



GLAAAM+ Survey 2025 NSW Report



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NSW Health



Western Sydney
Local Health District





Preface



Formerly known as the Gay Asian Men Survey, the GLAAM+ Survey is a major behavioural surveillance study in Australia designed to provide a comprehensive assessment of HIV- and STI-related practices, prevention behaviours, and mental health needs among gay, bisexual and other men who have sex with men (GBMSM) from multicultural backgrounds.

Conducted periodically since 2015, the study has generated important evidence to inform policy, service planning and community responses to HIV and sexual health in Australia. Earlier survey rounds focused primarily on GBMSM of Asian background. In 2025, the scope was expanded to include respondents from Asian, African, Latin American, Middle Eastern, and other culturally diverse backgrounds, reflecting the growing diversity of Australia's LGBTQ+ communities. In doing so, the survey contributes a complementary perspective on multicultural LGBTQ+ communities within the broader behavioural surveillance landscape, alongside studies such as the GBQ+ Community Periodic Surveys.

The GLAAM+ Survey 2025 was led by Professor Limin Mao (UNSW Sydney). Co-investigators include Dr Horas Wong (The University of Sydney), Bernard Saliba (The University of Technology Sydney), and Thisanut "Bright" Kaewnukul (ACON). The study was supported by ACON and the CALD Sexual Health & HIV Action Group (CALDSHAG).

The GLAAM+ Survey 2025 was funded by the NSW Ministry of Health under the BBV & STI Research, Intervention and Strategic Evaluation (BRISE) Program.

Executive Summary

The GLAAM+ Survey 2025 NSW findings provide an overview of the health, wellbeing and lived experiences of culturally and linguistically diverse participants in New South Wales. The sample comprised predominantly gay, bisexual and queer men (97%), alongside a small number of trans and gender-diverse participants. It was also culturally diverse, with the largest broad ethnic groupings being East Asian (33%), Southeast Asian (28%) and Latin American (25%). Most respondents were born overseas (80%), and 51% had lived in Australia for fewer than 10 years. Nearly one-quarter of respondents (24%) reported living with disability. Although the cohort was generally highly educated and predominantly middle-aged (mean age 37 years), the findings suggest that health and wellbeing were shaped not only by engagement with HIV prevention and testing, but also by broader social and structural conditions.

The findings point to both existing strengths and areas where further support may be beneficial. Awareness of PrEP and PEP was high, 52% of respondents had used PrEP in the past six months, and 75% had tested for HIV in the past 12 months. Most respondents were aware of LGBTQ-friendly sexual health services, and treatment outcomes among respondents living with HIV were favourable. At the same time, there was scope to strengthen consistent condom use, understanding of U=U, awareness of where to access doxy-PEP, and access to culturally safe services. For example, 41% agreed that they would avoid having sex with someone living with HIV regardless of viral load, suggesting that HIV-related stigma remains an important issue despite strong engagement with sexual health services.

The findings also highlight the importance of migration, racism, mental health, housing security and social inclusion in understanding respondents' wellbeing. Half of respondents (51%) agreed

that their ethnic or cultural minority background had affected how they were treated in Australia, and more than half (58%) had never engaged with organised LGBTQ+ groups or networks in Australia. Perceptions of safety in everyday settings were lower among those who reported racism. Together, these findings point to the importance of social inclusion, cultural safety and community connection in supporting wellbeing.

Mental health and psychosocial wellbeing were also prominent themes in the survey. Thirty per cent of respondents screened positive for psychological distress, and 66% had sought some form of support for mental health or emotional wellbeing in the past six months. These findings highlight the importance of accessible and appropriate mental health support.

The survey also identified several areas that may warrant further attention in service planning and policy. Nearly three in ten respondents (29%) reported concern about their housing situation, while 11% reported intimate partner violence, 5% reported non-consensual condom removal, and 8% reported sex without consent in the past 12 months. Although these experiences were not universal, they highlight the value of service responses that are responsive to safety, stability and wellbeing alongside sexual health.

Overall, the findings suggest that current sexual health strategies are reaching many people in multicultural LGBTQ+ communities in NSW. They also point to the value of strengthening this work through broader policy and service responses that support inclusion, safety and social wellbeing. This includes culturally responsive mental health support, anti-racism initiatives, community connection, and practical assistance for respondents navigating migration, housing and other structural pressures.

1. Characteristics of Respondents

Sample overview

Between September and December 2025, a total of 956 valid questionnaires were collected nationally, of which 526 were from respondents residing in New South Wales. In NSW, recruitment occurred primarily through social media promotion by ACON, supplemented by face-to-face promotion at ACON events and dissemination through professional and community networks. This report summarises findings from the NSW sample.

