

WOMEN IN CONTACT WITH THE SYDNEY LGBTQ COMMUNITIES: REPORT OF THE SWASH LESBIAN, BISEXUAL AND QUEER WOMEN'S HEALTH SURVEY 2022

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This report is based on the 2022 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 2022 survey, Nicolas Parkhill was the CEO at ACON.

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We thank all the people who completed the questionnaire in 2022.

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1. Findings at a glance

Participants: 2860 people returned valid surveys; 87% were recruited online. 86% of respondents lived in Sydney. Age ranged between 16 and 81 years; with a median of 29 years. 3% identified as Aboriginal and/or Torres Strait Islander, 16% were born overseas, and 12% spoke a language other than English at home. 77% had a post-school qualification, 84% were employed, and 51% reported a before tax income of \$60,000 or more.

Most respondents were women (88%), the majority assigned female at birth. 6% were non binary, with another 5% selecting multiple gender categories (most of whom chose non-binary and another category). Most respondents chose one category to describe their sexual identity: 32% lesbian, 28% bisexual, and 14% queer. Among the 19% selecting multiple sexuality categories, most chose queer plus another category.

Preventive health behaviours. SWASH respondents were actively engaged in accessing preventive health care: 99% had received a COVID-19 vaccination, 74% of those eligible had a timely cervical screening test, 50% of those eligible had a timely mammogram, 50% of those eligible had undertaken timely bowel cancer screening, and 60% had ever had an STI screen.

Health status. 30% of respondents reported their general health as poor or fair. 51% had a disability or long-term health condition.

Smoking and vaping. 13% of respondents currently used tobacco, of whom 65% said they would like to quit. Half of respondents had ever used e-cigarettes, with 13% using daily or weekly. 36% of smokers – and 23% of ex-smokers – vaped daily or weekly.

Alcohol use. 88% of respondents reported currently using alcohol, with 22% of those exceeding the NHMRC guidelines to reduce alcohol-related harm and 17% exceeding this guidance once a week or more. 25% of current alcohol users had been concerned about their alcohol use in the past year; 4% had sought or received support during this timeframe.

Illicit drug use. 52% of respondents had used ‘an illicit drug’ or ‘illicit drugs’ at least once in the past 6 months. The most reported drugs were cannabis (37%), cocaine (21%), benzodiazepines/Valium (16%) and ecstasy (15%); 60% reported poly drug use. 12% of recent drug users had been concerned about their drug use in the past year; 4% had sought or received support during this timeframe.

Mental health. 60% of respondents had experienced high or very high acute psychological distress in the past 4 weeks. 36% said in the past year they had felt that life was not worth living, and 17% had deliberately harmed themselves. Among younger respondents, 76% had experienced high or very high acute distress, 51% had felt in the past year that life was not worth living and 29% had deliberately harmed themselves.

Discrimination, harassment and abuse. 35% of respondents had experienced anti-LGBTQ behaviour. 48% had ever been in a relationship where a partner physically or emotionally abused them.

Sexual partners. 35% of respondents were in a relationship with a woman, 26% with a man, and 6% with a non-binary person. In the past 6 months, 40% had had sex with a woman, 33% with a man, and 8% with a non-binary person.

Community engagement. Only 30% of respondents felt mostly or very connected to LGBTQ communities. 60% had attended an LGBTQ group, venue or event in the past 6 months.

2. Background

SWASH is the longest running periodic survey of LBQ women's health and wellbeing in the world. SWASH was born of a need to generate evidence to inform health promotion efforts to enhance the health of LBQ women. In 1996, the SWASH survey (then called the Sydney Women and Sexual Health survey) was initiated by workers from two ACON projects (Women Partners of Gay and Bisexual Men, and the Gay and Lesbian Injecting Drug Use Project) who were faced with a lack of empirical evidence on which to base their health promotion work. Concern had been voiced about the possibility of HIV spreading from gay men to the 'general community'; the first SWASH survey focused on sexual and injection-related HIV transmission risks and was addressed to all women in social contact with gay and lesbian communities in Sydney.

Running every two years since 1996, SWASH has become a comprehensive survey of important health issues relevant to lesbian, bisexual, queer (LBQ) and other non-heterosexual identifying women engaged with Sydney's lesbian, gay, bisexual, transgender and queer (LGBTQ) communities. The survey covers sexual health and wellbeing, experiences of violence, mental health, tobacco use, illicit drug use, alcohol consumption, and cancer screening behaviours. SWASH operates as a collaboration between university researchers and ACON. Together we revise the survey to reflect the changing needs of LGBTQ communities, recruit participants, and work to disseminate the findings.

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. A range of social, psychological and economic factors mean that this group has poorer health outcomes than their heterosexual peers. Stigma, family and community rejection and discrimination towards LBQ women can impact on health and wellbeing, the delivery of health services, and their access to services. While research on LGBTQ people has increased over time, sexuality and gender indicators are seldom included in large epidemiological surveys. Or data is only disaggregated by sexuality (e.g. heterosexual vs non-heterosexual people). We need to understand the intersections of gender and sexuality. SWASH provides a much-needed local evidence base about LBQ women in New South Wales to inform policy and best practice in healthcare and prevention for chronic diseases, mental health and wellbeing, sexual and reproductive health and ageing.

2.1. COVID-19 impact

The results of the 2022 survey must be understood through a COVID-19 lens. Four months before the survey opened, a 107-day lockdown ended for Sydney residents. Stay-at-home orders included a 5km travel limit, restrictions on indoor gatherings and most venues were closed. Among our sample, 96% had ever been subject to stay-at-home orders and 77% had been in lockdowns for longer than 20 weeks. After the Sydney lockdown, movement and gathering restrictions and masking requirements continued. This matters as many survey questions asked respondents about experiences and practices over the preceding 6 months.

COVID-19 restrictions also changed our recruitment methods; online recruitment produced a much bigger proportion of the sample compared to previous years. The 2022 sample is demographically different to the 2020 and 2018 samples, so we have broken with our usual practice of providing comparisons in the data tables¹. Some comparisons are made in the text to the 2020 sample or to trends across several iterations as we can provide appropriate caution and context. It is impossible to know what differences are due to change in the population over time, recruitment artifacts, or the impact of the pandemic.

3. Methods

3.1. Survey instrument

A 68-item anonymous self-complete questionnaire was used for the 2022 iteration (Appendix 1); most survey questions were included in previous SWASH iterations. The questionnaire includes items on demographics; sexual and gender identity; sense of connection to LGBTQ communities; smoking, alcohol, and drug use; sexual health; general health; chronic illness and disability; psychological wellbeing; experiences of anti-LGBTQ behaviour, intimate partner violence; parenthood intentions; preventive health behaviour; health-related help-seeking behaviour; and healthcare access and satisfaction. Four questions about COVID-19 were included.

The SWASH survey is reviewed prior to each iteration. ACON plays a key role here, providing insights into changes in the community and community expectations, highlighting emerging health issues or evidence gaps impeding health promotion, and helping to pilot proposed questions. In 2018, we changed our approach to asking about respondents' gender to follow ACON's recommendations. In 2020, we standardised and expanded the range of gender options in all questions that refer to a partner. We also revised the way we conceptualise and ask about sexual practice; this substantial piece of work is documented elsewhere².

For SWASH 2022, we added two new questions on country of birth and language spoken at home to provide more information on cultural diversity within the sample. We adopted the Australian Bureau of Statistics new (2021) standard for sex, gender, sexuality and variations of sex characteristics³, although they closely resemble the questions we had been using since 2018. However, the standard recommends respondents tick one option only for gender. This formulation means a respondent can be a woman or a non-binary person but not identify as a non-binary woman. This is problematic for samples, such as SWASH, where large numbers select both non-binary and woman or provided a write in answer to this effect⁴. We see the same pattern of multi-ticking for the sexuality question. For the 2022 survey, we did not restrict respondents from selecting more than one sexual identity or gender category.

3.2 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 has always employed a modified version of the Time Location convenience sampling also used for the HIV behavioural surveillance undertaken by the GBQ+ Community Periodic Survey.⁵ This venue-based method is effective for populations that cluster in locations. We draw on ACON health promotion staff knowledge to identify venues and events likely to have a high concentration and diversity of LBQ women during the survey recruitment period.

In 2022, COVID-19 restrictions presented considerable challenges to our usual approach. For Work Health and Safety reasons we were unable to have peer recruiters attend most indoor venues. The sole in-person recruitment site was the outdoor Mardi Gras Fair Day on 19 February – a highly significant community day with entertainment, stalls, and food attended by up to 80,000 people. This event has traditionally provided the majority of completed surveys. For many years we have used online recruitment and survey completion (via REDCap⁶) to provide access to community-engaged LBQ women who may be missed by peer recruiters at recruitment events. For 2022, online survey completion became the dominant mode for recruitment and survey completion. The online survey was open until 20 March, going live immediately after Fair Day recruitment ceased, and advertised through ACON's social media networks.

