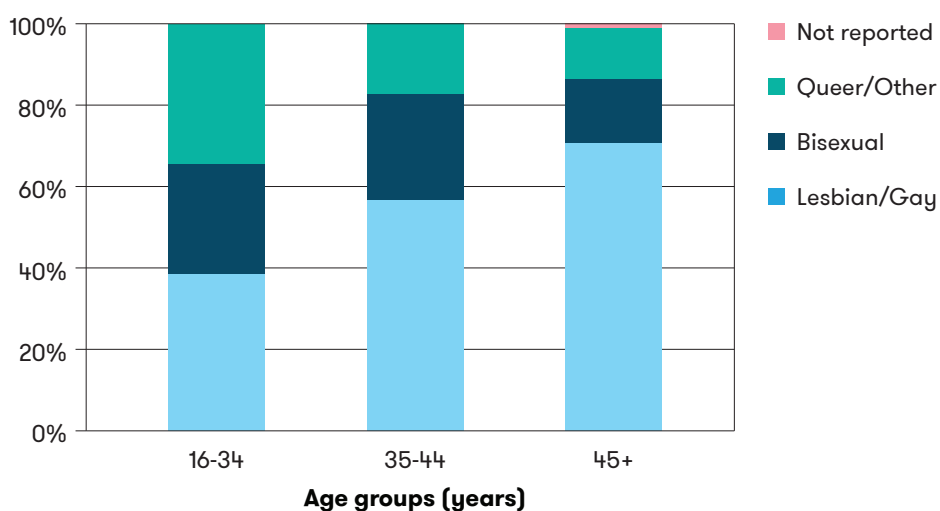
The median age of lesbian respondents was 50 years, of bisexual respondents 43 years, and of queer and other non-heterosexual identifying respondents 38 years (Table 3). As with the main SWASH, and sexual identity are correlated, with younger respondents more likely than older respondents to identify as bisexual, queer or other, and less likely to identify as lesbian (Figure 2).

	n (%)
Lesbian/Dyke/Gay/homosexual	149 (60.8)
Bisexual	50 (20.4)
Queer/Other	45 (18.4)
Not reported	1 (0.4)
Total	245 (100)

	n (%)
Only to females	59 (23.6)
More often to females	123 (50.2)
Equally often to both	56 (22.9)
More often to males	8 (3.3)
Only to males	0 (0.0)
To no one at all	0 (0.0)
Not reported	0 (0.0)
Total	245 (100)

	Mean (median)
Lesbian	49 (50.0)
Bisexual	41 (42.5)
Queer/Other	41 (42.5)
Not reported	49 (49.0)

Figure 2: Sexual identity by age group



3.1.3. Gender identity

Following ACON's recommendations on how to ask about gender, we asked a two-step question: "Which of the following best describes your gender identity: female, male, non-binary, other (please specify)" and "What gender were you assigned at birth: female, male". We report seven categories for the main SWASH sample: Female (female at birth); Female (male at birth); Non-binary (female at birth); Non-binary (male at birth); Other/multiple (female at birth); Other/multiple (male at birth); Not reported. In the SWASH NR-MNC sample, the numbers in most categories were very small and we were concerned about potential identification of respondents. We are reporting three categories: Female including both cisgender women and people assigned male as birth who now identify as female (93%), Non-binary including people assigned either male or female at birth (6%), and Other including people who selected multiple categories (1%). One respondent who identified as male (whether assigned male or female at birth) was excluded from the data set.

	n %
Female (assigned female or male at birth)	227 (92.7)
Non-binary (assigned female or male at birth)	14 (5.7)
Other/multiple (assigned female or male at birth)	4 (1.6)
Total	245 (100)

3.1.4. Intersex status

Fewer than 5 women and non-binary people reported an intersex status. We have decided not to report precise data as the numbers are so small.

3.1.5. Children

Thirty percent of respondents said they had dependent children, this is twice the rate reported in the main SWASH sample (16%; Table 5). Eleven percent said they were planning to have children in the next two years (Table 6); three quarters of these respondents did not already have dependent children.

	n (%)
No	170 (69.4)
Yes	74 (30.2)
Not reported	1 (0.4)
Total	245 (100)

	n (%)
No	217 (88.6)
Yes / Maybe	27 (11.0)
Not reported	1 (0.4)
Total	245 (100)

3.1.6. Social attachment to LGBTQ communities

Unsurprisingly for a sample that is generated through attendance at LGBTQ community events, 34% reported they felt mostly or very connected to LGBTQ communities in their everyday life (Table 7). Of the 245 respondents, 98% said that at least a few of their friends were lesbian women, gay men or bisexual, transgender or queer people (Table 8).

In the preceding six months, 62% had attended at least one LGBTQ group, event or venue (Table 9). While this is overall lower than the main SWASH sample, there was little difference between the two samples on attendance at a LGBTQ dance party, community meeting, or community event, suggesting the differences are likely to be due to lack of opportunity to socialise in commercial spaces.

Table 7: Connection to LGBTQ communities, by age group

	16-34 yrs	35-44 yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
Very	8 (15.4)	4 (6.9)	17 (12.6)	29 (11.8)
Mostly	9 (17.3)	16 (27.6)	30 (22.2)	55 (22.4)
Somewhat	21 (40.4)	17 (29.3)	44 (32.6)	82 (33.5)
Rarely	10 (19.2)	16 (27.6)	31 (23.0)	57 (23.3)
Not at all	3 (5.8)	5 (8.6)	13 (9.6)	21 (8.6)
Not reported	1 (1.9)	0 (0.0)	0 (0.0)	1 (0.4)
Total	52 (100)	58 (100)	135 (100)	245 (100)

Table 8: Number of friends who are LGBTQ

	n (%)
None	4 (1.6)
A few	62 (25.3)
Some	80 (32.7)
Most	96 (39.2)
All	2 (0.8)
Not reported	1 (0.4)
Total	245 (100)

Table 9: Attendance at LGBTQ social venues, events or groups in past 6 months

	n (%)
Lesbian/queer women's night/bar	62 (25.3)
Gay night/bar	29 (11.8)
LGBTQ dance party	70 (28.6)
LGBTQ group meeting	55 (22.4)
LGBTQ community event	111 (45.3)
LGBTQ sports group	6 (2.4)
Any of the above	151 (61.6)