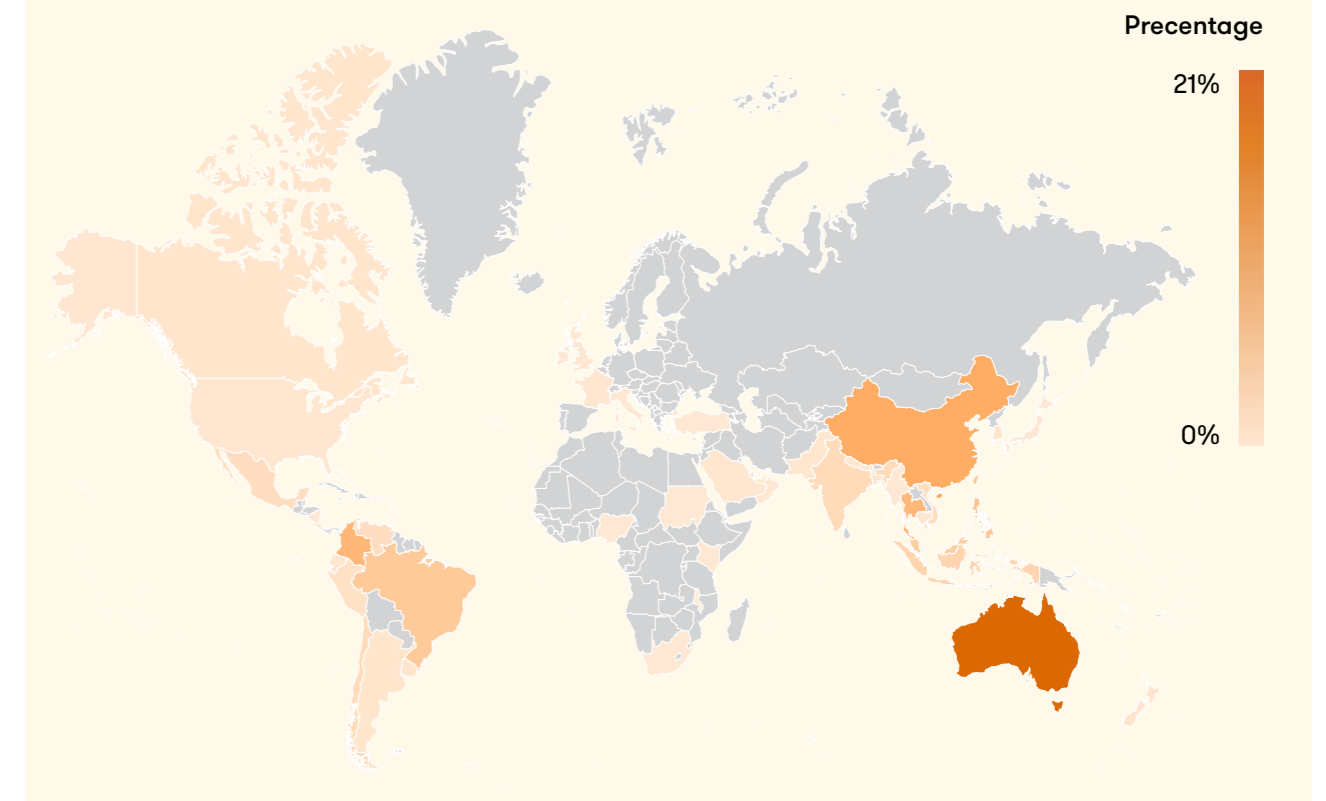
Eligible participants were people aged 18 years or older who were currently living in Australia, had had sex with other men in the past 5 years, and identified as cis or trans men, trans women, or non-binary people with a connection to communities of

gay, bisexual, or queer men. Participants were also required to identify as being from a Latin American, Asian, African, Middle Eastern, or other non-Anglo-Saxon background.

A total of 526 respondents were recruited from New South Wales (NSW). Overall, respondents comprised a predominantly gay, middle-aged, highly educated sample living in NSW, most of whom were overseas-born men.

Only 37 respondents (7%) reported that they had also completed the 2025 GBQ+ Community Periodic Survey, suggesting that the majority of respondents in this study were distinct from the GCPS cohort.

Figure 1.
Country of Birth of NSW Participants (N = 520)*



Note: Six overseas-born respondents did not indicate their country of birth.

2. Sexual and Intimate Relationships

Age, gender identity, sex characteristics, and sexual orientation

Respondents ranged in age from 18 to 80 years (mean = 37 years, SD = 9.9, median = 37.4).

Almost all respondents were cisgender men, with 99% (n = 518) reporting being assigned male at birth and 97% (n = 509) identifying as men. A small proportion of respondents identified as transgender (3%, n = 15), and 1% (n = 5) reported being intersex.

In terms of sexual orientation, the majority of respondents identified as gay (88%, n = 462). Smaller proportions identified as bisexual (7%, n = 35) or queer (2%, n = 12). A small number of respondents identified as straight men who have sex with men (2%, n = 9).

Migration background

A large majority of respondents were born overseas (80%, n = 418), and 91% (n = 481) reported that both

of their parents were born outside Australia. The most reported overseas countries were China (9%), Colombia (8%), and Thailand (8%) (Figure 1).

The most commonly reported ethnic/cultural backgrounds were Chinese (29%, n = 151), Australian (19%, n = 101), Colombian (9%, n = 47), Filipino (8%, n = 40), and Thai (7%, n = 38). When grouped into broad ethnicity categories (Figure 2), 33% of participants identified with East Asian backgrounds (n = 172), 28% with Southeast Asian backgrounds (n = 145), 25% with Latin American backgrounds (n = 130), 8% with Middle Eastern backgrounds (n = 40), 7% with South Asian backgrounds (n = 36), 3% with other or mixed backgrounds (n = 17), and 1% with African backgrounds (n = 4). About one in five participants (19%, n = 101) also identified with Australian backgrounds. These broad ethnicity categories were not mutually exclusive, and some participants belonged to more than one group. Overall, 79% of participants belonged to one broad ethnicity group, while 21% belonged to more than one broad ethnicity group.

Visa status and Medicare access

Visa status varied across the cohort. Nearly half of respondents were Australian citizens (46%), while 17% held permanent residency. Other respondents reported holding student visas (18%), temporary work visas (8%), partner visas (5%), or humanitarian visas (2%). Length of residence data showed that 51% of respondents had lived in Australia for fewer than 10 years, including 21% who had arrived within the past four years.

Despite this diversity in visa status, most respondents (78%) reported having access to Medicare.

Socioeconomic profile

Educational attainment was high among respondents, with 79% reporting a bachelor's or postgraduate degree.

Weekly income before tax varied by student status. Among non-students, income was more concentrated in the higher brackets, with around one-third (34%) earning between \$1,500 and \$2,999 per week. Among students, income tended to be more concentrated in the lower brackets, with 36% earning \$500 and \$999 per week.

