WOMEN IN CONTACT WITH THE SYDNEY LGBTIQ COMMUNITIES:

REPORT OF THE SWASH LESBIAN, BISEXUAL AND QUEER WOMEN'S HEALTH SURVEY 2016, 2018, 2020

Julie Mooney-Somers, Rachel M. Deacon, Ania Anderst, Luna Stephanie Ray Rybak, Afreen F. Akbany, Luka Philios, Sophie Keeffe, Karen Price, Nicolas Parkhill





© 2020 Sydney Health Ethics, University of Sydney

ISBN: 978-1-74210-475-1

This report is based on the 2020 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 2020 survey, Nicolas Parkhill was the CEO at ACON.

Copies of this report are available from ACON:

Telephone: + 61 (0)2 9206 2000 Email: acon@acon.org.au Website: acon.org.au

Queries about the research should be addressed to:

A/Prof Julie Mooney-Somers Sydney Health Ethics, University of Sydney Telephone + 61 (0)2 9036 3412 Email: Julie.MooneySomers@sydney.edu.au

Acknowledgments

Our deep gratitude to ACON for continued practical and financial support. A special thank you to SWASH Recruitment Coordinator Anna Barker and staff across all ACON programs who advised in the revision of the survey, recruitment, or the drafting of this report. This research could not have happened without their generosity, expertise, and commitment.

We acknowledge those who have sustained SWASH over its lifetime, in particular the LGBTIQ people whose knowledge and experience has encouraged us to make the questionnaire and the report better reflect their lives.

We thank all the people who completed the questionnaire in 2020.

We acknowledge and pay respects to the Traditional Owners and Custodians of all the lands and waters on which the SWASH survey was completed, and the Gadigal people of the Eora nation where ACON and the University of Sydney are based.

Suggested citation:

Mooney-Somers, J, Deacon, RM, Anderst, A, Rybak, LSR, Akbany, AF, Philios, L, Keeffe, S, Price, K, Parkhill, N (2020) Women in contact with the Sydney LGBTIQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2016, 2018, 2020. Sydney: Sydney Health Ethics, University of Sydney. ISBN: 978-1-74210-475-1

Contents

1. Executiv	e Summary	1
2. Backgro	ound	4
3. Methods	S	5
3.1 Surv	ey instrument	5
3.2 Sam	pling and recruitment	5
3.3 Ana	lysis	6
4. Findings	3	7
4.1. Sam	nple Characteristics	8
4.1.1	Age	8
4.1.2	Sexual identity	8
4.1.3	Gender identity	10
4.1.4	Intersex status	11
4.1.5	Children	12
4.1.6	Social attachment to LGBTIQ communities	12
4.1.7	Education, employment, and income	14
4.1.8	Ethnicity	16
4.1.9	Geographical location	17
4.2. Sex	ual practices, partners and relationships	18
4.2.1	Sexual practices	20
4.2.2	2 Sexual relationships	21
4.3. Tob	acco, alcohol and illicit drug use	23
4.3.1	Tobacco use	23
4.3.2	2 Alcohol use	25
4.3.3	3 Illicit drug use	27
4.4 Hea	Ith Status and Healthcare Experiences	29
4.4.1	Healthcare experiences	29
4.4.2	General health	31
4.4.3	B Mental health	32
4.4.4	Preventive health practices	37
4.5. Exp	periences of violence and abuse	42
	Intimate partner violence	
4.5.2	2 Anti-LGBTIQ behaviour	43
5. Referen	ces	45
Appendix 1	1: Questionnaires	47

1. Executive Summary

A lack of systematic, nuanced research on the health and wellbeing of Australian lesbian, bisexual and queer (LBQ) women (cis and trans) 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. The inclusion of lesbian and bisexual women in the 2018 National Women's Health Strategy¹ and the 2018 NSW Women's Strategy² is recognition that while LBQ women share many health challenges with heterosexual women, some health problems may be more prevalent, risk factors may be different, and interventions may need to be tailored to the needs of this group. In NSW, the development of an LGBTI Health Strategy (due to be released in 2021) is an acknowledgment that health care systems need to consider how they provide health care to these populations to ensure equity of access and outcomes.

The SWASH survey is a comprehensive survey of important health issues relevant to lesbian, bisexual, queer and other non-heterosexual identifying women engaged with Sydney's lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities. SWASH has been run by researchers in collaboration with ACON every two years since 1996, and since 2009 has been run by researchers at the University of Sydney. The survey is regularly revised to reflect the needs of LGBTIQ communities and knowledge deficits identified through research literature. Where possible, questions are sourced from established national surveys.

Australian epidemiological data on the health and wellbeing of LBQ women remains limited. Sexuality and gender indicators are seldom included in large epidemiological surveys. Even when they are, data is often reported only by sexuality (e.g. LGB people vs heterosexual people) and not by sexuality and gender (e.g. LBQ women, GBQ men, heterosexual women, heterosexual men). SWASH provides a much-needed local evidence base to inform policy and best practice in healthcare and prevention for chronic diseases, mental health and wellbeing, sexual and reproductive health, and ageing.

This report presents results from the three most recent iterations of the survey conducted at the Mardi Gras Fair Day and other community events and venues during the Sydney Gay and Lesbian Mardi Gras seasons in 2016, 2018 and 2020. In 2020, 1588 lesbian, bisexual, queer and other non-heterosexually identifying women (cis and trans) and non-binary people returned valid surveys; an unprecedented number in the 24-year history of the SWASH survey.

This data provides unparalleled insights into the health of lesbian, bisexual, queer and other non-heterosexual identifying women aged 16 to 71 years who engaged with LGBTIQ communities in and around Sydney (where 85% of respondents reside). Our analyses highlight several areas of particular concern – many of which have persisted over time – where mainstream preventive health interventions that are inclusive of, or targeted to, LBQ women are needed.

Critical indicator: smoking. For 10 years SWASH tracked a smoking prevalence of 30% and above; rates dropped in 2018 to 22% and again in 2020 to 18%. While this sustained drop is good news, a prevalence rate of 18% in the SWASH sample is higher than the general population rate among women in NSW of 13%.³ While smoking among the youngest SWASH respondents dropped from 42% in 2016 to 24% in 2018, there was no further decrease in 2020. Efforts to prevent smoking initiation and support cessation must be sustained across all age groups. There is a high need for support as 63% of current smokers told us they want to quit.

Critical indicator: alcohol use. Alcohol consumption remains unchanged and is of concern. SWASH respondents are more likely to report they are currently drinking (86%) and drinking at levels that put them at risk of lifetime harm (48%), compared to women in general (71% and 25% respectively). Nearly one in five SWASH respondents reported they weekly or more often drank at levels that put them at risk of alcohol-related injury. SWASH respondents wanted support; while 21% of recent drinkers had been concerned about their alcohol use in the past year, only 5% had sought or received support.

Critical indicator: illicit drug use. In 2020, SWASH recorded a significant increase in illicit drug use; 54% had used an illicit drug in the preceding six months, the highest rate recorded in its history. There was an increase in the use of most individual drugs (cannabis, cocaine, ecstasy, LSD, and ketamine) compared to 2018 rates. These increases are seen in a context where SWASH respondents are many times more likely to report recent illicit drug use compared to women in general (13% in preceding 12 months). Again, SWASH respondents wanted support; 11% of recent drug users had been concerned about their drug use in the past year but only 4% had sought or received support. Ninety-one percent of those concerned about their drug use reported poly drug use.

Critical indicator: mental health status. SWASH has tracked a significant decrease in mental wellbeing over time. Half of respondents had been diagnosed with a mental health disorder in the past five years, 45% reported high or very high acute psychological distress (K6) in the past four weeks; These levels of acute distress are much higher than reported by women in NSW, where 19% reported high or very high distress in 2019.6 Almost a third of SWASH respondents said they felt in the past year that life was not worth living, and 12% had deliberately harmed themselves.

Critical indicator: global health status. SWASH employs a widely used global subjective measure that allows respondents to evaluate their health and found 77% reported good/very good/excellent health. This is very similar to women in NSW in general (79%).⁷

Critical indicator: preventive health behaviours. SWASH respondents are actively engaged in accessing health care: 70% had accessed psychological services in the past 5 years, 59% had ever had an STI screen. Efforts are needed to increase screening; 37% of respondents were overdue for a cervical screen, 31% of 50 to 69-year-olds were overdue for a mammogram, and 41% of 50 to 74-year-olds were overdue for a bowel screen.

Critical indicator: health care satisfaction. The last health care interaction for most respondents had been with a general practice; 74% were satisfied that their health care provider respected their sexuality or gender identity. For those whose last health care interaction was a mental health service – use is very high among the SWASH sample - 88% were satisfied. Across all services, less than 10% of felt their sexuality or gender identity had been irrelevant to the interaction.

Critical indicator: discrimination, harassment and abuse. Anti-LGBTIQ behaviour has been widely theorised as a key driver of the health deficits evident between heterosexual and LGBTIQ populations. SWASH had been tracking a decrease in anti-LGBTIQ abuse from 43% of respondents in 2006 to a low of 29% in 2014. The rate began increasing and in 2020 we see a new high of 45%. Forty-two percent of respondents had ever been in a relationship where a partner physical or emotionally abused them.

Critical indicator: community engagement. Connection to LGBTIQ communities is widely theorised as a protective factor against the harmful effects of discrimination and stigma. Among SWASH participants, connection to community remains steady, with over half reporting they feel connected to community in their everyday life, and the vast majority saying they have at least a few LGBTIQ friends. Three-quarters had attended an LGBTIQ group or event in the last year.

2. Background

SWASH is the longest running periodic survey of LBQ women's health and wellbeing in the world. The first round of the SWASH survey (then called the Sydney Women and Sexual Health survey) was carried out in 1996, making this the thirteenth iteration. The initial SWASH 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 intervention work. Concern had been voiced about the possibility of HIV spreading from gay men to the 'general community' so the first SWASH survey focused on sexual and injection-related HIV transmission risks. The survey was addressed to all women in social contact with gay and lesbian communities in Sydney. The scope broadened to a general health survey, and became focused on LBQ women. In 2020, we added new questions on bowel cancer screening, knowledge of PrEP, recent healthcare interactions, and use of electronic cigarettes.

A key strength of the SWASH data set is that we have asked the same core questions of LBQ women engaging with LGBTIQ communities, and we have done it in similar venues and events, every two years, at the same time of year. This allows us to track trends in the population of community engaged LBQ women. We take a cautious approach to changing the survey so as not to undermine our ability to capture changes. However, we work closely with ACON to respond to changes in the community, and to community expectations. For example, in 2018, we changed our approach to asking about survey respondents' gender. In 2020, we standardised and expanded the range of gender options in all questions that refer to a partner (e.g. intimate partner violence). We also revised the way we conceptualise and ask about sexual practice. The survey questions about sexual partners and practices now specify specific body parts (where relevant) where previously they implicitly assumed body parts based on the gender of the partner. We will continue to engage with community to ensure the survey reflects the diversity of ways people describe their experiences, practices or identities.

One hundred and twenty-two non-binary people chose to participate in the survey. During post-data collection consultation we came to understand a number of motivations drove these decisions. Non-binary respondents may have felt connected to or aligned with 'woman' or 'femininity' as part of their gender identity, or have felt that SWASH was the best available means to communicate their health needs to ACON. Some may have participated as they have done so in the past, or participated as an act of community connection. We respect their decisions and have retained them in the SWASH sample. However, as the sample is strongly skewed 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. To emphasise this, we describe the sample as 'LBQ women and some non-binary people'. We name non-binary people to highlight that their identities, experience and needs are not equivalent to women's. We support the development of research that better reflects the needs of all non-binary people.

This report presents results from the 2020 survey, with 2016 and 2018 data presented for comparison; the format follows previous survey iterations. 8-13 Slight changes in sampling and question wording between iterations mean that differences between the years cannot be attributed *solely* to change over time. We make note of changes in questions and years when particular questions were not asked.

3. Methods

3.1 Survey instrument

A 65-item self-complete questionnaire was used for the 2020 iteration; a few survey questions appeared for the first, some of which will likely not be repeated (see Appendix 1 for copies of the questionnaires). The questionnaire included items on demographics; sexual and gender identity; sense of connection to LGBTIQ communities; smoking, alcohol, and drug use; sexual health; general health; chronic illness and disability; mental health; experiences of anti-LGBTIQ behaviour, intimate partner violence; parenthood intentions; preventive health behaviour; and healthcare access and satisfaction. Responding to community feedback, and after consultation with community stakeholders, we changed the way the survey captured the gender of respondents' sexual/intimate partners, and the way we asked about sexual practice.

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 employs a modified version of the Time-Location convenience sampling also used for the HIV behavioural surveillance undertaken by the Gay Community Periodic Survey. Harbis venue-based method is often employed for populations that cluster in locations. We drew 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. As in previous years, in 2020 the primary recruitment site was the Mardi Gras Fair Day – a highly significant community family day with entertainment, stalls, and food attended by up to 80,000 people. As a result of recruitment success at Mardi Gras Fair Day, we selected further recruitment sites that would enhance the diversity of the sample.

SWASH has always been a survey aimed at women (cisgender and transgender). To ensure recruitment was as open as possible, peer recruiters were instructed to offer a questionnaire to everyone they perceived *might* see 'woman' or 'femininity' as part or all of their gender identity, and allow individuals to decide if they wanted to participate. Recruitment took place in public spaces, and entertainment venues; 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 at Fair Day, get a survey at the ACON stall. Because of practical difficulties, we have not calculated refusal rates.

In 2020 and 2018 we also ran the survey online using REDCap electronic data capture tools.¹⁵ The survey was open throughout March, going live immediately after face-to-face recruitment ceased, and advertised though ACON's social media networks. Delaying online recruitment is designed to maintain our ability to compare SWASH face to face samples across iterations.

The SWASH survey ran as the COVID-19 pandemic unfolded. There were 10 reported cases of COVID-19 in Australia when face-to-face recruitment began, and 28 cases by the time it finished. During face-to-face recruitment there were minimal travel restrictions but no other constraints on everyday life in Australia. We judge the pandemic to have had little impact on 90% of the sample who completed paper surveys in February. When online recruitment began in early March, the first death and the first documented case of community transmission

in Australia had just occurred. By the time online recruitment closed, there were 4560 documented cases and 19 deaths in Australia. However, 80% of the online surveys were submitted in the first week of March before: Australian borders closed to non-residents, mass gatherings were banned, social distancing measures introduced, and non-essential services closed. That is, only a small proportion of the online sample (itself only 10% of the total sample) was generated in the context of major and harmful changes to employment, income, health, and social connection. It is for these reasons that we have kept the online surveys in the final sample.

3.3 Analysis

Data were entered from the coded questionnaires 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 openended questions were transferred from the questionnaires. Data are reported in tables and text as whole numbers (if the digit after the decimal point was five or greater we rounded up to the next whole number, and if it was less than five 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.

4. Findings

Respondents who identified as heterosexual or as male (regardless of sex assigned at birth) have not been included in this report. In 2020, 193 people indicated that they primarily thought of themselves as heterosexual/straight and were removed from the sample (98% of these were cisgender women). While respondents who identified as heterosexual may still have had sex with women, most of these respondents did so only rarely (of the 190 heterosexual women, 13 had ever had sex with a woman, only six in the last six months). A further 21 respondents who identified as men (including 10 transgender men) were removed. SWASH has always been a survey of community-engaged lesbian, bisexual and queer (LBQ) women recruited at events during the Mardi Gras season. To maintain the sample's coherence, we excluded 107 online surveys from people who had not attended any events during the 2020 Sydney Gay and Lesbian Mardi Gras season. Finally, as this is a survey for adults, we removed 11 respondents who reported they were aged under 16 years.

Face-to-face recruitment generated 1438 valid responses and the online survey generated 150 valid responses (Table 1). Thus, the final 2020 sample comprised data from 1588 respondents. SWASH is a convenience survey rather than a random sample, but recruitment is done in settings not specifically related to health. Mardi Gras Fair Day, which remains the core recruitment site (Table 1), is attended by people for social reasons, not because they have health or other problems. This means that the sample is not skewed towards people with high rates of health difficulties or risk factors. On the other hand, because we recruit through events and venues during the Mardi Gras season, the SWASH sample is unlikely to include many people who do not wish to associate or engage with LGBTIQ communities.

