
*Women in contact with the Perth
gay and lesbian community:*

*Report of the Women's Western
Australian Sexual Health (WWASH)
Survey 2010 and 2012*

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1. Executive Summary

A lack of systematic research on the health and wellbeing of Australian lesbian, bisexual and queer (LBQ) women has been a significant barrier to understanding, recognising and addressing their health needs. While research on same-sex attracted women's health and wellbeing has increased, the inclusion of sexuality questions in large epidemiological surveys remains patchy (or data is aggregated by sexuality (e.g. all non-heterosexuals) and not reported separately for sexuality and gender).

First conducted in Perth in 2010 and again in 2012, the Women's Western Australian Sexual Health (WWASH) survey runs in parallel with the Sydney Women and Sexual Health (SWASH) survey – the longest running survey of LBQ women's health and wellbeing in Australia (and probably the world). Together these surveys provide a unique and important source of health-related information on Australian lesbian, bisexual and queer women. This report presents results from surveys collected in 2010 and 2012 at Perth Pride Fair Day and other community events and venues during the Perth Pride month.

2012 Key Findings:

Demographics: Ages ranged from 16 to 70 (median age 28 years) and 58% had post-school education. 55% were employed full-time and 19% were students. 14% had dependent children and 13% were planning children in the coming two years. 92% lived in metropolitan Perth.

Sexual identity: 64% thought of themselves as lesbian/dyke/homosexual/gay, 21% as bisexual, and 6% as queer; 9% chose the 'other' category. About half (48%) had a regular female partner.

Community engagement: 40% felt very or mostly connected to the lesbian, gay, bisexual, trans* and queer (LGBTQ) community in their everyday life.

Sexual relations with women: 91% had ever had sex with a woman; 71% had done so in the preceding six months. Most women (77%) who had had sex in the preceding six months with a woman had one sexual partner.

Sexual relations with men: 56% had ever had sex with a man; 20% had done so in the preceding six months. 19% had ever had sex with a man they knew to be gay or bisexual; 50 women had done so in the preceding six months, 12 of whom often had unprotected sex.

Sex work: 5% had ever done sex work.

Pap smears: 23% had never had a Pap smear screen, and a further 9% had their last screening more than three years ago.

STI screening: Nearly half (46%) of women had never been tested for STIs despite the vast majority being sexually active.

STI knowledge: 18% were unaware (and 8% didn't answer) that a person with a cold sore could give a partner genital herpes through oral sex, and 5% were unaware (and 8% didn't answer) that you can have an STI but not have any symptoms.

Tobacco: 28% were tobacco smokers, a substantially higher proportion than women in the general community; smoking was most common among 16-24 year olds (33%).

Alcohol: 83% reported drinking alcohol; 51% of women drank more than the NHMRC guidelines recommend as reducing the lifetime risk of alcohol related disease or injury, while 22% drank at levels likely to put them at risk of alcohol-related injury on a single drinking occasion.

Illicit drugs: In the preceding six months, 42% had used one or more illicit drugs including cannabis (31%), ecstasy (12%) and benzos/valium (13%). Rates of drug use were much higher than in the general community.

Self-reported health status: While most rated their physical health as good/very good/excellent, 15% said their health was poor or fair.

Weight: 42% had a Body Mass Index (BMI) in the healthy range, nearly as many (40%) were overweight or obese, while 3% were underweight.

Mental health: 14% reported high psychological distress (26% of 16-24 year olds); 54% had accessed psychological services in the preceding 5 years and 41% had received a mental health diagnosis.

Experiences of abuse and violence: 23% had ever experienced sexual coercion by a man, and 6% had ever experienced sexual coercion by a woman; 16% had ever experienced domestic violence with a female partner; 32% of women had experienced some kind of anti-LGBTQ behaviour in the preceding year.

Recommendations:

Tobacco use

- The rate of smoking among LBQ women remains at twice the rate of women in the general population; this demands urgent public health attention.
- Detailed exploration is required to understand why progressively successful mainstream anti-smoking campaigns and programs are not proving successful within this group of women. Targeted interventions to prevent young LBQ women taking up smoking may be needed.
- Tobacco control agencies need to make smoking amongst LBQ women and the wider LGBTQ community generally, as a priority issue for research and intervention.
- Examination of the role and efficacy of smoking cessation programs for LBQ women is necessary.

Alcohol use

- LBQ women are at high risk of lifetime risk of alcohol-related disease or injury, and are often drinking at levels that put them at risk of alcohol-related injury on a single drinking occasion.
- Further research is needed to understand the social and cultural context of alcohol use among LBQ women; this knowledge can inform targeted interventions.
- Levels of risky drinking among younger LBQ women demonstrate an urgent need for early interventions. Messages about responsible drinking should be integrated into existing programs delivered by LGBTQ community organisations, and community

events that do not have an alcohol focus should be encouraged. LGBTQ community organisations need to address these issues including promotion of responsible drinking and considering the role of alcohol sponsorship.

- WWASH only reports on alcohol use; there is an urgent need for research on alcohol-related harms and the utilisation of treatment programs among this group.

Illicit drug use

- LBQ women are using illicit drugs at rates several times higher than women in the general community, demonstrating an urgent need for interventions targeted to LBQ women.
- Without a sophisticated understanding of the drivers of illicit drug use in LBQ women and the LGBTQ community more broadly, and the conditions under which these practices become problematic, interventions are unlikely to succeed.
- Research is needed to understand LBQ women's utilisation of and satisfaction with drug treatment programs, as well as treatment outcomes.

Sexual Health

- 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; LBQ women may not respond to health promotion campaigns directed at assumed heterosexual audiences.
- STI prevention programs need to address skill development among LBQ women to support successful negotiation of safe and satisfying sexual relationships with all sexual partners.
- LBQ community perceptions and awareness of sexual health issues is a poorly understood area requiring urgent research to assist in informing preventive practice.

Prevention-related screening

- Efforts to raise awareness of cervical cancer and the need for *all* women to have Pap smear screening regularly must continue. The message that a history of sex with men is not a prerequisite for a Pap smear screen is particularly important for both LBQ women and their healthcare providers.
- STI testing campaigns and resources targeting LBQ women about their sexual health, risks and the need for testing are required.
- The need continues for the development of education and capacity building strategies targeting primary healthcare providers that focus on building their understanding of the screenings needs of LBQ women. This must also include information on creating culturally sensitive environments that encourage open dialogue around sexual health and behaviour, including LBQ women's sexual activities with men.

Health indicators

- Public health programs on weight, physical exercise and diet need to target and be accessible to LBQ women, and sensitively engage with LGBTQ communities around the health impacts of these issues.
- The development of and pilot testing of healthy lifestyle programs and messages that address weight, physical activity, diet, mental health and drug use for LBQ women is recommended.

Mental Health

- There is a clear need to assist young women who are disproportionately represented in the high rates of drinking, smoking, illicit drug use and mental health distress within this sample. Programs aimed at improving the social and emotional wellbeing of this group, including strategies around 'coming out' and self-acceptance, may well prove important to an eventual decline in behaviours that present health risks.
- Further investigation is required to understand the utilisation of mental health services in this group of women: Who is providing these services? Are women receiving the services they desire? What are the outcomes of treatment for LBQ women?

Experiences of abuse and violence

- Anti-homophobia campaigns need to acknowledge that LBQ women also experience homophobic harassment.
- Increased capacity is required in the provision of support services around domestic violence to respond to LBQ women and to understand their crisis and longer term needs. This includes support to report to law enforcement agencies.
- Campaigns that raise awareness of domestic violence in lesbian relationships are still needed.
- Further research is required to better understand the dynamics of lesbian relationships and the contexts of domestic violence in order to inform culturally appropriate and inclusive responses.

Engaging with LBQ women around health

- We need to know more about the patterns of engagement among LBQ women and with the wider LGBTQ communities.
- There are likely to be many LBQ women who are not connected to the LGBTQ community either by choice or because they are not comfortable identifying with this group, and program reach to this group needs additional consideration.
- As 'E-health' gains more prominence, it is important to know more about how LBQ women access information online, particularly in regions that do not have the population to sustain dedicated physical spaces for LBQ women. This information will improve the future effectiveness of health promotion, prevention messages or early interventions to this group.

Conclusion:

The survey results from WWASH provide a much needed-although limited-snapshot of LBQ women's health in Perth, Western Australia. They highlight areas of particular health concern including lack of adequate Pap smear and sexual health testing and higher levels of substance use. Both nationally and at a Western Australian level there is a lack of either mainstream preventive health interventions that are inclusive of this group or targeted LBQ interventions. If we are to achieve equity of health outcomes with the broader Australian population, public health needs to commit resources to further research in this area and to develop meaningful and effective interventions. This will bring rewards both economically to health expenditure and also in achieving a more inclusive and healthy society.

2. Introduction

A lack of systematic research on the health and wellbeing of Australian lesbian, bisexual and queer (LBQ) women has been a significant barrier to understanding, recognising and addressing their health needs. At worst, LBQ women's health needs have been largely ignored. At best, they have been considered to be synonymous with women's health.⁽¹⁾ While sex between women is rarely a health risk in itself, a range of social, psychological and economic factors mean that this minority group has worse health outcomes than their heterosexual peers. Stigma, family and community rejection and discrimination can impact on health and wellbeing, the delivery of health services, and women's access to services. The inclusion of lesbian and bisexual women in the 2010 National Women's Health Policy⁽²⁾ was a timely recognition of persuasive international and local evidence that 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.

First conducted in Sydney in 1996 and run in February every two years since,⁽³⁻⁸⁾ the Sydney Women and Sexual Health (SWASH) survey is the longest running and only regular survey of LBQ women's health and wellbeing in Australia (and probably the world). The Women's Western Australian Sexual Health (WWASH) version of this survey was run in October 2010 and 2012. The survey covered sexual health (sexual practices, STI testing and diagnosis, Pap smears); tobacco, alcohol and illicit drug use; experiences of domestic violence, sexual coercion, and anti-LGBTQ behaviour; and self-report measures of physical and mental health. With a focus on LBQ women's health, the long-running SWASH survey and the more recent WWASH survey provide a much needed local evidence base to inform best practice in healthcare and prevention for chronic diseases, mental health and wellbeing, sexual and reproductive health, and ageing.

This report presents results from the 2012 survey with 2010 data presented to provide a comprehensive picture of the health and wellbeing of women engaged with the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Perth. Slight changes in sampling and questions 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

In October 2010 and 2012, a two-page self-complete questionnaire was distributed to women attending the Perth Pride Fair Day and several other community events, venues and groups during Pride month. The questionnaire included items on demographics; sexual and gender identity; community connection; tobacco, alcohol and drug use; sexual health; height and weight; psychological wellbeing; experiences of anti-gay, sexual and domestic violence; parenthood intentions; preventive health behaviour; healthcare access; and knowledge questions on reproductive health. See Appendix 1.0 for copies of the 2010 and 2012 surveys.

Results were entered from the coded questionnaires and loaded into Stata IC 11.0 software for analysis. The data were cleaned and checked for internal consistency and, where inconsistencies were found, checked against the questionnaires. All additional comments and answers to open-ended questions were transferred from the questionnaires. The analysis presented here is primarily descriptive, with cross-tabs and *t*-tests to confirm significant differences between subgroups; *p* values were calculated using Pearson's chi-square statistic or Fisher's exact test where appropriate (i.e. where the 'expected' number was very small).