Recruitment at Fair Day was in a public space meaning potential respondents who did not want to complete the questionnaire could easily avoid our peer recruiters or simply refuse a verbal offer to contribute. Equally, people who did want to participate could approach a peer recruiter or get a survey at the ACON stall. Because of the practical difficulties of doing so, we have not calculated refusal rates.

The inclusion criteria for SWASH 2022 are:

- Living in Australia;
- Aged 16 years or older;
- Engaged with LGBTQ+ community;
- Identify as lesbian, bisexual, queer or otherwise not heterosexual;
- Identify in whole or part with the identity woman.

SWASH has always been a survey aimed at women. Since we introduced two-step sex and gender questions in 2018, a consistent proportion of the sample has selected the gender category ‘non-binary’ (6–8%). SWASH inclusion criteria allow anyone who identifies in whole or part with the gender identity woman to participate²; we leave it to individuals to self-select. For online recruitment, inclusion criteria were clearly communicated at the start of the survey. In-person recruitment relies on peer recruiters selecting people to approach and allowing those people to decide if they meet the inclusion criteria. Peer recruiters were trained to offer a questionnaire to everyone they believed *might* see ‘woman’ or ‘femininity’ as part or all of their gender identity.

As in previous years, non-binary respondents skewed strongly towards non-binary people who were assigned female at birth. SWASH cannot provide specific insights into the health and wellbeing of non-binary people as a whole. We describe the sample as ‘LBQ women and some non-binary people’. We name non-binary people to highlight that their identities, experiences and needs are not equivalent to women’s. We do not provide a separate analysis for cis compared to trans and gender diverse people.

3.3. Analysis

Data were entered from the coded paper questionnaires or downloaded from Redcap and loaded into SPSS v26.0 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. Data are reported in tables and text as whole numbers (if the digit after the decimal point was 5 or greater, we rounded up to the next whole number, and if it was less than 5, we simply removed the decimals). Whole numbers are easier to read and decimal points give an illusion of precision that is not relevant in this report. The analysis presented in this report 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 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 (although respondents could skip most questions if they wished). 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 interpret the ‘yes’ percentages as lower-bound estimates and judge for themselves whether the incomplete responses are likely to be similar to the complete responses 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.

3.4. Ethics

Research ethics oversight is provided by the Human Research Ethics Committee at University of Sydney. The revised survey and changes to recruitment or personnel are approved via a modification to this original approval. ACON’s Research Ethics Review Committee provides community ethics oversight. Again, this includes reviewing survey and recruitment changes.

4. Findings

SWASH has always been a survey of community-engaged lesbian, bisexual and queer (LBQ) women and non-binary people recruited at events during the Mardi Gras season. In past iterations, we operationalised ‘community engaged’ as people recruited at Mardi Gras events or who indicated on the online survey that they had attended a Mardi Gras event. Given the profound effects of COVID-related lockdowns, ongoing restrictions on mass gatherings, and continued health concerns preventing many from leaving their ‘COVID-bubble’, our usual approach was neither appropriate nor useful. While we asked online respondents if they recently attended an LGBTQ event in the past 6 months, we treated anyone recruited through our community-based recruitment efforts as ‘community-engaged’.

Face-to-face recruitment generated 376 valid responses, and the online survey generated 2484 valid responses (Table 1). Thus, the final 2022 sample comprised data from 2860 respondents. Usually, online recruitment represents a relatively small proportion of the sample (9% in 2020, 14% in 2018).

We asked respondents to indicate if they had completed the previous iteration of SWASH (2022) and 6% indicated they had. This is lower than previous years: 9% in 2018 and 2020, 7% in 2016, 14% in 2014.

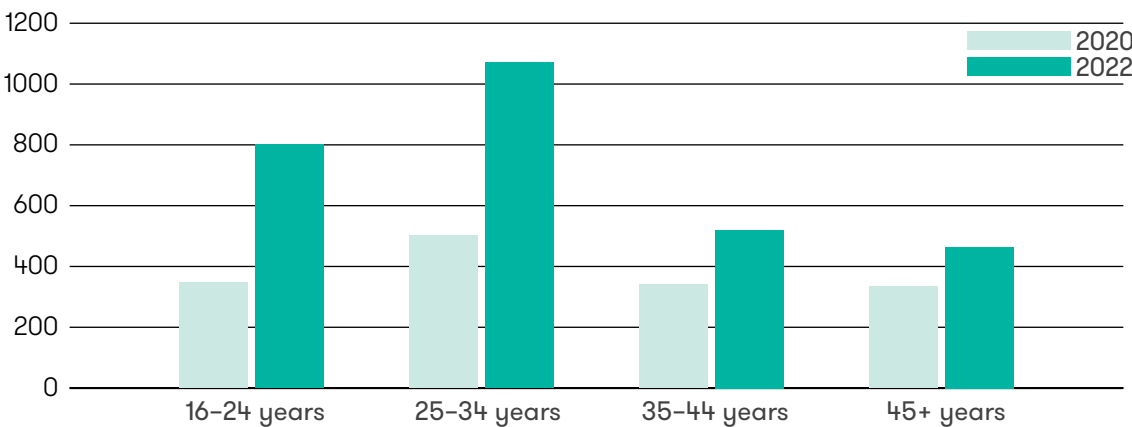
Table 1: Recruitment source	n (%)
Fair Day	376 (13)
Online – attended recent LGBTQ event	930 (33)
Online – did not attend recent LGBTQ event	1554 (54)

4.1. Sample Characteristics

4.1.1 Age

The age range was 16–81 years, with a median age of 29. This is a markedly younger sample compared to previous years, for example the 2020 median age was 32¹. Although 25–34 years remained the age category with the largest proportion of respondents (37%; Figure 1), 28% of respondents were aged 24 years or younger.

Figure 1: Age distribution of sample



4.1.2. Sexual identity

Most respondents (74%) chose a single sexual identity category: 32% lesbian, 28% bisexual and 14% queer (Table 2). Nineteen percent selected multiple sexuality categories, 91% of these respondents chose ‘queer’ plus another category (usually ‘bisexual’; Tabel 3).

A consistent proportion of SWASH respondents tick ‘different term’ and provide a written response; 6% in 2022 and 5% in 2020¹. Respondents described themselves as ‘all’, ‘No label’, ‘Myself’, ‘It’s honestly too complicated to go into here’, or as fluid or ‘heteroflexible’ or ‘Bicurious’. Some defined themselves in opposition, for example as ‘not heterosexual’ or ‘I don’t use a term, but I know it’s not straight’. Some participants left the categorisation open, describing themselves as ‘don’t know yet’ or ‘questioning’. The most common written term was pansexual (n=155), either on its own, or in conjunction with terms like ‘queer’, or ‘lesbian’. Fifty eight respondents used the term ‘asexual’ or ‘ace’, mostly on its own, though some used it in conjunction with other terms such as ‘queer’ or ‘Biomantic’. Several respondents described their sexuality as ‘trans’ or as ‘Non-binary’.

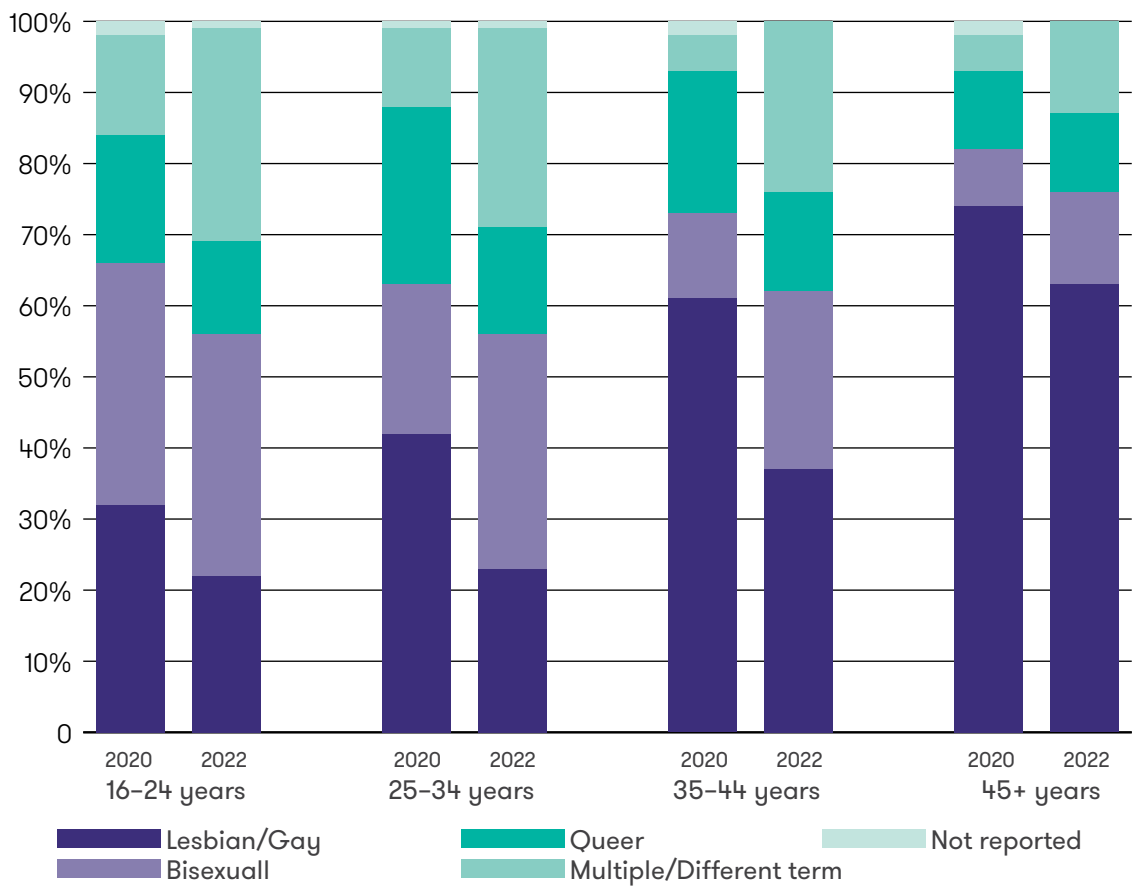
Age and sexual identity have been correlated in every iteration of SWASH (Figure 2). In 2022, 16–24-year-old respondents were most likely to identify as bisexual (34%) or to select multiple labels (24%). The largest group of respondents (24–35-year-olds) were most likely to choose bisexual (32%) followed by lesbian (24%). Selecting lesbian remains associated with age, with 64% of respondents aged 45 years and older identifying as lesbian. The median age of lesbian respondents was 36 years, of bisexual respondents 27 years, of queer respondents 29 years, and of those choosing multiple categories 27 years (Table 4).