Religious identity

The most commonly reported identity was not religious (atheist or agnostic) (42%, n = 219). Among religious affiliations, Christianity was the most frequently reported (21%, n = 112), followed by Buddhism (12%, n = 63). Smaller proportions identified as Muslim (4%, n = 20), Hindu (3%, n = 13), or Sikh (1%, n = 4).

Relationship status

Just over half of respondents (53%, n = 280) reported currently being in a relationship. This included 48% (n = 250) who were in a relationship with one person and 6% (n = 30) who were in relationships with more than one person.

Sexual activity and partner diversity

In the past six months, most respondents (89%, n = 469) reported having had sex with cisgender men. A small proportion also reported sex with women (4%, n = 20) or with trans and gender-diverse partners, including trans men (3%, n = 18), trans women (3%, n = 13), and non-binary people (5%, n = 27).

Overall, 11% of respondents (n = 56) reported sex with a partner living with HIV. Among these respondents, most (77%, 43/56) reported knowing their partner's viral load status.

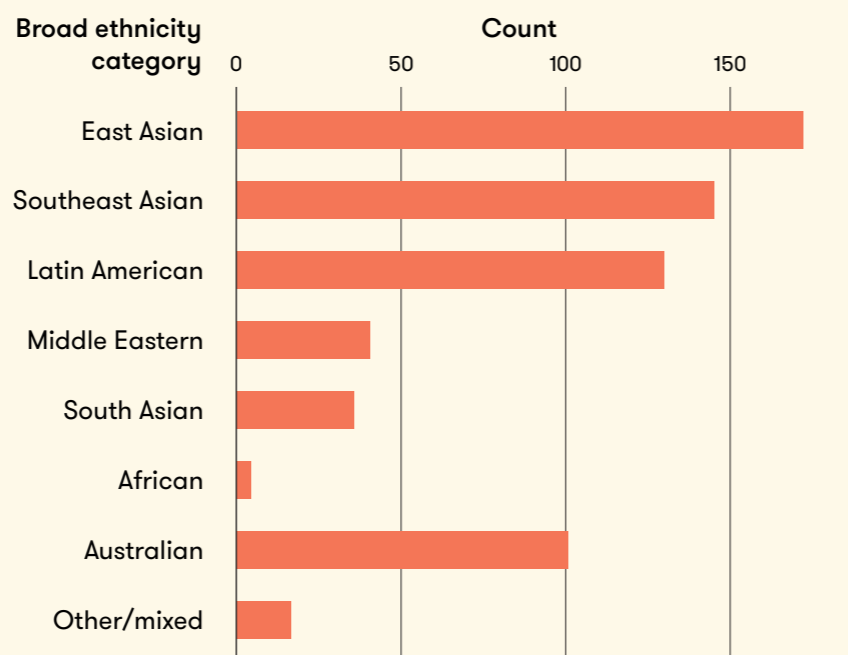
Group sex and transactional sex

A minority of respondents (11%, n = 60) reported receiving money, drugs, goods, or services in exchange for sex in the past six months. Group sex was relatively common, with 37% of respondents (n = 194) reporting sex involving three or more people at the same time. Among these respondents, most (89%, 172/194) reported penetrative sex (anal, vaginal, or front hole) during these encounters. Only 8% (16/194) reported that condoms were used by everyone involved.

Anal sex and partner numbers

Most respondents (80%, n = 423) reported having had anal sex in the past six months. Among these respondents, 73% (n = 310/423) reported more than one male partner, including 50% (n = 213) who had 2-10 partners and 23% (n = 97) who had 11 or more partners. About one-quarter reported having one partner (25%, n = 106).

Figure 2.
Broad ethnicity categories among participants (N=526)



Note: Categories are not mutually exclusive; participants could select more than one broad ethnicity category.

3. HIV PrEP, PEP and Doxy-PEP

Condom use with anal sex partners

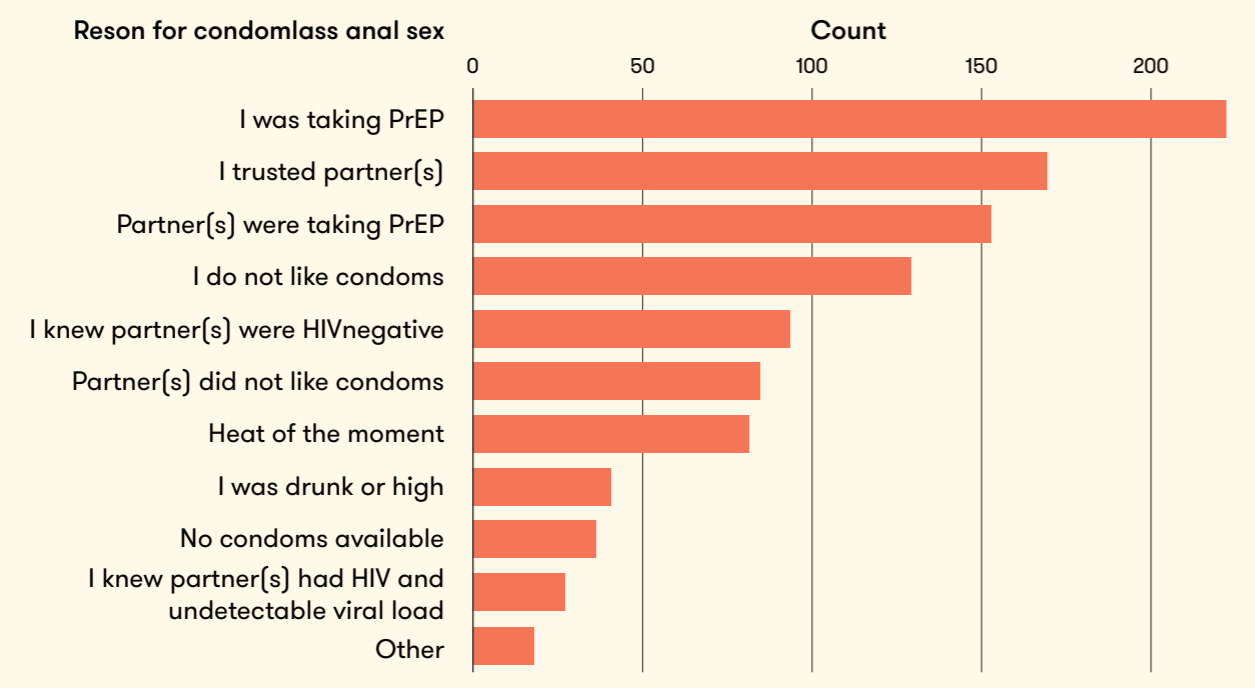
Condom use during anal sex was relatively low. Among those who had anal sex in the past six months (n = 423), only 8% (n = 35) reported always using condoms. Among those who reported condomless anal sex (n=388, Figure 3), the most commonly reported reasons for condomless anal sex were taking PrEP (42%, n = 219), trusting partners (32%, n = 166), partners taking PrEP (29%, n = 151), not liking condoms (24%, n = 127), and partners not liking condoms (16%, n = 83). A smaller proportion of respondents (5%, n = 26) reported knowing their partner was living with HIV and had an undetectable viral load.