We asked respondents to indicate if they had completed the previous SWASH iteration (2018); 9% had. This compares to 7% in 2016 and 14% in 2014.

Table 1: Recruitment venues				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
Fair Day	397 (64)	622 (49)	1141 (72)	
Social venues/ events	184 (30)	474 (37)	297 (19)	
Community group	42 (6)	-	-	
Online	-	176 (14)	150 (9)	
Total	623 (100)	1272 (100)	1588 (100)	

4.1. Sample Characteristics

4.1.1 Age

The age range was 16 to 71 years, with a median age of 32 (2018 range 16 to 94, median age 34; 2016 range 16 to -74, median age 33). Figure 1 compares the proportion of respondents in 5-year age categories over the last three surveys. The category with the largest number of respondents has consistently been the age group 25 to 34 years.

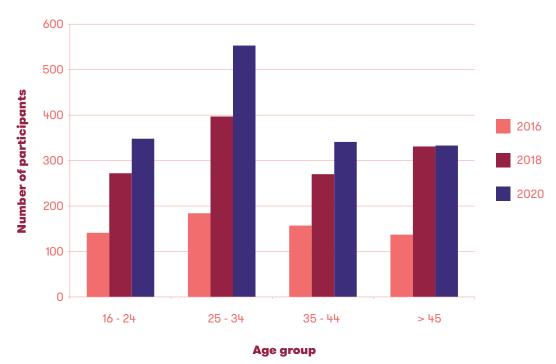


Figure 1: Age distribution of sample

4.1.2 Sexual identity

We continue to observe a drop (since 2006) in the proportion of respondents identifying as lesbian; the decrease over the last three iterations continues to be statistically significant (p<0.001; Table 2). The proportion of respondents identifying as bisexual has been slowly increasing, while the proportion of those identifying as queer remained steady across the 2018 and 2020 iterations. Age and sexual identity have been correlated in each iteration of SWASH, with younger respondents more likely than older respondents to identify as bisexual, queer or other, and less likely to identify as lesbian (Figure 2). Only 32% of those aged under 25 years now report lesbian as their identity.

The proportion of respondents who did not feel the available sexuality response options reflected their experience, or who selected more than one, has been increasing and now stands at 10%. This appears related to age; respondents aged under 25 years old were the most likely (15%) to indicate a sexuality other than those listed. Fifty-two respondents (3%) ticked multiple terms to describe their sexuality (for example, ticking both queer and lesbian). Some people resisted categorisation, writing comments such as "all", "I tend not to label myself" or "non-

specific", or describing themselves as fluid or "heteroflexible", while others defined themselves in opposition for example as "not heterosexual". Some participants left the categorisation open, describing themselves as "don't know yet", "questioning" or "not enough experience to label yet". The most common written term was pansexual (N=57; 4%), either on its own, or in conjunction with terms like "queer", or "lesbian". Twenty (1%) respondents used the term "asexual" or "ace", mostly on its own, though some used it in conjunction other terms such as "queer" or "lesbian". Several respondents described their sexuality as "trans".

The median age of lesbian respondents was 37 years, of bisexual respondents 26 years, and of queer respondents 31 years (Table 4).

Table 2: Sexual identity				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
Lesbian/dyke/gay/homosexual	389 (62)	705 (55)	808 (51)	
Bisexual	97 (16)	214 (17)	307 (19)	
Queer	95 (15)	252 (20)	315 (20)	
Different sexuality ¹	36 (6)	97 (8)	148 (9)	
Not reported	6 (1)	4 (<1)	10 (1)	
Total	623 (100)	1272 (100)	1588 (100)	
¹ In 2020 we updated to the option 'Other' to the less othering 'Different sexuality'				

Table 3: Mean and median age, by sexual identity				
	2016	2018	2020	
	Mean (median)	Mean (median)	Mean (median)	
Lesbian	37 (36)	39 (37)	38 (37)	
Bisexual	31 (28)	30 (26)	29 (26)	
Queer	32 (31)	33 (33)	32 (31)	
Different sexuality	30 (28)	33 (30)	31 (27)	
Not reported	29 (28)	21 (21)	37 (37)	
Total	35 (33)	36 (34)	35 (32)	



Figure 2: Sexual identity by age group

4.1.3 Gender identity

Since 2018 we have followed ACON's recommendations to ask two questions to capture gender diversity: "Which of the following best describes your gender identity: female, male, non-binary, different identity (please specify)", and "What sex were you assigned at birth: female, male". Prior to 2018, the SWASH survey simply asked respondents if they were transgender.

In 2020, most respondents (Table 4) felt "female" best described their gender. Most female respondents (86%) had been assigned female at birth; this group is usually referred to as cisgender or cis women. Thirty-seven respondents (2%) identified as female and had been assigned male at birth; this group is usually referred to as transgender women, but many identify simply as female/woman. Respondents identifying as non-binary represented 8% of the sample (6% in 2018), the overwhelming majority (88%) of whom had been assigned female at birth. A further 3% of respondents ticked multiple options or "other"; the majority had been assigned female at birth. Sixteen respondents ticked multiple terms to describe their gender, the most common being participants who selected both "female" and "non-binary". Some people resisted categorisation, making comments such as "nothing" or "non-specific". Some people left the categorisation open, describing themselves as "questioning", or "I don't fuckin know". The most common written term was "fluid" (N=10) usually as "genderfluid", followed by "genderqueer" (N=8), and some version of "demi" (as in "demi girl") (N=5). Nine respondents used the term "trans" (e.g. "transwoman", "transsexual").

As noted earlier, we excluded from the data set 24 respondents who exclusively identified as male (including 10 transgender men).

In earlier iterations of SWASH, the proportion of respondents who answered yes to a question about being transgender or transsexual had been increasing (1% in 2006 to 7% in 2016). However, due to changes in the way we now ask about gender, it is not possible to say that the 13% of respondents reporting a gender diverse experience in 2020 reflects a population increase or is an artefact of changes in our questions.

Table 4: Gender identity		
	2018	2020
	n %	n %
Female (assigned female at birth)	1110 (87)	1371 (86)
Female (assigned male at birth)	33 (3)	37 (2)
Non-binary (assigned female at birth)	79 (6)	107 (7)
Non-binary (assigned male at birth)	2 (<1)	15 (1)
Different identity/multiple (assigned female at birth)	32 (3)	40 (3)
Different identity/multiple (assigned male at birth)	14 (1)	9 (<1)
Not reported	2 (<1)	9 (<1)
Total	1272 (100)	1588 (100)

4.1.4 Intersex status

We continue to see a small proportion of respondents (1%) reporting that they are intersex; that is, that they have variations in sex characteristics such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns (Table 5). There are not good population level estimates of intersex status, however it is estimated that up to 1.7% of people have intersex variations, suggesting we would have expected more intersex respondents.¹⁶

Table 5: Intersex status				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
No	593 (95)	1230 (97)	1535 (97)	
Yes	12 (2)	24 (2)	19 (1)	
Prefer not to say	5 (1)	11 (<1)	20 (1)	
Not reported	13 (2)	7 (<1)	14 (1)	
Total	623 (100)	1272 (100)	1588 (100)	

4.1.5 Children

Similar to previous years, 15% of respondents said they had dependent children (Table 6). This number excludes people who have children who live with another parent or who have left home and are self-supporting. One hundred and eighty-four respondents (12%) said they were planning to have children in the next two years (Table 7); 84% of whom did not already have dependent children.

Table 6: Dependent children				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
No	510 (82)	1062 (83)	1351 (85)	
Yes	102 (16)	209 (16)	234 (15)	
Not reported	11 (2)	1 (<1)	3 (<1)	
Total	623 (100)	1272 (100)	1588 (100)	

Table 7: Planning to have children in next two years				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
No	518 (83)	1102 (87)	1385 (87)	
Yes / Maybe	98 (16)	165 (13)	184 (12)	
Not reported	7 (1)	5 (<1)	19 (1)	
Total	623 (100)	1272 (100)	1588 (100)	

4.1.6 Social attachment to LGBTIQ communities

Unsurprisingly for a sample we generated through LGBTIQ community events and networks, levels of connection were high, with 53% reporting they felt mostly or very connected to LGBTIQ communities in their everyday life (Table 8). Queer respondents reported the highest sense of connection (59% very or mostly connected), followed by lesbian (54%), and bisexual respondents (44%). Of the 1588 respondents, 94% said that at least a few of their friends were LGBTIQ people (Table 9).

In the preceding six months, 75% had attended at least one LGBTIQ group, event or venue (Table 10). Over the past decade of the survey there's been a significant decline in overall attendance in all categories (from 86% in 2006 to 75% in 2020). The drop may indicate a change in socialising habits - LBQ people may be attending more mixed-mainstream venues - and/or opportunities to attend community-specific events and venues may have decreased.

Table 8: Connection to LGBTIQ communities				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
Very	141 (23)	312 (25)	347 (22)	
Mostly	185 (30)	375 (30)	491 (31)	
Somewhat	193 (31)	403 (32)	532 (34)	
Rarely	77 (12)	145 (11)	163 (10)	
Not at all	20 (3)	27 (2)	43 (3)	
Not reported	7 (1)	10 (<1)	12 (<1)	
Total	623 (100)	1272 (100)	1588 (100)	

Table 9: Number of friends who are LGBTIQ				
	2016	2020		
	n (%)	n (%)	n (%)	
None	19 (1)	17 (1)	23 (1)	
A few	85 (14)	192 (15)	254 (16)	
Some	185 (30)	408 (32)	521 (33)	
Most	321 (52)	607 (48)	678 (43)	
All	19 (4)	33 (3)	34 (2)	
Not reported	7 (1)	15 (1)	78 (5)	
Total	623 (100)	1272 (100)	1588 (100)	

Table 10: Attendance at LGBTIQ social venues, events or groups in past 6 months			
	2016	2018	2020
	n (%)	n (%)	n (%)
Lesbian/queer women's night/bar	289 (46)	576 (45)	758 (48)
Gay night/bar	234 (38)	446 (31)	555 (35)
LGBTIQ dance party	198 (32)	378 (30)	489 (31)
LGBTIQ group meeting	171 (27)	294 (23)	336 (21)
LGBTIQ community event	303 (49)	695 (56)	755 (48)
LGBTIQ sports group	83 (13)	191 (15)	187 (12)
Any of the above	465 (76)	956 (72)	1188 (75)

4.1.7 Education, employment, and income

The SWASH sample has always been well educated; the proportion of respondents who have post-school qualifications has increased gradually from 64% in 2006 to 76% in 2020; 22% had a postgraduate qualification (Table 11). A majority (59%) were employed full-time and 16% were students, some of whom were also employed (Table 12). Just over half of respondents earned an annual before tax income of \$60,000 or more (Table 13), unsurprising as the proportion dependent on state benefits was low. Being a sample with a high proportion of younger people and a majority without dependent children, it is difficult to compare the income of the SWASH sample with other data. However, the average weekly earnings for all women in NSW (November 2019) is \$1059.80 giving an annual before-tax income of \$55,068¹⁷

Table 11: Education			
	2016	2018	2020
	n (%)	n (%)	n (%)
Up to Year 10/School Certificate	70 (11)	98 (8)	128 (8)
Year 12/Higher School Certificate	108 (17)	194 (15)	247 (16)
Tertiary diploma/trade certificate	112 (18)	228 (18)	244 (15)
University or college degree	202 (33)	451 (36)	610 (38)
Postgraduate degree	126 (20)	295 (23)	347 (22)
Not reported	5 (1)	6 (<1)	12 (1)
Total	623 (100)	1272 (100)	1588 (100)

Table 12: Employment status			
	2016	2018	2020
	n (%)	n (%)	n (%)
Employed full-time	363 (58)	711 (56)	940 (59)
Employed part-time	134 (22)	319 (25)	394 (25)
Unemployed	35 (6)	76 (6)	83 (5)
Student	100 (16)	234 (18)	250 (16)
Government payment/pension ¹	30 (5)	61 (5)	52 (3)
Unpaid Domestic duties ²	16 (3)	43 (3)	21 (1)
Not in work force	6 (1)	40 (3)	29 (2)

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

Table 13: Annual income before tax			
	2016	2018	2020
	n (%)	n (%)	n (%)
Nil-\$19,999	125 (20)	265 (21)	306 (19)
\$20,000-\$39,999	101 (16)	185 (14)	214 (13)
\$40,000-\$59,999	107 (17)	228 (18)	239 (15)
\$60,000-\$99,999	173 (28)	380 (30)	476 (30)
\$100,000+	89 (14)	191 (15)	328 (21)
Not reported	28 (5)	23 (2)	25 (2)
Total	623 (100)	1272 (100)	1588 (100)

¹ In earlier iterations this was "Pensioner/social security", ² In earlier iterations this was "Doing domestic duties"

4.1.8 Ethnicity

Table 14 shows responses to questions on ethnic or cultural background grouped into broad categories (we have provided an expanded number of categories compared to earlier SWASH reports). This data cannot be compared directly with the Census, which reports several variables including place of birth, language spoken and ancestry rather than our less specific category of ethnic or cultural affiliation. In SWASH, 4% of respondents self-identified as Aboriginal and/or Torres Strait Islander; this is lower than previous iterations, but similar to the NSW population (4.4% of the female population of NSW aged 15 years and older identified as an Aboriginal and/or Torres Strait Islander person. 18)

Table 14: Ethnicity or cultural background				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
Anglo-Australian only	387 (62)	797 (63)	1015 (64)	
South and Eastern European	38 (6)	75 (6)	121 (8)	
North West European	28 (5)	75 (6)	107 (7)	
Asian	28 (4)	56 (4)	102 (6)	
Aboriginal and/or Torres Strait Islander¹	40 (6)	83 (7)	66 (4)	
African and/or Middle Eastern	10 (2)	28 (2)	43 (3)	
Americas	26 (4)	17 (1)	38 (2)	
Oceanian ²	16 (3)	29 (2)	31 (2)	
Australian or Anglo-Australian plus other ethnicity	12 (2)	37 (3)	10 (1)	
Multiple/not specified	14 (2)	55 (4)	23 (1)	
European multi/not specified	7 (1)	14 (1)	14 (1)	
Not reported	17 (3)	6 (1)	18 (1)	
Total	623 (100)	1272 (100)	1588 (100)	

Note: Open text responses were classified into the above categories based on the 2019 Australian Standard Classification of Cultural and Ethnic Groups. 19

 $^{^{\}mathrm{1}}$ Includes 50 reporting multiple affiliations in 2020

 $^{^{\}rm 2}$ Includes New Zealand, Melanesian, Papuan, Micronesian and Polynesian people

4.1.9 Geographical location

Just over half (54%) of respondents lived in the city, inner west or eastern suburbs of Sydney (Table 15). This is unsurprising as most recruitment sites were located in this area. Few respondents (3%) lived in what has traditionally been considered the core 'gay Sydney' suburbs of Darlinghurst, Potts Point, Kings Cross, and Surry Hills. A significant proportion of respondents lived outside the Sydney region (13%), demonstrating the number of respondents coming into the region for the Mardi Gras festival. Contrary to what might be expected, there was little variation in the online versus paper sample; indeed, respondents completing online were slightly less likely to live outside Sydney (11%) compared to those completing a paper survey (13%).

Table 15: Where respondents lived				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
Gay Sydney ¹	27 (4)	35 (3)	41 (3)	
Eastern suburbs ²	27 (4)	65 (5)	86 (5)	
City and inner western Sydney ³	315 (51)	549 (43)	726 (46)	
Southern suburbs ⁴	27 (4)	93 (7)	94 (6)	
Northern suburbs ⁵	62 (10)	138 (11)	205 (13)	
Western suburbs and Blue Mountains ⁶	97 (16)	214 (17)	204 (13)	
Outside Sydney region	57 (9)	157 (12)	206 (13)	
Not reported/invalid	11 (2)	21 (2)	26 (1)	
Total	623 (100)	1272 (100)	1588 (100)	

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).²⁰

¹ Sydney - Eastern inner city suburbs of Surry Hills, Darlinghurst, Kings Cross and Potts Point

² Sydney – Eastern Suburbs

³ Sydney - Inner West and Sydney - City and Inner South plus Canterbury, excluding 'Gay Sydney'

⁴ Sydney – Sutherland, Sydney – Inner South West and Sydney - South West, excluding Canterbury

⁵ Sydney – North Sydney and Hornsby, Sydney – Northern Beaches, Sydney – Ryde, Sydney – Baulkham Hills, and Central Coast.