3.1.7. Education, employment and income

Fifty two percent of respondents reported a university qualification; (Table 10) there were few differences between the two regions. Of those who answered the questions on employment, 36% were employed full-time, 12% were students and 15% were receiving a pension or social security (Table 11). Notably, NR respondents were significantly more likely to report they were receiving pension or social security (18% compared to MNC 9%, $p < 0.05$). Close to a third of respondents reported an annual before tax income of \$60,000 or more (Table 12).

	n (%)
Up to Year 10/School Certificate	30 (12.2)
Year 12/Higher School Certificate	33 (13.5)
Tertiary diploma/trade certificate	54 (22.0)
University or college degree	72 (29.4)
Postgraduate degree	56 (22.9)
Not reported	0 (0.0)
Total	245 (100)

	n (%)
Employed full-time	89 (36.3)
Employed part-time	75 (30.6)
Unemployed	16 (6.5)
Student	30 (12.2)
Pensioner/social security benefits	36 (14.7)
Domestic duties	20 (8.2)
Not in work force	26 (10.6)
NOTE: Summary table; adds up to more than 100% because respondents could be in more than one category.	

	n (%)
Nil-\$19,999	67 (27.3)
\$20,000-\$39,999	59 (24.1)
\$40,000-\$59,999	44 (18.0)
\$60,000-\$99,999	51 (20.8)
\$100,000+	22 (9.0)
Not reported	2 (0.8)
Total	245 (100)

3.1.8. Ethnicity

Table 13 shows responses to the question on ethnic or cultural background. We report 12 categories for the main SWASH sample, however for the MNC-NR sample the numbers in most category were very small so we used three categories. The proportion identifying as Aboriginal and/or Torres Strait Islander persons (8%) was slightly higher than the proportion that would be expected if the sample were similar to the total NSW population and is likely due to recruitment efforts targeted to relevant events (4.4% of the female population of NSW (aged 15 years and older) identified as Aboriginal or Torres Strait Islander).⁴

	n (%)
Anglo-Australian only	178 (72.7)
Other incl Oceania, Asia, Africa, Americas and multiple identifications	42 (17.1)
Aboriginal and/or Torres Strait Islander including multiple identifications	20 (8.2)
Not reported	5 (2.0)
Total	245 (100)

NOTE: Open text responses were classified into the above categories

3.2. Sexual partners and practices

3.2.1. Sex with women

The great majority of respondents (94%) reported that they had ever had sex with a woman; 53% had done so in the preceding six months (Table 14). As expected, lesbian respondents were most likely (61%) to report recent sex with a woman, and bisexual respondents least likely (28%). Respondents who reported sex with a woman in the preceding six months were most likely to report one sexual partner (82%; Table 15); they were as likely to report having no sex in the preceding four week (33%) as having had sex between two and five times (32%; Table 16).

	Lesbian	Bisexual	Queer/Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
Never	3 (2.0)	5 (10.0)	3 (6.7)	0 (0.0)	11 (4.5)
Over 6 months ago	52 (34.9)	31 (62.0)	18 (40.0)	0 (0.0)	101 (41.2)
In the past 6 months	91 (61.1)	14 (28.0)	23 (51.1)	1 (100.0)	129 (52.7)
Not reported	3 (2.0)	0 (0.0)	1 (2.2)	0 (0.0)	4 (1.6)
Total	149 (100)	50 (100)	45 (100)	1 (100)	245 (100)

Table 15: Number of sexual partners in the preceding six months, by sexual identity

	Lesbian	Bisexual	Queer/Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
One	79 (87.8)	11 (78.6)	14 (60.9)	1 (100.0)	105 (82.0)
2-5	8 (8.9)	2 (14.3)	8 (34.8)	0 (0.0)	18 (14.1)
>5	2 (2.2)	1 (7.1)	1 (4.3)	0 (0.0)	4 (3.1)
Not reported	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.8)
Total	90 (100)	14 (100)	23 (100)	1 (100)	128 (100)

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

Table 16: Number of times women had sex with a woman in the past 4 weeks

	n (%)
0	42 (32.8)
1	21 (16.4)
2-5	41 (32.0)
6-10	14 (10.9)
11+	8 (6.3)
Not reported	2 (1.6)
Total	128 (100)

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

3.2.2. Sex with men

Seventy six percent of respondents reported they had ever had sex with a man; 16% in the last 6 months. Bisexual (96%) and queer and other non-heterosexual identifying (84%) respondents were more likely to have ever had sex with a man compared to lesbian respondents (66%). The fact that a majority of lesbian respondents have a sexual history that includes men is perhaps familiar and unremarkable to members of LGBTQ communities. However, health service providers, policy makers and those designing STI prevention programs need to be aware that a significant proportion of women and non-binary people who do not identify as heterosexual are having sex with men, and consider the reach of their programs. LBQ women and non-binary people may not respond to health promotion campaigns directed at assumed heterosexual audiences.

Seventy three percent of respondents said they had ever had sex with a man they believed to be heterosexual (Table 17), while 30% said they had ever had sex with a man they believed to be gay or bisexual (Table 21). Of the 36 respondents who reported sex with a heterosexual man in the last 6 months, 86% had had any vaginal or anal intercourse without a condom; 44% had done so often. Of the 21 respondents who reported sex with a gay or bisexual man in the last 6 months, 57% had had any vaginal or anal intercourse without a condom; 14% had done so often. We do not know if the sex reported was with cis or trans men as the SWASH survey does not ask respondents (or allow them to indicate) the specific gender experience of their partners.