Sexual activity during overseas travel (past 12 months)

Sexual activity while overseas was reported by 39% of respondents (n = 205) in the past 12 months. Among those who had sex overseas, 63% (n = 129) reported condomless anal sex at least once while travelling. The most commonly reported reasons included taking PrEP (67%, n = 87), having a partner who was taking PrEP (40%, n = 49), and disliking condoms (27%, n = 35).

Exploratory paired comparisons among respondents who reported condomless anal sex in both Australia and overseas (n = 55) suggested that reasons were broadly similar across settings. The only statistically significant difference was that respondents were more likely to report condomless anal sex because their partner did not like condoms in Australia than overseas (McNemar exact p = .003).

Figure 3.
Reasons for condomless anal sex in Australia (N=388)



Note: Responses were not mutually exclusive; participants could select more than one reason for condomless anal sex.

HIV PrEP use and access

Approximately half of respondents (52%, n = 271) reported using HIV pre-exposure prophylaxis (PrEP) in the past six months. Among these current users, 43% (n = 117) reported taking PrEP daily or almost daily, while 57% (n = 154) reported using PrEP on an on-demand or event-based basis. A further 29% of respondents (n = 151) reported having used PrEP previously but not within the past six months. Only four individuals (1%) reported that they had never heard of PrEP.

Among the 271 current PrEP users, the vast majority reported obtaining their prescription from a doctor in Australia (93%, n = 252), while a small proportion reported receiving their prescription from a doctor overseas (3%, n = 8). Similarly, most respondents obtained their PrEP medication from a pharmacy in Australia (80%, n = 219), while 14% (n = 38) reported purchasing PrEP online and importing it from overseas. Further analysis of prescription and medication source indicated that three respondents appeared to have obtained PrEP from an overseas source without a prescription.

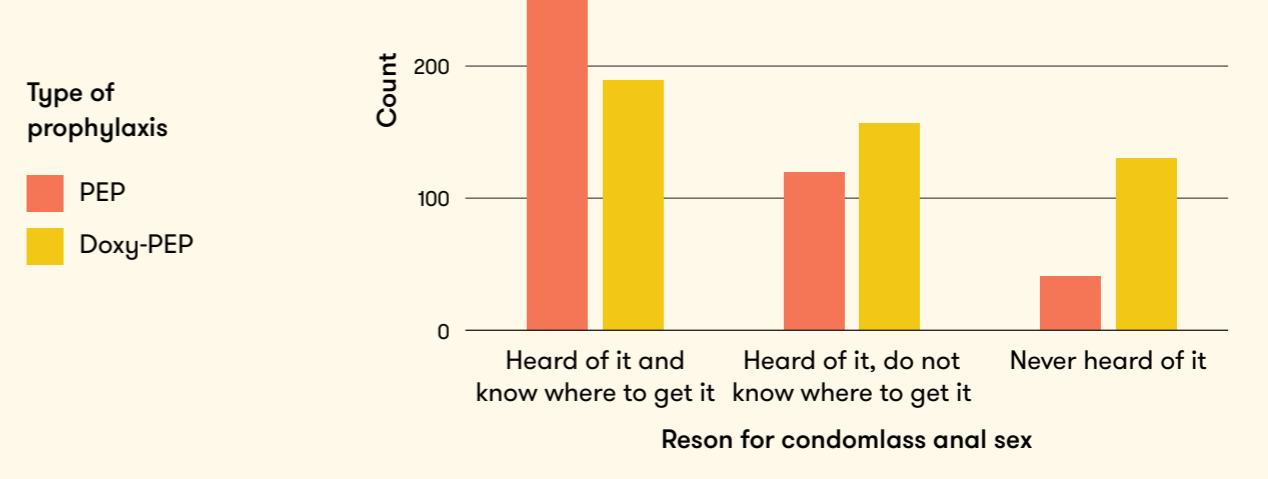
Sharing of PrEP medication was reported by some respondents. Among current PrEP users, one in five (20%, n = 55) reported sharing their PrEP pills with another person, such as a friend or sexual partner. Among those who had shared their medication (n = 55), fewer than half (44%, n = 24) reported that they always asked or were confident that the recipient had a valid prescription for PrEP.