⁶ Sydney – Parramatta, Sydney – Outer West, Sydney – Blacktown, Sydney – Outer South West, Sydney – South West, Blue Mountains

4.2. Sexual practices, partners and relationships

In 2020 we changed the way we posed questions about sexual partners. We provided a list of six gender identity options and asked when the respondent last had sex with a person from each category. This is different to earlier iterations where we simply asked about sex with 'a woman' and sex with 'a man'. The new questions required respondents to know or guess the gender of their sexual partners, and possibly decide how to categorise a partner whose gender identity changed since the sexual encounter.

There was a striking increase in the proportion of respondents reporting they had never had sex with anyone: 17%, compared to 5% in 2018. A quarter of respondents said they had never had sex with a woman, compared to 10% in 2018. There were no demographic changes to account for this striking change. Moreover, while 77% said they had ever had sex when we specified the gender identity of sexual partners, 82% reported they had engaged in specific sexual practices in the preceding six months. This is a much larger discrepancy than we see in previous iterations (for example, in 2018, 104 respondents reported they had never had sex with a woman but only two went on to report specific sex practices with a woman in the preceding six months). Further analysis reveals respondents showing this discrepancy between sexual partners and sexual practices were more likely to be older and more likely to be lesbian (compared to bisexual or queer). There were no differences in where they lived, their educational attainment, their sense of community connection or the LGBTIQ events they had attended. We believe the most likely explanation for the higher than usual proportion reporting they had never had sex with a sexual partner when gender identity was specified, is a misunderstanding about the terminology. This interpretation is supported by feedback from peer recruiters who reported that some respondents – and notably older respondents – asked them what the term "cisgender" meant. While the survey included definitions for the terms "cisgender", "transgender" and "non-binary" the definitions were not beside the relevant question. When we piloted the survey, we did not find issues with these questions, but there were few older, lesbian women involved in this process. We will revise the way we ask these questions in 2022.

The great majority of respondents (71%) reported that they had ever had sex with a woman; 70% with a cisgender woman and 10% with a transgender woman (Table 16). Direct comparison to previous SWASH iterations is only indicative as we did not then ask specifically about gender identity. However, in 2018, 89% said they had ever had sex with a woman.

Forty nine percent of respondents reported that they had ever had sex with a man (Table 16); 46% with a cisgender man and 10% with a transgender man. Again, direct comparison to earlier SWASH iterations is only indicative as we did not then specify gender identity so we do not know if respondents included transgender men or not. However, in 2018, 66% said they had ever had sex with a man. The fact that a historical (or current) sexual relationship with a man remains a common experience for LBQ women is perhaps familiar and unremarkable to members of LGBTIQ communities. However, health service providers, policy makers and those designing STI prevention programs need to be aware that a significant proportion of women who do not identify as heterosexual are having sex with men, and consider the reach of their programs. Regardless of their sexual practices, LBQ respondents may not respond to health promotion campaigns directed at assumed heterosexual audiences.

In previous iterations, we have asked respondents about sex with a man they believed to be gay or bisexual. In 2020 we were clearer, asking about sex with a man (cisgender or transgender) who has sex with men: 32% had ever done so. This is slightly higher than the 27% who answered ues in 2018. Similar to previous years, 8% had done so in the preceding six months. Among these respondents reporting recent sex with a man, 58% had occasionally (19%) or often (39%) had sex involving a penis in a vagina and not used a condom. A further 24% reported they occasionally (16%) or often (8%) had sex involving a penis in an anus and not used a condom. In 2018, when we asked about vaginal and anal sex in a single question, 33% reported often having sex with a gay or bisexual man without a condom. We noted then that while the absolute numbers are relatively small, the proportion reporting often having vaginal or anal intercourse without a condom with a gay or bisexual man has increased over time. The 2020 data suggest there is a consistent proportion of LBQ women who are having sex with gay or bisexual men and not consistently using condoms. In the pre-exposure prophylaxis (PrEP) era where there is evidence of a decrease in consistent condom use by gay and bisexual men when they have sex with other men,21 these data may suggest a need for targeted promotion of PrEP to LBQ women and non-binary people. In addition to risks of transmission of STIs, vaginal sex without a condom can also present the risk of unintended pregnancy.

In 2020 we asked about PrEP awareness and access. Sixty three percent said they had ever heard about PrEP; of these four respondents said they had tried and failed to access PrEP while nine had been successful.

	Never	Over 6 months ago	In the past 6 months	Not reported
	n (%)	n (%)	n (%)	n (%)
Woman – cisgender	394 (25)	302 (19)	811 (51)	81 (5)
Woman – transgender	1240 (78)	107 (7)	59 (4)	182 (12)
Man – cisgender	687 (43)	467 (29)	270 (17)	164 (10)
Man – transgender	1232 (78)	120 (8)	37 (2)	199 (13)
Non-binary – assigned female at birth	1093 (69)	198 (13)	135 (9)	162 (10)
Non-binary – assigned male at birth	1267 (80)	87 (6)	45 (3)	189 (12)

4.2.1 Sexual practices

We asked respondents about their engagement in a range of sexual practices (Table 17). Prior to 2020, we only asked respondents about sexual practises they had engaged in with a woman; we removed this restriction in 2020 (so an increase in most practices would be expected) and added practices involving a penis. We will not make comparisons to previous years, although we note that over the lifetime of SWASH there has been a remarkable consistency in the sexual practices reported.

The most common sexual practice was manual sex (involving hands and genitals; Table 17). 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 were less common (33%), with manual stimulation (29%) a more common practice than oral stimulation (rimming; 19%), or the use of sex toys (16%). Twenty-six percent of respondents reported sex that involved penis-vagina (22%) or penis-anus (7%) sex.

Twenty-six 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 18). Eight percent of respondents reported they had had group sex in the preceding six months. One hundred and twenty-six respondents (8%) reported they had ever done sex work (Table 19).

Table 17: Sexual practices in the past 6 months (2020 only)		
	2020	
	n (%)	
Fingers/hand on external genitals	1247 (79)	
Fingers/hand inside vagina	1214 (76)	
Fingers/hand inside anus	442 (28)	
Oral sex (mouth on genitals)	1147 (72)	
Rimming (mouth on anus)	295 (19)	
Sex toy used on external genitals	863 (54)	
Sex toy used inside vagina	831 (52)	
Sex toy used inside anus	257 (16)	
Penis inside vagina ¹	345 (22)	
Penis inside anus ¹	113 (7)	
Note: Summary table; adds up to more than 100% because respondents could be in more than one category; 1 Question asked for the first time in 2020		

Table 18: Experience of kink, S/M dominance/bondage in the past 6
months (with blood and with no blood)

	2016	2018	2020
	n (%)	n (%)	n (%)
Yes	167 (27)	340 (27)	410 (26)
- with blood	48 (8)	63 (5)	56 (4)
No	428 (69)	883 (69)	1136 (72)
Not reported	28 (4)	49 (4)	42 (2)
Total	623 (100)	1272 (100)	1588 (100)

Table 19: Sex work				
	2016	2018	2020	
	n (%)	n (%)	n (%)	
Never	559 (90)	1149 (90)	1422 (90)	
Over 6 months ago	39 (6)	72 (6)	96 (6)	
In last 6 months	15 (2)	32 (3)	30 (2)	
Not reported	10 (2)	19 (1)	40 (2)	
Total	623 (100)	1272 (100)	1588 (100)	

4.2.2 Sexual relationships

As in previous years, most respondents said they were in a regular sexual relationship (2020: 67%, 2018: 62%, 2016: 67%). In 2020 we provided a more comprehensive gender identity list; see Table 20 for the breakdown. Most partnered respondents were in a relationship with a woman (69%), with 18% reporting they were in a relationship with a man and 15% with a non-binary person (Table 20). One hundred and six (7%) respondents reported they had multiple partners. The most common relationship length was over five years (34%) (Table 21). Among the 1063 partnered respondents, 63% lived with their partner.

Twenty-five percent of respondents reported they had had a casual sexual partner(s) in the preceding six months (2018: 25%, 2016: 27%). Among those reporting recent casual sex, 75% said this had involved a woman. Table 22 provides a comprehensive breakdown by our extended gender identity list.

	2020
	n (%)
With a cisgender woman	707 (67)
With a transgender woman	38 (4)
With a cisgender man	168 (16)
With a transgender man	23 (2)
With a non-binary person (assigned female at birth)	133 (13)
With a non-binary person (assigned male at birth)	32 (3)
Multiple partners	106 (7)

Note: Summary table; adds up to more than 100% because respondents could be in more than one category. Table only includes respondents who reported being in a regular relationship.

Table 21: Length of current regular relationship

	2016	2018	2020
	n (%)	n (%)	n (%)
Less than 6 months	35 (15)	128 (16)	137 (13)
6-11 months	49 (12)	90 (11)	115 (11)
1-2 years	83 (20)	130 (16)	226 (21)
3-5 years	93 (22)	158 (20)	203 (19)
Over 5 years	128 (30)	280 (36)	360 (34)
Not reported	2 (1)	5 (1)	22 (2)
Total	417 (100)	791 (100)	1063 (100)

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

Table only includes respondents who reported recent casual sex.

Table 22: Casual sexual partners in past 6 months (2020 only)

	2020
	n (%)
With cisgender women	279 (71)
With transgender women	43 (11)
With cisgender men	154 (39)
With transgender men	17 (4)
With non-binary people (assigned female at birth)	66 (17)
With non-binary people (assigned male at birth)	33 (8)
Note: Summary table; adds up to more than 100% because respondents could be	be in more than one category.

4.3. Tobacco, alcohol and illicit drug use

4.3.1 Tobacco use

Eighteen percent of respondents were current tobacco smokers (Table 23), a marked drop from 30% in 2016 and 22% in 2018 (p<0.001). This rate remains significantly higher than the general population: in 2019, 13% of women in NSW smoked.³ The 2019 National Drug Strategy Household Survey (NDSHS) found lesbian, gay and respondents (unfortunately not disaggregated by gender) were 1.5 times more likely to smoke daily, compared to heterosexual respondents.²² Over time, the proportion of smokers reporting daily smoking has decreased in the SWASH sample, from 61% in 2016 to 41% in 2020. This sustained decrease tempers the caution we expressed in 2018 when we first reported this striking shift after a decade of little change. The 2019 NDSHS offers additional support, showing a marked reduction in daily smoking from 26% of lesbian, gay and bisexual respondents in 2010 to 17% in 2019.⁵ It remains unclear what explains this decrease, although it was preceded by the first tailored and targeted community smoking cessation campaign (a joint initiative by ACON and Cancer Institute NSW) in May 2016.²³ There have since been LGBTIQ community campaigns run in Victoria.

SWASH has tracked a very high rate of smoking among younger respondents (Table 23). The striking decrease among 16 to 24-year-olds from 42% in 2016 to 24% in 2018, has not continued (2020: 24%). Smoking among all other age groups has continued to decrease.

Sixty-three percent of current smokers said they would like to quit or reduce their current level of smoking; this is similar to the 68% we found when we last asked this question in 2014 (although levels of smoking were much higher).

In 2020 we asked all respondents about their use of electronic cigarettes. Twenty-seven percent reported that they had ever used electronic cigarettes; only 2% of all respondents could be considered regular users (daily or weekly; Table XX). Current use was most common among respondents who also smoked tobacco. Just over half of current smokers (56%) had ever tried electronic cigarettes; 18% reported concurrent electronic and tobacco use. Sixty-four percent of ex-smokers had never used and only 4% said they currently used. Among respondents who had never smoked tobacco, less than 1% were current users of electronic cigarettes.

Table 23: Smok	ing status, b	y age group				
	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)				
2020						
Current smoker	83 (24)	115 (21)	51 (15)	38 (11)	3 (23)	290 (18)
Ex-smoker	27 (8)	106 (19)	102 (30)	126 (38)	2 (15)	363 (23)
Never smoked	221 (64)	317 (57)	170 (50)	149 (45)	6 (47)	863 (54)
Not reported	17 (5)	15 (3)	18 (5)	20 (6)	2 (15)	72 (5)
Total	348 (100)	553 (100)	768 (100)	333 (100)	13 (100)	1588 (100)
2018						
Current smoker	64 (24)	99 (25)	62 (23)	57 (17)	1 (50)	283 (22)
Ex-smoker	23 (8)	70 (18)	94 (35)	138 (42)	1 (50)	326 (26)
Never smoked	181 (67)	221 (55)	110 (41)	131 (39)	0 (0)	643 (51)
Not reported	4 (1)	7 (2)	4 (1)	5 (2)	0 (0)	20 (2)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
Current smoker	59 (42)	63 (34)	33 (21)	29 (21)	0 (0)	184 (30)
Ex-smoker	8 (6)	29 (16)	56 (36)	47 (35)	2 (50)	142 (23)
Never smoked	71 (50)	87 (47)	59 (37)	51 (37)	2 (50)	270 (43)
Not reported	3 (2)	5 (3)	9 (6)	10 (7)	0 (0)	27 (4)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)

Table 24: Use o	of electronic ciga	rettes by smo	king status (202	0 only)	
	Current smoker	Ex-smokers	Never smoked	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
Never used	127 (44)	232 (64)	729 (84)	29 (40)	1117 (70)
Tried once or twice	75 (26)	66 (18)	105 (12)	2 (3)	248 (16)
Used to use, but no longer	35 (12)	48 (13)	14 (2)	2 (3)	99 (6)
Less than monthly	15 (5)	3 (<1)	6 (<1)	0 (0)	24 (2)
At least monthly	12 (4)	4 (1)	2 (<1)	0 (0)	18 (1)
At least weekly	10 (3)	2 (<1)	1 (<1)	0 (0)	13 (<1)
Daily	14 (5)	7 (2)	0 (0)	0 (0)	21 (1)
Not reported	2 (<1)	1 (<1)	6 (<1)	39 (54)	48 (3)
Total	290 (100)	363 (100)	863 (100)	72 (100)	1588 (100)

4.3.2 Alcohol use

Eighty-six percent of respondents reported drinking alcohol. This is markedly higher than the 71% of women in NSW who report drinking alcohol. Table 25 illustrates the distribution of drinking frequency and shows little change over time. The frequency of drinking is related to age: the youngest drinkers were more likely to drink less than weekly (39%) compared to those aged over 45 years (30%); while the oldest drinkers were more likely to drink several days a week (16%) compared to the youngest drinkers (4%).

The National Health and Medical Research Council (NHMRC) currently recommends drinking no more than two standard drinks on any day to reduce the long term risk of harm from alcohol. We asked respondents: On a day when you drink alcohol, how many standard drinks do you usually have? Half of respondents (48%; 56% of those who drank) reported they usually drank at levels that exceed this recommendation (Table 26). This is markedly higher than the 25% of women in NSW who reported drinking at these levels in 2019. The NDSHS found lesbian, gay and respondents (unfortunately not disaggregated by gender) were 1.5 times more likely to exceed the lifetime risk guideline to reduce the harm from drinking alcohol, than heterosexual respondents. Among the youngest SWASH respondents, 59% (69% of younger drinkers) reported drinking at levels that increased their likelihood of long-term risk of harm. This compares with 44% of 16 to 24-year-old women in NSW. Australia's National Alcohol Strategy²⁵ has for the first time, recognised that LGBTIQ people are at increased risk of alcohol-related problems.

The NHMRC currently recommends drinking no more than four standard drinks on a single occasion to reduce the risk of alcohol-related injury arising from that single occasion. ²⁴ Using data from the same question about how many standard drinks respondents usually have, 16% of all respondents (19% of those who drank) reported that they usually drank at levels that exceed this recommendation (Table 26). Eighteen percent of respondents (21% of those who drank) reported drinking five or more drinks ('binge drinking') weekly or more often in the past six months (Table 27). While younger age groups (three quarters of 16 to 34-year-olds) were more likely to report ever binge drinking in the past six months, there was little age-group variation in how often this binge drinking occurred.