The non-answer rate for some questions was high, especially those requiring writing a word or phrase rather than simply ticking a box. We assume that many respondents simply left a question blank when it did not apply to them, rather than ticking the 'no' response. For this reason, percentages have generally been calculated in this report on the total sample, not on the question-specific response rate, which would have inflated the 'yes' percentages. Readers can take the 'yes' percentages given as lower-bound estimates and judge for themselves whether to interpret the missing people as likely to be similar to the respondents or likely to mean 'no' or 'not applicable'. Exceptions to this are tables reporting summaries of questions where women could select more than one item, and tables reporting sub-samples.

3.1. Recruitment

The primary recruitment site was the Perth Pride Fair Day, a community day celebrating lesbian, gay, bisexual, transgender, intersex, queer and other same sex attracted people living in Western Australia. Additional recruitment took place at other lesbian, bisexual and queer (LGBTQ) venues, social events during the course of Perth's Lesbian and Gay Pride month. Questionnaires were offered to everyone identifying as a woman who was willing to respond. Because of practical difficulties, refusal rates were not calculated. Fair Day is an open-air function, so women who wish to avoid questionnaires can take a route to avoid recruiters carrying clipboards or directing respondents to the survey booth; women can also easily accept a survey form and disappear with it. Few women explicitly refused a verbal offer to participate.

4. Results

It is impossible to calculate a response rate for WWASH. Very few women declined the invitation to participate but it was easy for women in recruitment sites to avoid the survey recruiters. Reflecting the decision taken for earlier the WWASH report,⁽⁵⁾ responses of women who identified as heterosexual have not been included in this report. While women who identify as straight may still have sex with women, most of these respondents did so rarely (of the 134 heterosexual women who responded in WA, 11 had ever had sex with a woman, only 1 in the last 6 months). Thus, this report focuses on LBQ women. Table 1 summarises the valid responses by recruitment venue. For the first time in 2012, we asked women if they had completed the WWASH survey in 2010 (Table 2). Contrary to our expectations, only 19% had done so.

Table 1: Recruitment venues

	2010	2012
	n (%)	n (%)
Fair Day	763 (86.9)	631 (86.9)
Social venues/events	115 (13.1)	95 (13.1)
Total	878 (100)	726 (100)

Table 2: Repeat responders

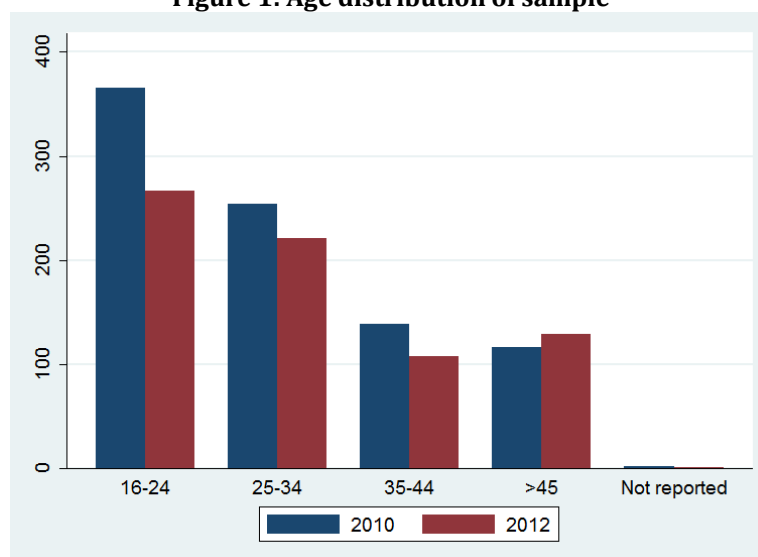
	2012
	n (%)
Never completed before	490 (67.5)
Completed in 2010	138 (19.0)
Not reported	98 (13.5)
Total	726 (100)

4.1. Sample Characteristics

4.1.1. Age

The age range was 16-70 years, with a median age of 28 (2010 range was 16-75, median age 27). Figure 1 compares the proportion of respondents in 5-year age categories over the two surveys. The majority of respondents are aged less than 34 years. While the 2012 sample was smaller overall, there was a particularly noticeable drop of 27% in the proportion of 16-24 year old women.

Figure 1: Age distribution of sample



4.1.2. Sexual identity and attraction

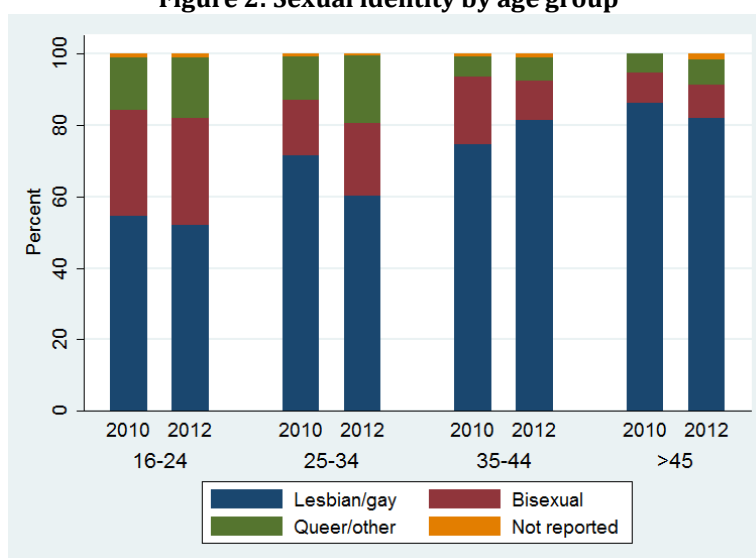
We asked women if they thought of themselves as ‘Lesbian/dyke/homosexual/gay’, ‘Bisexual’, ‘Heterosexual/straight’, ‘Queer’ or ‘Other’ (Table 3). We have collapsed ‘queer’ and ‘other’ in the analyses. Some women resisted sexual categorisation, making comments such as ‘label free’ or ‘no specific label’ or ‘I fall for who I fall for’ or ‘just me’. The most common written comment for other was ‘pansexual’. Tension between identity labels and practice was evident in a few replies, such as the women who wrote ‘a bit queer and a bit not’. Throughout this report, when women are referred to as lesbian, bisexual etc., it is this self-description that is being used, whatever their reported sexual behaviour.

Table 3: Stated sexual identity

	2010	2012
	n (%)	n (%)
Lesbian/homosexual	588 (67.0)	467 (64.3)
Bisexual	184 (21.0)	149 (20.5)
Queer	33 (3.8)	40 (5.5)
Other	65 (7.4)	63 (8.7)
Not reported	8 (0.9)	7 (1.0)
Total	878 (100)	726 (100)

Age and sexual identity are correlated, with younger women more likely to identify as bisexual and less likely to identify as lesbian (Table 4). Figure 2 compares the proportion of respondents in each sexual identity category by 10-year age categories over the two cohorts.

Figure 2: Sexual identity by age group



In 2012, the median age of lesbian women was 31 years, of bisexual women 24 years, and of queer and other women 26 years (Table 4). Although women under 25 years only constituted 37% of the sample, 54% of the bisexual women were in the 16-24 year age group. Nearly half (44%) of the queer or other identifying women were also in this youngest

age group; together with the higher proportion of bisexual women this may also reflect a greater acceptance of queer and fluid identities in the younger age groups.

Table 4: Mean and median age, by sexual identity

	Lesbian Mean (median)	Bisexual Mean (median)	Queer/ Other Mean (median)	Not reported Mean (median)
2010	32 (29)	26 (22)	26 (23.5)	26 (24)
2012	33.5 (31)	26 (24)	28 (25.5)	29 (23)

We also asked about sexual attraction to males and females. After all the heterosexual identifying women were excluded from the sample, all but 2% of respondents indicated at least some attraction to women, though only 32% indicated exclusively same-sex attraction. As Table 5 shows, not everyone felt sexual attraction exclusively or even mostly to women, even in this sample of women who were in contact with and recruited through LGBTQ community venues and functions, and 71% of whom had been sexually active with a woman in the preceding six months (and 91% in their lives). Sexual attraction, like sexual identity (with which it is highly correlated), is also age-related, with younger women more likely to report attraction to both men and women. However, this may be an artefact of the survey method, as bisexual women may be less likely to attend Fair Day or other LGBTQ functions when they are older if they are in a regular relationship with a man. As would be expected, lesbian identified women were most likely to say they were attracted only or mostly to women (96%) when compared to bisexual women (24%), or queer and other women (52%).

**Table 5: Sexual attraction to males and females
("I have felt sexually attracted to")**

	2010 n (%)	2012 n (%)
Only to females	276 (31.4)	230 (31.7)
More often to females	397 (45.2)	308 (42.4)
Equally often to both	131 (14.9)	113 (15.6)
More often to males	51 (5.8)	63 (8.7)
Only to males	4 (0.5)	3 (0.4)
To no one at all	5 (0.6)	3 (0.4)
No answer	14 (1.6)	6 (0.8)
Total	878 (100)	726 (100)

4.1.3. Transgender respondents

Thirty three respondents (5%) indicated that they were transgender, compared to 6% in 2010 (Table 6). The proportion of the whole sample remains low and transgender people are included with the other women in the analyses that follow.

**Table 6: Transgender and transsexual identity
("Are you transgender or transsexual?")**

	2010	2012
	n (%)	n (%)
No	814 (92.7)	682 (93.9)
Yes	49 (5.6)	33 (4.6)
Not reported	15 (1.7)	11 (1.5)
Total	878 (100)	726 (100)

4.1.4. Children

In 2012, 14% of women said they had dependent children (Table 7). Some women who are biological mothers or co-parents may no longer have dependent children if the children have left home and are self-supporting; their status as parents is not reflected here.

Table 7: Dependent children (birth or co-parent)

	2010	2012
	n (%)	n (%)
No	730 (83.1)	618 (85.1)
Yes	135 (15.4)	101 (13.9)
Not reported	13 (1.5)	7 (1.0)
Total	878 (100)	726 (100)

Ninety-one women (13%) said they were planning to have children in the coming two years (Table 8). The vast majority (79%) of women considering children in the coming two years did not already have children.

Table 8: Planning children in next 2 years

	2010	2012
	n (%)	n (%)
No	606 (69.0)	526 (72.5)
Yes	137 (15.6)	91 (12.5)
Not sure	120 (13.7)	102 (14.0)
Not reported	15 (1.7)	7 (1.0)
Total	878 (100)	726 (100)

4.1.5. Social attachment to the gay and lesbian community

The sample of women was highly attached to the LGBTQ community. Of the 726 respondents, 96% said that at least a few of their friends were lesbian women, gay men, or bisexual, transgender or queer people (Table 9).

Table 9: Number of friends who are LGBTQ

	2010 n (%)	2012 n (%)
None	20 (2.3)	15 (2.1)
A few	149 (17.0)	146 (20.1)
Some	285 (32.5)	252 (34.7)
Most	373 (42.5)	279 (38.4)
All	26 (3.0)	17 (2.3)
Not reported	25 (2.9)	17 (2.3)
Total	878 (100)	726 (100)

We asked women how connected they felt to LGBTQ communities in their everyday life. Unsurprisingly for a sample that is generated through attendance at LGBTQ community events levels of connection were high, 40% (down from 47% in 2010, $p < 0.01$) reported they felt mostly or very connected in their everyday lives (Table 10).