Awareness of PEP and doxycycline PEP

Among respondents, 68% (n = 356) had heard of HIV post-exposure prophylaxis (PEP) and knew where to get it, 22% (n = 117) had heard of it but did not know where to get it, and 10% (n = 53) had never heard of it. Overall, 90% (n = 473) had heard of PEP.

Awareness of doxycycline post-exposure prophylaxis (doxy-PEP) was lower. Overall, 36% (n = 189) had heard of doxy-PEP and knew where to get it, 30% (n = 155) had heard of it but did not know where to get it, and 35% (n = 182) had never heard of it. Overall, 65% (n = 344) had heard of doxy-PEP (Figure 4).

Figure 4.
Awareness of PEP and doxy-PEP and knowledge of where to obtain them



4. HIV and STI Testing, Treatment and Health Outcomes

Understanding of U=U and sexual avoidance of people living with HIV

Respondents were asked about the likelihood that a person living with HIV who is on treatment and has an undetectable viral load can transmit HIV (U=U). Around half of respondents (49%, n = 255) selected the response option “extremely unlikely or impossible”.¹

Respondents were also asked about their attitudes towards sexual contact with people living with HIV. Overall, 41% of respondents (n = 216) agreed or strongly agreed that they would avoid having sex with someone living with HIV, regardless of their viral load.

Awareness and access to LGBTQ-friendly HIV/STI services

Most respondents (82%, n = 430) reported being aware of an LGBTQ-friendly clinic or HIV/STI service near where they live, study, or work. Overall, 67% of respondents (n = 351) indicated that they had attended such a service, while 15% (n = 79) reported being aware of a service but had not attended.

Among respondents who were aware of a service but had not attended (n = 79), the most commonly reported barrier was not having the chance to attend (65%, n = 51). Other selected barriers included limited opening hours (18%, n = 14) and concerns about service fees (5%, n = 4).

HIV testing practices

The vast majority of respondents (94%, n = 495) reported having ever tested for HIV. Overall, 75% of respondents (n = 395) reported testing within the past 12 months, and 58% (n = 303) reported having more than one HIV test within the past year.

Among respondents who had tested within the past year (n = 395), sexual health clinics were the most commonly reported location for the most recent HIV test (55%, n = 216), followed by general practitioners (43%, n = 169).

Among migrants who had arrived in Australia within the past four years (n = 111), 65% (n = 72) reported having their first HIV test within the first 12 months after arrival, including 50% (n = 55) who tested within the first six months. The most commonly reported location for this first test was a sexual health clinic (47%, n = 52), followed by community-based testing services such as aTEST or other outreach sites (11%, n = 12). Smaller proportions reported using a self-testing kit obtained online (7%, n = 8) or testing with a family doctor or general practitioner (7%, n = 8).

HIV status and treatment

Among respondents who had ever tested for HIV (n = 495), the majority (90%, n = 443) reported that their most recent test result was HIV-negative, while 8% (n = 40) reported living with HIV.

Among respondents living with HIV (n = 40), almost all (98%, n = 39) reported currently taking antiretroviral therapy. Most had also had a viral load test within the past 12 months (93%, n = 37), including 88% (n = 35) who had been tested within the past six months. Among those who reported their viral load status, the majority (93%, n = 37) indicated that their viral load was undetectable.

Most respondents accessed their HIV treatment through a public HIV or sexual health clinic or hospital service (70%, n = 28), while a smaller proportion received treatment through a general practitioner (20%, n = 8).

STI testing and diagnoses

Overall, 73% of respondents (n = 383) reported ever having had an STI test. More than half of respondents (59%, n = 308) reported testing within the past 12 months, including 31% (n = 165) who had tested within the past three months. Specifically, 23% of respondents (n = 121) reported having three or more blood tests for syphilis in the past 12 months. In addition, 25% (n = 132) reported having had a urine test, 25% (n = 132) a throat swab, and 24% (n = 128) a rectal swab for gonorrhoea or chlamydia during the same period.

Among respondents who had tested within the past year (n = 308), sexual health clinics were the most commonly reported location for the most recent STI test (58%, n = 179), followed by general practitioners (49%, n = 152).

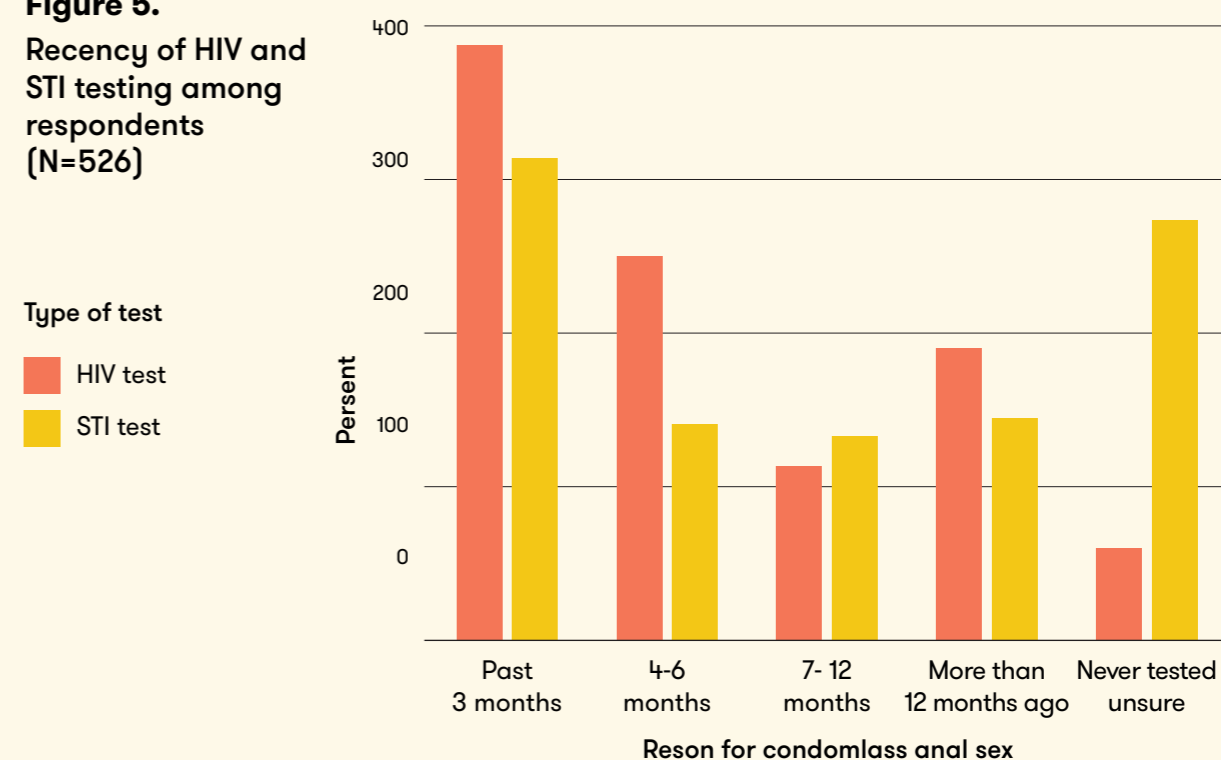
Among all 526 respondents, the most commonly reported STI diagnoses in the past 12 months were chlamydia (17%, n = 91) and gonorrhoea (17%, n = 91), while smaller proportions reported a diagnosis of syphilis (5%, n = 27).