In 2020 we asked respondents if they had ever been concerned about their alcohol use, or felt it negatively impacted on their life: 36% said they had, and 10% said they had ever sought help to manage their use. Among current drinkers, 21% said in the last 12 months they had been concerned about their current alcohol use or its impacts, and 5% 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 25 Frequency of drinking alcohol						
	2016	2018	2020			
	n (%)	n (%)	n (%)			
Never	83 (13)	138 (11)	173 (11)			
Less often than weekly	195 (32)	469 (37)	544 (34)			
1 or 2 days a week	178 (29)	318 (25)	431 (27)			
3 or 4 days a week	88 (14)	190 (15)	239 (15)			
5 or 6 days a week	32 (5)	96 (8)	87 (6)			
Every day	26 (4)	42 (3)	64 (4)			
Not reported	21 (3)	19 (1)	50 (3)			
Total	623 (100)	1272 (100)	1588 (100)			

Table 26: Number of	f drinks consumed	per occasion	Table 26: Number of drinks consumed per occasion					
	2016	2018	2020					
	n (%)	n (%)	n (%)					
1 or 2 drinks	206 (33)	473 (37)	601 (38)					
3 or 4 drinks	198 (32)	405 (32)	504 (32)					
5 to 8 drinks	71 (12)	168 (13)	188 (12)					
9 or more drinks	32 (5)	47 (4)	70 (4)					
Not reported	33 (5)	41 (3)	52 (3)					
Non-drinker	83 (13)	138 (11)	173 (11)					
Total	623 (100)	1272 (100)	1588 (100)					

	2016	2018	2020
	n (%)	n (%)	n (%)
Never	120 (19)	233 (18)	279 (18)
Once or twice	141 (23)	380 (30)	428 (27)
About once a month	154 (25)	273 (21)	372 (23)
About once a week	60 (10)	149 (12)	190 (12)
More than once a week	35 (6)	64 (5)	86 (5)
Every day	3 (<1)	7 (1)	9 (1)
Not reported	27 (4)	28 (2)	51 (3)
Non-drinker	83 (13)	138 (11)	173 (11)
Total	623 (100)	1272 (100)	1588 (100)

Table 27: Frequency of drinking 5 or more drinks on a single occasion in

4.3.3 Illicit drug use

In the preceding six months, 54% of respondents had used any illicit drug, a significant increase from 47% in 2018 (p<0.001) (Table 28). Whilst the increase in reported drug use is clear across all age groups it is especially pronounced among 25 to 34-year-olds (up 9 percentage points since 2016) and 35 to 44-year-olds (up 10 percentage points since 2016). There has been a significant increase for most drugs including cannabis (up 4 percentage points since 2018, p<0.001; most notably among 25 to 34-year-olds), cocaine (up 8 percentage points since 2018, p<0.001; higher among 16 to 24 and 25 to 34-year-olds), ecstasy (up 7 percentage points p< 0.001; higher among 16 to 24 and 25 to 34-year-olds), amyl (up 4 percentage points since 2018, p<0.001; doubled among 16 to 24-year-olds), LSD (up 4% since 2018, p<0.001; doubled among 16 to 24-year-olds), and ketamine (up 4 percentage points since 2018, p<0.001). The only significant decrease was for amphetamines (down 4 percentage points since 2018, p<0.001) (Table 28). Fifty-four percent of respondents reported poly drug use. The most common 'other drug' use reported was nangs/bulbs (nitrous oxide), dex/ dexis/dexamphetamines, and psilocybin/shrooms/mushrooms. Four percent of respondents indicated that they had ever injected drugs, with less than 1% doing so in the past six months; we have observed a downward trend for several SWASH survey iterations.

The NDSHS found lesbian, gay and respondents (unfortunately not disaggregated by gender) were more than twice as likely to report illicit drug use in the preceding 12 months.⁵ Examining the NDSHS data for women in detail (which will include some lesbian and bisexual women) shows that 13% reported using any illicit drug in the past 12 months, this compares to 54% of SWASH respondents reporting any illicit drug use in the past 6 months.²⁶ The increases among SWASH respondents noted above are not evident in the NDSHS data for women. Without a sophisticated understanding of the drivers of illicit drug use in LBQ women and LGBTIQ communities more broadly, and the conditions under which these practices become problematic, interventions are unlikely to succeed. The 2017-2026 National Drug Strategy ²⁷ recognised LGB people are at increased risk of drug-related problems.

In 2020 we asked respondents if they had ever been concerned about their drug use or felt it negatively impacted on their life: 17% said they had, and 7% said they had ever sought help to manage their use. Among respondents reporting recent drug use, 11% said in the last 12 months they had been concerned about their current drug use or its impacts, and 4% said they had sought help to manage their drug use in the last 12 months. The vast majority (91%) of those reporting recent concern regarding their drug use, reported poly drug use. These findings suggest an unmet need for support with problematic drug use.

	2016	2018	2020
	n (%)	n (%)	n (%)
Any cannabis	184 (30)	416 (33)	583 (37)
- Natural	183 (29)	387 (30)	571 (36)
- Synthetic	20 (3)	67 (5)	102 (6)
Ecstasy	117 (19)	207 (16)	370 (23)
Amphetamines (meth/speed/ice)	61 (10)	154 (12)	126 (8)
Cocaine	101 (16)	233 (18)	406 (26)
Benzos / Valium	115 (18)	229 (18)	314 (20)
Amyl / poppers	50 (8)	122 (10)	223 (14)
LSD / trips	35 (6)	82 (6)	161 (10)
Ketamine	28 (5)	89 (7)	171 (11)
GHB	13 (2)	33 (3)	37 (2)
Other drugs	15 (2)	33 (3)	57 (4)
Any of the above	281 (45)	596 (47)	857 (54)

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

4.4 Health Status and Healthcare Experiences

4.4.1 Healthcare experiences

The 2018-2019 ABS Patient Experience Survey found most Australians had accessed health care in the preceding 12 months (88% of women had seen a GP, 38% a medical specialist and 69% another health professional). In 2020 we asked our respondents a specific question about how satisfied they were that staff at their most recent healthcare interaction had respected their sexuality and/or gender identity. In general, participants were very (52%) or somewhat (20%) satisfied. Looking across the most commonly used services (Table 29), most respondents were very or somewhat satisfied with how their sexuality/gender was respected. Satisfaction was lowest (60%) among those whose most recent interaction was with a medical specialist, and nearly a quarter felt their sexuality/gender had not been relevant to the interaction. Dissatisfaction with how staff had respected sexuality or gender was highest among those accessing sexual and reproductive health services (13%) and no respondent said their sexuality/gender had not been relevant to the interaction. Of particular importance for health care providers: only 10% of respondents felt that their sexuality or gender had not been relevant in their most recent interaction.

For several iterations of SWASH, the proportion of respondents who have a regular GP/doctor (59%) or health centre (20%) has been steady (Table 30). Half reported being very satisfied with their GP in general (this is different to the previous question about the respondent's judgement of how well their sexuality/gender was respected in their most recent health care interaction; Table 31). While it does not have directly comparable questions, the 2018-2019 ABS Patient Experience Survey suggests very high levels of satisfaction among the general population: 75% of women said their GP had always listened to them and 82% said they had always shown them respect.²⁸ SWASH respondents who were out to their regular GP were more likely to be very satisfied in general (57%, p<0.001) compared to those who were not out (32%). That is, while respondents were generally satisfied with the service they received, disclosing sexuality or gender identity was 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 LBQ women and non-binary people in other regions.

Table 29: Satisfaction with respect for sexuality/gender identity at recent healthcare interaction, by healthcare service (2020 only)

	General practice/ medical clinic	Mental health service	Sexual/ reproductive health service	Medical specialist (e.g. fertility, endocrinologist)
	n (%)	n (%)	n (%)	n (%)
Very satisfied/somewhat satisfied	878 (74)	54 (77)	31 (78)	21 (60)
Neither satisfied or unsatisfied	113 (9)	8 (11)	3 (8)	2 (6)
Somewhat unsatisfied/ very unsatisfied	83 (7)	3 (4)	5 (12)	3 (9)
Sexuality/gender identity was not relevant	104 (9)	4 (5)	0 (0)	8 (23)
Not reported	10 (1)	1 (1)	1 (2)	1 (3)
Total	1188 (100)	70 (100)	40 (100)	35 (100)

Table 30: Regular doctor			
	2016	2018	2020
	n (%)	n (%)	n (%)
No regular doctor	123 (20)	278 (22)	276 (18)
Yes, regular doctor	375 (60)	754 (59)	939 (59)
Yes, regular health centre	105 (17)	222 (18)	322 (20)
Not reported	20 (3)	18 (1)	51 (3)
Total	623 (100)	1272 (100)	1588 (100)

	0047 0040 00				
	2016	2018	2020		
	n (%)	n (%)	n (%)		
Very satisfied	218 (45)	433 (44)	628 (50)		
Satisfied	173 (36)	385 (39)	459 (36)		
Neither	44 (9)	93 (10)	93 (7)		
Unsatisfied	14 (3)	38 (4)	50 (4)		
Very unsatisfied	8 (2)	5 (1)	9 (1)		
Not reported	23 (5)	22 (2)	22 (2)		
Total	480 (100)	976 (100)	1261 (100)		

4.4.2 General health

The majority of respondents rated their general health as excellent/very good/good (77%); 20% reported their health as fair/poor (Table 32). It is striking that 16 to 24-year-olds have consistently been the most likely age group to rate their health as poor or fair; this may reflect higher rates of acute psychological distress (see section 4.3.3). HealthStats NSW uses the same question; in 2019, 79% of women in NSW reported excellent/very good/good health.⁷

Five hundred and fifteen respondents (32%) said they had a disability or long-term (physical or mental) health condition that lasted or was likely to last six months or longer. Again, this was most common among the youngest respondents (44%); prevalence reduced with age to 26% of those aged 45 years and older. Using a common schema to categorise open text responses,²⁹ we found mental illness was the most common long-term condition reported (22% of all respondents, or 35% of 16 to 24-year-olds), followed by a physical condition affecting mobility or dexterity.

Table 32: Ger	neral health, b	y age group				
	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2020						
Poor/Fair	87 (25)	110 (20)	62 (18)	62 (19)	3 (23)	324 (20)
Good/Very good	222 (64)	361 (65)	205 (60)	204 (61)	8 (62)	1000 (63)
Excellent	29 (8)	69 (13)	64 (19)	62 (19)	0 (0)	224 (14)
Not reported	10 (3)	13 (2)	10 (3)	5 (1)	2 (15)	40 (3)
Total	348 (100)	553 (100)	341 (100)	333 (100)	13 (100)	1588 (100)
2018						
Poor/Fair	72 (26)	83 (21)	58 (21)	49 (15)	1 (50)	263 (21)
Good/Very good	179 (66)	256 (65)	179 (66)	224 (67)	1 (50)	839 (66)
Excellent	17 (6)	53 (13)	31 (12)	53 (16)	0 (0)	154 (12)
Not reported	4 (2)	5 (1)	2 (1)	5 (2)	0 (0)	16 (1)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
Poor/Fair	35 (25)	25 (14)	24 (15)	22 (16)	0 (0)	106 (17)
Good/Very good	93 (66)	135 (73)	103 (66)	88 (64)	3 (75)	422 (68)
Excellent	7 (5)	21 (11)	24 (15)	19 (14)	1 (25)	72 (12)
Not reported	6 (4)	3 (2)	6 (4)	8 (6)	0 (0)	23 (4)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)

4.4.3 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.³⁰ The proportion of respondents reporting high (26%) or very high (19%) acute distress has been rising steadily since we first introduced this standardised measure in 2006 (then 16%; Table 33). HealthStats NSW use the K10,³¹ which shows that in 2019 14% of women in NSW reported high and 6% reported very high levels of distress (an increase on 2017 levels).⁶ While the K6 and the K10 measures cannot be directly compared they indicate a considerable disparity in levels of distress.

Reflecting the levels of acute distress reported, 30% of respondents said that in the preceding 12 months they had felt that life was not worth living (suicidal ideation; Table 34), and 12% said they had deliberately hurt themselves or done something they knew might harm or kill them (self-harm; Table 35). A majority of respondents (71%) had accessed mental health services in the last five years (Table 36), and 49% had received a diagnosis of depression, anxiety disorder or other mental health disorder (Table 37).

Psychological distress among 16 to 24-year-olds remains alarmingly high: 66% reported high/very high levels of acute distress (Table 33). This rate has remained steady over the last three iterations of the survey. Again comparing to data from HealthStats NSW: in 2019, 17% of 16 to 24-year-old women in NSW reported high and 11% reported very high levels of distress (an increase on 2017 levels). That is, a much higher proportion of young LBQ women are reporting acute psychological distress. Over the preceding 12 months, 42% of the youngest SWASH respondents had felt that life was not worth living, (Table 34) and 25% had deliberately hurt themselves or done something they knew might harm or kill them (Table 35). Three-quarters had accessed mental health services in the last five years (Table 36), and 61% had received a diagnosis of depression, anxiety disorder or other mental health disorder (Table 37).

	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2020						
Low distress	42 (12)	93 (17)	133 (39)	139 (42)	3 (23)	410 (26)
Medium distress	62 (18)	147 (26)	75 (22)	79 (24)	3 (23)	366 (23)
High distress	107 (31)	164 (30)	73 (21)	65 (19)	1 (8)	410 (26)
Very high distress	122 (35)	122 (22)	34 (10)	19 (6)	1 (8)	298 (19)
Not reported	15 (4)	27 (5)	26 (8)	31 (9)	5 (38)	104 (7)
Total	348 (100)	553 (100)	341 (100)	333 (100)	13 (100)	1588 (100)
2018						
Low distress	32 (12)	91 (23)	79 (29)	162 (49)	2 (100)	366 (29)
Medium distress	64 (23)	106 (27)	69 (26)	88 (26)	0 (0)	327 (26)
High distress	79 (29)	108 (27)	63 (23)	39 (12)	0 (0)	289 (23)
Very high distress	89 (33)	77 (19)	43 (16)	26 (8)	0 (0)	235 (19)
Not reported	8 (3)	15 (4)	16 (6)	16 (5)	0 (0)	55 (4)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
Low distress	15 (11)	44 (24)	57 (36)	59 (43)	1 (25)	176 (28)
Medium distress	24 (17)	63 (34)	46 (29)	25 (18)	1 (25)	159 (26)
High distress	42 (30)	44 (24)	29 (19)	22 (16)	2 (50)	139 (22)
Very high distress	49 (34)	20 (11)	10 (6)	7 (5)	0 (0)	86 (14)
Not reported	11 (8)	13 (7)	15 (10)	24 (18)	0 (0)	63 (10)
	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)

	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2020						
Ever	247 (71)	368 (67)	189 (55)	168 (51)	10 (77)	982 (62)
In the last 12 months	147 (42)	189 (34)	79 (23)	50 (15)	3 (23)	468 (30)
No	87 (25)	174 (31)	145 (43)	155 (47)	1 (8)	562 (35)
Not reported	14 (4)	11 (2)	7 (2)	10 (3)	2 (15)	44 (3)
Total	348 (100)	553 (100)	341 (100)	333 (100)	13 (100)	1588 (100)
2018						
Ever	189 (70)	269 (68)	170 (63)	176 (53)	1 (50)	805 (64)
In the last 12 months	121 (45)	134 (34)	80 (27)	56 (20)	0 (0)	391 (31)
No	77 (28)	123 (31)	97 (36)	152 (46)	1 (50)	450 (35)
Not reported	6 (2)	5 (1)	3 (1)	3 (1)	0 (0)	17 (1)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)

Table 35: Se						
	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2020						
Ever	215 (62)	280 (51)	117 (34)	79 (24)	5 (39)	696 (44)
In the last 12 months	86 (25)	72 (13)	29 (9)	8 (2)	1 (7)	196 (12)
No	119 (34)	258 (46)	214 (63)	244 (73)	5 (39)	840 (53)
Not reported	14 (4)	15 (3)	10 (3)	10 (3)	3 (23)	52 (3)
Total	348 (100)	553 (100)	341 (100)	333 (100)	13 (100)	1588 (100)
2018						
Ever	171 (63)	218 (55)	117 (43)	83 (25)	1 (50)	590 (46)
In the last 12 months	70 (26)	64 (16)	29 (11)	12 (4)	0 (0)	175 (14)
No	92 (34)	172 (43)	148 (55)	244 (74)	1 (50)	657 (52)
Not reported	9 (3)	7 (2)	5 (2)	4 (1)	0 (0)	25 (2)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)