Table 17: When respondents last had sex with a heterosexual man, by sexual identity

	Lesbian	Bisexual	Queer/Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
Never	55 (36.9)	3 (6.0)	7 (15.6)	0 (0.0)	65 (26.5)
Over 6 months ago	94 (63.1)	24 (48.0)	24 (53.3)	0 (0.0)	142 (58.0)
In the past 6 months	0 (0.0)	23 (46.0)	13 (28.9)	0 (0.0)	36 (14.7)
Not reported	0 (0.0)	0 (0.0)	1 (2.2)	1 (100.0)	2 (0.8)
Total	149 (100)	50 (100)	45 (100)	1 (100)	245 (100)

Table 18: When respondents last had sex with a gay or bisexual man, by sexual identity

	Lesbian	Bisexual	Queer/Other	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
Never	127 (85.2)	26 (52.0)	17 (37.8)	0 (0.0)	170 (69.4)
Over 6 months ago	21 (14.1)	20 (40.0)	12 (26.7)	0 (0.0)	53 (21.6)
In the past 6 months	1 (0.7)	4 (8.0)	16 (35.5)	0 (0.0)	21 (8.6)
Not reported	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	1 (0.4)
Total	149 (100)	50 (100)	45 (100)	1 (100)	245 (100)

3.2.3. Sexual practices

Among the 53% of respondents who had had sex with a woman in the preceding six months, the most common sexual practice was manual sex (involving hands and genitals; Table 19). Stimulation of the external genitals was practised by only a few more respondents than sex with the fingers or hand inside the vagina. Most respondents also practised oral sex (cunnilingus), and of those 97% had both given and received. Just over half (53%) reported having used a sex toy. Anal practices were less common (26%), with manual stimulation (20%) a more common practice than oral stimulation (rimming; 8%) or the use of sex toys (7%). We do not know if the sex reported was with cis or trans women as the SWASH survey does not ask respondents (or allow them to indicate) the specific gender experience of their partners.

Sixteen percent of respondents reported having been involved in 'S/M dominance/bondage' (i.e. sadomasochism or slave-mistress encounters) without or with blood (i.e. practices such as cutting, piercing, whipping or fisting; Table 20). Seven percent of respondents reported they had had group sex in the preceding six months; of those reporting group sex 88% said this had involved a woman (Table 21). Ten percent of respondents reported they had ever done sex work (Table 22).

	n (%)
Fingers/hand on external genitals	124 (96.9)
Fingers/hand inside vagina	117 (91.4)
Fingers/hand inside anus	26 (20.3)
Oral sex (mouth on partner's genitals)	104 (81.3)
Oral sex (mouth on respondent's genitals)	99 (77.3)
Rimming (mouth on partner's anus)	10 (7.8)
Rimming (mouth on respondent's anus)	11 (8.6)
Sex toy used on external genitals	61 (47.7)
Sex toy used inside vagina	63 (49.2)
Sex toy used inside anus	9 (7.0)

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

	n (%)
Yes	40 (16.3)
- with blood	5 (2.0)
No	199 (81.2)
Not reported	6 (2.4)
Total	245 (100)

Group sex which included:	n (%)
A woman	15 (6.1)
A straight or heterosexual man	8 (3.3)
A gay or bisexual man	6 (2.4)
BDSM ¹ no blood	7 (2.9)
BDSM ² with blood	2 (0.8)
Any group sex	17 (6.9)

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-mistress encounters
(2) Practices such as cutting, piercing, whipping or fisting

	n (%)
Never	221 (90.2)
Over 6 months ago	18 (7.3)
In last 6 months	6 (2.4)
Not reported	0 (0.0)
Total	245 (100)

3.2.4. Sexual relationships

Forty five percent of respondents were in a regular sexual relationship with a woman, 10% with a man and 40% were not in a regular sexual relationship (Table 23). We do not know if respondents are reporting relationships with cis or trans people as the SWASH survey does not ask respondents (or allow them to indicate) the specific gender experience of their partners. The most common relationship length was over five years (53%; Table 24).

Nineteen per cent of respondents reported they had had a casual partner(s) in the preceding six months; 16% reported casual sex with a female partner (Table 25). Of those reporting recent casual sex who were also in a regular relationship (n=24), 83% were in a relationship of longer than 6 months, that is, their casual partner was in addition to their regular partner.

	2014 n (%)
No	97 (39.6)
With a woman	109 (44.5)
With a man	24 (9.8)
Poly/Multiple partners	15 (6.1)
Not reported	0 (0.0)
Total	245 (100)

	n (%)
Less than 6 months	10 (6.8)
6-11 months	10 (6.8)
1-2 years	23 (15.5)
3-5 years	26 (17.6)
Over 5 years	79 (53.4)
Not reported	0 (0.0)
Total	148 (100)

NOTE: Table only includes respondents who reported being in a regular relationship.

	n (%)
No	198 (80.8)
Yes, with women	30 (12.2)
Yes, with men	9 (3.7)
Yes, with both	8 (3.3)
Not reported	0 (0.0)
Total	245 (100)

3.3. Tobacco, alcohol and other drug use

3.3.1. Tobacco use

Twenty eight percent of respondents were current tobacco smokers (Table 26), with 69% of smokers smoking daily. Among 16-34 year olds, smoking was 42%. Rates of smoking remain higher among this population group when compared with the general population, especially among younger people. In comparison, in 2017, 12% of women in NSW smoked, and 13% of those aged 16-34.⁵

	16-34yrs	35-44yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
Current smoker	22 (42.3)	17 (29.3)	31 (23.0)	70 (28.6)
Ex-smoker	9 (17.3)	19 (32.8)	55 (40.7)	83 (33.9)
Never smoked	21 (40.4)	22 (37.9)	49 (36.3)	92 (37.6)
Not reported	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	52 (100)	58 (100)	135 (100)	245 (100)

3.3.2. Alcohol

The majority of respondents (83%) reported drinking alcohol. Of NSW women, 63.5% drink alcohol.⁵ Table 27 illustrates the distribution of drinking frequency. There was little difference in drinking patterns across the age categories apart from daily drinking, where younger drinkers were the least likely to report drinking daily (6%), followed by 35-44 years olds (9%) and 45+ year olds (13%).

The National Health and Medical Research Council (NHMRC) recommends drinking no more than two standard drinks on any day to reduce the **lifetime risk** of harm from alcohol-related disease or injury.⁶ We asked respondents: *on a day when you drink alcohol, how many standard drinks do you usually have?* Thirty nine percent of respondents (46% of those who drank) and 50% of 16-34 year olds (63% of younger drinkers) reported they usually drank at levels that exceed this recommendation (Table 28).

The NHMRC recommends drinking no more than four standard drinks on a single occasion to reduce the risk of alcohol-related injury arising from that **single occasion**.⁶ Using data from the same question about how many standard drinks respondents usually have, 11% of all respondents (14% of those who drank) reported that they usually drank at levels that exceeded this recommendation (Table 28). Fourteen percent of respondents (17% of those who drank) reported drinking five or more drinks ('binge drinking') weekly or more often in the past six months (Table 29). Younger respondents aged 16-34 years (56%) were more likely to report binge drinking once a month or more in the last 6 months, compared to 35-44 years olds (32%) or 45+ year olds (27%).