Mpox and other vaccinations history

Approximately two-thirds of respondents (62%, n = 328) reported having ever received a mpox vaccination. Among all respondents, 50% (n = 265) reported receiving two doses. The majority of these vaccinations (91%, n = 297) were received in Australia.

Regarding other vaccinations, 66% of respondents (n = 346) reported having been vaccinated against hepatitis B, 59% (n = 310) reported hepatitis A vaccination, and 30% (n = 160) reported vaccination against human papillomavirus (HPV).

Figure 5.
Recency of HIV and STI testing among respondents (N=526)



¹ We acknowledge that this item used imprecise wording. Under U=U, an undetectable viral load means there is no risk of sexual transmission. In future survey rounds, this item will be revised to reflect this more accurately.

5. Alcohol, Tobacco and Other Substance Use

Tobacco use

About one-third of respondents (32%, n = 167) reported smoking tobacco products in the past six months. Among those who reported smoking, e-cigarettes or vapes were the most commonly used products (22%, n = 115), followed by cigarettes (18%, n = 96). Smaller proportions reported using waterpipes or shisha with tobacco (3%, n = 18) and cigars or pipes (3%, n = 13).

Alcohol use

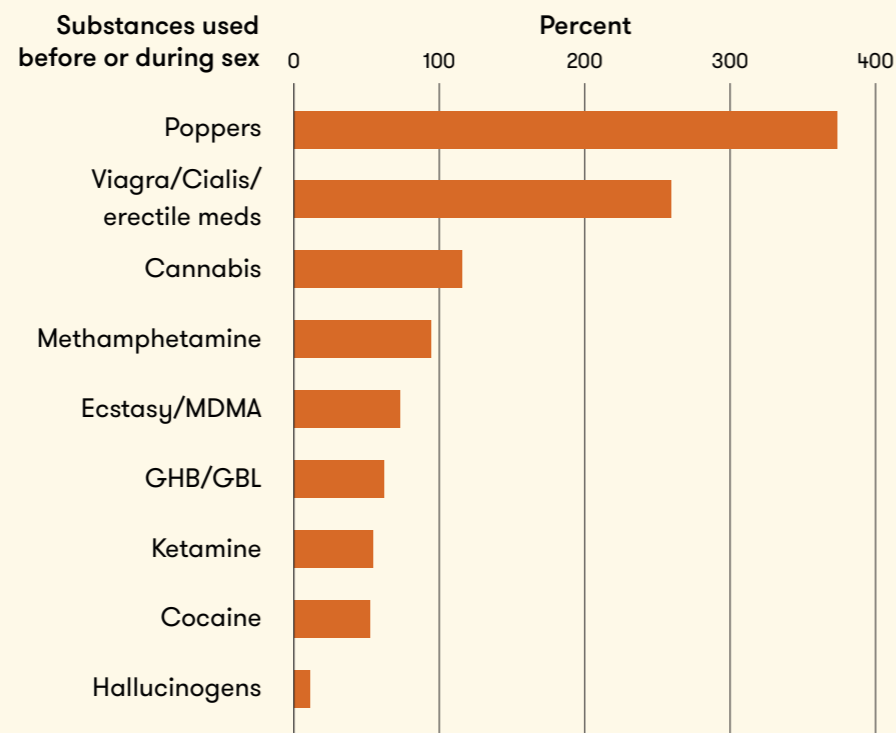
Alcohol consumption was reported by 80% of respondents (n = 418) in the past six months. Among those who consumed alcohol, 21% (n = 88) reported drinking at least twice per week.

Recreational substance use and support needs

Overall, 61% of respondents (n = 318) reported using one or more of the listed recreational substances in the past six months. Listed substances include cannabis, methamphetamine, ecstasy/MDMA, cocaine, ketamine, GHB/GBL, poppers (amyl nitrite), hallucinogens (e.g., LSD or magic mushrooms), prescription medications used non-medically, and other substances specified by respondents. A small proportion of respondents (5%, n = 26) reported injecting drugs in the past six months.

Among the 318 respondents who had used recreational substances, most (65%, n = 207/318) reported that they did not need external support related to their recreational substance use, and the most common reason was that they felt completely comfortable with their substance use (66%, n =

Figure 6. Substances used before or during sex in the past 6 months (N=275)



Note. Responses were not mutually exclusive; participants could select more than one substance.