Table 36:	Ever accesse	d counselling	or psycholog	gical service	s, by age gro	up
	16-24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2020						
No	61 (18)	74 (13)	60 (17)	45 (13)	1 (8)	241 (15)
Yes, in the past 5 years	262 (75)	420 (76)	230 (68)	202 (61)	12 (92)	1126 (71)
Yes, over 5 years ago	15 (4)	48 (9)	42 (12)	77 (23)	0 (0)	182 (11)
Not reported	10 (3)	11 (2)	9 (3)	9 (3)	0 (0)	39 (3)
Total	348 (100)	553 (100)	341 (100)	333 (100)	13 (100)	1588 (100)
2018						
No	63 (23)	64 (16)	45 (17)	61 (18)	0 (0)	233 (18)
Yes, in the past 5 years	192 (71)	295 (74)	191 (71)	180 (55)	1 (50)	859 (68)
Yes, over 5 years ago	14 (5)	32 (8)	31 (11)	86 (26)	1 (50)	164 (13)
Not reported	3 (1)	6 (2)	3 (1)	4 (1)	0 (0)	16 (1)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
No	37 (26)	41 (22)	25 (16)	27 (20)	0 (0)	130 (21)
Yes, in the past 5 years	96 (68)	119 (65)	107 (68)	77 (56)	3 (75)	402 (64)
Yes, over 5 years ago	6 (4)	20 (11)	19 (12)	26 (19)	1 (25)	72 (12)
Not reported	2 (2)	4 (2)	6 (4)	7 (5)	0 (0)	19 (3)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)

Table 37: Ever diag disorder, by age gi		report) with	anxiety, de	epression or	other men	tal health
	16 -24 years	25-34 years	35-44 years	45+ years	Not reported	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
2020						
No	104 (30)	165 (30)	138 (41)	143 (43)	1 (8)	551 (35)
Yes, in past 5 years	213 (61)	299 (54)	140 (41)	119 (36)	8 (62)	779 (49)
Yes, over 5 years ago	15 (4)	73 (13)	52 (15)	59 (18)	3 (23)	202 (13)
Not reported	16 (5)	16 (3)	11 (3)	12 (4)	1 (8)	56 (4)
Total	348 (100)	553 (100)	341 (100)	333 (100)	13 (100)	1588 (100)
2018						
No	89 (33)	143 (36)	98 (36)	152 (46)	0 (0)	482 (38)
Yes, in past 5 years	163 (60)	195 (49)	130 (48)	99 (30)	0 (0)	587 (46)
Yes, over 5 years ago	16 (6)	53 (13)	39 (15)	75 (23)	2 (100)	185 (15)
Not reported	4 (1)	6 (2)	3 (1)	5 (1)	0 (0.0)	18 (1)
Total	272 (100)	397 (100)	270 (100)	331 (100)	2 (100)	1272 (100)
2016						
No	47 (34)	74 (40)	63 (40)	55 (40)	1 (25)	240 (38)
Yes, in past 5 years	89 (63)	85 (46)	63 (40)	53 (39)	2 (50)	292 (47)
Yes, over 5 years ago	3 (2)	23 (13)	21 (14)	21 (15)	1 (25)	69 (11)
Not reported	2 (1)	2 (1)	10 (6)	8 (6)	0 (0)	22 (4)
Total	141 (100)	184 (100)	157 (100)	137 (100)	4 (100)	623 (100)

4.4.4 Preventive health practices

From 1st December 2017, the National Cervical Screening Program increased the age at which screening should start from 18 years, to 24 years and nine months (and now ending at age 74). The recommended maximum time between screening tests increased from two years, to five years. The Pap smear test (looking for physical changes indicating cancer) was replaced by a Cervical Screening Test (CST; testing for the Human Papilloma Virus (HPV) that may lead to cancer). Anyone who had previously had a Pap smear test is due to attend for the new CST within two years, after which they would be on a five-year CST screening cycle.³³ For SWASH 2020 we asked about "a cervical screen" but noted this was previously called "a Pap smear". During this period of transition, we will continue to use the previous screening protocols (i.e. screening from age 18 and recommended every two years) until we have five years of data.³¹ Table 38 shows that 37% of respondents would be considered overdue for screening – that is, they were last screened more than three years ago, never had screening or were not sure when they last had a Pap smear. Screening rates under the renewed National Cervical Screening Program cannot be calculated until there is five years of data; that is, we cannot currently compare screening rates in the SWASH sample with the general population.

We continue to see a pattern of higher rates of never screened among respondents who report they had never had sex with a man (cisgender or transgender; 34%) compared to those who reported sex with a man (cisgender or transgender; 19%). HPV transmission only requires skin-to-skin contact³⁵, and research demonstrates the prevalence of genital warts among women who have a sexual history with women is similar to that of exclusively heterosexual women.³⁶ Yet, the idea that women who only have sex with women are at lower risk of cervical cancer persists³⁷, including among Australian healthcare providers.³⁸ ACON's health promotion campaign *The Inner Circle*³⁹ informed LGBTIQ+ communities of changes to the National Cervical Cancer Screening Program and raised awareness of the need for anyone with a cervix, regardless of gender identity or sexuality, to be screened. ACON also run, in partnership with Family Planning NSW, Check OUT, a community-led, peer-based cervical screening and sexual health clinic for LGBTIQ+ people.

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 years⁴⁰. These same groups can access a mammogram free of charge if they are aged 40 to 49 or over 74, but they are not directly invited. Since 2018, we asked respondents if they had ever had a mammogram: in 2020 88% of 50 to 74-year olds had. That is, 21% were overdue (last screened more than three years ago, never had a mammogram (9%) or were not sure if they had been screened; Table 39). According to HealthStats NSW, 51% of women aged between 50 and 69 years in the Sydney Local Health District (where most of the SWASH sample resides) had received a mammogram in 2015/2016. 41 The equivalent two-year screening rate for SWASH respondents aged 50 and 69 years is 69%. Comparisons need to be qualified; the SWASH sample is different to the general population as it is highly urbanised, highly educated and less ethnically diverse. Other Australian studies asking LBQ women about mammography report rates both slightly higher or slightly lower than the general population.42,43 ACON's ongoing breast health campaign Our United Front (and prior to that, Talk Touch Test) has been promoting the importance of regular

breast screening through BreastScreen NSW. ACON and BreastScreen NSW have partnered to bring the BreastScreen mobile screening van to LGBTIQ community events, such as Sydney's Fair Day.⁴⁴

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 age. 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 2020 we asked respondents aged 50 years and older if they had ever used a bowel screening home test kit: 77% had ever, while 59% had done so in the preceding two years (Table 40). Among the 22% who had never been screened, three-quarters had received but not returned a home test kit; this is a clear opportunity for health promotion. National bowel screening program data shows that among women aged between 50 and 74 years who were invited to participate in 2016/2017, 41% had done so (compared to 59% in SWASH). 45 Again, comparisons need to be qualified; the SWASH sample is different to the general population as it is highly urbanised, highly educated and less ethnically diverse. To date no bowel cancer education programs have been directed at LBQ women (or indeed LGBTIQ people) in Australia. However, ACON has partnered with Cancer Institute NSW to develop a targeted bowel screening campaign for LGBTIQ people.

Rates of STI testing within the sample appear steady. Over half of respondents (59%) had ever had a test for an STI other than HIV; 18% had done so in the previous six months (Table 41). As in previous iterations, there is an association between STI testing and sex with men (cisgender or transgender): 77% of those who reported sex with a man also reported ever having an STI test compared to 41% of respondents who had never had sex with a man. Of those ever tested for an STI, 24% respondents had ever received an STI diagnosis. An STI diagnosis was more likely among respondents who reported ever having had sex with a man (28%) compared to those who had never had sex with a man (16%). HIV testing was lower, with 42% reporting they had ever had a test; less than 1% of respondents reported they were HIV positive.

	Never had sex with a man ¹	Ever had sex with a man ¹	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
2020				
Less than 3 years ago ¹	316 (49)	513 (68)	102 (55)	931 (59)
3-5 years ago	45 (7)	54 (7)	12 (7)	111 (7)
More than 5 years ago ²	42 (6)	21 (3)	14 (8)	77 (5)
Never	221(34)	146 (19)	35 (19)	402 (25)
Not sure	11 (2)	10 (1)	3 (2)	24 (1)
Not reported	14 (2)	13 (2)	16 (9)	43 (3)
Total	649 (100)	757 (100)	182 (100)	1588 (100)
2018				
Less than 3 years ago ¹	170 (45)	613 (71)	14 (39)	797 (62)
3-5 years ago	14 (4)	49 (6)	1 (3)	64 (5)
More than 5 years ago ²	29 (8)	57 (7)	0 (0)	86 (7)
Never	148 (39)	113 (13)	9 (25)	270 (21)
Not sure	2 (<1)	7 (1)	0 (0)	9 (1)
Not reported	16 (4)	18 (2)	12 (33)	46 (4)
Total	379 (100)	857 (100)	36 (100)	1272 (100)
2016				
Less than 3 years ago ¹	106 (53)	289 (72)	13 (58)	408 (65)
3-5 years ago	12 (6)	30 (7)	1 (5)	43 (7)
More than 5 years ago ²	6 (3)	22 (6)	1 (5)	29 (5)
Never	64 (32)	50 (13)	2 (9)	116 (19)
Not sure	7 (3)	4 (1)	1 (5)	12 (2)
Not reported	7 (3)	4 (1)	4 (18)	15 (2)
Total	202 (100)	399 (100)	22 (100)	623 (100)

Table 39 : Timing of last mammogram (50 to 74-year-olds)					
	2018	2020			
	n (%)	n (%)			
Less than 2 years ago	130 (64)	148 (69)			
2-3 years ago	24 (12)	22 (10)			
3-5 years ago	13 (6)	11 (5)			
More than 5 years ago	10 (5)	8 (4)			
Never	21 (10)	19 (9)			
Not Sure	1 (1)	0 (0)			
Not Reported	5 (2)	5 (3)			
Total	204 (100)	214 (100)			

Table 40: Timing of last bowel screen (50 to 74-year-olds)					
	2020				
	n (%)				
Less than 2 years ago	124 (58)				
2-3 years ago	17 (8)				
3-5 years ago	12 (6)				
More than 5 years ago	10 (5)				
Never - received the kit but did not use	32 (15)				
Never – did not receive the kit	12 (6)				
Not Sure	2 (1)				
Not Reported	3 (1)				
Total	212 (100)				

	Never had sex with a man ¹	Ever had sex with a man	Not reported	Total
	n (%)	n (%)	n (%)	n (%)
2020				
Never	377 (58)	165 (22)	81 (44)	623 (39)
Yes, over 6 months ago	206 (32)	379 (50)	69 (38)	654 (41)
Yes, in the past 6 months	59 (9)	206 (27)	16 (9)	281 (18)
Not reported	7 (1)	7 (1)	16 (9)	30 (2)
Total	649 (100)	757 (100)	182 (100)	1588 (100)
2018				
Never	222 (58)	235 (28)	14 (39)	471 (37)
Yes, over 6 months ago	112 (30)	439 (51)	8 (22)	559 (44)
Yes, in the past 6 months	39 (10)	175 (20)	1 (3)	215 (17)
Not reported	6 (2)	8 (1)	13 (36)	27 (2)
Total	379 (100)	857 (100)	36 (100)	1272 (100)
2016				
Never	102 (50)	104 (26)	10 (45)	216 (35)
Yes, over 6 months ago	65 (32)	198 (49)	3 (14)	266 (43)
Yes, in the past 6 months	26 (13)	91 (23)	3 (14)	120 (19)
	9 (5)	6 (2)	6 (27)	21 (3)
Not reported	()			

4.5. Experiences of violence and abuse

4.5.1 Intimate partner violence

Forty-two percent of respondents reported they had ever been in a relationship where a partner had physically or emotionally abused them (Table 42). This is slightly lower than previous years (48% 2018, 45% 2016). This apparent decrease in experiences of intimate partner violence could reflect positive cultural change in LGBTIQ communities. However, as we have changed the way we ask about the gender of the user of violence in this question comparisons to previous years are not perfect. ACON, the Inner City Legal Centre, and the LGBTIQ Domestic and Family Violence Interagency continue to work to raise awareness of intimate partner violence in LGBTIQ relationships, and to support mainstream services to work more inclusively with sexuality and gender diverse communities. ACON has expanded their intimate partner violence website (sayitoutloud.org.au) and is running therapeutic groups for people who have been in abusive relationships and behaviour change programs for people who use abuse. ACON are also developing a national primary prevention campaign to challenge the drivers of violence in sexuality and gender diverse communities.

Table 42: Experiences of abuse in a relationship (2020 only)	
	2020
	n (%)
Ever experienced abuse in a relationship with a woman (cisgender or transgender)	364 (23)
Ever experienced abuse in a relationship with a man (cisgender or transgender)	302 (19)
Ever experienced abuse in a relationship with a non-binary person	65 (4)
Note: Summary table; adds up to more than 100% because respondents could be in more than one category.	

4.5.2 Anti-LGBTIQ behaviour

As in previous iterations, respondents were asked whether they had experienced any of six specified anti-LGBTIQ acts against them in the preceding 12 months (Table 43). In 2020 we also asked about anti-LGBTIQ personal threats/abuse received online; it was the second most common type of abuse reported (16%). All the types of behaviour we asked about (apart from online abuse) showed a statistically significant increase on 2018. Forty-five percent of respondents had experienced some form of abuse or harassment.

	2016	2018	2020
	n (%)	n (%)	n (%)
Verbal abuse or harassment	233 (37)	478 (38)	647 (41)
Being pushed or shoved	41 (7)	77 (6)	147 (9)
Being bashed	15 (2)	10 (1)	62 (4)
Physical threat or intimidation	65 (10)	155 (12)	233 (15)
Refusal of service	34 (6)	61 (5)	118 (7)
Refused employment or promotion	24 (4)	47 (4)	99 (6)
Personal threats/abuse online ¹	-	-	252 (16)
Any of the above	247 (40)	509 (40)	717(45)