Table 2: Sexual identity (simplified list)	n (%)
Lesbian/Dyke/Gay/homosexual only	928 (32)
Bisexual only	810 (28)
Queer only	388 (14)
Multiple categories selected	546 (19)
Different term	184 (6)
Not reported	4 (<1)

Table 3: Sexual identity (extended list)	n (%)
Lesbian/Dyke/Gay/Homosexual	928 (32)
Bisexual	810 (28)
Queer	388 (14)
Queer + Bisexual	230 (8)
Different term	188 (7)
Queer + Lesbian	164 (6)
Queer + multiple categories	59 (2)
Queer + Different term	36 (1)
Bi + different category	23 (1)
Bisexual + Lesbian	19 (1)
Bisexual + Heterosexual	7 (<1)
Not Reported	4 (<1)

Table 4: Mean and median age, by sexual identity	Mean (median)
Lesbian only	38 (36)
Bisexual only	30 (27)
Queer only	32 (29)
Multiple categories selected	29 (27)
Different term	32 (29)
Not reported	22 (23)

Figure 2: Sexual identity by age group



4.1.3. Gender Identity

Most respondents (94%) chose a single category for their gender (Table 5); 88% (n 2503) chose woman. Most respondents identifying as ‘woman’ had been assigned female at birth (n=2429, 97%); we refer to these respondents as cisgender or cis women. Seventy-four respondents (3%) identifying as women or ‘woman’ had been assigned male at birth; we refer to these respondents as transgender women. Respondents identifying as non-binary represented 6% (n=156) of the sample; almost all respondents choosing this category had been assigned female at birth. Five percent of respondents selected multiple gender categories, 90% chose ‘non-binary’ plus another category (usually woman; Table 6).

Two percent of respondents ticked ‘different’ label and provided a written response. The most common written terms were ‘genderfluid’ (n=18) followed by ‘genderqueer’ (n=8) and ‘agender’ (n=5). Several respondents described their gender in terms of femininity or masculinity, e.g. ‘Masculine of centre’, ‘femme’ or ‘butch’. Six respondents used the term ‘trans’ in their description of their gender (e.g. ‘M to F transgender’, ‘Non-binary Trans-Femme’ or ‘transwoman’). Some respondents described their gender in terms of their pronouns, e.g. ‘she/they’.

We excluded from the data set 24 respondents who exclusively identified as male (including 10 transgender men).

Table 5: Gender identity (simplified list)	n (%)
Woman or Female only	2503 (88)
Non-binary only	156 (5)
Multiple options selected	134 (5)
A different term	63 (2)
Not reported	4 (<1)

Table 6: Gender identity (extended list)	n %
Woman or Female	2503 (88)
Non-binary	156 (5)
Different term	65 (2)
Non-binary + Woman	94 (3)
Woman + Different term	13 (1)
Non-Binary + Different term	17 (1)
Multiple categories	8 (<1)
Not reported	4 (<1)

4.1.4. Intersex status

Reflecting continuity with previous iterations, most respondents (97%) could be categorised as endosex: people whose sex characteristics reflect social and medical norms as typical for male or female bodies. Less than 1% of respondents indicated they were intersex: people with variations in sex characteristics such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns (Table 7). We do not have good population level estimates of the proportion of people born with biological sex characteristics that do not fit binary norms of male or female bodies. It is estimated that up to 1.7% of people have intersex variations, suggesting we would have expected more intersex respondents.⁷

Table 7 Intersex status	n (%)
No	2769 (97)
Yes	7 (<1)
Don't know	75 (3)
Prefer not to say	7 (<1)
Not reported	2 (<1)

4.1.5. Children

Seventeen percent of respondents said they had dependent children (Table 8). While similar to the 2020 sample, this is notable as 2022 is a markedly younger sample. This number does not indicate the proportion who are parents (for example, people who have children who live with another parent or who have left home and are self-supporting). Most of the 12% who said they were planning to have children in the next two years (Table 9) did not already have dependent children.

Table 8: Dependent children (birth or co-parent)	n (%)
No	2369 (84)
Yes	490 (17)
Not reported	1 (<1)

Table 9: Planning to have children in next two years	n (%)
No	2504 (88)
Yes / Maybe	352 (12)
Not reported	4 (<1)

4.1.6. Education, employment, and income

The SWASH sample has always been well educated; the proportion of respondents who have post-school qualifications was 77% (Table 10). Despite the younger age of the 2022 sample, this proportion remained steady compared to 2020¹. Of those who answered the questions on employment, 84% were employed (55% full-time and 29% part-time) and 23% were students, some of whom were also employed (Table 11). Compared to the 2020 sample¹, more respondents were students (16% compared to 23%). Just over half of respondents earned an annual before tax income of \$60,000 or more (Table 12). The income pattern looks similar to the SWASH 2020 sample¹. A significant proportion (37%) had experienced reduced income or hours or had lost their job due to COVID-19; this was most common (49%) among respondents aged 16–24 years.

Table 10: Education	n (%)
Up to Year 10/School Certificate	144 (5)
Year 12/Higher School Certificate	527 (18)
Tertiary diploma/trade certificate	459 (16)
University or college degree	1107 (39)
Postgraduate degree	616 (22)
Not reported	7 (<1)

Table 11: Employment status	n (%)
Employed full-time	1581 (55)
Employed part-time	831 (29)
Unemployed	150 (5)
Student	667 (23)
Government payment/pension	184 (6)
Unpaid Domestic duties	112 (4)
Not in work force	90 (3)
Not reported	6 (<1)

Note: Respondents could select more than one response , totals add up to more than 100%

Table 12: Annual income before tax	n (%)
Nil–\$19,999	549 (19)
\$20,000–\$39,999	422 (15)
\$40,000–\$59,999	404 (14)
\$60,000–\$99,999	852 (30)
\$100,000+	588 (21)
Not reported	45 (2)

4.1.7 Cultural and linguistic diversity

In SWASH 2022, 84% of respondents were born in Australia; among those born overseas the most common countries were the UK (n=126), New Zealand (n=64), USA (n=39), South Africa (n=15), Ireland (n=13), Hong Kong (n=12), Germany (n=12) and the Philippines (n=11). Eighty eight percent (88%) spoke only English at home. The most common other languages were Spanish (n=46), Cantonese (n=31), German (n=21), Mandarin (n=15), Italian (n=14) and Auslan (n=14). Four respondents reported speaking an Aboriginal language or Aboriginal English and 3 as speaking te reo Māori. Table 13 shows responses to a question on ethnic or cultural background grouped into broad categories. Three percent of respondents identified as Aboriginal and/or Torres Strait Islander.