Table 10: Connection to LGBTQ community, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
Very	101 (17.2)	23 (12.5)	30 (30.6)	1 (12.5)	155 (17.7)
Mostly	179 (30.44)	44 (23.9)	32 (32.7)	1 (12.5)	256 (29.2)
Somewhat	170 (28.9)	73 (39.7)	23 (23.5)	2 (25.0)	268 (30.5)
Rarely	79 (13.4)	27 (14.7)	9 (9.2)	1 (12.5)	116 (13.2)
Not at all	48 (8.16)	14 (7.6)	3 (3.1)	1 (12.5)	66 (7.5)
Not reported	11 (1.9)	3 (1.6)	1 (1.0)	2 (25.0)	17 (1.9)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
Very	69 (14.8)	17 (11.4)	23 (22.3)	0 (0.0)	109 (15.0)
Mostly	114 (24.4)	33 (22.2)	27 (26.2)	5 (71.4)	179 (24.7)
Somewhat	173 (37.0)	67 (45.0)	29 (28.2)	0 (0.0)	269 (37.0)
Rarely	78 (16.7)	24 (16.1)	17 (16.5)	0 (0.0)	119 (16.4)
Not at all	27 (5.8)	6 (4.0)	6 (5.8)	1 (14.3)	40 (5.5)
Not reported	6 (1.3)	2 (1.3)	1 (1.0)	1 (14.3)	10 (1.4)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

To better understand what activities facilitated these feelings of connection to a LGBTQ community, in 2012, we asked women: “What makes you feel connected to a LGBTQ community?” Table 11 summarises the responses. The other sources of community connection reported by women via a free text question were: LGBTQ fiction or media, activism, and volunteering for LGBTQ organisations.

Table 11: Sources of connection to LGBTQ community (2012)

	Very/mostly n (%)	Somewhat n (%)	Rarely n (%)	Not at all/n/a n (%)	Not reported n (%)
Hanging out at home with LGBTQ friends and family	441 (60.7)	156 (21.5)	54 (7.4)	41 (5.7)	34 (4.7)
Spending time with my LGBTQ partner	393 (54.1)	75 (10.3)	38 (5.2)	178 (24.5)	42 (5.8)
Socialising with LGBTQ friends at <i>LGBTQ venues</i>	387 (53.3)	169 (23.3)	86 (11.9)	53 (7.3)	31 (4.3)
Attending LGBTQ community events	372 (51.2)	187 (25.8)	77 (10.6)	52 (7.2)	38 (5.2)
Socialising with LGBTQ friends at <i>mainstream venues</i>	292 (40.2)	229 (31.5)	101 (13.9)	60 (8.3)	44 (6.1)
Socialising with LGBTQ friends online	242 (33.3)	162 (22.3)	102 (14.1)	172 (23.7)	48 (6.6)
Having LGBTQ colleagues at work/uni	234 (32.2)	165 (22.7)	95 (13.1)	186 (25.6)	46 (6.3)
Playing sport with LGBTQ teams/leagues	135 (18.6)	92 (12.7)	77 (10.6)	374 (51.5)	48 (6.6)

In the preceding six months, 74% had attended at least one LGBTQ social group or venue; there was little variation on 2010 (Table 12).

Table 12: Attendance at LGBTQ social venues or groups in the past 6 months

	2010 n (%)	2012 n (%)
Lesbian/queer women’s night/bar	402 (45.8)	323 (44.5)
Gay night/bar	467 (53.2)	380 (52.3)
LGBTQ dance party	146 (16.6)	129 (17.8)
LGBTQ group meeting	160 (18.2)	142 (19.6)
LGBTQ community event	318 (36.2)	299 (41.2)
LGBTQ sports group	79 (9.0)	72 (9.9)
Any of the above	662 (75.4)	538 (74.1)

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

4.1.6. Education, employment and income

This group of women is well educated; 58% had post-school qualifications, with 10% holding postgraduate qualifications (Table 13). For comparison with the broader population, 43% of Western Australian women aged over 15 had post-school qualifications in 2011, with only 2.5% having a postgraduate degree.⁽⁹⁾

Table 13: Education

	2010	2012
	n (%)	n (%)
Up to Year 10/School Certificate	159 (18.1)	97 (13.4)
Year 12/Higher School Certificate	244 (27.8)	200 (27.6)
Tertiary diploma/trade certificate	124 (14.1)	156 (21.5)
University or college degree	234 (26.7)	193 (26.6)
Postgraduate degree	80 (9.1)	73 (10.1)
Not reported	37 (4.21)	7 (1.0)
Total	878 (100)	726 (100)

Of those who answered the question on employment, 55% were employed full-time (Table 14). There was a noticeable increase in part time employment from 16% to 27%. It is difficult to compare the employment status of the WWASH sample with Census data, as our sample is skewed towards younger and childless women. For example, 27% of all women in Western Australia were employed full-time.⁽⁹⁾

Table 14: Employment status

	2010	2012
	n (%)	n (%)
Employed full-time	515 (58.7)	396 (54.6)
Employed part-time	142 (16.2)	193 (26.6)
Unemployed	31 (3.5)	33 (4.6)
Student	195 (22.2)	139 (19.2)
Pensioner/social security benefits	36 (4.1)	22 (3.0)
Doing domestic duties	28 (3.2)	35 (4.8)
Not in the work force	18 (2.1)	8 (1.1)

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

With over half employed full-time and the proportion dependent on state benefits low, this is a reasonably well-off group. *The distribution of income levels among respondents in the sample is illustrated in Table 15.* Again, it is difficult to compare the income of the WWASH sample with Census data, as our sample is skewed towards younger and childless women. The average weekly earnings for women in Western Australia in February 2012 were \$822, giving an annual before tax income of \$42,744.⁽¹⁰⁾

Table 15: Annual income before tax

	2010	2012
	n (%)	n (%)
Nil-\$19,999	222 (25.3)	173 (23.8)
\$20,000-\$39,999	190 (21.6)	136 (18.7)
\$40,000-\$59,999	194 (22.1)	172 (23.7)
\$60,000-\$99,999	188 (21.4)	158 (21.8)
\$100,000+	56 (6.4)	67 (9.2)
Not reported	28 (3.2)	20 (2.8)
Total	878 (100)	726 (100)

4.1.7. Ethnicity

Table 16 shows the responses to the questions on ethnic or cultural background grouped into broad categories. This cannot be compared directly with Census data, which report several variables including place of birth, language spoken and ancestry rather than our less specific category of ethnic affiliation. However, according to the 2011 Census, 63% of the (total) female population of Western Australia was born in Australia, 15% in Europe or the Middle East and 6% in Asia.⁽¹¹⁾ This suggests that this sample of LBQ women contains fewer European and Middle-Eastern women than would be expected if it were similar to the total WA population. Thirty-nine women (5%) self-identified as Aboriginal or Torres Strait; this is higher than would be expected if the sample were similar to the total Western Australian population (3% of the female population of Western Australian identified as Aboriginal or Torres Strait Islander in the 2011 census).⁽¹¹⁾

Table 16: Ethnicity

	2010	2012
	n (%)	n (%)
Anglo-Australian ¹	599 (68.2)	526 (72)
Aboriginal or Torres Strait Islander ²	49 (5.6)	39 (5.4)
European and Middle Eastern	84 (9.6)	52 (7.2)
Asian	47 (5.4)	31 (4.3)
Other	65 (7.4)	53 (7.3)
Not reported	34 (3.9)	25 (3.4)
Total	878 (100)	726 (100)

(1) Including UK and Irish/Scottish/Celtic.

(2) In 2012, 31 respondents also indicated Anglo-Australia, European, Asian or other ethnic or cultural background; in 2010 it was 41.

4.1.8. Geographical location

The vast majority (92%) of women lived in metropolitan Perth, with only 8% living in regional or rural WA (Table 17).

Table 17: Where respondents lived

	2010 n (%)	2012 n (%)
Metropolitan Perth	800 (91.1)	665 (91.6)
Regional/rural WA ¹	61 (7.0)	40 (5.5)
Outside WA	7 (0.8)	16 (2.2)
Not reported	10 (1.1)	5 (0.7)
Total	878 (100)	726 (100)

(1) Areas more than 75 kilometres from the Perth GPO were classed as regional or rural. Postcodes between 6208 and 6770 (inclusive) and postcodes 6041, 6043 and 6044 define such areas.

4.2. Sexual partners and practices

4.2.1. Sex with women

The great majority of 2012 respondents (91%) reported that they had ever had sex with a woman; 71% of women had done so in the preceding six months (Table 18).

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

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
Never	11 (1.9)	14 (7.6)	9 (9.2)	3 (37.5)	37 (4.2)
Over 6 months ago	93 (15.8)	52 (28.3)	35 (35.7)	1 (12.5)	181 (20.6)
In the past 6 months	457 (77.7)	112 (60.9)	52 (53.1)	2 (25.0)	623 (71.0)
Not reported	27 (4.6)	6 (3.3)	2 (2.0)	2 (25.0)	37 (4.2)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
Never	13 (2.8)	17 (11.4)	11 (10.7)	3 (42.9)	44 (6.0)
Over 6 months ago	75 (16.1)	48 (32.2)	27 (26.2)	0 (0.0)	150 (20.7)
In the past 6 months	367 (78.6)	83 (55.7)	60 (58.3)	2 (28.6)	512 (70.5)
Not reported	12 (2.6)	1 (.7)	5 (4.9)	2 (28.6)	20 (2.8)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

Women who reported sex with a female partner in the preceding six months were most likely to report only one sexual partner (77%), with 17% reporting between two and five partners (Table 19).

Table 19: Number of female sexual partners in the past 6 months, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
One	350 (74.5)	77 (65.8)	41 (75.9)	2 (50.0)	470 (72.9)
2–5	88 (18.7)	29 (24.8)	7 (13.0)	0 (0.0)	124 (19.2)
>5	20 (4.3)	6 (5.1)	3 (5.6)	0 (0.0)	29 (4.5)
Not reported	12 (2.6)	5 (4.3)	3 (5.6)	2 (50.0)	22 (3.4)
Total	470 (100)	117 (100)	54 (100)	4 (100)	645 (100)
2012					
One	291 (78.0)	65 (78.3)	43 (69.4)	1 (25.0)	400 (76.6)
2–5	64 (17.2)	15 (18.1)	10 (16.1)	1 (25.0)	90 (17.2)
>5	6 (1.6)	1 (1.2)	2 (3.2)	0 (0.0)	9 (1.7)
Not reported	12 (3.2)	2 (2.4)	7 (11.2)	2 (50.0)	23 (4.5)
Total	373 (100)	83 (100)	62 (100)	4 (100)	522 (100)

Note: Table only includes women that reported sex with a woman in the preceding six months.

4.2.2. Sex with men

In 2012, 56% of women (2010: 59%) reported they had ever had sex with a man; 20% had done so in the last 6 months. This is lower than international research suggesting 80–85% of LBQ women have a sexual history with men.⁽¹²⁻¹⁴⁾ Bisexual (81%) and queer or other (63%) women were more likely to have ever had sex with a man compared to lesbian women (46%).