Table 27: Frequency of drinking alcohol

	n (%)
Never	40 (16.3)
Less often than weekly	86 (35.1)
1 or 2 days a week	35 (14.3)
3 or 4 days a week	31 (12.7)
5 or 6 days a week	27 (11.0)
Every day	25 (10.2)
Not reported	1 (0.4)
Total	245 (100)

Table 28: Number of drinks consumed per occasion

	n (%)
1 or 2 drinks	91 (37.1)
3 or 4 drinks	67 (27.3)
5 to 8 drinks	23 (9.4)
9 or more drinks	5 (2.0)
Not reported	19 (7.8)
Non-drinker	40 (16.3)
Total	245 (100)

Table 29: Frequency of drinking 5 or more on a single occasion in past 6 months

	n (%)
Never	52 (21.2)
Once or twice	66 (26.9)
About once a month	32 (13.1)
About once a week	22 (9.0)
More than once a week	12 (4.9)
Every day	0 (0.0)
Not reported	21 (8.6)
Non-drinker	40 (16.3)
Total	245 (100)

3.3.3. Illicit drugs

In the preceding six months, 59% of respondents had used any illicit drug (Table 30); this is markedly higher than the 45% reported in the main SWASH sample. The most commonly reported drugs used were natural cannabis (43%; compared to 30% in the main SWASH sample), Benzos / Valium (25%; compared to 18% in the main SWASH sample), and ecstasy (21%; compared to 16% in the main SWASH sample). When invited to list other drugs they used, respondents mainly reported pain medications (codeine, OxyContin) and mushrooms. In response to the question 'Have you ever injected drugs?' 12% of respondents indicated that they had ever done so (higher than the 7% reported in the main SWASH sample).

Rates of illicit drug use remain several times higher among the SWASH NR-MNC sample than reported for the general community. The NDSHS 2016 found 13% of women reported using any illicit drug in the past 12 months, compared to 59% in NR-MNC respondents in the shorter time frame of 6 months. Echoing these disparities, the NDSHS found homosexual and bisexual people (not disaggregated by gender) generally reported recent illicit drug use several times higher than heterosexual people, most notably ecstasy and meth/amphetamines (5.8 times), cocaine (3.7 times), and cannabis (3.2).⁷

Respondents indicated whether selected drug types were usually taken at home, at a friend's home or private party, a public venue or party, or before or during sex. Table 31 shows the most common context for each drug: natural cannabis and benzos/Valium were more likely to be consumed in private, ecstasy and methamphetamines at public venues, while cocaine was most likely consumed at a private venue or public party. A small number of respondents (12%) reported drug use during sex, cocaine and cannabis were the most likely illicit drug consumed in this context. The patterns of drug use closely mirror those reported in the main SWASH sample.

Seventeen percent (n=41) of respondents said they had ever sought help for a drug and/or alcohol issue. The most common support sought was counsellor/psychologist (71%; Table 32), specialist drug and alcohol services (54%), friends/relatives (42%), self-help group (37%) and GP (32%). There were some differences to the main SWASH sample with specialist drug and alcohol services and friends/relatives more commonly accessed, and GPs and LGBT services less commonly accessed; these differences likely reflect local conditions such as availability and/or confidentiality concerns. Forty one respondents told us which of these supports they had found the most helpful: counsellor/psychologist (20%), self-help groups (20%), specialist drug and alcohol services (17%), friends/relatives (12%), and GP (7%).

Table 30: Illicit drug use in the past 6 months

	n (%)
Natural cannabis	105 (42.9)
Synthetic cannabis	8 (3.3)
Ecstasy	51 (20.8)
Methamphetamine	22 (9.0)
Cocaine	31 (12.7)
Benzos / Valium	62 (25.3)
Amyl / poppers	9 (3.7)
LSD / trips	20 (8.2)
Special K/ ketamine	10 (4.1)
GHB	0 (0.0)
New/emerging psychostimulants	3 (1.2)
Other drugs	25 (10.2)
Any of the above	145 (59.2)

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

Table 31: Context of recent drug use, for women reporting use of each drug type

	Home	Friends home / Private party	Public venue/ party	Before or during sex
	n (%)	n (%)	n (%)	n (%)
Cannabis (natural)	82 (78.1)	56 (53.3)	17 (16.2)	17 (16.2)
Ecstasy	12 (23.5)	22 (43.1)	38 (74.5)	7 (13.7)
Methamphetamine	10 (45.5)	9 (40.9)	12 (54.5)	3 (13.6)
Benzos / Valium	54 (87.1)	5 (8.1)	2 (3.2)	2 (3.2)
Cocaine	7 (22.6)	22 (71.0)	15 (48.4)	5 (16.1)
Alcohol	136 (66.7)	101 (49.5)	88 (43.1)	23 (11.3)

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

	n (%)
GP	13 (31.7)
Counsellor/psychologist	29 (70.7)
Helpline	5 (12.2)
Specialist drug & alcohol service	22 (53.7)
LGBTQ service	1 (2.4)
Community organisation	7 (17.1)
Friends/relatives	17 (41.5)
Self-help groups (AA/NA/SMART)	15 (36.6)
Hospital/ED	3 (7.3)
Online/apps	5 (12.2)
Other support	3 (7.3)
NOTE: Summary table; adds up to more than 100% because respondents could be in more than one category.	

3.4. Health status and behaviour

3.4.1. Relationships with doctors

The majority of respondents reported they had a regular doctor (65%) or regular health practice (20%; Table 33). The vast majority of respondents with a regular doctor/health practice reported being satisfied or very satisfied (81%; Table 34). Respondents who were out to their regular GP were more likely to be satisfied or very satisfied (84%, $p < 0.001$) than those who were not out (72%). That is, while respondents were largely satisfied with the service they received, disclosing sexuality appeared to be associated with a more positive evaluation of that service/relationship.

	n (%)
No regular doctor	39 (15.9)
Yes, regular GP	158 (64.5)
Yes, regular health practice	48 (19.6)
Not reported	0 (0.0)
Total	245 (100)

	n (%)
Very satisfied	77 (37.4)
Satisfied	89 (43.2)
Neither	23 (11.2)
Unsatisfied	4 (1.9)
Very unsatisfied	4 (1.9)
Not reported	9 (4.4)
Total	245 (100)
NOTE: Table only includes respondents who reported having a regular GP or health practice	

3.4.2. General health

The majority of respondents rated their general health as excellent/very good/good (72%); 28% reported their health as fair/poor (Table 35). There was no significant variation by age. Seventy respondents (29%) said they had a chronic (long-term) illness or disability.