6. Disability and Mental Health

Disability and health conditions

A total of 127 respondents (24%) reported living with a disability. Reported conditions included psychosocial disability (8%, n = 41), other neurological or neurodivergent conditions such as ADHD or dyslexia (7%, n = 40), other physical disabilities (4%, n = 19), autism (3%, n = 16), vision impairment (2%, n = 10), and hearing impairment or deafness (2%, n = 8).

Mental health and help-seeking

Approximately 27% of respondents (n = 144) reported having received a diagnosis of a mental health condition. Psychological distress was assessed using the six-item Kessler Psychological Distress Scale (K6). Based on the total K6 score, 30% of respondents (n = 160) screened positive for psychological distress.

Overall, 66% of respondents (n = 348) reported seeking some form of support for their mental health or emotional wellbeing in the past six months. The most commonly reported source of support was seeking advice from friends (45%, n = 239), followed by talking to a therapist or counsellor (27%, n = 140), seeking advice from family (17.9%, n = 94), and reading self-help books or articles (17%, n = 87).

Among respondents who reported using other types of support not captured in the predefined response options (n = 60), the most commonly mentioned form of support was the use of artificial intelligence tools such as ChatGPT (6% of all respondents, n = 31). This suggests that some respondents may be seeking immediate, low-barrier forms of support, which may have implications for how mental health information and referral pathways are designed and delivered.

137/207). Smaller proportions reported that they might seek support in the future (13%, n = 41/318), had sought support in the past (12%, n = 37), or were unsure or undecided (10%, n = 32/318).

Substance use in sexual contexts

More than half of participants (52%, n = 275) reported using substances before or during sex, most commonly poppers (38%, n = 198) and Viagra, Cialis, or other erectile medications (26%, n = 136). Other substances were reported less often, as shown in Figure 6.



7. Social and Community Determinants of Health

Social connections, community engagement, and belonging

Engagement with LGBTQ+ groups, clubs, or organised networks in Australia, such as sports teams, cultural groups, professional associations, volunteer groups, or hobby groups, was variable. More than half of respondents (58%, n = 307) reported never engaging with these queer networks in Australia. By contrast, attendance at LGBTQ+ public events was more common, with around three in five respondents (61%, n = 323) reporting attendance at least once in the past six months, while participation in private informal social gatherings with LGBTQ+ friends was more common again (72%, n = 381). These findings suggest that respondents may be more likely to participate in episodic or informal community activities than in ongoing organised community networks

Respondents reported varying levels of social connection with people from similar cultural backgrounds. Around one third of respondents (38%, n = 199) indicated that most or all of their closest friends in Australia shared a similar cultural or ethnic minority background.

Perceptions of racism and inclusion

Respondents reported notable experiences of racism and exclusion in Australian society. More than half of respondents (51%, n = 270) agreed or strongly agreed that their ethnic or cultural minority background had affected how they were treated in Australia. In addition, 41% (n = 215) agreed or strongly agreed that they had been treated unfairly by people in the broader Australian community. Perceptions of inclusiveness within LGBTQ+ communities were more mixed: less than half (45%, n = 237) agreed or strongly agreed that LGBTQ+ communities in Australia are welcoming to people from diverse ethnic or cultural backgrounds, while 27% (n = 139) disagreed or strongly disagreed.

Experiences of rejection or discrimination were also reported within LGBTQ+ communities of similar cultural or ethnic backgrounds. Approximately one quarter of respondents (23%, n = 121) reported experiencing rejection or discrimination from LGBTQ+ people of the same or similar ethnic or cultural background.

Experiences of racism across settings

Experiences of racism were reported across a range of social contexts. The most commonly reported setting where racism was experienced at least sometimes was on dating apps (42%, n = 221), followed by LGBTQ+ venues (31%, n = 163), neighbourhoods (20%, n = 104), and workplaces or educational settings (18%, n = 91).

Experiences of stigma and discrimination

Respondents reported experiencing stigma related to a range of personal characteristics. The most commonly reported forms of stigma were related to body size or body shape (42%, n = 223) and skin colour or physical appearance (40%, n = 208).

Other commonly reported sources of stigma included age (30%, n = 157), English language fluency or accent (16%, n = 83), visa or migration status (11%, n = 56), and socioeconomic status (10%, n = 52). Smaller proportions reported stigma related to recreational substance use (6%, n = 33), gender identity or expression (6%, n = 29), cultural practices (5%, n = 27), religion or faith practices (5%, n = 26), HIV status (3%, n = 16), and disability (2%, n = 11).

Open-text comments on rejection and discrimination

Approximately one quarter of respondents (23.2%, n = 122) provided additional comments about experiences of rejection or discrimination in the open-text responses. Online dating and hookup applications were a prominent context in which respondents reported explicit racial preferences and rejection based on ethnicity. As one participant explained, “The rejection and discrimination [are] usually very subtle. I usually realise what happened later when I process and think back on the situation.” Respondents also described more subtle or indirect forms of racism, including being ignored, stereotyped, or fetishised because of their cultural background.

Experiences of discrimination were also reported within LGBTQ+ social spaces, such as bars, saunas, and community gatherings, where some respondents felt marginalised due to intersecting factors including race, body type, age, masculinity norms, or gender expression. One participant described “people avoiding conversation with me once they heard my accent or realised I wasn’t from a Western background... these experiences made me feel invisible and unwelcome.” Others described discrimination in public spaces, workplaces, education settings, and services, as well as experiences linked to accent, visa status, or language barriers.

These responses suggest that rejection and discrimination were often subtle, cumulative, and intersectional, rather than limited to overt incidents.