Table 13: Ethnic cultural background	n (%)
Aboriginal and/or Torres Strait Islander	93 (3)
Anglo-Australian only	1856 (66)
Australian or Anglo-Australian plus other ethnicity	113 (4)
South and Eastern European	166 (6)
Asian	136 (5)
North Western European	129 (5)
Americas	58 (2)
African and/or Middle Eastern	55 (2)
Oceanian (includes New Zealand, Melanesian, Papuan, Micronesian and Polynesian people)	36 (1)
European multi/not specified	63 (2)
Multiple/not specified	119 (4)
Not reported	9 (<1)

Note: Open text responses were classified into the above categories based on the 2019 Australian Standard Classification of Cultural and Ethnic Groups.⁸

4.1.8. Geographical location

Just under half (43%) of respondents lived in the city, inner west or eastern suburbs of Sydney (Table 14). Over time, fewer SWASH respondents live in what has traditionally been considered the core ‘gay Sydney’ suburbs of Darlinghurst, Potts Point, Kings Cross, and Surry Hills; in 2022 it was only 2%. A significant proportion of respondents lived outside the Sydney region (13%), with only 35 of those living outside NSW. Usually, the largest group of SWASH respondents live in the city and inner west of Sydneyⁱ; while this pattern remained true, fewer 2022 respondents did so (35%) compared to the 2020 sample (46%). In 2022, more respondents have been drawn from the northern and western suburbs and the Blue Mountains.

Table 14: Where respondents lived	n (%)
Gay Sydney ⁱ	67 (2)
Eastern suburbs ⁱⁱ	160 (6)
City and inner western Sydney ⁱⁱⁱ	984 (35)
Southern suburbs ^{iv}	211 (7)
Northern suburbs ^v	527 (18)
Western suburbs and Blue Mountains ^{vi}	516 (18)
Outside Sydney region	369 (13)
Not reported/invalid	26 (1)

The classification of postcodes and suburbs into the above regions is broadly aligned on the SA4 areas designated within 2016 Australian Statistical Geography Standard (ASGS).⁹

- i Gay Sydney - Eastern inner-city suburbs of Surry Hills, Darlinghurst, Kings Cross and Potts Point
- ii Sydney – Eastern Suburbs
- iii Sydney – Inner West and Sydney – City and Inner South plus Canterbury, excluding ‘Gay Sydney’
- iv Sydney – Sutherland, Sydney – Inner South West and Sydney - South West, excluding Canterbury
- v Sydney – North Sydney and Hornsby, Sydney – Northern Beaches, Sydney – Ryde, Sydney – Baulkham Hills, and Central Coast.
- vi Sydney – Parramatta, Sydney – Outer West, Sydney – Blacktown, Sydney – Outer South West, Sydney – South West, Blue Mountains

4.1.9. Social attachment to LGBTQ communities

Only 30% of the sample reported they felt mostly or very connected to LGBTQ communities, with 25% saying they rarely felt connected (Table 15). This is a major contrast with previous samples; in 2020, 53% said they felt mostly or very connected, with only 10% feeling rarely connected¹. Unsurprisingly, connection was higher among those who recently attend an LGBTQ community event: 45% among Fair Day respondents and 42% among online respondents who had attended a recent event compared to 19% among online respondents who had not attended an event in the previous six months. Just over a third reported all or most of their friends were LGBTQ (Table 16).

In the preceding six months, 60% of respondents had attended at least one LGBTQ group, event or venue (Table 17). This compares to 75% in the 2020 sample. The proportion reporting attending a lesbian or queer women’s event halved compared to the 2020 sample¹. These differences are not surprising given the majority of respondents had been subject to the prolonged Sydney COVID-19 lockdown (which ended four months before recruitment started) and the subsequent ongoing restrictions on mass gathering and masking.

Table 15: Connection to LGBTQ communities	n (%)
Very	254 (9)
Mostly	596 (21)
Somewhat	1075 (38)
Rarely	717 (25)
Not at all	203 (7)
Not reported	15 (1)

Table 16: Number of friends who are LGBTQ	n (%)
None	78 (3)
A few	736 (26)
Some	1049 (37)
Most	937 (33)
All	46 (2)
Not reported	14 (<1)

Table 17: Attendance at LGBTQ activities in past 6 months	n (%)
Lesbian/queer women's night/bar	636 (22)
Gay night/bar	704 (25)
LGBTQ dance party	501 (18)
LGBTQ group meeting	365 (13)
LGBTQ community event	974 (34)
LGBTQ sports group	210 (7)
Online event	749 (26)
Any LGBTQ activities	1716 (60)

Note: Respondents could select more than one response

4.2. Sexual practices, partners and relationships

Most respondents (88%) had ever had sex, 68% in the past 6 months; 11% said they had never had sex. Seventy five percent of respondents reported that they had ever had sex with a (cis or trans woman) woman, and 40% had done so in the past 6 months (Table 18). Changes to the way we asked about sexual partners² make direct comparisons to earlier years imperfect. However, a decreasing proportion are reporting they had ever had sex with a cisgender woman: 90% 2016, 89% 2018, 71% 2020, 75% 2022¹.

The majority of respondents (69%) reported that they had ever had sex with a (cis or trans) man, and 32% had done so in the past 6 months. (Table 18). Changes to the way we asked about sexual partners² make direct comparisons to earlier years imperfect. Over time, there has been a lot of variation in the proportion reporting they had ever had sex with a cisgender man: 59% 2016, 66% in 2018, 49% 2020 and 68% 2022¹.

It is striking in a survey directed at LBQ women, to find respondents only slightly more likely to report recent sex with a cisgender woman (38%) compared to a cisgender man (32%). COVID-related restrictions are likely implicated here: reduced opportunities for sex between non-cohabiting couples, casual sex and the emergence of new relationships. Differences in the 2020 sample (younger, less concentrated in inner metropolitan Sydney, and less likely to identify as lesbian) may also account for some variation.

Among respondents who had ever had sex with a man, 82% reported condomless sex involving a penis in a vagina in the past 6 months (8% had done so once, 20% occasionally, and 54% often). Forty eight percent reported penis in vagina sex compared to 28% in the 2020 sample and a higher proportion reported this sex was condomless (82% in 2022 compared to 58% in 2020)¹. Among the respondents who had ever had sex with a man, 17% reported condomless sex involving a penis in an anus (5% had done so once, 8% occasionally, and 4% often).

Thirty three percent (n=944) of respondents had ever had sex with a man who has sex with men and 26% of those respondents (9% of the whole sample) had done so in the past 6 months.

Table 18: When respondent last had sex with sexual partner of specific gender				
	In the past 6 months	Over 6 months ago	Never	Not reported
	n (%)	n (%)	n (%)	n (%)
Woman – cisgender	1097 (38)	1013 (35)	702 (25)	48 (2)
Woman – transgender	64 (2)	205 (7)	2481 (87)	110 (4)
Man – cisgender	904 (32)	1029 (36)	838 (29)	89 (3)
Man – transgender	39 (1)	173 (6)	2531 (89)	117 (4)
Non-binary person	236 (8)	481 (17)	2045 (72)	98 (3)

Note: Respondents could select more than one response

4.2.1 Sexual practices

We asked respondents about their engagement in a range of sexual practices in the past 6 months (Table 19). The most common sexual practice was manual sex (involving hands and genitals). Stimulation of the external genitals (79%) was practised by only a few more respondents than sex with the fingers or hand inside the vagina (76%). Oral sex was reported by most (72%) respondents. More than half (60%) reported having used a sex toy. Anal practices (involving hands, toys, mouth or penis) were less common (33%), with manual stimulation (29%) a more common practice than oral stimulation (rimming; 19%), or the use of sex toys (16%). Thirty three percent reported sex that involved penis-vagina and 8% penis-anus sex. Proportionally fewer respondents reported all sexual practices compared to the 2020 sample. Sex involving a penis increased.

Twenty seven 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 reported they had had group sex in the preceding six months. Two hundred and thirteen respondents (8%) reported they had ever done sex work (Table 21). Despite the marked difference in sexual partners and practices compared to the 2020 sample, we see little difference across these practices¹.

Table 19: Sexual practices in past 6 months	n (%)
Fingers/hand on external genitals	1938 (68)
Fingers/hand inside vagina	1812 (63)
Fingers/hand inside anus	619 (22)
Oral sex (mouth on genitals)	1817 (64)
Rimming (mouth on anus)	442 (16)
Sex toy used on external genitals	1451 (51)
Sex toy used inside vagina	1302 (46)
Sex toy used inside anus	409 (14)
Penis inside vagina	934 (33)
Penis inside anus	221 (8)

Note: Respondents could select more than one response

Table 20: Experience of kink, S/M dominance/bondage in past 6 months	n (%)
No	2040 (71)
Yes, without blood	734 (26)
Yes, with blood	50 (2)
Not reported	36 (1)

Table 21: Sex work	n (%)
Never	2622 (92)
Over 6 months ago	170 (6)
In last 6 months	43 (2)
Not reported	25 (1)

4.2.2. Sexual relationships

Most respondents (62%) said they were currently in a sexual relationship with a regular partner or partners, usually with one regular partner. Thirty one percent of all respondents were in a relationship with a woman, 22% with a man and 3% with a non-binary person (Table 22). There was a marked difference to the 2020 sample: a lower proportion reported a cisgender woman partner (33% in 2022, 45% in 2020%) and a higher proportion a cisgender man partner (25% in 2022, 10% in 2022)¹. The most common relationship length was over five years (39%) (Table 23). Among the 1771 partnered respondents, 68% lived with their partner; this is similar to 2020¹.