	16-34yrs	35-44yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
Poor/Fair	16 (30.8)	14 (24.1)	38 (28.1)	68 (27.8)
Good/Very good	20 (38.5)	20 (34.5)	52 (38.5)	92 (37.6)
Excellent	16 (30.8)	24 (41.4)	45 (33.3)	85 (34.7)
Not reported	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	52 (100)	58 (100)	135 (100)	245 (100)

3.4.3. Height and weight

We use height and weight to calculate a body mass index (BMI) for each respondent. The BMI is an internationally recognised standard for classifying overweight and obesity in adult populations, and is one of the World Health Organisation’s 100 Core Health Indicators⁸. It is an imperfect measure as people tend to overestimate height and underestimate weight when self-reporting,⁹ and it does not recognise differences in height and weight proportions which may be related to cultural heritage. We acknowledge understandable concern among members of LGBTQ communities about a focus on body weight, and in particular on using normative ideals of body shape. While 35% of the sample was within “healthy weight” range, 55% reported height and weight that placed them above this (Table 42).

	n (%)
Below range	4 (1.6)
Within range	86 (35.1)
Above range	71 (29.0)
Higher range	63 (25.7)
Not reported	21 (8.6)
Total	245 (100)

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

3.4.4. Mental health

We use the Kessler 6 (K6) to measure non-specific psychological distress (e.g. feeling nervous, hopeless, restless, worthless) in the preceding four weeks.¹⁰ Forty one percent reported high or very high distress (Table 37). HealthStats NSW use the K10,¹¹ and while these measures cannot be directly compared, the categories are broadly equivalent: in 2017, 4% of women in NSW reported very high levels of distress, and 8% reported high distress.⁵

Reflecting the levels of acute distress reported, 28% said that in the preceding 12 months they had felt that life was not worth living (suicidal ideation; Table 38) and 12% said they had deliberately hurt themselves or done something they knew might harm or kill them (self-harm; Table 39). A majority of respondents (65%) had accessed mental health services in the last five years (Table 40), and 46% had received a diagnosis of depression, anxiety disorder or other mental health disorder (Table 41).

Psychological distress among 16-34 year olds is alarming; 65% reported high/very high acute distress (Table 37). Looking to 2017 NSW HealthStats, where we have collapsed their younger age categories to make them equivalent to ours; among 16-34 year old women in NSW, 7% report very high and 16% high mental distress.⁵ Over the preceding 12 months, 28% of our younger respondents had felt that life was not worth living and 12% had deliberately hurt themselves or done something they knew might harm or kill them. These are higher levels than reported by 18-23 year old women in the Australian Longitudinal Survey of Women’s Health, where 13% reported self-harm in the last 12 months and 31% reported suicidal ideation.¹² A majority of our younger respondents (71%) had accessed mental health services

in the last five years (Table 40), and 62% had received a diagnosis of depression, anxiety disorder or other mental health disorder (Table 41).

The self-harm question (“have you deliberately hurt yourself or done something you knew might harm or kill you”) was drawn from the Australian Longitudinal Survey of Women’s Health.¹³ It covers self-harm with suicidal intent and non-suicidal self-harm and relies on respondents’ self-definition of self-harm. We have heard anecdotally of SWASH respondents discussing how to interpret this question, whether to include for example drug use or snapping yourself with an elastic band. We do not know how these respondents ultimately responded to the question. However researchers using this question have argued that there is good evidence that people understand what is meant by self-harm.¹³

Table 37: Kessler 6 measure of acute psychological distress, by age group

	16-34 yrs	35-44 yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
Low distress	10 (19.2)	17 (29.3)	56 (41.5)	83 (33.9)
Medium distress	7 (13.5)	18 (31.0)	30 (22.2)	55 (22.4)
High distress	13 (25.0)	13 (22.4)	30 (22.2)	56 (22.9)
Very high distress	21 (40.2)	10 (17.2)	14 (10.4)	45 (18.4)
Not reported	1 (1.9)	0 (0.0)	5 (3.7)	6 (2.4)
Total	52 (100)	58 (100)	135 (100)	245 (100)

NOTE: cut off scores were Low = 0-3, Medium = 4-7, High = 8-12, Very high = 13+¹⁴

Table 38: Have you ever felt that life was not worth living?

	16-34 yrs	35-44 yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
Yes	43 (82.7)	44 (75.9)	83 (61.5)	170 (69.4)
<i>in the last 12 months</i>	22 (42.3)	18 (31.0)	28 (20.7)	68 (27.8)
No	9 (17.3)	14 (24.1)	52 (38.5)	75 (30.6)
Total	54 (100)	58 (100)	135 (100)	245 (100)

Table 39: Have you ever deliberately harmed yourself?

	16-34 yrs	35-44 yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
Yes	33 (63.5)	29 (50.0)	34 (25.2)	96 (39.2)
<i>in the last 12 months</i>	15 (28.8)	7 (12.1)	7 (5.2)	29 (11.8)
No	19 (36.5)	29 (50.0)	100 (74.1)	148 (60.4)
Total	52 (100)	58 (100)	135 (100)	245 (100)

Table 40: Ever accessed counselling or psychological services

	16-34 yrs	35-44 yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
No	10 (19.2)	9 (15.5)	17 (12.6)	36 (14.7)
Yes, in the past 5 years	37 (71.2)	38 (65.5)	84 (62.2)	159 (64.9)
Yes, over 5 years ago	5 (9.6)	11 (19.0)	33 (24.4)	49 (20.0)
Not reported	0 (0.0)	0 (0.0)	1 (0.8)	1 (0.4)
Total	52 (100)	58 (100)	135 (100)	245 (100)

Table 41: Ever diagnosed (self-report) with anxiety, depression or other mental health disorder