5. References

- Department of Health. National Women's Health Strategy 2020-2030. Canberra: Commonwealth Government of Australia: 2018.
- 2 NSW Government. NSW Women's Strategy 2018-2022: Advancing economic and social equality in NSW In: Department of Family and Community Services, editor. Sydney: NSW Government,; 2018.
- 3. Centre for Epidemiology and Evidence. HealthStats NSW: Smoking in adults Sydney: NSW Ministry of Health; 2020 [Available from: http://www.healthstats.nsw.gov.au/Indicator/beh_smo_age.
- 4. Centre for Epidemiology and Evidence. HealthStats NSW: Alcohol drinking in adults Sydney: NSW Ministry of Health; 2020 [Available from: http://www.healthstats.nsw.gov.au/Indicator/beh_alc_age/beh_alc_age.
- Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019: in brief. Canberra AIHW; 2020.
- 6. Centre for Epidemiology and Evidence. HealthStats NSW: Psychological distress by Kessler 10 categories Sydney: NSW Ministry of Health; 2020 [Available from: http://www.healthstats.nsw.gov.au/Indicator/men_distr_type/men_ distr_type_age.
- 7. Centre for Epidemiology and Evidence. HealthStats NSW: Self-rated health status Sydney: NSW Ministry of Health; 2020 [Available from: http://www.healthstats.nsw.gov.au/Indicator/bod_selfcat/bod_selfcat.
- 8. Mooney-Somers J, Deacon RM, Price K, Richters J, León de la Barra S, Schneider K, et al. Women in contact with the Sydney gay and lesbian community: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010. Sydney: ACON & University of Sydney; 2012.
- 9. Richters J, Bebbington M, Prestage G, Ellard J, Cassar L. Women in contact with the gay and lesbian community: Sydney Women and Sexual Health survey 1996, 1998 and 2000 (Monograph 11/2001). Sydney: AIDS Council of New South Wales & NCHSR, UNSW; 2001.
- Richters J, Song A, Prestage G, Clayton S, Turner R. Health of lesbian, bisexual and queer women in Sydney: The 2004 Sydney women and sexual health survey. Sydney: NCHSR, UNSW; 2005.
- 11. Mooney-Somers J, Deacon R, Klinner C, Richters J, Parkhill N. Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016. Sydney: ACON & Sydney Health Ethics, University of Sydney; 2017.
- 12. Mooney-Somers J, Deacon R, Comfort J, Richters J, Parkhill N. Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010 and 2012. Sydney: ACON & VELIM, University of Sydney; 2013.
- 13. Mooney-Somers J, Deacon R, Richters J, Parkhill N. Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014. Sydney: ACON & VELIM, University of Sydney; 2015.
- 14. Zablotska IB, Kippax S, Grulich A, Holt M, Prestage G. Behavioural surveillance among gay men in Australia: methods, findings and policy implications for the prevention of HIV and other sexually transmissible infections. Sexual Health. 2011;8(3):272-9.
- 15. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap) A metadata-driven methodology and workflow process for providing translational research informatics support. J Biomed Inform. 2009;42(2):377-81.
- 16. Jones T, Hart B, Carpenter M, Ansara G, Leonard W, Lucke J. Intersex: stories and statistics from Australia. Cambridge: Open Book Publishers; 2016.
- Australian Bureau of Statistics. 6302.0 Average Weekly Earnings, Australia (Nov 2019). Canberra: Australian Bureau
 of Statistics; 2019.
- 18. Australian Bureau of Statistics. 2016 Census of Population and Housing: Aboriginal and Torres Strait Islander Peoples Profile }(Catalogue number 2002.0). New South Wales. Canberra: Australian Bureau of Statistics; 2017.
- 19. Australian Bureau of Statistics. Australian Standard Classification of Cultural and Ethnic Groups (1249.0) 2016. Canberra: Australian Bureau of Statistics; 2019. Contract No.: 18 December 2019.
- 20. Australian Bureau of Statistics. Australian Statistical Geography Standard (ASGS): Volume 1 Main Structure and Greater Capital City Statistical Areas (1270.0.55.001) 2016 Canberra: Australian Bureau of Statistics; 2016.
- 21. Holt M, Lea T, Mao L, Kolstee J, Zablotska I, Duck T, et al. Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: results of repeated behavioural surveillance in 20138#x2013;17. The Lancet HIV. 2018;5(8):e448-e56.
- 22. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019. Canberra: AIHW; 2020.
- ACON. Smoke Free Still Fierce Sydney: ACON; [Available from: https://www.acon.org.au/who-we-are-here-for/women/smoke-free-still-fierce-project/.

- 24. National Health and Medical Research Council. Australian Guidelines to Reduce Health Risks from Drinking Alcohol Canberra: National Health and Medical Research Council; 2009 [Available from: http://www.nhmrc.gov.au/guidelines/publications/ds10.
- 25. Department of Health. National Alcohol Strategy 2019–2028. Canberra: Commonwealth Government of Australia; 2019.
- Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019: Supplementary tables. Canberra: AIHW; 2020.
- 27. Department of Health. The National Drug Strategy 2017–2026. Canberra: Commonwealth Government of Australia; 2017.
- 28. Australian Bureau of Statistics. Patient Experiences in Australia: Summary of Findings, 2018-19. Canberra: Australian Bureau of Statistics; 2019.
- 29. Australian Network on Disability. What is disability? Sydney: Australian Network on Disability; 2020 [Available from: https://www.and.org.au/pages/what-is-a-disability.html.
- 30. Furukawa T, Kessler R, Slade T, Andrews G. The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. Psychological Medicine. 2003;33(02):357-62.
- 31. Australian Bureau of Statistics. Australian Health Survey: First Results, 2011–12 Table 4 Level of psychological distress. Canberra: Australian Bureau of Statistics; 2012.
- 32. Slade T, Grove R, Burgess P. Kessler Psychological Distress Scale: normative data from the 2007 Australian National Survey of Mental Health and Wellbeing supplement. Australian and New Zealand Journal of Psychiatry 2011:45:308-16.
- 33. Department of Health. National Cervical Screening Program Canberra: Commonwealth Government of Australia; n.d. [Available from: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-screening-1.
- 34. NSW Cervical Screening Program. Do lesbians really need Pap tests? [brochure] n.d. [Available from: http://www.csp.nsw.gov.au/women/lesbians.html.
- 35. Marrazzo JM, Koutsky LA, Stine K, Kuypers J, Grubert T, Galloway D, et al. Genital human papillomavirus infection in women who have sex with women. J Infect Dis. 1998;178(6):1604-9.
- 36. Fethers K, Marks C, Mindel A, Estcourt CS. Sexually transmitted infections and risk behaviours in women who have sex with women. Sex Transm Infect. 2000;76(5):345-9.
- 37. Hyde Z, Comfort J, McManus A, Brown G, Howat P. Alcohol, tobacco and illicit drug use amongst same-sex attracted women: results from the Western Australian Lesbian and Bisexual Women's Health and Well-Being Survey. BMC Public Health. 2009;9(1):317.
- 38. Brown R. More than just lip service the report of the lesbian health information project. Melbourne: Royal Women's Hospital; 2000.
- 39. ACON. The Inner Circle Sydney: ACON; 2018 [Available from: https://www.theinnercircle.org.au/.
- 40. Cancer Institute NSW. Information for trans and gender diverse people Sydney: Cancer Institute NSW; 2020 [Available from: https://www.breastscreen.nsw.gov.au/about-screening-mammograms/information-for-trans-and-gender-diverse-people/.
- 41. Centre for Epidemiology and Evidence. HealthStats NSW Sydney: Breast cancer screening NSW Ministry of Health; [24 October 2018]. Available from: http://www.healthstats.nsw.gov.au/Indicator/can_brstscr/can_brstscr_phn_snap
- 42. Brown R, McNair R, Szalacha L, Livingston PM, Hughes T. Cancer Risk Factors, Diagnosis and Sexual Identity in the Australian Longitudinal Study of Women's Health. Women's Health Issues. 2015;25(5):509-16.
- 43. Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, et al. Private Lives: A second national survey of the health and wellbeing of GLBTI Australians. Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University,; 2012.
- 44. ACON. Talk Touch Test Sydney: ACON; [Available from: https://www.acon.org.au/who-we-are-here-for/women/talk-touch-test/.
- 45. Australian Institute of Health and Welfare. National Bowel Cancer Screening Program. Canberra: Australian Institute of Health and Welfare; 2020

Appendix 1: Questionnaires





LESBIAN, BISEXUAL AND QUEER WOMEN'S **HEALTH SURVEY 2020**

Definitions: A cisgender person's gender matches their assigned sex at birth; A transgender person's gender does not match their assigned sex at birth; A non-binary person's gender is outside of the binary and/or not exclusively male nor female; LGBTIQ - lesbian, gay, bisexual, transgender, intersex and queer.

Did you complete the SWASH survey in 2018? Yes \square_1 No \square_2

ΔE	воит уои	9.	Are you: (tick all that apply)
			Employed full-time \square_1
	What is your age?yrs		Employed part-time □2
•	what is gour age:gis		Unemployed □₃
2.	Postcode/suburb/town where you live		Unpaid domestic duties □4 Not in the work force □5
			Government payment/pension \square_{\bullet}
			Student 🗆
3.	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
	Torres Strait Islander origin?	10.	What is your annual income before tax?
	No □1		Nil-\$19,999 □1
	Yes □₂		\$20,000-\$39,999 🗅 2
			\$40,000-\$59,999 □₃
ŧ.	What is your ethnic or cultural background?		\$60,000-\$99,999 🗆 4
	(e.g. Greek, Vietnamese, Lebanese Australian, Chinese)		\$100,000+ □₅
	Anglo-Australian only □1	44	
	Other (specify) \square_2	11.	What is the highest level of education you have completed?
5	Do you think of yourself primarily as:		•
•	Lesbian/dyke/gay/homosexual □1		Up to Year 10 / School Certificate \Box_1 Year 12 / HSC / Leaving Cert / IB \Box_2
	Bisexual □2		Tertiary diploma or trade certificate \square_3
	Queer □3		University or college degree □4
	Heterosexual/straight □4		Postgraduate degree (MA, MSc, PhD) □₅
	Different sexuality (specify) □₅		
_		12.	Do you have any dependent children?
5.	Which of the following best describes your current		No □1
	gender identity?		Yes □₂
	Female □1	10	A
	Male □2 Non-binary □3	13.	Are you planning a child in the next 2 yrs?
	Different identity (specify) □4		No □₁ Yes □₂
	Emotion (opcome)		7es ⊔₂
7.	What sex were you assigned at birth (on original	14.	Do you have a disability or long-term health
	birth certificate)?		condition (physical or mental health) that has
	Female□ ₁		lasted or is likely to last 6 mths or more?
	Male □2		No □1
_			Yes □₂ (specify)
პ .	Are you intersex?		
	No □1		
	Yes □2 Prefer not to say □3		
	Fieler not to suy us		GO TO NEXT PAGE

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

CC	СОММИНІТУ								
15.	Do you feel o	connected to c Jday life?	ı LGB	TIQ con	nmunit	y			
	Very □1 Rarely □4	Mostly □² Not at all □5	Son	newhat	□з				
16.	In the past 6	mths have yo	u atte	nded:					
			No	Monthly	Weekly	More			
	Lesbian/que women's eve		□ı	□ 2	□з	□ 4			
	Gay night/b	ar	□ 1	\square_2	□з	□4			
	LGBTIQ dan	ce party	□ 1	\square_2	□з	□4			
	LGBTIQ grou	ıp meeting	□1	\square_2	□з	□4			

17.	How many of your fr		iends are LC	BTIQ?	
	None \square_1	A few \square_2	Some □₃	Most □₄	AII □₅

LGBTIQ community event \Box_1 \Box_2 \Box_3 \Box_4

□₁ □₂ □₃ □₄

SEX AND RELATIONSHIPS

LGBTIQ sports group

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

	Never	Over 6 mths ago	In the past 6 mths
Cisgender woman?	□1	\square_2	Пз
Transgender woman?	□1	\square_2	□з
Cisgender man?	□1	\square_2	□з
Transgender man?	□1	□ 2	□з
Non-binary person (assigned female at birth)?	□ 1	□ 2	□з
Non-binary person (assigned male at birth)?	□ 1	□ 2	□з

19.	In the past 6 mths, which of the following have you
	engaged with while having sex?

	No	Yes
Fingers / hand on external genitals	□1	\square_2
Fingers / hand inside vagina	□1	□ 2
Fingers / hand inside anus	□1	\square_2
Oral sex	□1	□ 2
Rimming	□ ₁	\square_2
Sex toy used on external genitals	□ ₁	\square_2
Sex toy used inside vagina	□ ₁	\square_2
Sex toy used inside anus	□ ₁	\square_2
Penis inside vagina	□ ₁	\square_2
Penis inside anus	□ ₁	\square_2

20. When was the **last** occasion you had sex with a man (cisgender or transgender) **who has sex with men?**Never \Box_1 Over 6 mths ago \Box_2 In the past 6 mths \Box_3

۷۱.	In the past 6 mths have you had sex involving a penis in a vagina (regular or casual partner)
	without a condom?

		- *	
No □1	Once □2	Occasionally □3	Often 🗆

	without a condom?
	a penis in an anus (regular or casual partner)
22.	In the past 6 mths have you had sex involving

N	lo ∐₁	Once ∐₂	Occasionally ∐₃	Often ⊔₄

23.	Have you ever heard of PrEP (Pre-Exposure				
	Prophylaxis), where HIV-negative people take				
	antiretro	oviral dr	ugs to	preve	nt HIV infection ?
	Yes □₁	No □2	Go to	Q25	Not sure □₃ Go to Q25

24.	In the po	ast 12 mths , have you tried to get PrEP?
	No □1	Yes, but could not access PrEP □2
	Yes, and	was successful in accessing PrEP □3

25. Are you curre regular partne	ntly in a sexual relationship with a r?
No □1 Go to Q	29 Yes, 1 person □2
Yes, multiple r	•gular partners/poly □3

which of the following a	escribes your partner(s):
(tick all that apply)	
Cisgender woman □1	Transgender woman \square_2
Cisgender man □3	Transgender man □4
Non-binary person (assignment)	gned female at birth) □₅
Non-binary person (assi	gned male at birth) 🗓 🛭 🕒
	(tick all that apply) Cisgender woman 1

27.	How long is tl	nis relatio	nship? (if multi	ple, answer
	for longest re	lationship	p)	
	Less than 6 m	ıths □ı	6-11 mths □2	1-2 yrs □₃
	3-5 urs □4	More tha	n 5 yrs □₅	•

28.	Do you live	e with your regular partner? (if multiple,
	provide ge	nder of partner(s) you cohabit with)
	Yes □₁	No □₂
	Multiple □:	3

29.	Have you had casual sex in the past 6 mths ?
	No □₁ With cisgender women □₂
	With transgender women □₃
	With cisgender men 🗆 With transgender men 🗆
	With non-binary people (assigned female at birth)
	With non-binary people (assigned male at birth)

30.	On any occ	asion in the past 6 mths have you had
	group sex?	
	No □1	Yes □₂

31.	In the	past 6	mths,	have	you	done

	No	Yes
Kink, S/M dominance/bondage (no blood)	□ 1	□ 2
Kink, S/M dominance/bondage (with blood)	□1	

32. Have you done any sex work?

•	•	
Never □1	Over 6 mths ago \square_2	In the past 6 mths \square_{3}



SWASH - Lesbian, Bisexual and Queer Women's Health Survey 2020

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

VIOLENCE			38. If you have a regular GP/health centre, how satisfied are you?
33. In the last 12 mths , have you experi	enced	anu of	Very satisfied □₁ Satisfied □₂ Neither □₃
the following anti-LGBTIQ behaviou		ang oi	Unsatisfied □4 Very unsatisfied □5
•	Yes	No	39. Have you disclosed your sexuality/gender identity
Verbal abuse or harassment	□1	□ 2	to your GP?
Being pushed or shoved	 □1	□ ₂	No □₁ Yes □₂
Being bashed	 □1	□ ₂	
Physical threat or intimidation	· □1	 □2	40. In general, would you say your health is?
Refusal of service	· □1	 □2	Poor □1 Fair □2 Good □3
Refused employment/promotion	· □1	 □2	Very good □₄ Excellent □₅
Personal threats/abuse online	 □1	□ ₂	41. When did you have your last cervical screen
			(previously called a Pap smear)?
34. Have you been in a relationship who physically/emotionally abused you		artner	Less than 2 yrs ago □1 2-3 yrs ago □2 3-5 yrs ago □3 More than 5 yrs ago □4
(tick all that apply) Never □1			Never □₅ Not sure □₀
Yes, a cisgender woman □2			42. When did you last have a mammogram?
Yes, a transgender woman □3			Not eligible, under 40 yrs old □1
Yes, a cisgender man □4 Yes, a transgender man □5			Less than 2 yrs ago \square_2 2-3 yrs ago \square_3
Yes, a non-binary person (assigned			3-5 yrs ago □₄ More than 5 yrs ago □₅
female at birth) 🗀			Never □6 Not sure □7
Yes, a non-binary person (assigned male at birth) \square_7			43. When did you last have a bowel cancer screen (e.g. at home screening kit)?
			Not eligible, under 50 yrs old □₁
GENERAL HEALTH			Less than 2 yrs ago \square_2
			■ 2-3 yrs ago □₃
			3-5 yrs ago □+
35. During your most recent healthcar			More than 5 yrs ago □₅ Never, I've received the kit but never used it □₀
how satisfied were you that staff re	specte	d your	Never, I've not received the kit \square_7
sexuality/gender identity?			Not sure □ ₈
Very satisfied □1 Somewhat satisfied □2			
Neither satisfied or unsatisfied [3]			44. Have you been vaccinated against Human
Somewhat unsatisfied \square_{4}			Papillomavirus (HPV; Gardasil/Cervarix)?
Very unsatisfied □₅			No □1
Sexuality/gender identity was not r	elevan	t □6	Not sure □2 Yes, at least 1 dose □3
36. Was this most recent healthcare in	torant	ion	Yes, at least 1 doses □4
at a (tick one):	iteract	ЮП	Yes, at least 3 doses □₅
General practice/ Medical clinic			Unsure how many doses □6
Sexual/Reproductive health service	_		
Women's Health Centre/Family Plan		Clinic □₃	45. Have you ever had a test for a sexually transmitted infection (not HIV)?
Aboriginal Health Service □4			
Mental health service □₅			No \square_1 Over 6 mths ago \square_2 In the past 6 mths \square
Drug and Alcohol service □6 Allied health service (eg physio, ost	-ا (م		46. Have you ever been diagnosed with an STI?
Medical specialist (eg fertility, endo		ogist) □8	No □₁ Yes □₂
		ervice 🗆 11	
			47. Have you ever had an HIV test?
37. Do you have a regular GP?			No \Box_1 Go to Q49 Yes \Box_2 Not sure \Box_3
I see the same GP 🗆			100 \A/Ib and a constable and a constable for the
I attend the same health centre □2 No □3 Go to O40			48. What was the result of your last HIV test?
110 LIS GO tO Q10			Positive (you have HIV) □₁
			Negative □2 Not sure □3
			CO TO NEVI DAG
			GO TO NEXT PAG