Twenty percent of respondents reported they had had a casual sexual partner or partners in the past six months, slightly lower than the 25% reported by the 2020 sample¹. Among those reporting recent casual sex, 63% said it involved a woman, 60% said it involved a man, and 18% said it involved a non-binary person.

Table 22: Current sexual relationship with regular partner/s	n (%)
Woman – cisgender	856 (48)
Woman – transgender	23 (1)
Man – cisgender	616 (35)
Man – transgender	12 (1)
A non-binary person	84 (5)
Multiple partners	119 (7)

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

Table 23: Length of current regular relationship	n (%)
Less than 6 months	182 (10)
6–11 months	153 (9)
1–2 years	345 (19)
3–5 years	387 (22)
Over 5 years	696 (39)
Not reported	8 (<1)

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

4.3. Tobacco, alcohol and illicit drug use

4.3.1. Tobacco use

Thirteen percent of respondents were current tobacco smokers, 25% no longer smoked and 62% had never smoked (Table 24). Across several SWASH reports we have described a sustained reduction in smoking rates: 30% 2016, 22% 2018, 18% 2020, 13% 2022. The proportion of younger respondents taking up smoking is half the 2020 rate (13% of 16–24-year-olds and 12% of 25–35-year-olds in 2022 compared to 24% and 21% in 2020¹). That is, 78% of the youngest age group have never smoked tobacco. In older groups, increasing proportions are ceasing to use cigarettes. Over time, the proportion of people who report daily smoking had decreased from 61% in 2016 to 44% in 2020¹; in 2022 it is 50%, suggesting we must continue to support women who currently smoke. Among current smokers, 65% would like to quit or reduce their current level of smoking.

In 2022, 50% of respondents said they had ever used electronic cigarettes/vapes (Table 25). Regular users – reporting daily or weekly use – made up 13% of the SWASH sample. These findings are very different to the 2020 sample¹ where 27% had ever used and only 2% reported daily or weekly use. Vaping was relatively common among people who used tobacco; 36% of current smokers also vaped daily or weekly. Among people who had previously used tobacco, 23% reported daily or weekly vaping and a further 21% reported they used to vape (suggesting they may have used vaping to support smoking cessation).

Table 24: Smoking status, by age group						
	16–24 yrs	25–34 yrs	35–44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Current smoker	105 (13)	130 (12)	76 (15)	45 (10)	1 (25)	357 (13)
Ex-smoker	71 (9)	250 (23)	193 (37)	195 (42)	0 (0)	709 (25)
Never smoked	623 (78)	688 (64)	246 (47)	219 (47)	3 (75)	1779 (62)
Not reported	3 (<1)	2 (<1)	5 (1)	5 (1)	0 (0)	15 (1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

Table 25: Use of electronic cigarettes, by smoking status					
	Current smoker	Ex-smoker	Never smoked	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
Never used	71 (20)	255 (36)	1084 (61)	5 (33)	1415 (49)
Tried once or twice	72 (20)	92 (13)	463 (26)	2 (13)	629 (22)
Used to use, but no longer	30 (8)	148 (21)	73 (4)	0 (0)	251 (9)
Less than monthly	29 (8)	27 (4)	61 (3)	0 (0)	117 (4)
At least monthly	26 (7)	20 (3)	24 (1)	0 (0)	70 (2)
At least weekly	28 (8)	22 (3)	28 (1)	0 (0)	78 (3)
Daily	100 (28)	142 (20)	45 (3)	1 (7)	288 (10)
Not reported	1 (<1)	3 (<1)	1 (<1)	7 (47)	12 (<1)
Total	357 (100)	709 (100)	1779 (100)	15 (100)	2860 (100)

4.3.2. Alcohol

Eighty-eight percent of respondents reported drinking alcohol. Table 26 illustrates the distribution of drinking frequency. The youngest of these respondents (16–24 years) were the most likely to drink less than weekly (50%), while the oldest (45+) were more likely to drink 5–7 days a week (18%).

The National Health and Medical Research Council (NHMRC) recommends healthy adults reduce the risk of harm from alcohol-related disease or injury by drinking no more than 10 standard drinks in a week and no more than four standard drinks on any one day¹⁰. We asked respondents: On a day when you drink alcohol, how many standard drinks do you usually have? Twenty two percent of those who drank, reported drinking five or more drinks (Table 27), that is, they exceeded the NHMRC guidelines to reduce alcohol-related harm. The youngest respondents (16–24 years) were the most likely to report ever having five or more drinks in a single day (74%; Table 28). Seventeen percent of respondents drank five or more drinks in a single day once a week or more (Table 28).

Among all respondents, 42% said they had ever been concerned about their alcohol use, or felt it negatively impacted on their life; 9% said they had ever sought help to manage their use. Among current drinkers, 25% said in the last 12 months they had been concerned about their current alcohol use or its impacts, and 4% had sought help to manage their alcohol use in the last 12 months. This suggests an unmet need for support with problematic alcohol use.

Table 26: Frequency of drinking alcohol, by age group						
	16–24 yrs	25–34 yrs	35–44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Never	105 (13)	98 (9)	57 (11)	80 (17)	1 (25)	341 (12)
Less often than weekly	402 (50)	483 (45)	202 (39)	144 (31)	2 (50)	1233 (43)
1 or 2 days a week	216 (27)	282 (26)	122 (24)	81 (18)	1 (25)	702 (25)
3 or 4 days a week	60 (8)	140 (13)	68 (13)	71 (15)	0 (0)	339 (12)
5 or 6 days a week	9 (1)	43 (3)	39 (8)	46 (10)	0 (0)	137 (5)
Every day	8 (1)	19 (2)	28 (5)	37 (8)	0 (0)	92 (3)
Not reported	2 (<1)	5 (1)	4 (1)	5 (1)	0 (0)	16 (1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

Table 27: Number of drinks consumed per occasion		n (%)
1 or 2 drinks		1098 (44)
3 or 4 drinks		840 (33)
5 to 8 drinks		411 (16)
9 or more drinks		156 (6)
Not reported		14 (1)

Note: Table only includes respondents who reported currently using alcohol.

Table 28: Frequency of drinking 5 or more drinks by age group						
	16–24 yrs	25–34 yrs	35–44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Never	105 (13)	194 (18)	118 (23)	146 (32)	1 (25)	564 (20)
Once or twice	241 (30)	344 (32)	151 (29)	106 (23)	1 (25)	843 (30)
About once a month	232 (29)	254 (24)	88 (17)	43 (9)	0 (0)	617 (22)
About once a week	91 (11)	140 (13)	53 (10)	51 (11)	1 (25)	336 (12)
More than once a week	22 (3)	33 (3)	40 (8)	23 (5)	0 (0)	118 (4)
Every day	3 (<1)	2 (<1)	10 (2)	12 (3)	0 (0)	27 (1)
Non-drinker	105 (13)	98 (9)	57 (11)	80 (17)	1 (25)	341 (12)
Not reported	3 (<1)	5 (1)	3 (1)	3 (1)	0 (0)	14 (1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

4.3.3. Illicit drugs

Respondents were asked about their illicit drug use over the preceding six months. It is worth reiterating that for this 2022 sample, 3.5 of those months were subject to stay-at-home orders that included limitations on travel and gathering, and entertainment venues were closed. When these orders were lifted, some restrictions remained (in particular for unvaccinated people). Despite this the prevalence of any drug use was largely the same as the 2020 sample: 52% had used any illicit drug in the past six months (Table 29), compared to 54% in the 2020 sample¹. The most reported drug used was cannabis (37%), followed by cocaine (21%), benzodiazepines or Valium (16%), and ecstasy (15%). The proportion reporting cannabis use was the same as the 2020 sample, the proportion reporting all other drugs decreased most notably ecstasy was 23% in 2020. Among those reporting illicit drug use, 60% had used two or more different substances. Three percent of respondents indicated that they had ever injected drugs, with <1% doing so in the past 6 months.

Among all respondents, 21% said they had ever been concerned about their drug use or felt it negatively impacted on their life; 7% said they had ever sought help to manage their use. Among respondents reporting recent drug use, 12% had been concerned about their current drug use or its impacts in the past 12 months, and 4% had sought help to manage their drug use in this timeframe. Among those who had recently been concerned about their use, 80% reported cannabis use, 52% cocaine, and 38% ecstasy; 76% had used two or more substances.

Table 29: Illicit drug use in the past 6 months	n (%)
Any cannabis	1060 (37)
– Natural	1044 (37)
– Synthetic	145 (5)
Ecstasy	423 (15)
Amphetamines (meth/speed/ice)	130 (5)
Cocaine	613 (21)
Benzos/Valium	467 (16)
Amyl/poppers	288 (10)
LSD/trips	288 (10)
Ketamine	280 (10)
GHB	27 (1)
Other drugs	143 (5)
Any illicit drug use	1498 (52)

Note: Respondents could select more than one response.