	16-24 yrs	35-44 yrs	45+ yrs	Total
	n (%)	n (%)	n (%)	n (%)
No	15 (28.8)	26 (44.8)	50 (37.0)	91 (37.1)
Yes, in past 5 years	32 (61.5)	21 (36.2)	56 (41.5)	109 (44.5)
Yes, over 5 years ago	5 (9.6)	11 (19.0)	29 (21.5)	45 (18.4)
Not reported	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	52 (100)	58 (100)	135 (100)	245 (100)

3.4.5. Preventive health practices

From 1st December 2017, the National Cervical Screening Program changed to recommend the age at which screening starts increase from 18 to 25 years (ending at age 74 years) and the time between screening tests increase from two to five years. The Pap smear test (looking for physical changes indicating cancer) was replaced by a Cervical Screening Test (CST; testing for the Human Papilloma Virus (HPV) that may lead to cancer). Anyone who had previously had a Pap smear test is due to attend for the new CST within two years, after which they will be on a five-year cycle.¹⁵ The new CST began a few months before SWASH was conducted; we continued to ask about Pap smears, apply the two-year rule and not remove anyone due to age (too young/old) as the overwhelmingly majority of respondents would have been screened under the previous program.¹⁶ We also did not exclude anyone who self-reported that they did not have/no longer had a cervix, because our knowledge of this fact is incomplete for the whole sample. There may be a slight overestimation in the proportion who are overdue for screening.

Table 42 shows that 46% of respondents were overdue for screening – that is, they were last screened more than three years ago, never had screening or were not sure when they last had a Pap smear. The proportion of women in NSW who had had at least one Pap smear test in the preceding 3 years (the 3-year participation) for the period 2015-2016 (the latest available) was 68%.¹⁷ The equivalent screening rate for our respondents aged 20-69 years is very similar: 66%. However, respondents who had never had sex with a man were 2.6 times more likely to have never been screened (20% compared to 13% who had ever had sex with a man; Table 42). The main reasons respondents gave for not having had a Pap smear in the last three years were, being busy (17%), the awkward nature of the test (25%), and fear

of the test (29%; Table 43). In response to an invitation to provide other reasons the most common provided were: not having a cervix or having had a hysterectomy (18%); being too young or too old (6%); choice/unsure if needed/had never occurred to them/never invited or told by a doctor that it was not necessary (10%); and trauma (e.g. sexual abuse or past experiences of prejudice around body shape or sex worker status), pain (e.g. vaginismus) or the lack of a safe inclusive service (2%).

Under the new National Cervical Screening Program, people are able to self-collect their CST in a clinical setting (i.e. not at home) if they are aged 30 years or older and at least two years overdue (that is, four years since their last test) or have never been screened.¹⁸ Self-collection is less accurate than a test conducted by a clinician using a speculum. However, for people who may be put off seeking CST due to past experiences of trauma or pain, anticipated trauma or pain, or fear of discrimination including around sexuality, gender identity or presentation, self-collection may be a valuable access option. We asked respondents if they would prefer to take their own sample and 44% said yes (Table 44).

BreastScreen NSW recommend a free mammogram to screen for breast cancer every two years for all women aged 50 to 74 (we have chosen to reflect the gendered language used by Breast Screen in their eligibility information). Women aged 40–49 or over 74 can also access a mammogram free of charge but they are not directly invited. We asked respondents aged 40 years and older if they had ever had a mammogram: 72% had. However, 56% were overdue - that is they were last screened more than two years ago, never had a mammogram (25%) or were not sure if they had been screened (Table 45). According to HealthStats NSW, 58% of women aged 50–69 years old in the Mid North Coast Local Health District and 56% of women in the Northern NSW Local Health District had received a mammogram in the preceding two years.⁵ The equivalent screening rate for SWASH respondents aged 50–69 years is 54%. Other Australian studies asking LBGQ women about mammography report rates are slightly higher or slightly lower than the general population.^{19, 20} ACON's ongoing breast health campaign Talk Touch Test has been promoting breast cancer awareness and working to bring the BreastScreen Bus to community events and expand access to trans and gender diverse people.²¹

Two thirds of respondents had ever had a test for an STI other than HIV; 14% had done so in the previous six months (Table 46). Echoing the findings on Pap smears, respondents who had ever had sex with a man were 1.3 times more likely to have had an STI test (70%) compared to those who had never had sex with a man (53%, $p < 0.05$). Of those ever tested for an STI, 35% had ever received an STI diagnosis. An STI diagnosis was more likely among respondents who reported ever having had sex with a man (39%) compared to those who had never had sex with a man (19%, ns). In comparison to STI testing, the proportion of respondents who reported ever having had an HIV test was 45% (markedly higher than 35% in the SWASH main sample). Surprisingly, respondents who had ever had sex with a gay or bisexual man were slightly less likely to have ever had a HIV test (41%) compared to those who had never had sex with a gay or bisexual man (46%).

Table 42: Timing of last Pap smear, 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 (%)
Less than 3 years ago	29 (49.2)	129 (69.7)	0(0.0)	158 (64.5)
More than 3 years ago	13 (22.0)	38 (20.5)	1 (100.0)	52 (21.2)
Never	12 (20.3)	14 (7.6)	0 (0.0)	26 (10.6)
Not sure	2 (3.4)	2 (1.1)	0 (0.0)	4 (1.6)
Not reported	3 (5.1)	2 (1.1)	0(0.0)	5 (2.0)
Total	59 (100)	185(100)	1 (100)	245 (100)

Table 43: Reasons why respondents had not had a Pap smear in past 3 years

	n (%)
Being busy/forgetting when your next test is due	15 (17.2)
Embarrassment/awkward nature of the test	22 (25.3)
Fear of Pap tests	25 (28.7)
Other: No cervix	16 (18.4)
Other: Age	5 (5.7)
Other: Choice/Unsure if needed/advised not required	9 (10.3)
Other: Trauma/pain	2 (2.3)

NOTE: Table only includes respondents who had not had a Pap smear in the past 3 years.