Sex with men was overwhelmingly with men the respondents believed to be heterosexual: 51% reported sex with a heterosexual man (Table 20) compared to 19% reporting sex with a gay or bisexual man (Table 21). One in five women reported recent unsafe sex with a man in the preceding 6 months; only 32% of these women were in a regular relationship with a man (and 15% were in a regular relationship with a woman). That is, most unsafe sexual encounters appear to be with casual partners. Of the fifty women reporting sex with a gay or bisexual man in the preceding 6 months, 24% often had unprotected sex. Of the 123 women reporting sex with a heterosexual man in the preceding 6 months, 35% often had unprotected sex. These findings reflect previous research showing condom use by LBQ women during sex with men is low.^(12, 15, 16)

Typographical errors in the questionnaire misdirecting some participants to skip questions on the last sex with a heterosexual man, current regular relationship, and casual sex mean that the proportion of not reported answers for these three questions is higher than 2010.

Table 20: When respondents last had sex with a heterosexual man, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
Never	276 (46.9)	31 (16.9)	33 (33.7)	1 (12.5)	341 (38.8)
Over 6 months ago	260 (44.2)	59 (32.1)	34 (34.7)	3 (37.5)	356 (40.6)
In the past 6 months	25 (4.3)	83 (45.1)	29 (29.6)	2 (25.0)	139 (15.8)
Not reported	27 (4.6)	11 (6.0)	2 (2.0)	2 (25.0)	42 (7.8)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
Never	205 (43.9)	15 (10.1)	30 (29.1)	0 (0.0)	250 (34.44)
Over 6 months ago	182 (39.0)	35 (23.5)	27 (26.2)	4 (54.1)	248 (34.2)
In the past 6 months	16 (3.4)	78 (52.4)	28 (27.2)	1 (14.3)	123 (16.9)
Not reported	64 (13.7)	21 (14.1)	18 (17.5)	2 (28.57)	105 (14.5)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

Table 21: When respondents last had sex with a gay or bisexual man, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
Never	507 (86.2)	117 (63.6)	55 (56.1)	5 (62.5)	684 (77.9)
Over 6 months ago	53 (9.0)	40 (21.7)	21 (21.4)	1 (12.5)	115 (13.1)
In the past 6 months	11 (1.9)	20 (10.9)	17 (17.4)	0 (0.00)	48 (5.5)
Not reported	17 (2.9)	7 (3.8)	5 (5.1)	2 (25.0)	31 (3.5)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
Never	408 (87.4)	92 (61.7)	66 (64.1)	4 (57.1)	570 (78.5)
Over 6 months ago	34 (7.3)	31 (20.8)	19 (18.5)	1 (14.3)	85 (11.7)
In the past 6 months	13 (2.8)	24 (16.1)	12 (11.7)	1 (14.3)	50 (6.9)
Not reported	12 (2.6)	2 (1.3)	6 (5.8)	1 (14.3)	21 (2.9)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

4.2.3. Sexual practices

Among the 71% of women who had had sex with a woman in the preceding six months, the most common sexual practice was manual sex (involving hands and genitals; Table 22). Stimulation of the external genitals was practised by only a few more women than sex with the fingers or hand inside the vagina. Most women also practised oral sex (cunnilingus), both given and received, although a few (10%) had experienced only giving or receiving. Over half reported having used a sex toy. Most women (82%) who had used a toy used it both on the external genitals and inside the vagina. Anal practices were less common; 20%

had given or received manual stimulation of the anus and 12% had practised rimming, that is oral–anal contact. Here, women were less likely to report reciprocity; 20% had only experienced giving or receiving rimming.

Table 22: Sexual practices with a woman in the past 6 months

	2010	2012
	n (%)	n (%)
Fingers/hand on external genitals	594 (95.4)	483 (94.3)
Fingers/hand inside vagina	588 (94.4)	471 (92.0)
Fingers/hand inside anus	115 (18.5)	100 (19.5)
Oral sex (mouth on partner’s genitals)	520 (83.5)	422 (82.4)
Oral sex (mouth on respondent’s genitals)	503 (80.7)	411 (80.3)
Rimming (mouth on partner’s anus)	67 (10.8)	54 (10.6)
Rimming (mouth on respondent’s anus)	62 (10.0)	54 (10.6)
Sex toy used on external genitals	330 (53.0)	265 (51.8)
Sex toy used inside vagina	334 (53.6)	253 (49.4)
Sex toy used inside anus	60 (9.6)	55 (10.7)

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

Respondents were also asked how many times they had had sex with a woman in the preceding four weeks (Table 23). In 2012 we added instructions to write an estimate in numbers; this greatly reduced the proportion giving text responses.

Table 23: Number of times women had had sex with a woman in the past 4 weeks

	2010	2012
	n (%)	n (%)
0	113 (18.1)	119 (23.2)
1	73 (11.7)	44 (8.6)
2–5	194 (31.1)	146 (28.5)
6–10	82 (13.1)	80 (15.6)
11+	112 (18.0)	109 (21.3)
Text response	49 (8.0)	13 (2.6)
Not reported	0 (0.0)	1 (0.2)
Total	623 (100)	512 (100)

Note: Table only includes women that reported sex with a woman in the past 6 months.

In 2012, 101 (14%) women reported having been involved in ‘S/M dominance/bondage’ (i.e. sadomasochism or slave–mistress encounters) without or with blood (i.e. from practices such as cutting, piercing, whipping or fisting) (Table 24).

Table 24: Experience of S/M dominance/bondage in the past 6 months

	2010	2012
	n (%)	n (%)
Yes, but no blood	112 (12.8)	99 (13.6)
Yes, with blood	27 (3.1)	24 (3.3)

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

Just over one in ten women reported that they had group sex in the preceding six months; most respondents reported that this group sex involved a woman (Table 25).

Table 25: Group sex in the past 6 months

Group sex which included:	2010	2012
	n (%)	n (%)
-a gay or bisexual man	22 (2.5)	16 (2.2)
-a straight or heterosexual man	50 (5.7)	45 (6.2)
-a woman	73 (8.3)	70 (9.6)
-BDSM ¹ no blood	27 (3.1)	29 (4.0)
-BDSM ² with blood	12 (1.4)	7 (1.0)
Any group sex	92 (10.5)	85 (12.0)

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

(1) BDSM is bondage, dominance or sadomasochism or slave–mistress encounters

(2) For example, involving practices such as cutting, piercing, whipping or fisting

4.2.4. Sexual relationships

Three hundred and forty five women (48%) (2010: 57%) were in a regular sexual relationship with a woman (Table 26). Of the remaining, 30% were not in a regular sexual relationship, 8% were in a regular sexual relationship with a man and 3% reported that they were in a polyamorous relationship or had multiple regular partners (gender not specified). As in section 3.2.2, non-responses were higher than 2010 due to an error in the skip direction for three questions in the questionnaire. Thus, changes in these data need to be interpreted with caution.

Table 26: Regular partners

	2010	2012
	n (%)	n (%)
No	258 (29.4)	215 (29.6)
With a woman	502 (57.2)	345 (47.5)
With a man	61 (7.0)	57 (7.9)
Polyamorous/Multiple partners	23 (2.6)	18 (2.5)
Not reported	34 (3.9)	91 (12.5)
Total	878 (100)	726 (100)

Of those in regular relationships, the most common length was less than six months (21%) and three to five years (20%). In 2010 it was one to two years (Table 27). Changes in these data need to be interpreted cautiously because of the high non-response rate (see earlier note).

Table 27: Length of regular relationship

	2010	2012
	n (%)	n (%)
Less than 6 months	138 (23.1)	89 (20.9)
6-11 months	85 (14.2)	64 (15.1)
1-2 years	164 (27.5)	78 (18.4)
3-5 years	75 (12.6)	84 (19.8)
Over 5 years	119 (19.9)	70 (16.5)
Not reported	16 (2.7)	40 (9.4)
Total	597 (100)	425 (100)

Note: Table only includes women in regular relationships.

Casual partners in the preceding six months were reported by 29% of women (2010: 31%; (Table 28). Nearly a quarter (23%) of women in a regular relationship with a woman had also had a casual sexual partner in the preceding six months (2010: 24%). Changes in these data need to be interpreted cautiously because of the high non-response rate (see earlier note).

Table 28: Casual partners in past 6 months

	2010	2012
	n (%)	n (%)
No	561 (63.9)	425 (58.5)
Yes, with women	164 (18.7)	121 (16.7)
Yes, with men	40 (4.6)	32 (4.4)
Yes, with both	67 (7.6)	53 (7.3)
Not reported	46 (5.2)	95 (13.1)
Total	878 (100)	726 (100)

4.2.5. Sex work

Thirty seven women (5%) reported they had ever done sex work, most over six months ago (Table 29).

Table 29: Sex work

	2010	2012
	n (%)	n (%)
Never	809 (92.14)	666 (91.7)
Over 6 months ago	32 (3.6)	27 (3.7)
In last 6 months	10 (1.1)	10 (1.4)
Not reported	27 (3.1)	23 (3.2)
Total	878 (100)	726 (100)

4.3. Tobacco, alcohol and other drug use

4.3.1. Tobacco use

The proportion of women reporting current tobacco use is lower (28%) than in 2010 (33%) (Table 30); this change is also reflected in a drop in daily smokers from 25% to 20%. These are high rates of smoking compared with the general population, especially considering that this is a highly educated urban sample. For comparison, in the 2010 National Drug Strategy Household Survey (NDSHS) of the general population,⁽¹⁷⁾ 16% of Australian women 18 years or older were current smokers, with 14% smoking daily. The more recent 2011/12 Australian Health Survey (AHS) reported similar findings: 17% of women in Western Australia were smokers, 16% were daily smokers.⁽¹⁸⁾ The 2010 NDSHS found that gay women and men (not reported by gender) were twice as likely to smoke and among smokers were twice as likely to report smoking daily, compared to the heterosexual women and men in the sample.⁽¹⁷⁾

In WWASH, smoking among the youngest women (16-24 years) has dropped from 42% in 2010 to 33% in 2012. Tobacco use remains more common among younger women: 33% of 16-24 year olds vs. 20% of women over 45 years (Table 30). The 2011/12 AHS reported 23% of young women (18-24 years) in Western Australia smoke.⁽¹⁸⁾ That is, LBQ women are 1.4 times more likely to smoke.⁽¹⁸⁾

Table 30: Smoking status by age group

	16-24 years n (%)	25-34 years n (%)	35-44 years n (%)	45+ years n (%)	Not reported n (%)	Total n (%)
2010						
Current smoker	157 (42.9)	82 (32.2)	35 (25.2)	18 (15.4)	1 (50.0)	293 (33.4)
Ex-smoker	36 (9.8)	49 (19.3)	37 (26.6)	48 (41.0)	0 (0.0)	170 (19.4)
Never smoked	143 (39.1)	114 (44.9)	64 (46.0)	42 (35.9)	0 (0.0)	363 (41.3)
Not reported	30 (8.2)	9 (3.5)	3 (2.2)	9 (7.7)	1 (50.0)	52 (5.9)
Total	366 (100)	254 (100)	139 (100)	117 (100)	2 (100)	878 (100)
2012						
Current smoker	88 (33.0)	67 (30.3)	22 (20.4)	27 (20.9)	0 (0.0)	204 (28.1)
Ex-smoker	32 (12.0)	35 (15.8)	22 (20.4)	53 (41.1)	0 (0.0)	142 (19.6)
Never smoked	128 (47.9)	101 (45.7)	54 (50.0)	35 (27.1)	1 (100)	319 (43.9)
Not reported	19 (7.1)	18 (8.1)	10 (9.3)	14 (10.9)	0 (0.0)	61 (8.4)
Total	267 (100)	221 (100)	108 (100)	129 (100)	1 (100)	726 (100)

Smoking was highest among lesbian women (29%) followed by bisexual (27%) and queer/other women (24%) (Table 31). Daily smoking was commonest among lesbian women (22%) compared to 19% of bisexual and 17% of queer/other women.