4.4. Health Status and Healthcare Experiences

4.4.1 COVID-19

SWASH respondents were very proactive when it came to COVID-19 and their health. The vast majority (91%) had ever had a COVID-19 test via PCR or RAT (23% had tested positive for COVID-19). Nearly all (99%) had been vaccinated against COVID-19; less than 1% did not intend to be vaccinated in the future.

4.4.2. Healthcare provider relationships

The proportion of respondents who have a regular GP/doctor (64%) or health centre (21%) was similar to 2020. Eighty one percent of these respondents reported being satisfied or very satisfied with their GP (Table 30). Among respondents with a regular GP, 65% reported having disclosed their sexuality and gender: 20% had disclosed their sexuality, 9% had disclosed their gender, and 36% had disclosed both.

SWASH respondents who had disclosed their sexuality/gender to their regular GP were more likely to report being very satisfied in general (57%, $p<0.001$) compared to those who had not disclosed (32%). That is, while respondents were generally satisfied with the service they received, disclosing sexuality and/or gender identity appeared to be associated with a more positive evaluation of that service/relationship. It is important to restate that many SWASH participants are highly educated and well-resourced, so may be well placed to self-advocate. With the majority living in the inner suburbs of Sydney they likely have more opportunity to seek out respectful and knowledgeable healthcare than other LBQ women and non-binary people.

Table 30: Satisfaction with regular GP/health centre	n (%)
Very satisfied	849 (35)
Satisfied	1105 (46)
Neither satisfied nor unsatisfied	284 (12)
Unsatisfied	141 (6)
Very unsatisfied	20 (1)
Not reported	25 (1)

4.4.3. General health

The majority of respondents rated their general health as good/very good/excellent (69%) (Table 31). Thirty percent reported their health as poor/fair, compared to 20% in the 2020 sample¹. Fifty one percent of respondents said they had a disability or long-term (physical or mental) health condition that lasted or was likely to last 6 months or longer. This is significantly more than the 32% reported in the 2020 sample¹. Reporting a disability or chronic condition was more likely among the online respondents (46% compared to 40% of those recruited at Fair Day. Mental health was by far the most common long-term condition reported, including 20% reporting some form of anxiety, 16% some form of depression, and 8% PTSD. Respondents also reported neurodevelopmental conditions, with the most common being ADHD (8%) and ASD (2%). The single most reported physical health condition was endometriosis (3%).

Table 31: General health, by age group						
	16-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Poor/Fair	271 (34)	323 (30)	151 (29)	118 (25)	3 (75)	866 (30)
Good/Very good	488 (61)	687 (64)	333 (64)	304 (66)	1 (25)	1813 (63)
Excellent	38 (5)	55 (5)	31 (6)	40 (9)	0 (0)	164 (6)
Not reported	5 (<1)	5 (<1)	5 (<1)	2 (<1)	0 (0)	17 (<1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

4.4.4. Mental health

We use the Kessler 6 (K6) to measure non-specific psychological distress (e.g. feeling nervous, hopeless, restless, worthless) in the preceding four weeks.¹¹ More than half of the 2022 sample reported psychological distress (31% high and 29% very high; Table 32), the highest since SWASH started tracking in 2006¹.

Reflecting the levels of acute distress reported, 36% of respondents said that in the preceding 12 months they had felt that life was not worth living (we refer to this as suicidal ideation; Table 33), and 17% said they had deliberately hurt themselves or done something they knew might harm or kill them (self-harm; Table 34). Within the last five years, 75% had accessed mental health services (Table 35), and 51% had received a diagnosis of depression, anxiety disorder or other mental health condition (Table 36).

It is impossible to overstate the alarming rates of psychological distress among our youngest participants. Three quarters of 16-24-year-olds reported acute distress (33% high and 43% very high distress; Table 32) in the past 4 weeks. Over the preceding 12 months – during which time all respondents had lived through a pandemic and most had been subject to a prolonged lockdown – 51% of these young people felt that life was not worth living (Table 33) and 29% had deliberately hurt themselves or done something they knew might harm or kill them (Table 34). Within the last five years, 79% had accessed mental health services (Table 35), and 60% had received a diagnosis of depression, anxiety disorder or other mental health condition (Table 36).

Table 32: Kessler 6 measure of acute psychological distress, by age group						
	16-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Low distress	45 (6)	127 (12)	113 (22)	160 (35)	0 (0)	445 (16)
Medium distress	141 (18)	257 (24)	149 (29)	134 (29)	0 (0)	681 (24)
High distress	261 (33)	341 (32)	158 (30)	109 (24)	2 (50)	871 (31)
Very high distress	347 (43)	327 (31)	91 (18)	51 (11)	2 (50)	818 (29)
Not reported	8 (1)	18 (2)	9 (2)	10 (2)	0 (0)	45 (2)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

Note: Cut off scores were Low = 0-3, Medium = 4-7, High = 8-12, Very high = 13 <¹²

Table 33: Felt life was not worth living, by age group						
	16-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
No	161 (20)	263 (25)	168 (32)	181 (39)	0 (0)	773 (27)
Ever	638 (80)	802 (75)	348 (67)	279 (60)	4 (100)	2071 (72)
In the last 12 months	411 (51)	391 (37)	138 (27)	92 (20)	2 (50)	1034 (36)
Not reported	3 (<1)	5 (1)	4 (1)	4 (1)	0 (0)	16 (1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

Table 34: Deliberately harmed self, by age group						
	16-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
No	267 (33)	402 (38)	245 (47)	316 (68)	1 (25)	1231 (43)
Ever	532 (66)	655 (61)	272 (52)	140 (30)	3 (75)	1602 (56)
In the last 12 months	235 (29)	171 (16)	54 (10)	27 (6)	1 (25)	488 (17)
Not reported	3 (<1)	13 (1)	3 (1)	8 (2)	0 (0)	27 (1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

Table 35: Accessed counselling or psychological services, by age group						
	16-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
No	128 (16)	117 (11)	61 (12)	51 (11)	0 (0)	357 (13)
Yes, in the past 5 years	630 (79)	840 (79)	379 (73)	298 (64)	4 (100)	2151 (75)
Yes, over 5 years ago	41 (5)	111 (10)	75 (14)	112 (24)	0 (0)	339 (12)
Not reported	3 (<1)	2 (<1)	5 (1)	3 (1)	0 (0)	13 (1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

Table 36: Ever received a mental health diagnosis, by age group						
	16-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
No	222 (28)	264 (25)	158 (30)	171 (37)	0 (0)	815 (29)
Less than 5 years ago	480 (60)	586 (55)	226 (43)	161 (35)	3 (75)	1456 (51)
More than 5 years ago	95 (12)	217 (20)	132 (25)	128 (28)	1 (25)	573 (20)
Not reported	5 (1)	3 (<1)	4 (1)	4 (1)	0 (0)	16 (1)
Total	802 (100)	1070 (100)	520 (100)	464 (100)	4 (100)	2860 (100)

4.4.5. Preventive health practices

The National Cervical Screening Program recommends that from the age of 25, anyone with a cervix should have a cervical screening test every 5 years until the age of 74. In 2022, 74% of eligible respondents had a cervical screen test within the last 5 years (Table 37), 13% had their last screen more than 5 years ago and 11% had never been screened. As this was the first year of the full 5-year cycle since the Australian screening program changed in 2017, we cannot compare to earlier SWASH samples. Respondents who had never had sex with a man were more likely to have never been screened (25%), compared to those who *had* ever had sex with a man (10%).

The National Immunisation Program delivers the HPV (the human papillomavirus) vaccine to young people aged 12 to 13, with a catch-up program providing free access up to the age of 26¹³. Vaccination is also recommended for people who are severely immunocompromised and men who have sex with men. In 2022, 58% of eligible respondents had had at least one dose of the HPV vaccine. As would be expected, the majority of those who had had at least one dose of the HPV vaccine were aged 16–34 (83%).

BreastScreen NSW recommend a mammogram to screen for breast cancer every two years for 50 to 74 year-old cisgender women, gender diverse people assigned female at birth who have not had gender affirming top surgery, and gender diverse people assigned male at birth who have been using gender-affirming hormones for five or more years¹⁴. People aged 40-49 or over 74 meeting the same criteria can access a mammogram free of charge but are not directly invited (or reminded). In 2022, 84% of eligible respondents had ever had a mammogram and 50% had done so within the past 2 years (Table 38). Among those categorised as overdue (48%), about a third had never been screened.

The National Bowel Cancer Screening Program recommends everyone is screened for bowel cancer starting on their 50th birthday, and then every two years until they turn 74 years of age¹⁵. Screening is via a free immunochemical faecal occult blood test (iFOBT) that is mailed to people registered on Medicare; a sample is returned for testing. In 2022, 72% of eligible respondents had ever used a bowel screening home test kit and 50% had done so in the past two years (Table 39). Among those categorised as overdue (49%), just over half had never been screened. Ninety percent of those never screened said they had received but not returned a home test kit.