Table 44: Prefer to self collect HPV test?

	n (%)
Yes	108 (44.1)
No	56 (22.9)
Unsure of preference	76 (31.0)
Not reported	5 (2.0)
Total	245 (100)

	n (%)
Less than 2 years ago	71 (42.8)
2-3 years ago	20 (12.0)
3-5 years ago	15 (9.0)
More than 5 years ago	14 (8.4)
Never	42 (25.3)
Not sure	2 (1.2)
Not reported	2 (1.2)
Total	166 (100)

NOTE: Table only includes respondents aged 40 years and older

	Never had sex with a man	Ever had sex with a man	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
Never	28 (47.5)	55 (29.7)	1 (100)	84 (34.3)
Yes, over 6 months ago	24 (40.5)	104 (56.2)	0 (0.0)	128 (52.2)
Yes, in the past 6 months	7 (11.9)	26 (14.1)	0 (0.0)	33 (13.5)
Not reported	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	59 (100)	185 (100)	1 (100)	245 (100)

3.5. Experiences of violence and abuse

3.5.1. Intimate partner violence

Sixty four percent of respondents reported they had ever been in a relationship where a partner had physically or emotionally abused them; 36% reported experiencing intimate partner violence (IPV) from a female partner (Table 47).

	n (%)
Never	88 (35.9)
Yes, with a male only	67 (27.3)
Yes, with a female only	66 (26.9)
Yes, with both	23 (9.4)
Not reported	1 (0.4)
Total	245 (100)

3.5.2. Anti-lesbian, gay, bi, trans and queer behaviour

Respondents were asked whether they had experienced any of six specified anti-LGBTQ acts against them in the preceding 12 months (Table 48). Thirty four percent of respondents had experienced some form of abuse or harassment. The most common experience was verbal abuse or harassment. The pattern of harassment was similar to the main SWASH sample (40% had experienced any harassment), where verbal abuse and harassment has varied over time and is now at back similar rates to those reported in 2006/2008. No respondents had reported abusive behaviour to police; this points to a need for further work to strengthen the relationship between LGBTQ communities and the local police force.

	n (%)
Verbal abuse or harassment	77 (31.4)
Being pushed or shoved	11 (4.5)
Being bashed	0 (0.0)
Physical threat or intimidation	27 (11.0)
Refusal of service	7 (2.9)
Refused employment or promotion	10 (4.1)
Any of the above	83 (33.9)

4. Conclusion

SWASH NR-MNC provides a snapshot of the health and wellbeing of community-engaged lesbian, bisexual, queer (LBQ) and other non-heterosexual identifying women and non-binary people. It highlights several areas of particular concern, echoing the findings in the main SWASH report.

Despite the survey's breadth, we are not collecting information on all salient health issues. In particular, presentations at community forums and professional meetings have raised questions about the use of prescribed medication for psychological distress and use of mental health or physical health services. SWASH is a convenience survey rather than a random sample, but recruitment is done in settings not specifically related to the health outcomes under study. People come to LGBTQ community groups or events for social reasons, not because they have health or other problems. This means that the sample is not skewed towards people with high rates of health difficulties or risk factors. On the other hand, a survey of this sort is not likely to include people who do not wish to associate or engage with LGBTQ communities or who are not drawn to the activities or events on offer.

The SWASH NR-MNC report reflects the features of a generally older and community-attached group of LBQ women and non-binary people, rather than merely those who have had sexual experiences with women, or who do not identify as heterosexual.

SWASH NR-MNC and the main SWASH report provide an unparalleled insight into the health and wellbeing of LBQ women and non-binary people in NSW, indicating findings of particular salience and urgency for those interested in improving the health and wellbeing of this population.

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6. Appendix 1: Questionnaire

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

DEFINITIONS: BY WOMAN WE MEAN A PERSON WHO IDENTIFIES AS A WOMAN (BORN FEMALE OR NOW IDENTIFIES AS FEMALE). BY MAN WE MEAN A PERSON WHO IDENTIFIES AS A MAN (BORN MALE OR NOW IDENTIFIES AS MALE). BY LGBTQ+ WE MEAN LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX AND QUEER.

This code allows us to track changes in health over time.
(This will NOT identify you.)

First two letters of first name

First two letters of surname

Did you complete the SWASH survey in 2016? Yes No

BEFORE YOU START

ABOUT YOU

1. What is your age? years
2. Postcode/suburbs/town where you live _____
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 (specify)
5. Do you think of yourself primarily as:
Lesbian/dyke/gay/homosexual
Bisexual
Queer
Heterosexual/straight
Other (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, & at least once to a male
About equally often to females and to males
More often to males, & at least once to a female
Only to males, never to females
To no one at all
7. Which of the following best describes your gender identity?
Female
Male
Non-Binary
Other (specify)
8. What gender were you assigned at birth?
Female
Male
9. Are you intersex?
No
Yes
Prefer not to say
10. Are you: (tick all that apply)
Employed full-time
Employed part-time
Unemployed
Doing domestic duties
Not in the work force
Pensioner/social security
Student
11. What is your annual income before tax?
Nil-\$19,999
\$20,000-\$39,999
\$40,000-\$59,999
\$60,000-\$99,999
\$100,000+
12. 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 (MA, MSc, PhD)
13. Do you have any dependent children?
No
Yes
14. Are you planning to have a child in the next 2 years?
No
Yes
15. Do you have a chronic (long-term) illness or disability? (Please specify) _____
No
Yes

52. During the past 4 wks, how much of the time did you feel:
All Most Some A little None
53. Have you ever felt that life isn't worth living?
Yes, in the last 12 months:
Yes, more than 12 months ago:
Never
54. Have you ever deliberately hurt yourself or done anything that you knew might have harmed or even killed you?
Yes, in the last 12 months:
Yes, more than 12 months ago:
Never

For the drugs below, where did you usually take them? (Last 6 months)

	Your home	Friends home/private party	Venue/public party	Before/after during sex
Benzos / Valium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD / rips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New/emerging psychostimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/Any other drug (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SMOKING, DRINKING AND DRUG USE