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

PS	YCHOLOGICAL HEAL	TH A	ND W	/ELLB	EING		57.	How often do you normally	— drink a	lcohol?	
	Have you ever accesse No 🛭 Yes, in pa	ed a co	ounse					Never □ 1 Go to Q60 Les 1 or 2 days a week □ 3 3-4 5-6 days a week □ 5 Eve	s often t days a ery day [:han wee week □4 □6	· ·
50.	Yes, over 5 yrs ago □s Have you ever been d anxiety disorder or otl No □1 Yes, in pa Yes, over 5 yrs ago □s	ner me	ental				58	. On a day when you drink al standard drinks do you usu (1 drink = a small glass of wi nip of spirits) 1-2 drinks □1 3-4 drinks □ 9-12 drinks □4 13-20 drink	ally ha\ ine, a mi □²	/e?	eer or o
51.	During the past 4 wks	, how	mucl	n of th	e time	e did	59.	In the past 6 mths , how often more drinks on one occasion		you drur	ık 5 or
	you feel?	All of the time	Most of the time	Some of the time	A little of the time	None of the time		Never \square_1 About once a mnth \square_3	Once o	or twice [once a w	
	So sad nothing could cheer you up		□ 2	□з	□ 4	□5		More than once a week □₅	Every o	lay □6	
	Nervous Restless or fidgety	□1 □1	□2 □2	□3 □3	□4 □4	□5 □5	60	. Have you ever been concern use or felt it negatively impo	acted or	your life	
	Hopeless That everything was an effort	□ ₁	□2 □2	□3 □3	□ ₄	□ ₆		Never \square_3 Yes, more than Yes, in last 12 mths \square_1	I2 mths	ago □2	
	Worthless	□ 1	□ 2	Пз	□4	□5	61.	Have you ever sought help talcohol use?	to mana	ige your	
52.	Have you ever felt that Yes, in last 12 mths \Box_1	at life i	isn't w	orth I	iving?	•		Never \square_3 Yes, more than Yes, in last 12 mths \square_1	I2 mths	ago □2	
	Yes, more than 12 mth Never \square_3	s ago	□ 2				62.	How often have you used th last 6 mths ?	ese dru	gs in the	
53.	Have you ever deliber anything that you kne killed you? Yes, in last 12 mths □ ₁ Yes, more than 12 mth Never □ ₃	ew mig	ght ho					Benzos / Valium Amyl / poppers Natural cannabis Synthetic cannabis Ecstasy	Never	□2 □2 □2 □2	6+ times 3 3 3 3 3
SM	OKING, DRINKING	AND I	DRUC	USE				Amphetamines (speed/ice) Cocaine LSD / trips		□2 □2 □2 □2	□3 □3 □3 □3
54.	How often, if at all, do cigarettes? Never used Tried once or twice		curre	ntly u	ıse ele	ectronic		GHB Ketamine Any other drug (specify)		□2 □2 □2	□3 □3 □3
	Used to use them, but Less than monthly \square_+ At least monthly (not of At least weekly (not do Daily \square_7	no loi weeklį	y) □₅	3			63.	Have you ever injected drug Never □ Over 6 mths ag In past 6 mths □3			
55.	Do you currently smo tobacco? Daily 🗔 More than	n weel	kly (n	ot dai			64.	Have you ever been concernuse or felt it negatively imposed Never \square_3 Yes, more than Yes, in last 12 mths \square_1	acted or	your life	
56.	Less than weekly □₃ Never smoked/less that Would you like to redu of smoking?	an 100		etime			65	. Have you ever sought help to Never □₃ Yes, more than Yes, in last 12 mths □₁	-	-	rug use?
	No □₁ Yes □₂							THANK YOU FOR TAK TO COMPLETE OUR			=

2018 SWASH SURVEY

LESBIAN, BISEXUAL AND QUEER WOMEN'S HEALTH SURVEY

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

letters of suma	□ oN □ sex 54105 di maria HSAMS edt etalames mon bid
First tw	מו קום
	First two letters of sumame

ABOUT YOU

_	what is your age?	ö	What gender were you assigned at birth?
٥i	Postcode/suburb/town where you live		remate ⊔: Mate □2
		٥.	Are you intersex?
m.	Are you of Aboriginal or Torres Strait Islander oriain?		No □. Yes □.
	No O		Prefer not to say □₃
	Yes □₂	.	Are you: (tick all that apply)
+	What is your ethnic or cultural background? (e.g. Greek, Vietnamese, Lebanese, Chinese)		Employed full-time □, Employed part-time □₂
	Anglo-Australian only □: Other (specifis)		Onemployed L3 Doing domestic duties D.
			Not in the work torce □s Pensioner/social securitu □s
ıĠ	Do you think of yourself primarily as: Lesbian/dyke/gay/homosexual □ı		Student □,
	Bisexual □2	≓.	What is your annual income before tax?
	Cueer D3		Nil-\$19,999 □,
	Other (specify)		\$20,000-\$39,999 □² \$40,000-\$59,999 □³
٠.	Which of these six statements best		\$60,000-\$99,999 □,
	describes you?		1 + 000
	Only to females, never to males	5	What is the highest level of education you
	More often to females, & at least		Up to Year 10 / School Certificate
	once to a male □₂		Year 12 / HSC / Leaving Cert / IB 🗆 2
	About equally often to females		Tertiary diploma or trade certificate □3
	and to males 🗀s More often to males		University or college degree □4 Postaraduate dearee [MA, MSc, PhD] □5
	S at least once to a female □,		
	Only to males, never to females 🗅s	<u>ස</u>	Do you have any dependent children? No 🗖:
	lo no one at all 🗖 8		Yes □₂
۲.	Which of the following best describes uour gender identitu?	±.	Are you planning to have a child in the
	Section Secti		next 2 years?
	Male □ 2 Non-Binaru □3		No □
	Other (specify) 🗅	!	•
		6	Do you have a chronic (long-term) illness or disability? (Please specify)
			No □, Yes □ ₂

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR SURVEY

GO TO NEXT PAGE **→**

22. In the past 6 mths, which of the following have

you done while having sex with a woman?

Fingers / hand on external genitals

Fingers / hand inside vagina

Fingers / hand inside anus

21.In the last 4 wks, how many times have you

had sex with a woman? (write a number,

(? Nil−\$19,999 □1 \$40,000−\$59,999 □3 \$100,000+ □5

10.What is your annual income before tax?

\$20,000-\$39,999 \(\text{2} \) \$60,000-\$99,999 \(\text{4} \)

Employed part-time □2
Doing domestic duties □4
Pensioner/social security □6

9. Are you: (tick all that apply)

11. What is the highest level of education you have

completed?

Oral sex (her mouth, your genitals)
Rimming (her mouth, your anus)
Rimming (your mouth, her anus)
Sex toy used on external genitals
Sex toy used inside vagina
Sex toy used inside anus

No □₁ Yes □2

Oral sex (your mouth, her genitals)

More than 10 □s

6-10 🗆

2-5 □3

One \square_2

None □1

Employed full-time □¹
Unemployed □³
Not in the work force □₅
Student □7

20.In the past 6 mths, how many women have you had sex





Queer Women's Health Survey 2016 SWASH - Lesbian, Bisexual and

Definitions: By woman we mean a person who identifies as a woman (born female or now identifies as female). By man we mean a person who identifies as a man (born male or now dentifies as male). By **LGBTIQ** we mean lesbian, gay, oisexual, transgender, intersex and queer

Before you start: This code allows us to track changes in realth over time. This will NOT identify you.	irst two letters of first name \bigcap and sumame \bigcap
Before health o	First two

Yes □1 Did you complete the SWASH survey in 2014?

		No □₁ Yes	
		2	
years	you live	es Strait	al background? nese, Chinese) Other (spedif) □2
1. What is your age?	2. Postcode/suburb/town where you live	 Are you of Aboriginal or Torres Strait Islander origin? 	 What is your ethnic or cultural background? G.g. Greek, Vietnamese, Lebanese, Chinese) Anglo-Australian only □¹ Other (spediy) □2
-	7	ю́	4.

	□1 BISEXUAI	Queer □₃ Heterosexual/straight		
5. Do you think of yourself primarily as:	Lespian/dyke/gay/nomosexual □1	Queer	Other (specify) □5.	

9	 Which of these six statements best describes you? I have felt sexually attracted— 	
	Only to females, never to males	Ò
	More often to females, and at least once to a male	Ü
	About equally often to females and to males	Ï
	More often to males, and at least once to a female	Ď
	Only to males, never to females	Ĭ
	To no one at all	Ŏ

17. Please tell us where you connect with LGBTIQ comm

or content online (sites, pages, groups)

No □₁ Yes □₂	No □₁ Yes □₂
Prefer not to say□₃	Prefer not to say□₃
7. Are you transgender or transsexual?	8. Are you intersex?

19. When was the last time you had sex with a woman?

Never □1 Go to Q23

	ואמעמו בין פסוס מקפ	In the past 6 mths □3	3000	ii iiilercourse	asual palitier)]₃ Often □4		No □1 Go to Q31		A woman □2 A man □3 Multiple regular partners/poly □4			More than	5 vrs □ ₅		٠,	Yes, with women □2
_		In the	040/10412	gillaivaria /maiidraria	(regular or G	sionally [cido	dilsii		e regular			3-5 yrs	4		st 6 mths	Yes
	tual man	2 Go to Q29	9	ou nau va		Once □2 Occasionally □3	Cit Cl Cr	יומו ובומווכ		3 Multiple	,	, dir	1-2 yrs	ű		in the pas	No 🗆
	/heterose	Over 6 mths ago П2 Go to Q29	, 0, 12 d 0 d 4	uns nave y	ineterose) lom?	Once	, de 1, 14+	uy III a sex	oartner?	A man □	10 20 110	srelations	6-11 mths	²		sas nal sex	SN S
	with a straight/heterosexual man?	Over 6 m	0 +000 c cqt cq	zo.iii tile past o iiitiis nave you nau vaginahanai iiitelcoulse	with a suagnity letter osexual man (legular of casual paritier) without a condom?	Never □1	domino morrory	29. Ale you cullellily III a sexual lelationship	with a regular partner?	A woman □2	: 44 0: 200	30.How long is this relationship?	Less than 6 6-11 mths 1-2 yrs	mths 🗆 1		31. Have you had casual sex in the past 6 mths?	
			č	Ž			č	ž			Č	ಗ				9	
	4	4	4	₫	4	unity					All Ds					Over 6 mths ago 🗆 2 Go to Q23	In the past 6 mths □₃
	ũ	ũ	ũ	ũ	ũ	comm					4				man	go □2 (ast 6 m
	\Box^{5}	\Box^{5}	\Box^{5}	\Box^2	\Box	GBTIQ					Most [sex with a woman?	mths a	In the p
	ū		Ō	ū		ct with LGBTIQ community	(sdnox)			3BTIQ?	e □₃ Most □₄			-	sex wi	Over 6	

Some 🗆3

A few □2

Sex and relationships

18.How many of your friends are LGBTIQ?

27.When was the last occasion you had sex Never □1 Go to Q29

-GBTQ community event

LGBTQ sports group

Gay night/bar LGBTQ dance party LGBTQ group meeting

 $\frac{1}{2}$

Often 🗆

Occasionally □3

Once \square_2

Never □1

No MonthlyWeekly More

 \Box

esbian/queer women's

Never □1 In the past 6 mths □3

γes □2

Kink, S/M dominance/bondage (with blood) Kink, S/M dominance/bondage (no blood)

23.In the past 6 mths, have you done:

Yes \square_2

8

ŝ 55 25.When was the last occasion you had sex Never □1 6o to 027

Over 6 mths ago □₂

24. Have you done any sex work?

Yes \square_2

No 🗆

14.Do you have a chronic (long-term) illness or

If yes, please specify:

Community

13.Are you planning to have a child in the next

2 yrs?

If yes, how many?

Postgraduate degree (MA, MSc, PhD)

Tertiary diploma or trade certificate Up to Year 10 / School Certificate Year 12 / HSC / Leaving Cert / IB

University or college degree

12.Do you have any dependent children?

with a gay/homosexual/bisexual man?

Over 6 mths ago 🗆 2 Go to Q27

In the past 6 mths □:

26.In the past 6 mths have you had vaginal/anal intercourse

Very ☐1 Mostly ☐2 Somewhat ☐3 Rarely ☐4 Not at all ☐5

In the past 6 mths have you

9

attended: night/bar

15.Do you feel connected to a LGBTIQ community in your

everyday life?

 \Box

with a gay/bisexual man (regular or casual partner) without a

More than 5 yrs □₅	ths? Yes, with women □₂ Yes, with both □₄
3-5 yrs □4	t 6 mths ? Yes, v Ye
1-2 yrs □3	sex in the pas No □₁ nen □₃
6-11 mths	ad casual sex in tl No ⊡1 Yes, with men ⊡₃
Less than 6 6-11 mths 1-2 yrs \Box mths \Box 1	31.Have you had casual sex in the past 6 mths ? No ⊡₁ Yes, Yes, with men ⊡₃ Yes

Page 1 of 2





Queer Women's Health Survey 2016 SWASH - Lesbian, Bisexual and

<u>Definitions</u>: By *woman* we mean a person who identifies as a woman (born female or now identifies as female). By *man* we mean a person who identifies as a man (born male or now identifies as male). By **LGBTIQ** we mean lesbian, gay, bisexual, transgender, intersex and queer

nges in		Yes □₁
Before you start: This code allows us to track changes in health over time. This will NOT identify you.	First two letters of first name Dand surname	Did you complete the SWASH survey in 2014?

Did you complete the SWASH survey in 2014?	× es
About You 1 What is voin and?	

2. Postcode/suburb/town where you live

~· 📋	e e
 3. Are you of Aboriginal or Torres Strait Islander origin? 4. What is your ethnic or cultural background? (e.g. Greek, Vietnamese, Lebanese, Chinese) Anglo-Australian only □¹ Other (specify) □2. Do you think of yourself primarily as: 	Lesbian/dyke/gay/homosexual ☐₁ Bisexual ☐ Queer ☐₃ Heterosexual/straight ☐ Other (specify) ☐₅

l/straight ⊏		_		ũ	<u>le</u>		ů
Queer □₃ Heterosexual/straight □≀ Other (specify) □₅	6. Which of these six statements best describes	Only to females, never to males	More often to females, and at least once to a male	About equally often to females and to males	More often to males, and at least once to a female	Only to males, never to females	To no one at all
	v						

No □₁ Yes □₂	No □₁ Yes □₂
Prefer not to say□₃	Prefer not to say□₃
7. Are you transgender or transsexual?	8. Are you intersex?