In 2022, 60% of respondents had ever had a test for an STI other than HIV, 13% had done so in the previous six months (Table 40). STI testing was associated with ever having had sex with a man: 70% of respondents who never had sex with a man had also never had an STI test, compared to only 27% of those who had a sexual history with men. A recent STI test was more likely among those who reported recent casual sex (32%), than those who did not (11%). Of those ever tested for an STI, 29% of respondents had ever received an STI diagnosis (Table 41) with, diagnosis more likely among respondents who reported ever having had sex with a man (31%) compared to those who had never had sex with a man (17%).

In SWASH, rates of HIV testing have always been lower than STI testing. In 2022, 40% had ever had a test and less than 1% of respondents reported they were HIV positive.

Table 37: Last cervical screen, sex with men				
	Never had sex with a man	Ever had sex with a man	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
Less than 5 years ago	270 (60)	1149 (79)	48 (63)	1467 (74)
More than 5 years ago	77 (17)	167 (12)	10 (13)	254 (13)
Never	94 (21)	114 (8)	6 (8)	254 (11)
Not sure	12 (3)	25 (2)	5 (6)	42 (2)
Not reported	1 (<1)	0 (0)	7 (9)	8 (<1)
Total	454 (100)	1455 (100)	76 (100)	1985 (100)

Note: Table only includes respondents aged 25-74 years who were assigned female at birth

Table 38: Timing of last mammogram		n (%)
Less than 2 years ago		148 (50)
2-3 years ago		46 (16)
3-5 years ago		28 (10)
More than 5 years ago		24 (8)
Never		42 (14)
Not Sure		2 (1)
Not Reported		2 (1)

Note: Table only includes respondents aged 50-74 years old.

Table 39: Timing of last bowel screen		n (%)
Less than 2 years ago		146 (50)
2-3 years ago		36 (12)
3-5 years ago		17 (6)
More than 5 years ago		13 (4)
Never – received the kit but did not use		69 (24)
Never – did not receive the kit		8 (3)
Not Sure		1 (<1)
Not Reported		4 (1)

Note: Table only includes respondents aged 50-74 years old.

Table 40: Last STI test, by sex with men				
	Never had sex with a man	Ever had sex with a man	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
Less than 6 months ago	35 (4)	328 (17)	5 (6)	368 (13)
More than over 6 months ago	204 (25)	1107 (57)	37 (42)	1348 (47)
Never	571 (70)	522 (27)	33 (38)	1126 (39)
Not reported	1 (<1)	4 (<1)	13 (15)	18 (1)
Total	811 (100)	1961 (100)	88 (100)	2860 (100)

Table 41: STI diagnosis, by sex with men				
	Never had sex with a man	Ever had sex with a man	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
Ever	40 (17)	440 (31)	11 (26)	491 (29)
Never	199 (83)	995 (71)	30 (69)	1224 (71)
Not reported	0 (0)	0 (0)	1 (<1)	1 (<1)
Total	239 (100)	1435(100)	42 (100)	1716 (100)

Note: Table only includes respondents who ever had an STI test.

4.5. Experiences of violence and abuse

4.5.1. Intimate partner violence

Forty eight percent of respondents reported they had ever been in a relationship where a partner had physically or emotionally abused them (Table 42), this is similar to previous years: 42% in 2020, 48% in 2018, 45% in 2016¹.

Table 42: Experiences of physical and/or emotional abuse in a relationship	n (%)
In a relationship with a (cisgender or transgender) woman	586 (21)
In a relationship with a (cisgender or transgender) man	917 (32)
In a relationship with a non-binary person	78 (3)
Any abuse in a relationship	1373 (48)

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

Respondents were asked to indicate whether they had experienced any of seven specified anti-LGBTQ acts against them in the preceding 12 months (Table 43). Thirty-five percent had experienced some form of abuse or harassment. This is strikingly lower than previous SWASH samples¹: 45% in 2020, 40% in 2018. It may be that the prolonged COVID-19 lockdown reduced opportunities for in person interactions (with strangers in particular). Personal threats and/or abuse online was the only area where we did not see a reduction compared to 2020.

Table 43: Experienced anti-LGBT behaviour in past 12 months	n (%)
Verbal abuse or harassment	448 (34)
Being pushed or shoved	112 (4)
Being bashed	39 (1)
Physical threat or intimidation	228 (8)
Refusal of service	99 (4)
Refused employment or promotion	97 (3)
Personal threats/abuse online	397 (14)
Experienced any anti-lesbian, gay, bi and trans behaviour	999 (35)

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Appendix 1: Questionnaire

SWASH

LESBIAN, BISEXUAL AND QUEER WOMEN'S HEALTH SURVEY 2022



Did you complete the SWASH survey in 2020? Yes ☐ No ☐ Unsure ☐
Have you already completed the SWASH survey in 2022? Yes ☐ No ☐

ABOUT YOU

- What is your age? ____ years
- Postcode/suburb/town where you live _____
- Are you of Aboriginal and/or Torres Strait Islander origin?
No ☐ Aboriginal ☐ Torres Strait Islander ☐
Both Aboriginal and Torres Strait Islander ☐
- In what country were you born?
Australia ☐
Other (please specify) ☐ _____
- What is your ethnic or cultural background?
(e.g. Greek, Vietnamese, Lebanese Australian, Chinese)
Anglo-Australian only ☐
Other (specify) ☐ _____
- Do you speak a language other than English at home?
No - English only ☐
Yes (- please specify) ☐ _____
- How do you describe your sexual orientation?
Lesbian/dyke/gay/homosexual ☐
Bisexual ☐
Queer ☐
Heterosexual/straight ☐
I use a different term (specify) ☐ _____
- How do you describe your gender? (Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents)
Woman or Female ☐
Man or Male ☐
Non-binary ☐
I use a different term (specify) ☐ _____
- What was your sex recorded at birth?
Female ☐
Male ☐
Another term (specify) ☐ _____

- Were you born with a variation of sex characteristics (sometimes called 'intersex' or 'DSD')? (tick one box)
No ☐ Yes ☐
Don't know ☐ Prefer not to say ☐
- Are you: (tick all that apply)
Employed full-time ☐
Employed part-time ☐
Unemployed ☐
Unpaid domestic duties ☐
Not in the work force ☐
Government payment/pension ☐
Student ☐
- What is your annual income before tax?
Nil-\$19,999 ☐
\$20,000-\$39,999 ☐
\$40,000-\$59,999 ☐
\$60,000-\$99,999 ☐
\$100,000+ ☐
- Have you experienced reduced income/hours or lost your job because of COVID-19?
No ☐ Yes ☐
- 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) ☐
- Do you have any dependent children?
No ☐ Yes ☐
- Are you planning a child in the next 2 years?
No ☐ Yes ☐
- Do you have a disability or long-term health condition (physical or mental health) that has lasted or is likely to last 6 months or more?
No ☐ Yes ☐ (specify) _____

➤ GO TO NEXT PAGE

Ask for our support card if these questions raise issues for you.

COMMUNITY

Opportunities for in person connection/socialising have been severely limited due to COVID-19. Please answer the following questions in terms for what is true for you currently.

- Do you feel connected to a LGBTQ community in your everyday life?
Very ☐ Mostly ☐ Somewhat ☐
Rarely ☐ Not at all ☐
- In the past 6 months have you attended:

	No	A few times	Monthly	Weekly	More
Lesbian/queer women's event/bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay night/bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ dance party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ group meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ community event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ sports group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ online event or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How many of your friends are LGBTQ?
None ☐ A few ☐ Some ☐ Most ☐ All ☐

SEX AND RELATIONSHIPS

Cisgender/Cis means a person's gender matches their presumed sex at birth
Transgender/Trans means a person's gender does not match their presumed sex at birth
Non-binary means a person's gender is outside of the binary and/or not exclusively female nor male

- When was the **last** occasion you had sex with a:

	Never	Over 6 mths ago	In the past 6 mths
Cisgender woman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender woman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cisgender man?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender man?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-binary person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- In the past 6 months, which of the following have you engaged with while having sex?