55. Do you currently smoke cigarettes or other tobacco?
Daily
More than weekly (not daily)
Less than weekly
Ex-smoker
Never smoked/less than 100 in lifetime
56. How often do you normally drink alcohol?
Never Go to O&B
Less often than weekly
1 or 2 days a week
3-4 days a week
5-6 days a week
Every day
57. 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
3-4 drinks
5-8 drinks
9-12 drinks
13-20 drinks
20+ drinks
58. In the past 6 mths, how often have you drunk 5 or more drinks on one occasion?
Never
Once or twice
About once a month
About once a week
More than once a week
Every day
59. How often have you used these drugs in the last 6 months?
Never 1-5 Times 6+ Times
60. For the drugs below, where did you usually take them? (Last 6 months)
61. Have you ever injected drugs?
Never Over 6 months ago In past 6 months
62. Have you ever sought support for a drug and/or alcohol issue (your own)
No End of survey Yes Go to Q63
63. Where did you seek support? (tick all that apply)
GP
Counsellor/psychologist
Helpline
Specialist D&A service
LGBTI service
Community organisation
Friends/relatives
Self-help groups (AA/NA/SMART)
Hospital/ED
Online/apps (specify)
Other
64. Which support did you find the most helpful?
GP
Counsellor/psychologist
Helpline
Specialist D&A service
LGBTI service
Community organisation
Friends/relatives
Self-help groups (AA/NA/SMART)
Hospital/ED
Online/apps (specify)
Other

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR SURVEY

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COMMUNITY

16. Do you feel connected to a LGBTIQ community in your everyday life?
 Very Mostly Somewhat Rarely Not at all
17. In the past 6 mths have you attended:
 Lesbian/gay/queer women event/bar No Monthly Weekly More
 Gay night/bar
 LGBTIQ dance party
 LGBTIQ group meeting
 LGBTIQ community event
 LGBTIQ sports group
18. How many of your friends are LGBTIQ?
 None A few Some Most All
19. When was the last time you had sex with a woman?
 Never Go to Q23
 Over 6 mths ago Go to Q23
 In the past 6 mths
20. In the past 6 mths, how many women have you had sex with?
 None One Two 2-5 6-10 More than 10
21. In the last 4 wks, how many times have you had sex with a woman? (write a number)
 _____ times
22. In the past 6 mths, which of the following have you done while having sex with a woman?
 No Yes
 Fingers / hand on external genitals
 Fingers / hand inside vagina
 Fingers / hand inside anus
 Oral sex (your mouth, her genitals)
 Oral sex (her mouth, your genitals)
 Rimming (her mouth, her anus)
 Rimming (your mouth, her anus)
 Sex toy used on external genitals
 Sex toy used inside vagina
 Sex toy used inside anus
 In the past 6 mths, have you done:
 Kink, S/M dominance/bondage (no blood) No Yes
 Kink, S/M dominance/bondage (with blood)
23. In the past 6 mths, have you done:
 Kink, S/M dominance/bondage (no blood) No Yes
 Kink, S/M dominance/bondage (with blood)
24. Have you done any sex work?
 Never
 Over 6 mths ago
 In the past 6 months
25. When was the last occasion you had sex with a gay/homosexual/bisexual man?
 Never Go to Q27
 Over 6 mths ago Go to Q27
 In the past 6 mths
26. In the past 6 mths have you had vaginal/anal intercourse with a gay/bisexual man (regular or casual partner) without a condom?
 Never Once Occasionally Often
27. When was the last occasion you had sex with a straight/heterosexual man?
 Never Go to Q29
 Over 6 mths ago Go to Q29
 In the past 6 mths
28. In the past 6 mths have you had vaginal/anal intercourse with a straight/heterosexual man (regular or casual partner) without a condom?
 Never
 Once Occasionally Often
29. Are you currently in a sexual relationship with a regular partner?
 No Go to Q31
 A woman
 A man
 Multiple regular partners/poly
30. How long is this relationship?
 Less than 6 mths
 6-11 mths
 1-2 yrs
 3-5 yrs
 More than 5 yrs
31. Have you had casual sex in the past 6 mths?
 No
 Yes, with women
 Yes, with men
 Yes, with both
32. On any occasion in the past 6 mths have you had group sex which included:
 No Yes
 A gay, homosexual or bisexual man
 A straight or heterosexual man
 A woman
 Kink, S/M dominance/bondage (no blood)
 Kink, S/M dominance/bondage (with blood)

SEX AND RELATIONSHIPS

33. In the last 12 months, have you experienced any of the following anti-lesbian, gay, bi or trans behaviour?
 REPORTED TO POLICE
 No Yes No Yes
 Verbal abuse or harassment
 Being pushed or shoved
 Being bashed
 Physical threat or intimidation
 Refusal of service
 Refused employment/promotion
 Have you been in a relationship where a partner physically/emotionally abused you?
 Never Yes, a man
 Yes, a woman
 Yes, both
34. Have you been in a relationship where a partner physically/emotionally abused you?
 Never
 Yes, a man
 Yes, a woman
 Yes, both
35. Do you have a regular GP?
 No Go to Q38
 I see the same GP
 I attend the same health centre
36. If you have a regular GP, how satisfied are you?
 Very satisfied
 Satisfied
 Neither
 Unsatisfied
 Very unsatisfied
37. Are you out to your GP about your sexuality/gender identity?
 No
 Yes
38. In general, would you say your health is?
 Poor
 Fair
 Good
 Very good
 Excellent
39. How tall are you without shoes? _____ cms
 How much do you weigh? _____ kgs
40. If you are 40+ years old, when did you last have a mammogram:
 Less than 2 years ago
 2-3 years ago
 3-5 years ago
 More than 5 years ago
 Never
 Don't know
41. When did you have your last Pap smear/
 Cervical cancer test?
 Less than 2 yrs ago
 2-3 yrs ago
 3-5 yrs ago
 More than 5 yrs ago
 Never
 Not sure

PSYCHOLOGICAL HEALTH AND WELLBEING

42. Have you ever had a test for a sexually transmitted infection (not HIV)?
 No
 Over 6 mths ago
 In the past 6 mths
43. Have you ever been diagnosed with an STI?
 No
 Yes
44. Have you ever had an HIV antibody test?
 No Go to Q50
 Yes
 Not sure
45. What was the result of your last HIV test?
 Positive (you have HIV)
 Negative
 Not sure
46. Have you ever accessed a counsellor or psychiatrist?
 No
 Yes, in past 5 yrs
 Yes, over 5 yrs ago
47. Have you ever been diagnosed with depression, anxiety disorder or other mental health disorder?
 No
 Yes, in past 5 yrs
 Yes, over 5 yrs ago

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