Table 31: Smoking status by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
Current smoker	190 (32.3)	68 (37.0)	32 (32.7)	3 (37.5)	293 (33.4)
Ex-smoker	131 (22.3)	23 (12.5)	14 (14.3)	2 (25.0)	170 (19.4)
Never smoked	232 (39.5)	81 (44.0)	48 (49.0)	2 (25.0)	363 (41.3)
Not reported	35 (6.0)	12 (6.5)	4 (4.1)	1 (12.5)	52 (5.9)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
Current smoker	136 (29.1)	40 (26.8)	25 (24.3)	3 (42.9)	204 (28.1)
Ex-smoker	104 (22.3)	17 (11.4)	21 (20.4)	0 (0.0)	142 (19.6)
Never smoked	188 (40.3)	79 (53.0)	49 (47.6)	3 (42.9)	319 (43.9)
Not reported	39 (8.4)	13 (8.7)	8 (7.8)	1 (14.3)	61 (8.4)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

4.3.2. Alcohol use

The majority of women (83%; 2010: 86%) reported drinking alcohol. Table 32 illustrates the distribution of drinking frequency. The 2011/12 AHS reported 77% of Australian women had drunk alcohol in the preceding year.⁽¹⁹⁾

Table 32: Frequency of drinking alcohol

	2010	2012
	n (%)	n (%)
Never	69 (7.9)	74 (10.2)
Less often than weekly	269 (30.6)	242 (33.3)
1 or 2 days a week	248 (28.3)	189 (26.0)
3 or 4 days a week	135 (15.4)	101 (13.9)
5 or 6 days a week	43 (4.9)	41 (5.7)
Every day	64 (7.3)	30 (4.1)
Not reported	50 (5.7)	49 (6.8)
Total	878 (100)	726 (100)

The National Health and Medical Research Council (NHMRC) recommends drinking no more than two standard drinks on any day reduces the *lifetime risk* of harm from alcohol-related disease or injury.⁽²⁰⁾ We asked women, on a day when you drink alcohol, how many standard drinks do you usually have? More than half of women who drank (56%) reported that they *usually* drank three or more standard drinks (Table 33); this is 51% of all LBQ women. For younger women, 64% *usually* drank more three or more standard drinks. This compares to 50% of 25-34 year olds and 39% of 35-44 years olds and 33% of women aged older than 45 years.

Table 33: Drinks consumed on a day when alcohol is consumed

	2010	2012
	n (%)	n (%)
1 or 2 drinks	262 (29.8)	224 (30.8)
3 or 4 drinks	241 (27.4)	211 (29.1)
5 to 8 drinks	152 (17.3)	97 (13.4)
9 or more drinks	90 (10.3)	60 (8.3)
Not reported	64 (7.3)	60 (8.2)
Non-drinkers	69 (7.9)	74 (10.2)
Total	878 (100)	726 (100)

The NHMRC recommends drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that *single occasion*.⁽²⁰⁾ Using data from the same question about how many standard drinks women usually have, a quarter of women who drank (24%) reported that they *usually* drank five or more standard drinks (Table 33); this is 22% of all LBQ women. One in five drinkers (22%) reported drinking at these levels at least weekly over the past six months (Table 34). For younger women, 34% *usually* drank five or more standard drinks; 51% had drunk at these levels more than twice in the past six months. This compares to 23% of 25-34 year olds and 10% of 35-44 years olds and 6% of women aged older than 45 years.

Table 34: Frequency of drinking 5 or more on a single occasion in past 6 months

	2010	2012
	n (%)	n (%)
Never	180 (20.5)	159 (21.9)
Once or twice	218 (24.8)	203 (28.0)
About once a month	189 (21.5)	142 (19.6)
About once a week	142 (16.2)	94 (13.0)
More than once a week	62 (7.1)	48 (6.6)
Every day	23 (2.6)	4 (0.6)
Not reported	64 (7.3)	76 (10.5)
Total	878 (100)	726 (100)

4.3.3. Illicit drug use

In the preceding six months, 42% of respondents had used an illicit drug (a significant drop from 49% in 2010, $p < 0.001$). The most commonly used drugs were cannabis (31%), ecstasy (12%), and benzos/valium (13%; Table 35). Use of ecstasy ($p < 0.01$) and speed ($p < 0.01$) has dropped significantly since 2010. In response to the question ‘Have you ever injected drugs?’ 8% of women indicated that they had ever done so (2010: 9%).

Table 35: Drug use in the past 6 months

	2010	2012
	n (%)	n (%)
Cannabis	316 (36.0)	226 (31.1)
Ecstasy	155 (17.7)	85 (11.7)
Speed	136 (15.5)	72 (9.9)
Benzos / Valium	127 (14.5)	92 (12.7)
Cocaine	85 (9.7)	47 (6.5)
LSD / trips	67 (7.6)	48 (6.6)
Crystal meth	64 (7.3)	47 (6.5)
Amyl / poppers	48 (5.5)	36 (5.0)
Special K/ Ketamine	24 (2.7)	23 (3.2)
GHB	15 (1.7)	10 (1.4)
Any other drug	76 (8.7)	47 (4.5)

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

Rates of illicit drug use were several times higher among our respondents than rates reported in the general community by the 2010 NDSHS (Table 36). Gay women and men (statistics not disaggregated by gender) in the NDSHS had the highest rate of recent drug use (36%) among all subpopulation groups.⁽¹⁷⁾

Table 36: Use of various illicit drugs compared with the general community

	WWASH 2010 aged 16–64 past 6 months %	WWASH 2012 aged 16–64 past 6 months %	NDSHS 2010 aged over 14 past 12 months %
Cannabis	36.0	31.2	7.0
Ecstasy	17.6	11.9	2.3
Cocaine	9.6	6.6	1.5
Speed/crystal meth	16.9	12.4	1.7
Ever injected drug	9.2	8.0	1.2

4.4. Health behaviour and knowledge

4.4.1. Relationships with doctors

More than two thirds of women (69%) said they had a regular doctor (51%) or attend the same health centre (17%) (Table 37). The majority of women (60%; 2010: 61%) were out to their doctor; that is, they were open about their sexuality. Women who had a regular doctor or attended the same health centre were significantly more likely to be out (70%) than women who did not (40%; $p < 0.001$)

Table 37: Regular doctor

	2010 n (%)	2012 n (%)
No regular doctor	197 (22.4)	147 (20.3)
Yes, regular GP	436 (49.7)	373 (51.4)
Yes, regular health centre	180 (20.5)	124 (17.1)
Not reported	65 (7.4)	82 (11.3)
Total	878 (878)	726 (100)

For the first time in 2012, we asked women *who had a regular GP or attended a regular health centre* how satisfied they were. Three quarters of respondents reported being satisfied or very satisfied with their GP (Table 38). Women who were out to their GP at their regular health centre were twice as likely to report they were very satisfied with the service they received (47%, $p < 0.001$) than women who were not out (23%) (Table 39). That is, while women in general were satisfied with the service they received, disclosing sexuality appeared to improve that service/relationship.

Table 38: Satisfaction with regular doctor (2012)

	2012 n (%)
Very satisfied	199 (40.0)
Satisfied	182 (36.6)
Neither	35 (7.0)
Unsatisfied	16 (3.2)
Very unsatisfied	14 (2.8)
Not reported	51 (10.7)
Total	497 (100)

NOTE: Table only includes women reporting a regular doctor or health centre

Table 39: Satisfaction with regular doctor by disclosure (2012)

	Out n (%)	Not out n (%)
Very satisfied	165 (47.1)	32 (22.7)
Satisfied	116 (33.1)	65 (46.1)
Neither	17 (4.9)	18 (12.8)
Unsatisfied	11 (3.1)	5 (3.5)
Very unsatisfied	8 (2.3)	5 (3.5)
Not reported	33 (9.5)	16 (11.4)
Total	350 (100)	141 (100)

NOTE: Table only includes women reporting a regular doctor or health centre

4.4.2. Self-assessed general health

The majority of respondents rated their general health as excellent/very good/good (79%; 2010: 83%); 15% of respondents reported their health as fair/poor (2010: 12%) (Table 40).

Table 40: Self-assessed physical health, by age group

	16-24 years n (%)	25-34 years n (%)	35-44 years n (%)	45+ years n (%)	Not reported n (%)	Total n (%)
2012						
Poor/Fair	49 (18.4)	33 (14.9)	10 (9.3)	15 (11.6)	0 (0.0)	107 (14.7)
Good/Very good	180 (67.4)	137 (62.0)	71 (65.7)	79 (61.2)	1 (100)	468 (64.5)
Excellent	26 (9.7)	35 (15.8)	18 (16.7)	27 (20.9)	0 (0.0)	106 (14.6)
Not answer	12 (4.49)	16 (7.3)	9 (8.3)	8 (6.2)	0 (0.0)	45 (6.2)
Total	267 (100)	221 (100)	108 (100)	129 (100)	1 (100)	726 (100)
2010						
Poor/Fair	46 (12.6)	27 (10.6)	14 (10.1)	13 (11.1)	1 (50.0)	101 (11.5)
Good/Very good	226 (61.8)	169 (66.5)	83 (59.7)	74 (63.2)	0 (0.0)	552 (62.9)
Excellent	66 (18.0)	54 (21.3)	37 (26.6)	20 (17.1)	0 (0.0)	177 (20.2)
Not answer	28 (7.6)	4 (1.6)	5 (3.6)	10 (8.6)	1 (50.0)	48 (5.5)
Total	366 (100)	254 (100)	139 (100)	117 (100)	2 (100.0)	878 (100)

Self-assessed health in the WWASH sample was lower compared to women in the general community (Table 41).⁽²¹⁾ This is surprising given the greater representation of older women in the 2011/12 AHS sample: 8% aged over 65 years compared to 0.7% of the WWASH sample.

Table 41: Self-assessed general health WWASH women compared with the general community

	WWASH 2012 %	AHS 2011/12 %
Poor/Fair	15.7	14.6
Good	38.0	29.7
Excellent/Very good	46.3	55.7

Note: For comparison, table excludes WWASH non-responders.

We used respondent-provided height and weight to calculate a body mass index (BMI). The BMI is an internationally recognised standard for classifying overweight and obesity in adults, although it is an imperfect measure as people tend to overestimate height and underestimate weight when self-reporting and it does not recognise differences in height and weight proportions related to cultural heritage. Women were slightly less likely to self-report height and weight that placed them in the overweight/obese categories (40%) than the healthy weight category (42%; Table 42). Table 43 contains comparative self-report data from women from the 2011/12 AHS.⁽²²⁾ When interpreting these data it is important to remember the younger age of our sample.