8. Safety, Housing Stability, and Violence

Perceived safety expressing sexual and gender identities

Respondents' perceptions of safety when expressing their sexual or gender identities varied across social environments. Home and neighbourhood environments were generally perceived as safe, with 59% (n = 310) reporting feeling safe or very safe with family and 62% (n = 326) reporting feeling safe or very safe in their neighbourhood.

Workplaces were also generally perceived as safe, with 62% (n = 326) reporting feeling safe or very safe. Similarly, 46% of respondents (n = 240) reported feeling safe or very safe in school or university settings.

Religious or faith-based settings were perceived as the least safe environments. Among respondents for whom these settings were relevant, only 18% (n = 95) reported feeling safe or very safe, while 23% (n = 123) reported feeling unsafe or very unsafe.

Crosstab analyses indicated that perceptions of safety were associated with experiences of racism in the corresponding settings. In neighbourhoods, 41% (n = 42/102) of respondents who reported experiencing racism at least sometimes felt safe or very safe, compared with 65% (n = 105/161) of those reporting racism rarely and 72% (n = 174/243) of those reporting never or not applicable (X^2 , $p < .001$). A similar pattern was observed in workplaces, where 39% (n = 35/89) of those reporting racism at least sometimes felt safe or very safe, compared with 68% (n = 84/124) of those reporting racism rarely and 73% (n = 202/277) of those reporting never or not applicable (X^2 , $p < .001$). In school or university settings, 51% (n = 35/69) of those reporting racism at least sometimes felt safe or very safe, compared with 64% (n = 65/101) of those reporting racism rarely and 75% (n = 138/184) of those reporting never or not applicable (X^2 , $p = .005$). Together, these findings suggest that perceived safety in everyday settings was closely related to experiences of racism and exclusion.

Perceptions of safety in faith-based settings also varied by religious affiliation, although these results should be interpreted cautiously because some subgroups were small. Respondents identifying as Buddhist were more likely to report feeling safe or very safe in faith-based settings (68%, n = 32/47), whereas all respondents identifying as Muslim in this small subgroup reported feeling unsafe or very unsafe (100%, n = 15/15). Among Christians, responses were more mixed, with 27% (n = 24/90) reporting feeling safe or very safe and 37% (n = 33/90) reporting feeling unsafe or very unsafe. Overall, these findings suggest that faith-based settings were experienced unevenly across religious groups.

Housing stability

About 29% of respondents (n = 154) reported being worried about their housing situation in the next two months. This included 4% (n = 23) who reported being very worried, 7% (n = 36) who were quite worried, and 18% (n = 95) who were a little worried.

Sexual violence and consent violations

In the past 12 months, 11% of respondents (n = 55) reported experiencing intimate partner violence, including emotional, physical, or financial abuse. In addition, 5% (n = 27) reported experiencing condom removal without consent ("stealthling"), and 8% (n = 41) reported experiencing sex without consent.

Policy and Service Implications

The findings point to several implications for policy and service planning in NSW:

 <p>Recognise diversity and intersectionality within multicultural LGBTQ+ communities</p>	<p>The findings indicate that this population is not homogeneous. Differences in ethnicity, migration history, disability, social connection and other social circumstances are likely to shape people's experiences of health, safety and access to care. Policy and service responses should therefore be responsive to the diversity of needs within multicultural LGBTQ+ communities, rather than relying on a uniform approach.</p>
 <p>Strengthen culturally appropriate sexual health prevention and care</p>	<p>High levels of PrEP use, HIV testing and HIV treatment engagement indicate that existing sexual health strategies are reaching many people. At the same time, lower awareness of U=U and doxy-PEP, low levels of consistent condom use, and uneven engagement with LGBTQ-friendly services point to the need for prevention information and service delivery that are practical, accessible and culturally safe.</p>
 <p>Address racism and exclusion within health and community responses</p>	<p>Experiences of racism and exclusion were reported both in the broader community and within LGBTQ+ settings. This indicates that anti-racism and cultural safety should be regarded as core elements of service quality, workforce capability and community engagement, rather than as supplementary considerations.</p>
 <p>Strengthen links between sexual health and broader wellbeing support</p>	<p>The findings on psychological distress, disability, housing concern and experiences of violence indicate the need for more integrated responses across sexual health, mental health, disability, housing and violence support services. A more coordinated approach may be better placed to respond to the overlapping needs identified in the survey.</p>
 <p>Support varied forms of community participation and connection</p>	<p>The findings also suggest that community connection is expressed through a range of formal and informal pathways, and not only through organised LGBTQ+ groups. This highlights the value of supporting varied forms of participation, including culturally specific events, peer networks and informal community spaces, as part of a broader approach to inclusion and wellbeing.</p>

> Limitations

These findings should be interpreted in light of several limitations. Although the survey reached a culturally diverse sample, some communities were represented in relatively small numbers, particularly African, Middle Eastern and South Asian respondents, limiting the strength of subgroup conclusions. Recruitment through social media, community promotion, ACON events, and professional and community networks may also have favoured people who were already more connected to LGBTQ+ communities, sexual health services or online networks, and may have under-represented those who were less connected or more socially isolated. In addition, the data are self-reported and cross-sectional, providing a point-in-time account rather than a basis for causal inference. The report is also descriptive in scope and does not include multivariable modelling, so the findings should not be interpreted as showing the independent effects of particular social, demographic or behavioural factors.

> Future Directions

Future work should focus on strengthening recruitment of communities that were less well represented in the current sample, particularly African, Middle Eastern and South Asian respondents. Continued support for the GLAAM+ Survey will also be important, as it provides a distinct and complementary source of surveillance data on multicultural LGBTQ+ communities in NSW. Continued surveillance, alongside qualitative research where appropriate, would help monitor change over time and support more responsive policy and service planning.





GLAAAM+ Survey 2025

NSW Report