9. Are you: (tick all that apply)	Employed full-time □1	20.In the past 6 mths, how many women have you had sex	
Employed parr-time ☐2 Doing domestic duties ☐4	Unemployed ☐3 Not in the work force ☐5	with? None □1 One □2 2-5 □3 6-10 □4 More than 10 □	
Pensioner/social security ∟6	Student	21.In the last 4 wks , how many times have you	8
10.What is your annual income before tax? \$20.000–\$39.999 □2	e tax? Nil—\$19,999 □1 \$40,000—\$59,999 □3		
\$60,000-\$99,999 □4	\$100,000+ □₅	22. In the past 6 mths, which of the following have No Yes you done while having sex with a woman?	es
 What is the highest level of education you have completed? 	ition you have	<u>-</u>	$\frac{1}{2}$
Up to Year 10 / School Certificate		<u> </u>	
Year 12 / HSC / Leaving Cert / IB			76
Liniversity or college degree		īĠ	'nΪ
Postgraduate degree (MA, MSc, PhD)		<u>_</u>	<u> </u>
12.Do you have any dependent children? If yes, how many?	en? No □₁ Yes □₂ many?	566	
13.Are you planning to have a child in the next 2 yrs ?	the next No □₁ Yes □₂	23.In the past 6 mths , have you done: Kink, S/M dominance/bondage (no blood)	es J ₂
14.Do you have a chronic (long-term) illness or disability? If yes, please specify:	illness or No □₁ Yes □₂	mt e	4 [뉴
Community		25.When was the last occasion you had sex	5
15.Do you feel connected to a LGBTIQ community in your	Q community in your	with a gay/homosexual/bisexual man ? Never ⊟ Sastase and Sastase	3 0
tly □2 Somewhat	□₃ Rarely □₄ Not at all □₅	26.In the past 6 mths have you had vaginal/anal intercourse	
In the past 6 mths have you attended:	No MonthlyWeekly More	with a gay/bisexual man (regular or casual partner) without a condom? Notice 1. Once 1. Once should 1.	_
Lesbian/queer women's	01 02 03 04	e last occasion voil had sex	‡
Gay night/bar	01 02 03	with a straight/heterosexual man? Never □1 Go to ©2	8
LGBTQ dance party	° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	Over 6 mths ago □2 Go to Q29 In the past 6 mths □	<u></u>
LGBTQ community event LGBTQ sports group	°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	28.In the past 6 mths have you had vaginal/anal intercourse with a straight/heterosexual man (regular or casual partner) without a condom?	
17. Please tell us where you connect with LGBTIQ	with LGBTIQ community	Never □1 Once □2 Occasionally □3 Often □4	4
or content online (sites, pages, groups)	(sdn	29. Are you currently in a sexual relationship No □₁ 6o to 03 with a regular partner?	8
18.How many of your friends are LGBTIQ′ None □₁ A few □₂ Some □₃	TIQ? 3 Most ΔII ΔII Γε	A woman ☐2 A man ☐3 Multiple regular partners/poly ☐	Ų
nships		this relationship? 6 6-11 mths 1-2 yrs 3-5 yrs N	E S
ou had	ex with a woman?	mths □1 □2 □3 □4 5 yrs □5	2
Never □1 Go to Q23 O	Over 6 mths ago \square_2 Go to Ω_2 In the past 6 mths \square_3	31.Have you had casual sex in the past 6 mths ? No □₁ Yes. with women □	<u>ر</u>
		īŕ	∟ ا ک =

SWASH 2016, Version 2016.01 16 Dec 2015

Yes, with women □2 Yes, with both □4

31. Have you had casual sex in the past 6 mths? No □¹ Yes, with men □₃





Queer Women's Health Survey 2016 SWASH - Lesbian, Bisexual and

	Yes □₁	Did you complete the SWASH survey in 2014?
13		First two letters of first name
12	iges in	Before you start: This code allows us to track changes in health over time. This will NOT identify you.
	or now ay,	mean a person who identifies as a man (bom male or now identifies as male). By LGBT/Q we mean lesbian, gay, bisexual, transgender, intersex and queer
	ntifies as a y man we	<u>Definitions</u> : By woman we mean a person who identifies as a woman (bom female or now identifies as female). By man we

Did you complete the SWASH survey in 2014?	res ⊔1	14.Do you have a chronic (long-term) illness or	illness	o.	
About You		disability?		2	
1. What is your age?years		If yes, please specify:			
2. Postcode/suburb/town where you live		Community			
 Are you of Aboriginal or Torres Strait Islander origin? 	No □₁ Yes □₂	15.Do you feel connected to a LGBTIQ community in y everyday life?	Comi	nunity	<u> </u>
		very □1 Mostly □2 Somewhat □3 Karely □4 Not	צמנפ	_ 1 1 1	ğ
 What is your ethnic or cultural background? (e.g. Greek, Vietnamese, Lebanese, Chinese) Analo-Australian only □₁ Other (specify) □₂ 		16. In the past 6 mths have you Nattended:	Ν Θ	No MonthlyWee	/ee
5. Do you think of yourself primarily as:		Lesbian/queer women's right/bar	_1 	\Box_2	Ï
Lesbian/dyke/gay/homosexual □1	Bisexual □2	/bar	5	2	Ï
Queer □₃ Heterosexual/straight □₄	kual/straight □4	LGBTQ dance party	_	\Box^2	
Other (specify) □5		Ðι	ō	\Box	Ï
6. Which of these six statements hest describes		ıt.		\Box^2	Ï
vou? I have felt sexually attracted—		LGBTQ sports group	_	\Box^2	Ï

 Are you: (tick all that apply) Employed part-time □ 	Employed full-time □1 Unemployed □3	20.In the past 6 mths, how many women have you had sex with?
Doing domestic duties □ Pensioner/social security □	Not in th	
0.What is your annual income before tax?	Nil-\$19,999	21.In the last 4 wks , how many times have you times had sex with a woman? (write a number)
\$20,000—\$39,999 □2 \$60,000—\$99,999 □4	□2 \$40,000—\$59,999 □3 □4 \$100,000+ □5	22. In the past 6 mths , which of the following have No Yes
 What is the highest level of education you have completed? 	ducation you have	genitals \square_1
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)	cate	S) (S
12.Do you have any dependent children?	ndent children? No □₁ Yes □₂ If yes, how many?	Sex toy used on external genitals \Box_1 \Box_2 Sex toy used inside vagina \Box_1 \Box_2 Sex toy used inside anus \Box_1 \Box_2
13.Are you planning to have a child in the next 2 yrs?	Id in the next No □₁ Yes □₂	23.In the past 6 mths , have you done: Kink, S/M dominance/bondage (no blood)
4.Do you have a chronic (long-term) illness or disability? If yes, please specify:	rm) illness or No □₁ Yes □₂	Nink, S/Ni dominance/bondage (with blood) 24.Have you done any sex work? Over 6 mths ago □₂ In the past
Community		25.When was the last occasion you had sex Never □₁ 6oto Ω27
15.Do you feel connected to a LGBTIQ community in your everyday life?	BTIQ community in your	with a gayinomosexual/bisexual man? Over 6 mths ago \square_2 60 to 027 In the past 6 mths \square_3
Very □¹ Mostly □² Somewhat □₃ Rarely □⁴ Not at all □₅	at □₃ Rarely □₄ Not at all □₅	26.In the past 6 mths have you had vaginal/anal intercourse
6. In the past 6 mths have you attended:	No MonthlyWeekly More	with a gay/bisexual man (regular or casual partner) without a condom? Note 12. Onco 13. October 13. Office 13.
Lesbian/queer women's		ast occasion vou had sex
Gay night/bar		
LGBTQ dance party		•
LGBTQ community event] 	28.In the past 6 mths have you had vaginal/anal intercourse
LGBTQ sports group		with a straightneterosexual mail (regular of casual partifer) without a condom?
17. Please tell us where you connect with LGBTIQ community	lect with LGBTIQ community	Never □₁ Once □₂ Occasionally □₃ Often □4
or content online (sites, pages,	, groups)	29. Are you currently in a sexual relationship No □1 Go to Q31
18.How many of your friends are LGBTIQ?	Ire LGBTIQ?	with a regular paruter? A woman
nships		30.How long is this relationship? Less than 6 6-11 mths 1-2 yrs 3-5 yrs N
19. When was the last time you had sex with a woman?	ad sex with a woman?	mths □1 □2 □3 □4 5 yrs □5
Never □1 Go to Q23	Over 6 mths ago □₂ Go to Q23 In the past 6 mths □₃	31.Have you had casual sex in the past 6 mths ? No □₁ Yes, with women □₂

SWASH 2016, Version 2016.01 16 Dec 2015

Yes, with women □₂ Yes, with both □₄

No □¹ Yes, with men □₃

Prefer not to say□₃ No □₁ Yes □₂ Prefer not to say□₃

No □1 Yes □2

7. Are you transgender or transsexual?

Are you intersex?

Only to males, never to females

To no one at all

- C C C C C

More often to females, and at least once to a male More often to males, and at least once to a female About equally often to females and to males

Only to females, never to males

Page 1 of 2

A woman □2 A man □3 Multiple regular partners/poly □4

No □1 Go to Q31

with a regular partner?





Employed part-time □2
Doing domestic duties □4
Pensioner/social security □6

9. Are you: (tick all that apply)

Queer Women's Health Survey 2016 SWASH - Lesbian, Bisexual and

Definitions: By woman we mean a person who identifies as a woman (born female or now identifies as female). By man we mean a person who identifies as a man (born male or now identifies as male). By **LGBTIQ** we mean lesbian, gay, bisexual, transgender, intersex and queer

Before you start: This code allows us to track changes in nealth over time. This will NOT identify you.	irst two letters of first name \bigcup and surname \bigcup
Before you stale health over time	First two letters

		No □₁ Yes □₂
About You 1. What is your age?years	2. Postcode/suburb/town where you live	Are you of Aboriginal or Torres Strait Islander origin?

	lı Bisexual □2	Queer □₃ Heterosexual/straight □₄	5	set describes	ממו מניסטו ומניס
5. Do you think of yourself primarily as:	Lesbian/dyke/gay/homosexual □1	Queer	Other (specify) □5	6 Which of these six statements hest describes	. VIIICH OF LIESE SIX STATEFILE DE
5				ď)

Anglo-Australian only □1 Other (specify) □2 What is your ethnic or cultural background? (e.g. Greek, Vietnamese, Lebanese, Chinese)

you? I have felt sexually attracted—	
Only to females, never to males	ō
More often to females, and at least once to a male	\Box
About equally often to females and to males	ű
More often to males, and at least once to a female	□ 4
Only to males, never to females	2
To no one at all	ő

7. Are you transgender or transsexual?	U6 No □1 Yes □2 Prefer not to say□3
8. Are you intersex?	No □₁ Yes □₂

	10 🗆	:	saun-	Yes	\Box	²	\Box	 	\Box	\Box^{5}	\Box^{5}	\Box^{5}	\Box^{5}	\Box	Yes	\Box	\Box^{5}	Never □1	ths 🗆
	e than			8					Ĺ	ō		_	_	<u>_</u>	8 N	_		Se	ast 6 m
with?	None □1 One □2 2-5 □3 6-10 □4 More than 10 □5	21.In the last 4 wks , how many times have you	had sex with a woman? (write a number)	22. In the past 6 mths, which of the following have you done while having sex with a woman?	Fingers / hand on external genitals	Fingers / hand inside vagina	Fingers / hand inside anus	Oral sex (your mouth, her genitals)	Oral sex (her mouth, your genitals)	Rimming (her mouth, your anus)	Rimming (your mouth, her anus)	Sex toy used on external genitals	Sex toy used inside vagina	Sex toy used inside anus	23.In the past 6 mths, have you done:	Kink, S/M dominance/bondage (no blood)	Kink, S/M dominance/bondage (with blood)	24.Have you done any sex work?	Over 6 mths ago □₂ In the past 6 mths □₃
Unemployed □3	Not in the work force □5	Student □7	Nil-\$19,999 □1	\$100,000+ □s	ave		_	2	ű	4	5	ì	No □₁ Yes □₂		No.	NO LI TES LZ		No □1 Yes □2	
	Not in the		re tax?		ation you h		O)	m	ate		PhD)	() 	Iren?	, many?	in the next		or seenii (
Employed part-time ∐₂	Doing domestic duties □4	Pensioner/social security □ ₆	10.What is your annual income before tax? \$20,000—\$39,999 □2	\$60,000-\$99,999	11. 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)	ا معرقا معمدة معرقا مع (سد) المامي	12.Do you have any dependent children?	If yes, how many?	13.Are you planning to have a child in the next	2 yrs?	14 Do vou bave a chronic (long-term) illness or	disability?	If yes, please specify:

fimes

20.In the past 6 mths, how many women have you had sex

Employed full-time □1

No □1 Yes □2	No □1 Yes □2
13.Are you planning to have a child in the next 2 yrs?	14.Do you have a chronic (long-term) illness or No □₁ Yes □₂ disability? If yes, please specify:

₹.	
=	
3	
Ε	
☲	
ᇹ	
ŏ	

Never □1 Go to Q27	the past 6 mths □₃	nal intercourse	ner) without a	U3 Oπen □4			In the past 6 mths □3	000000000000000000000000000000000000000	iai iritercourse	i casual parinter)	, □3 Often □4	
25.When was the last occasion you had sex	witn a gaynomosexuarbisexual man ? Over 6 mths ago □2 Go to 027 In the past 6 mths □3	26.In the past 6 mths have you had vaginal/anal intercourse	with a gay/bisexual man (regular or casual partner) without a condom?	Never □1 Once □2 Occasionally □3 Offen □4	27.When was the last occasion you had sex		Over 6 mths ago \square_2 Go to Ω_{29} In 1	28.In the past 6 mths have you had vaginal/anal intercourse		with a straighbliefelosexual mail (regular of casual pariner) without a condom?	Once □₂ Occasionally □₃ Often □₄	29. Are you currently in a sexual relationship
25.When was the l	with a gay/horr Over 6 m	26.In the past 6 m	with a gay/bise condom?	Never □1	27.When was the I	with a straight/heterosexual man?	Over 6 m	2 +000 out out of	zo.m me past o m	with a straightnifete without a condom?	Never □1	29. Are you curren
	_	all 🗆	/ More		4	□	□	□	□	□	unity	
	y in you	Not at	No MonthlyWeekly More	[U₁ U₂ U₃	ű	ũ	ű	ű	ũ	comm	
	mmunit	rely □	Monthly	[\square	\Box^{5}	\Box^{5}	\Box^{5}	\Box	\Box^{5}	LGBTIC	
	TIQ cor	□₃ Ra	8	[Ē	ō	Ō	_	ū		ct with I	groups)
Community	15.Do you feel connected to a LGBTIQ community in your everyday life?	Very □¹ Mostly □₂ Somewhat □₃ Rarely □₄ Not at all □₅	16. In the past 6 mths have you attended:	Lesbian/aueer women's	night/bar	Gay night/bar	LGBTQ dance party	LGBTQ group meeting	LGBTQ community event	LGBTQ sports group	17. Please tell us where you connect with LGBTIQ community	or content online (sites, pages, groups)

	₹
	Most □4
are LGBTIQ?	A few □2 Some □3
your friends	A few □2
B.How many of your friends are LGBTIQ?	None □1
_	

Never □1 Go to Q23

Only to females, never to males	Ġ	 Please tell us where you connect with LGBTIQ comn
More often to females, and at least once to a male	se to a male □2	or content online (sites, pages, groups)
About equally often to females and to males	nales □₃	
More often to males, and at least once to a female	to a female □4	COLFEGO
Only to males, never to females		18.How many or your rriends are LGB I Q?
To no one at all	9	None □1 A tew □2 Some □3 Most □4
Are vou fransgender or transsexual?	No □₁ Yes □₂	Sex and relationships
	Prefer not to say□₃	Prefer not to say□₃ 19.When was the last time you had sex with a woman?

	More than	5 yrs □₅			Yes, with women □2	Yes, with both □4
	3-5 yrs	4		t 6 mths?	Yes, v	Υe
3dir	1-2 yrs	ű		in the pas		33
s relationsh	6-11 mths	\Box		casual sex	N 1	Yes, with men □3
30. How long is this relationship?	Less than 6 6-11 mths 1-2 yrs 3-5 yrs	mths □1		31.Have you had casual sex in the past 6 mths?		Yes
Î				Go to Q2	mths	
d □3 INIOSI □4		Cacmow e diw year	ill a wollian:	Over 6 mths ago \square_2 Go to Ω_2	In the past 6 mths □₃	
֟ ֓֟֝		700	N ()	Over		

Page 1 of 2

SWASH 2016, Version 2016.01 16 Dec 2015





SWASH REPORT 2016, 2018, 2020