Table 42 Body mass index

	2010 n (%)	2012 n (%)
Underweight	43 (4.9)	24 (3.3)
Healthy	385 (43.8)	307 (42.3)
Overweight	178 (20.3)	149 (20.5)
Obese	159 (18.1)	139 (19.2)
Not reported	113 (12.9)	107 (14.7)
Total	878 (100)	726 (100)

Table 43: Body mass index compared with the women aged 18+ in general community

	WWASH 2012 %	AHS 2011-2012 %
Underweight/Healthy	52.6	44.3
Overweight	24.1	28.2
Obese	23.3	27.5

Note: Note: cut off scores were Underweight/Healthy (<24.99); Overweight (25-<29.99); Obese (>30). For comparison, table excludes WWASH non-responders.

Note: cut off scores were Underweight (<18.50); Healthy (18.50-24.99); Overweight (25-<29.99); Obese (>30)

In 2012 we asked respondents whether they had ever been diagnosed with a range of lifestyle-diseases that are associated with tobacco use, an unhealthy diet, physical inactivity and the harmful use of alcohol (Table 44). Unsurprisingly, rates were higher for women aged over 45 years (18% of the sample): heart disease (5%), type 2 diabetes (5%), high cholesterol (12%), and high blood pressure (12%).

Table 44: Lifestyle diseases (2012)

	2012 n (%)
Heart disease	11 (1.5)
Type 2 diabetes	13 (1.8)
High cholesterol	28 (3.9)
High blood pressure	32 (4.4)
Any lifestyle disease	77 (10.6)

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

4.4.3. Self-reported mental health

We used the Kessler 6 (K6) to measure non-specific psychological distress (e.g. feeling nervous, hopeless, restless, worthless) in the preceding four weeks.⁽²³⁾ Distress was most common in younger women; 26% of 16-24 year olds reported high distress compared to 5% of women aged 45 years and older ($p < 0.001$; Table 45). The 2011/12 AHS used the K10,⁽²⁴⁾ and while these measures cannot be directly compared, the K10 'high/very high' rating (13% of Australian women) is broadly equivalent to the K6 'medium/high rating' (32% of WWASH sample). For 16-24 year olds, 13% of Australian women reported 'high/very high' distress compared to 49% of LBQ women who reported 'medium/high' distress.

Table 45: Kessler 6 measure of psychological health, by age group

	16-24 years n (%)	25-34 years n (%)	35-44 years n (%)	45+ years n (%)	Not reported n (%)	Total n (%)
2010						
Low distress	167 (45.6)	175 (68.9)	101 (72.7)	69 (59.0)	1 (50.0)	513 (58.4)
Medium distress	78 (21.3)	45 (17.7)	22 (15.8)	17 (14.5)	0 (0.0)	162 (18.5)
High distress	61 (16.7)	16 (6.3)	5 (3.6)	7 (6.0)	0 (0.0)	89 (10.1)
Not reported	60 (16.4)	18 (7.1)	11 (7.9)	24 (20.5)	1 (50.0)	114 (13.0)
Total	366 (100)	254 (100)	139 (100)	117 (100)	2 (100)	878 (100)
2012						
Low distress	111 (41.6)	136 (61.5)	75 (69.4)	98 (75.9)	0 (0.0)	420 (54.9)
Medium distress	62 (23.2)	43 (19.5)	14 (13.0)	13 (10.1)	1 (100.00)	133 (18.3)
High distress	70 (26.2)	21 (9.5)	4 (3.7)	6 (4.7)	0 (0.0)	101 (13.9)
Not reported	24 (9.0)	21 (9.5)	15 (14.0)	12 (9.3)	0 (0.0)	72 (9.9)
Total	267 (100)	221 (100)	108 (100)	129 (100)	1 (100.00)	726 (100)

Note: Kessler 6 cut off scores were Low = 0-7, Medium = 8-12, High = 13-24.⁽²⁵⁾

We asked women if they had ever accessed counselling or psychological services (Table 45). Half (54%) had accessed services in the preceding five years; 66% had ever accessed services. There was little variation by sexual identity (Table 46).

Table 46: Accessing counselling or psychological services

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
No	184 (31.3)	60 (32.6)	26 (26.5)	3 (37.5)	273 (31.1)
Yes, in the past 5 years	281 (47.8)	98 (53.3)	58 (59.2)	3 (37.5)	440 (50.1)
Yes, over 5 years ago	85 (14.5)	13 (7.1)	9 (9.2)	0 (0.0)	107 (12.2)
Not reported	38 (6.5)	13 (7.1)	5 (5.1)	2 (25.0)	58 (6.6)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
No	131 (28.1)	41 (27.5)	22 (21.4)	2 (28.6)	196 (27.0)
Yes, in the past 5 years	244 (52.3)	84 (56.4)	61 (59.2)	4 (57.1)	393 (54.1)
Yes, over 5 years ago	58 (12.4)	13 (8.7)	13 (12.6)	0 (0.0)	84 (11.6)
Not reported	34 (7.3)	11 (7.4)	7 (6.8)	1 (14.3)	53 (7.3)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

We asked women if they had ever been diagnosed with depression, an anxiety disorder or another mental health disorder. Half of women in our sample reported that they had ever received a mental health diagnosis (41% in the preceding five years); again there was little variation by sexual identity (Table 47).

Table 47: Diagnosed with anxiety, depression or other mental health disorder

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
No diagnosis	295 (50.2)	78 (42.4)	40 (40.8)	3 (37.5)	416 (47.4)
Yes, in past 5 years	186 (31.6)	77 (41.9)	43 (43.9)	3 (37.5)	309 (35.2)
Yes, over 5 years ago	69 (11.7)	15 (8.2)	9 (9.20)	0 (0.0)	93 (10.6)
Not reported	38 (6.5)	14 (7.6)	6 (6.1)	2 (25.0)	60 (6.8)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
No diagnosis	199 (42.6)	52 (34.9)	44 (42.7)	4 (57.1)	299 (41.2)
Yes, in past 5 years	179 (38.3)	68 (45.6)	45 (43.7)	2 (28.6)	294 (40.5)
Yes, over 5 years ago	49 (10.5)	14 (9.4)	7 (6.8)	0 (0.0)	70 (9.6)
Not reported	40 (8.6)	15 (10.1)	7 (6.8)	1 (14.3)	63 (8.7)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

4.4.4. Screening tests

The WA Department of Health recommends that all women should be screened for precursors of cervical cancer by having Pap smears every two years, including lesbians.⁽²⁶⁾ Table 48 shows that 32% (2010: 35%) of women were overdue for screening; that is, they were last screened more than three years ago, never had or were not sure when they last had a Pap smear. Nearly a quarter of women (23%; 2010: 27%) had never been screened. For comparison, between 2008 and 2010, 64% of WA women in the target age group of 20-69 years had a Pap smear in the preceding three years.⁽²⁷⁾ In 2010, the screening rate for WWASH women aged 20-69 years was 64%, the same as reported in 2012.

The need for education remains: women who had never had sex with a man were twice as likely to have never been screened (32% of women who never had sex with a man versus 17% of those who had).

Table 48: Timing of last Pap smear, by experience of sex with men

	Never sex with a man n (%)	Ever sex with a man n (%)	Not reported n (%)	Total n (%)
2010				
Less than 3 years ago	159 (46.6)	327 (62.6)	5 (33.3)	491 (55.9)
More than 3 years ago	16 (4.7)	54 (10.3)	0 (0.0)	70 (8.0)
Never	131 (38.4)	105 (20.1)	4 (26.7)	240 (27.3)
Not sure	14 (4.1)	17 (3.3)	1 (6.7)	32 (3.6)
Not reported	21 (6.2)	19 (3.6)	5 (33.3)	45 (5.1)
Total	341 (100)	522 (100)	15 (100)	878 (100)
2012				
Less than 3 years ago	152 (50.2)	261 (63.9)	6 (40.0)	419 (57.7)
More than 3 years ago	28 (9.2)	39 (9.6)	0 (0.0)	67 (9.2)
Never	97 (32.0)	70 (17.2)	0 (0.0)	167 (23.0)
Not sure	10 (3.3)	14 (3.4)	0 (0.0)	24 (3.3)
Not reported	16 (5.3)	24 (5.9)	9 (60.0)	49 (6.8)
Total	303 (100)	408 (100)	15 (100)	726 (100)

In 2012 we asked women if they had ever received an abnormal Pap smear result; 132 had (18%). That is, 27% of women who had ever had a Pap smear reported an abnormal result (Table 49).

Table 49: Abnormal Pap smear (2012 only)

	Never had sex with a man n (%)	Ever had sex with a man n (%)	Not reported n (%)	Total n (%)
No	134 (74.4)	205 (68.3)	4 (66.7)	343 (70.6)
Yes	14 (22.8)	85 (28.3)	2 (33.3)	128 (26.3)
Not sure	4 (2.2)	7 (2.3)	0 (0.0)	11 (2.3)
Not reported	1 (0.6)	3 (1.0)	0 (0.0)	4 (0.8)
Total	180 (100)	300 (100)	6 (100)	486 (100)

Note: Table only includes women who reported having a Pap smear

A total of 333 respondents (46%; 2010: 43%) had ever had a diagnostic or screening test for a sexually transmitted infection (STI) other than HIV (Table 50). Women who had ever had sex with a man were more likely to have ever done so (55%), compared to women who had never had sex with a man (36%; $p < 0.001$). Sixty-five women (20%; 2010: 18%) had ever received an STI diagnosis (20% of those tested). An STI diagnosis was most likely among queer and other identifying women (33%), followed by bisexual women (22%) and finally lesbian women (15%).

Table 50: Timing of last STI test, by sexual identity

	Lesbian n (%)	Bisexual n (%)	Queer/ Other n (%)	Not reported n (%)	Total n (%)
2010					
Never	326 (55.4)	88 (47.8)	32 (32.7)	5 (62.5)	451 (51.4)
Yes, over 6 months ago	149 (25.3)	42 (22.8)	28 (28.6)	2 (25.0)	221 (25.2)
Yes, in the past 6 months	81 (13.8)	44 (23.9)	34 (34.7)	0 (0.0)	159 (18.1)
Not reported	32 (5.4)	10 (5.4)	4 (4.1)	1 (12.5)	47 (5.4)
Total	588 (100)	184 (100)	98 (100)	8 (100)	878 (100)
2012					
Never	238 (51.0)	60 (40.3)	38 (36.9)	4 (57.1)	340 (46.8)
Yes, over 6 months ago	155 (33.2)	42 (28.2)	37 (35.9)	2 (28.6)	236 (32.5)
Yes, in the past 6 months	40 (8.6)	37 (24.8)	20 (19.4)	0 (0.0)	97 (13.4)
Not reported	34 (7.3)	10 (6.7)	8 (7.8)	1 (14.3)	53 (7.3)
Total	467 (100)	149 (100)	103 (100)	7 (100)	726 (100)

In 2012, the majority of women had *never been tested* for HIV (57%), compared to 31% who reported ever having been tested (31%). The low rate of testing may reflect a decreased perception of risk to HIV. Of the 227 women who had ever been tested for HIV, two reported that they were HIV positive.

More women had been tested for hepatitis C (40%). It is possible that some women answered 'yes' to this question who did not actually know which of the hepatitis viruses they had been tested for (A, B or C). Indeed it is worth noting that 7% said they were not sure if they had been screened for hepatitis C. 19 women (3%) reported they were positive. Of the 19 women who had hepatitis C, only 7 reported having injected drugs.