	No	Yes
Fingers / hand on external genitals	<input type="checkbox"/>	<input type="checkbox"/>
Fingers / hand inside vagina	<input type="checkbox"/>	<input type="checkbox"/>
Fingers / hand inside anus	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex	<input type="checkbox"/>	<input type="checkbox"/>
Rimming	<input type="checkbox"/>	<input type="checkbox"/>
Sex toy used on external genitals	<input type="checkbox"/>	<input type="checkbox"/>
Sex toy used inside vagina	<input type="checkbox"/>	<input type="checkbox"/>
Sex toy used inside anus	<input type="checkbox"/>	<input type="checkbox"/>
Penis inside vagina	<input type="checkbox"/>	<input type="checkbox"/>
Penis inside anus	<input type="checkbox"/>	<input type="checkbox"/>
- When was the **last** occasion you had sex with a man (cis or trans) **who has sex with men**?
Never ☐ Over 6 mths ago ☐ In the past 6 mths ☐

- In the past 6 months have you had sex involving a penis in a vagina (regular or casual partner) **without a condom**?
No ☐ Once ☐ Occasionally ☐ Often ☐
- In the past 6 months have you had sex involving a penis in an anus (regular or casual partner) **without a condom**?
No ☐ Once ☐ Occasionally ☐ Often ☐
- Are you currently in a sexual relationship with a **regular** partner?
No ☐ Go to Q30 Yes, 1 person ☐
Yes, multiple regular partners/poly ☐
- Which of the following describes your partner(s)? (tick all that apply)
Cisgender woman ☐ Trans woman ☐
Cisgender man ☐ Trans man ☐
Non-binary person ☐
- How long is this relationship? (if multiple, answer for longest relationship)
Less than 6 mths ☐ 6-11 mths ☐ 1-2 yrs ☐
3-5 yrs ☐ More than 5 yrs ☐
- Do you live with your regular partner? (if multiple, provide gender of partner(s) you cohabit with)
No ☐ Yes ☐
Multiple ☐ _____
- Have you had **casual** sex in the past 6 months?
No ☐
Yes - cisgender woman ☐
Yes - trans women ☐
Yes - cisgender man ☐
Yes - trans man ☐
Yes - non-binary person ☐
- On any occasion in the past 6 months have you had group sex?
No ☐ Yes ☐
- In the past 6 months, have you done:

	No	Yes
Kink, S/M dominance/bondage (no blood)	<input type="checkbox"/>	<input type="checkbox"/>
Kink, S/M dominance/bondage (with blood)	<input type="checkbox"/>	<input type="checkbox"/>
- Have you done any sex work?
Never ☐ Over 6 mths ago ☐ In the past 6 mths ☐

VIOLENCE

- In the last 12 months, have you experienced any of the following anti-LGBTQ behaviour?

	Yes	No
Verbal abuse or harassment	<input type="checkbox"/>	<input type="checkbox"/>
Being pushed or shoved	<input type="checkbox"/>	<input type="checkbox"/>
Being bashed	<input type="checkbox"/>	<input type="checkbox"/>
Physical threat or intimidation	<input type="checkbox"/>	<input type="checkbox"/>
Refusal of service	<input type="checkbox"/>	<input type="checkbox"/>
Refused employment/promotion	<input type="checkbox"/>	<input type="checkbox"/>
Personal threats/abuse online	<input type="checkbox"/>	<input type="checkbox"/>

Ask for our support card if these questions raise issues for you.

35. Have you been in a relationship where a partner physically/emotionally abused you? (tick all that apply)
Never ☐
Yes - cisgender woman ☐
Yes - trans woman ☐
Yes - cisgender man ☐
Yes - trans man ☐
Yes - non-binary person ☐

GENERAL HEALTH

36. Do you have a regular GP?
I see the same GP ☐
I attend the same health centre ☐
No ☐ Go to Q39

37. If you have a regular GP/health centre, how satisfied are you?
Very satisfied ☐ Satisfied ☐ Neither ☐
Unsatisfied ☐ Very unsatisfied ☐

38. Have you disclosed your sexuality/gender identity to your GP?
No ☐ Yes, sexuality ☐ Yes, gender ☐ Yes, both ☐

39. In general, would you say your health is?
Poor ☐ Fair ☐ Good ☐
Very good ☐ Excellent ☐

40. When did you have your **last** cervical screen (previously called a Pap smear)?
Less than 5 yrs ago ☐ More than 5 yrs ago ☐
Never ☐ Not sure ☐

41. When did you **last** have a mammogram?
Not eligible, under 40 yrs old ☐
Less than 2 yrs ago ☐ 2-3 yrs ago ☐
3-5 yrs ago ☐ More than 5 yrs ago ☐
Never ☐ Not sure ☐

42. When did you **last** have a bowel cancer screen (e.g. at home screening kit)?
Not eligible, under 50 yrs old ☐
Less than 2 yrs ago ☐
2-3 yrs ago ☐
3-5 yrs ago ☐
More than 5 yrs ago ☐
Never, but I have received the kit ☐
Never, I've not received the kit ☐
Not sure ☐

43. Have you been vaccinated against Human Papillomavirus (HPV; Gardasil/Cervarix)?
No ☐
Not sure ☐
Yes, at least 1 dose ☐
Yes, at least 2 doses ☐
Yes, at least 3 doses ☐
Unsure how many doses ☐

44. Have you **ever** had a test for a sexually transmitted infection (**not** HIV)?
No ☐ Over 6 mths ago ☐ In the past 6 mths ☐

45. Have you **ever** been **diagnosed** with an STI?
No ☐ Yes ☐

46. Have you **ever** had an HIV test?
No ☐ Go to Q49 Yes ☐ Not sure ☐

47. What was the result of your last HIV test?
Positive (you have HIV) ☐
Negative ☐
Not sure ☐

48. Have you ever had a COVID-19 test (via PCR or RAT)?
No ☐ Go to Q50 Yes ☐

49. Have you ever tested positive with COVID-19 (via PCR or RAT)?
No ☐ Yes ☐
I am currently awaiting results ☐

50. Have you been vaccinated against COVID-19?
I have received one dose ☐
I have received two doses ☐
I have received three (third or booster) doses ☐
I am booked in for my vaccination ☐
I would like to get vaccinated, but I am unable to do so due to medical reasons ☐
I would like to get vaccinated but have been unable to do so for non-medical reasons ☐
I plan to get vaccinated in the future but am waiting for more research ☐
I do not intend to get vaccinated against COVID-19 ☐
I have not been vaccinated for a different reason ☐

51. Since the beginning of the COVID pandemic, have you been subject to stay-at-home orders (i.e. "lockdown") because of the area you live?
No ☐
Yes - Less than 1 week ☐
Yes - 1-2 weeks ☐
Yes - 3-10 weeks (eg ACT) ☐
Yes - 11-19 weeks ☐
Yes - more than 20 weeks (eg Greater Sydney, Melbourne) ☐

PSYCHOLOGICAL HEALTH & WELLBEING

52. Have you **ever** accessed a counsellor or psychiatrist?
No ☐ Yes, in past 5 yrs ☐
Yes, over 5 yrs ago ☐

53. 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 ☐

GO TO NEXT PAGE

Ask for our support card if these questions raise issues for you.

54. During the past **4 weeks**, how much of the time did you feel?

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

55. Have you **ever** felt that life isn't worth living?
Yes, in last 12 mths ☐
Yes, more than 12 mths ago ☐
Never ☐

56. Have you **ever** deliberately hurt yourself or done anything that you knew might have harmed or even killed you?
Yes, in last 12 mths ☐
Yes, more than 12 mths ago ☐
Never ☐

SMOKING, DRINKING AND DRUG USE

57. How often, if at all, do you **currently** use vapes / electronic cigarettes?
Never used ☐
Tried once or twice ☐
Used to use them, but no longer ☐
Less than monthly ☐
At least monthly (not weekly) ☐
At least weekly (not daily) ☐
Daily ☐

58. 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 ☐ Go to Q60

59. Would you like to reduce or quit your current level of smoking?
No ☐ Yes ☐

60. How often do you **normally** drink alcohol?
Never ☐ Go to Q63 Less often than weekly ☐
1 or 2 days a week ☐ 3-4 days a week ☐
5-6 days a week ☐ Every day ☐

61. 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 ☐

62. In the past **6 months**, how often have you drunk 5 or more drinks on one occasion?
Never ☐ Once or twice ☐
About once a mth ☐ About once a week ☐
More than once a week ☐ Every day ☐

63. Have you **ever** been concerned about your alcohol use or felt it negatively impacted on your life?
Never ☐ Yes, more than 12 mths ago ☐
Yes, in last 12 mths ☐

64. Have you **ever** sought help to manage your alcohol use?
Never ☐ Yes, more than 12 mths ago ☐
Yes, in last 12 mths ☐

65. How often have you used these drugs in the last **6 months**?

	Never	1-5 times	6+ times
Benzos / Valium	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Amyl / poppers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Natural cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Synthetic cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Ecstasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Amphetamines (speed/ice)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LSD / trips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
GHB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Ketamine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Any other drug (specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

66. Have you **ever** injected drugs?
Never ☐ Over 6 mths ago ☐
In past 6 mths ☐

67. Have you **ever** been concerned about your drug use or felt it negatively impacted on your life?
Never ☐ Yes, more than 12 mths ago ☐
Yes, in last 12 mths ☐

68. Have you **ever** sought help to manage your drug use?
Never ☐ Yes, more than 12 mths ago ☐
Yes, in last 12 mths ☐

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR SURVEY

If this survey caused you distress, you can access support via numbers on the card you got with this survey or ask the peer recruiter



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SWASH REPORT 2022