4.4.5. Knowledge of STIs

Two knowledge questions about STIs were asked in true/false format (Table 51). A concerning 18% were unaware (and a further 8% did not answer) that a person experiencing a cold sore outbreak can give their partner genital herpes during oral sex.

Table 51: Answers to STI knowledge questions

		2010	2012
		n (%)	n (%)
"If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes" (true)	Correct	665 (75.7)	536 (73.8)
	Incorrect	146 (16.6)	129 (17.8)
	Not reported	67 (7.7)	61 (8.4)
	Total	878 (100)	726 (100)
"You can have an STI and not have any symptoms" (true)	Correct	770 (87.7)	634 (87.3)
	Incorrect	45 (5.1)	38 (5.2)
	Not reported	63 (7.2)	54 (7.5)
	Total	878 (100)	726 (100)

4.5. Experiences of violence and abuse

4.5.1. Sexual coercion

We asked women: 'Since the age of 16, have you ever been forced or frightened into doing something sexually that you did not want to do?' The majority (65%) indicated that they had never experienced sexual coercion. The majority of women reporting sexual coercion since age 16, had been coerced by a man (23%; Table 52).

Table 52: Number of respondents who had experienced sexual coercion

	2010	2012
	n (%)	n (%)
Never	570 (64.9)	472 (65.0)
Yes, by a male only	182 (20.7)	161 (22.2)
Yes, by a female only	54 (6.2)	30 (4.1)
Yes, by both	15 (1.7)	10 (1.4)
Not reported	57 (6.5)	53 (7.3)
Total	878 (100)	726 (100)

4.5.2. Domestic violence

A third of women reported ever experiencing domestic violence, 14 with both male and female partners (Table 53). One hundred and seventeen women (16%) reported experiencing domestic violence in a relationship with a woman.

Table 53: Number of respondents who experienced domestic violence in a relationship

	2010	2012
	n (%)	n (%)
Never	522 (59.5)	431 (59.4)
Yes, with a female	177 (20.2)	117 (16.1)
Yes, with a male	119 (13.6)	113 (15.6)
Yes, with both	10 (1.1)	14 (1.9)
Not answer	50 (5.7)	51 (7.0)
Total	878 (100)	726 (100)

4.5.3. Anti-gay and anti-lesbian behaviour

Respondents were asked whether they had experienced any of six specified anti-gay or anti-lesbian acts against them in the preceding 12 months (Table 54). A third of women (32%) had experienced some form of abuse or harassment, the most reported was verbal abuse or harassment (29%) followed by physical threat or intimidation (12%). In 2012, we asked respondents if they had reported any of these anti-gay or anti-lesbian acts to the police. Of the 229 women who had experienced any anti-LBQ behaviour, none had reported it to the police, this included 29 women who were physically abused and 89 who were physically intimidated or threatened.

Table 54: Anti-gay or anti-lesbian behaviour experienced in the past 12 months

	2010	2012
	n (%)	n (%)
Verbal abuse or harassment	279 (31.8)	213 (29.3)
Being pushed or shoved	94 (10.7)	76 (10.5)
Being bashed	35 (4.0)	29 (4.0)
Physical threat or intimidation	99 (11.3)	89 (12.3)
Refusal of service	54 (6.2)	46 (6.3)
Refused employment or promotion	42 (4.8)	38 (5.2)
Any of the above	35.2%	31.5%

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

5. Discussion and conclusions

In 2012 we surveyed 726 lesbian, bisexual and queer women engaged with the Perth LGBTQ communities. This survey data has been compared with the first WWASH survey carried out in 2010. This report provides an unparalleled insight into the health and wellbeing of LBQ women and provides some early indicators of change in some areas. As this survey replicates the Sydney based SWASH survey, which has been run since 1996, it adds considerably to information on the health of LGB women in Australia. We will consider our findings in light of available national data and consider the implications for those interested in improving the health and wellbeing of this population.

5.1. Tobacco use

With more than a quarter (28%) still smoking, rates remain considerably higher than the rate (17%) among women in the general population in Western Australia.⁽¹⁸⁾ The vast majority of smokers were doing so daily (72%); with 20% of LBQ women smoking daily this is again higher than 14% of women smoking daily in the general population in Western Australia.⁽¹⁸⁾ Of considerable concern is the rate of smoking among younger women: 33% of 16-24 years old WWASH respondents smoked. The 2011/12 AHS found 17% of similar aged women in the general population smoked.⁽¹⁸⁾ Some ten years ago the Australian Longitudinal Study of Women's Health (ALSWH) found a similar level of disparity: 46% of LBQ women aged 22-27 years were smokers, compared to 25% of heterosexual women.⁽²⁸⁾ This suggests that the finding that LBQ women smoke at twice the rate of women in the general community is consistent and robust.

Tobacco use is a significant public health issue facing LBQ women and their communities. Despite a long history of wide-ranging government initiatives that have seen a decline in women's smoking nationally, including graphic pictures on all tobacco products and hard-hitting campaigns in popular media these do not appear to have had the same impact on LGB smoking rates. The 2011/12 AHS notes that "decreasing smoking rates have occurred across all age groups, and particularly among people aged under 45 years".⁽²⁹⁾ These gains have not been seen in LBQ women in Perth, or indeed in Sydney where smoking data from 2006 only shows a slight decline.⁽³⁰⁾ While we have reported an apparent decrease in smoking rates among LBQ women in Perth since 2010, rates remain high in comparison to the wider community and it is too early to say this is a sustained downward trend.

- The rate of smoking among LBQ women remains at twice the rate of women in the general population; this demands urgent public health attention.
- Detailed exploration is required to understand why progressively successful mainstream anti-smoking campaigns and programs are not proving successful within this group of women. Targeted interventions to prevent young LBQ taking up smoking may be needed.
- Tobacco control agencies need to make smoking amongst LBQ women and the wider LGBTQ community generally, as a priority issue for research and intervention.
- Examination of the role and efficacy of smoking cessation programs for LBQ women is necessary.

5.2. Alcohol use

The vast majority of LBQ women drank alcohol, most doing so frequently. On a day when they drank alcohol, 51% of women reported usually drinking at levels that put them at a *lifetime* risk of alcohol-related disease or injury.⁽¹⁹⁾ Among younger women, 64% drank at these levels. One in five LBQ women (22%) drank at levels that put them at risk of alcohol-related injury *on a single drinking occasion* (more than four standard drinks). However, one in five LBQ women drinkers (22%) reported drinking at these levels weekly.

- LBQ women are at high risk of lifetime risk of alcohol-related disease or injury, and are often drinking at levels that put them at risk of alcohol-related injury on a single drinking occasion.
- Further research is needed to understand the social and cultural context of alcohol use among LBQ women; this knowledge can inform targeted interventions.
- Levels of risky drinking among younger LBQ women demonstrate an urgent need for early interventions. Messages about responsible drinking should be integrated into existing programs delivered by LGBTQ community organisations, and community events that do not have an alcohol focus should be encouraged. LGBTQ community organisations need to address these issues including encouraging responsible drinking and considering the role of alcohol sponsorship.
- WWASH only reports on alcohol use; there is an urgent need for research on alcohol-related harms and the utilisation of treatment programs among this group.

5.3. Illicit drug use

Nearly half (42%) of the 2012 sample had used an illicit drug in the preceding six months. Use of illicit drugs was several times higher among LBQ women than in the general community, and some of this drug use may be problematic.⁽¹⁷⁾ In the 2010 National Drug Strategy Household Survey (NDSHS), gay and bisexual people had the highest rate of recent drug use (36%) among all subpopulation groups.⁽¹⁷⁾ The ALSWH found that compared to heterosexual women, LBQ women were four times more likely to have used illicit drugs and ten times more likely to have ever injected drugs.⁽²⁸⁾ A recent international meta-analysis of 18 studies of sexual orientation and adolescent substance use found the odds of substance use by young LBQ women was four times higher than that of heterosexual young women.⁽³¹⁾ To contextualise this, the authors note that LBQ women report illicit drug use at a similar level to that of young heterosexual men. Despite stark evidence that a lesbian, bisexual or queer identity appears predictive of drug use, harm reduction efforts have largely focused on gay men.

- LBQ women are using illicit drugs at rates several times higher than women in the general community, demonstrating an urgent need for interventions targeted to LBQ women.
- Without a sophisticated understanding of the drivers of illicit drug use in LBQ women and the LGBTQ community more broadly, and the conditions under which these practices become problematic, interventions are unlikely to succeed.
- Research is needed to understand LBQ women's utilisation of and satisfaction with drug treatment programs, as well as treatment outcomes.

5.4. Sexual health

Of the 726 women in this report, 64% identified as lesbian. Younger women under 25 were more likely to regard themselves as bisexual than the older age groups. Sexual attraction roughly corresponded to identity for most women. Exclusive attraction to women was not the majority experience (32%), even among these highly community-attached women, the majority of whom (71%) had been sexually active with a woman in the preceding six months. Indeed, over half (56%) of the sample had had sex with a man at some time in their lives, and 20% had had sex with a man in the preceding six months. The fact that many lesbian-identifying women have a sexual history that includes men (46%) is perhaps familiar and unremarkable within the LGBTQ community. However, health service providers and policy makers often assume that all women who have sex with women are lesbians and that all lesbians are attracted only to women and never have sex with men. Sexual attraction, like sexual identity (with which it is highly correlated), is also age-related, with younger women more likely to report attraction to both men and women. Health practitioners and policy makers need to acknowledge that sexual attraction and sexual identity can be fluid across people's lifetime.⁽³²⁾

Our findings on unprotected sex echo international research that condom use by LBQ women during sex with men is low.^(12, 15, 16) One in five women had ever had sex with a man they believed to be gay or bisexual, raising the issue of possible exposure to STIs, including HIV, that are more common among gay and bisexual men. While few women reported sex with gay or bisexual men, 24% of these women also reported unprotected vaginal or anal intercourse. We did not ask about unintended pregnancy but Australian research suggests that unplanned pregnancy among younger same-sex-attracted women is much higher than among their heterosexual peers,^(33, 34) a disparity echoed by international research.^(35, 36) The nature of LBQ women's sexual relationships with men is not well understood, and high rates of unprotected sex may suggest sex is unplanned and that LBQ women may not have the necessary negotiation skills to protect themselves against STIs in these situations.

- 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; LBQ women may not respond to health promotion campaigns directed at assumed heterosexual audiences.
- STI prevention programs need to address skill development among LBQ women to support successful negotiation of safe and satisfying sexual relationships with all sexual partners.
- LBQ community perceptions and awareness of sexual health issues is a poorly understood area requiring urgent research to assist in informing preventive practice.

5.5. Prevention-related screening

In general, Pap smear screening rates are similar to the general population in Western Australia.⁽²⁷⁾ A third of LBQ women were overdue for cervical cancer screening. High rates of under screening (45%) among women who had never had sex with a man (25% had never been screened) indicate education is still needed. Lower screening in these women may be due to a belief that lesbian women are at lower risk of cervical cancer,⁽³⁷⁾ a perception that has been reported among Australian healthcare providers.⁽³⁸⁾ This is despite HPV transmission only requiring skin-to-skin contact⁽³⁹⁾ and Australian research demonstrating

that the prevalence of genital warts in women with a sexual history with women is similar to that of exclusively heterosexual women.⁽¹⁵⁾ Health promotion resources like the WA Cervical Cancer Prevention Program's *Lesbians need Pap smears too*, designed to raise awareness among the LGBTQ community and the professionals caring for their health, need to continue.

Less than half of the women (46%) in our sample had been tested for an STI other than HIV. Rates of testing appear steady, with bisexual and queer women - especially younger ones - more likely to report recent testing. Testing for HIV is low at 31% and likely reflects a decreased perception of risk among LBQ women. Knowledge about STIs was generally high; however 18% of women did not know that someone with a cold sore can transmit herpes to the genitals through oral sex. Given herpes is transmitted via skin-to-skin contact education around this issue is called for.

- Efforts to raise awareness of cervical cancer and the need for *all* women to have Pap smear screening regularly must continue. The message that a history of sex with men is not a prerequisite for a Pap smear screen is particularly important for both LBQ women and their healthcare providers.
- STI testing campaigns and resources targeting LBQ women about their sexual health, risks and the need for testing are required.
- The need continues for the development of education and capacity building strategies targeting primary healthcare providers that focus on building their understanding of the screenings needs of LBQ women. This must also include information on creating culturally sensitive environments that encourage open dialogue around sexual health and behaviour, including same-sex-attracted women's sexual activities with men.

5.6. Health indicators

Levels of overweight and obesity in this younger sample were slightly lower than in the general population.⁽²²⁾ There is understandable concern among members of the LGBTQ community about a focus on body weight, and in particular on using normative ideals of body shape. This issue does pose a challenge for our communities: levels of overweight and obesity put women at increased risk of heart and lung disease, joint problems, and diabetes.⁽⁴⁰⁻⁴³⁾ More broadly, international research suggests that lesbian and bisexual women have an above-average prevalence of known risk factors for breast and gynaecological cancers including having no children or being older at first childbirth, tobacco use, alcohol consumption, and obesity.^(42, 44, 45) Our findings suggest a confluence of a number of risk factors present for LBQ women at rates much higher than for the general community.

- Public health programs on weight, physical exercise and diet need to target and be accessible to LBQ women, and sensitively engage with LGBTQ communities around the health impacts of these issues.
- The development of and pilot testing of healthy lifestyle programs and messages that address weight, physical activity, diet, mental health and drug use for LBQ women is recommended.

5.7. Mental health

There are reasons to be concerned about the mental health of some within this group of women. More than one in ten (14%) women reported high levels of non-specific psychological distress; this rose to a quarter of younger women. Comparison with the 2011/12 AHS suggests that rates of distress in LBQ women are 2.5 times those reported by women in the general population, and four times higher in younger women.⁽²⁴⁾ There is consistent and persuasive international evidence that LGBTQ populations experience higher rates of mental health problems and suicidal behaviour than heterosexual people.⁽⁴⁶⁻⁵¹⁾ A recent review of the international literature concluded that higher rates of depressive symptoms and mental health outcomes are consistently found in LBQ women than in their heterosexual peers.⁽⁵²⁾ This is borne out by the ALSWH: younger LBQ women were significantly more likely to exhibit poorer mental health and exhibited significantly higher levels of self-harm than exclusively heterosexual women (17% vs. 3%).⁽⁵³⁾ The Australian *Private Lives* survey found 15% of LBQ women reported that in the preceding two weeks they had felt they would be better off dead, with 80% reporting a history of feeling depressed.⁽⁵⁴⁾

The high levels of distress among these LBQ women are reflected in the high proportion of women who accessed mental health services in the preceding five years (54%) or who self-reported a mental illness diagnosis in the preceding five years (41%). The recent high access and diagnoses may be due in part to the Australian government's *Better Access* program, which since 2006 has provided intensive, short-term Medicare-subsidised mental health services. However, a 2005 national survey of gay and lesbian wellbeing⁽⁵⁴⁾ found that 62% of women had accessed counselling or psychological between 2000-2005, suggesting use of these services may always have been high in this population. Regardless of whether access has increased or was always high, these findings demonstrate very clearly a considerable demand for services. We do not know how this demand is being met, or by which professionals. Nor do we know whether women are satisfied with the services they are receiving. While LGBTQ specific services are important, it is also important that general mental health services and individual professionals are able to provide culturally appropriate services to LGBTQ women. Recent funding for LGBTQ community mental health programs such as the Commonwealth-funded MindOUT! (Mental Health & Suicide Prevention Project) is reassuring, although the sustainability and impact of these programs has yet to be established.

- There is a clear need to assist young women who are disproportionately represented in the high rates of drinking, smoking, illicit drug use and mental health distress within this sample. Programs aimed at improving the social and emotional wellbeing of this group, including strategies around 'coming out' and self-acceptance, may well prove important to an eventual decline in behaviours that present health risks.
- Further investigation is required to understand the utilisation of mental health services in this group of women: Who is providing these services? Are women receiving the services they desire? What are the outcomes of treatment for LBQ women?

5.8. Experiences of abuse and violence

There have been a number of campaigns over recent years raising awareness about the impact of and unacceptability of homophobia; a recent example being an AFL (Australian Football League) players program (“giving homophobia the boot”).⁽⁵⁵⁾ Such programs rarely indicate that homophobic violence is also experienced by women. It is unacceptable that a third of LBQ women in our sample experienced some type of homophobic abuse – one in ten being physically intimidated – in the preceding year. That **NO** women reported this abusive behaviour to police is of great concern and points to a serious need to strengthen the relationship between the LGBTQ community and local police forces in WA.

The proportion of LBQ women reporting DV appears steady – although it may be too early to tell. Regardless, that 18% of LBQ women reported experiencing same-sex DV is a finding that demands a response. There are very few programs for LBQ women on developing and sustaining healthy and respectful relationships.

- Anti-homophobia campaigns need to acknowledge that LBQ women also experience homophobic harassment.
- Increased capacity is required in the provision of support services around domestic violence to respond to LBQ women and to understand their crisis and longer term needs. This includes support to report to law enforcement agencies.
- Campaigns that raise awareness of domestic violence in lesbian relationships are still needed.
- Further research is required to better understand the dynamics of lesbian relationships and the contexts of domestic violence in order to inform culturally appropriate and inclusive responses.

5.9. Engaging with LBQ women around health

This study of women in contact with the LGBTQ community showed them to be a fairly well educated group on average, though not universally - 13% had education only to Year 10 (School Certificate) equivalent or less. The majority were in their 20s and 30s and lived in metropolitan Perth. The relative population density of this sample presents an opportunity for targeted engagement strategies in the delivery of health and wellbeing programs.

This was a highly community connected sample – 96% of women had LGBTQ friends and 40% reported feeling mostly or very connected to an LGBTQ community in their everyday lives. Over half of LBQ women felt very or mostly connected to community through socialising at LGBTQ venues and events, and attendance at these venues and events remains high. Health services in Perth wishing to engage with this population group needs to consider that LBQ women’s health promotion is most likely to take place in mixed gay spaces. Socialising online was reported as very or mostly important for community connection by a surprisingly low proportion, with nearly as many people reporting it as rarely, not important or not applicable.

- We need to know more about the patterns of engagement among LBQ women and with the wider LGBTQ communities.

- There are likely to be many LBQ women who are not connected to the LGBTQ community either by choice or because they are not comfortable identifying with this group, and program reach to this group needs additional consideration.
- As 'E-health' gains more prominence, it is important to know more about how LBQ women access information online, particularly in regions that do have the population to sustain dedicated physical spaces for LBQ women. This information will improve the future effectiveness of health promotion, prevention messages or early interventions to this group.

5.10. WWASH limitations

WWASH covers a broad range of general health questions and issues of concern to the LGBTQ community. Despite this, we are not collecting information on health issues that affect all women, such as physical exercise, diet or health service utilisation. Our findings suggest concerning levels of psychological distress among young LBQ women and high numbers of LBQ women accessing psychological services. We do not know about the use of prescribed medication or about markers of psychological distress such as self-harm or suicidality. Nor do we collect adequate information on which mental health or physical health services women access or their experiences of these services.

WWASH is a convenience survey rather than a random sample, but recruitment is done in settings not specifically related to the health outcomes under study. People come to Fair Day, where 87% of our respondents were recruited, for social reasons, not because they have health or other problems. This means that the sample is not skewed towards people with high rates of health difficulties or risk factors. On the other hand, a survey of this sort is not likely to include people with same-sex desires about which they are very uneasy or who do not wish to associate with the LGBTQ community or are not drawn to the activities or events on offer during Pride season. The results reflect the features of a generally younger metropolitan community-attached group of LBQ women, rather than a sample of women who have had sexual experiences with women.

5.11. Conclusion

Many LBQ women lead healthy lives; for example smoking is still a minority-behaviour in this group. However given the higher rates of health risk factors such as alcohol, tobacco, and other drugs repeatedly found in this population, we expect to see a concomitant increase in rates of lifestyle-related illness. We are very concerned that this data is not being collected at a population based level. In a recent discussion paper, the National LGBTI Health Alliance note that “[t]he decision to include (or not include) LGBTI Australians in particular policies is often made on the basis of the available data.... in areas such as general health research, socio-economic data, mortality data-sets, morbidity data-sets, same-sex attracted people continue to be excluded from national statistics.”⁽⁵⁶⁾

The survey results from WWASH provide a much needed-although limited-snapshot of LBQ women’s health in Perth, Western Australia. They highlight areas of particular health concern including lack of adequate Pap smear and sexual health testing and higher levels of substance use. Both nationally and at a Western Australian level there is a lack of either mainstream preventive health interventions that are inclusive of this group or targeted LBQ interventions. If we are to achieve equity of health outcomes with the broader Australian population, public health needs to commit resources to further research in this area and to develop meaningful and effective interventions. This will bring rewards both economically to health expenditure and also in achieving a more inclusive and healthy society.

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6. Appendix 1: Surveys



Women's Western Australia Sexual Health (WWASH) Survey 2012

Before you start

Please complete this code so we can track changes in women's health year to year. We will NOT be able to identify you; you can use a pretend/nickname but make sure it is one you will remember.

First two letters of first name and surname

Did you complete the WWASH survey in:
2010 Never

About You

1. What is your age? years
2. Postcode or Suburb/town where you live _____
3. Are you of Aboriginal or Torres Strait Islander origin?
No Yes
4. What is your ethnic or cultural background? (e.g. Greek, Vietnamese, Lebanese, Chinese) Anglo-Australian only
Other (please specify) _____
5. Do you think of yourself primarily as:
Lesbian / dyke / homosexual / gay Bisexual
Queer Heterosexual / straight
Other (please specify) _____
6. Which of these six statements best describes you?
I have felt sexually attracted—
Only to females, never to males
More often to females, 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
7. Are you transgender or transsexual? No Yes
8. Are you: Tick all that apply
Employed full-time
Employed part-time Unemployed
Doing domestic duties Not in the work force
Pensioner/social security benefits Student
9. What is your annual income before tax? Nil-\$19,999
\$20,000-\$39,999 \$40,000-\$59,999
\$60,000-\$99,999 \$100,000+

10. What is the highest level of education you have completed? Up to Year 10 / School Certificate
Year 12 / TEE / Leaving Cert / IB
Tertiary diploma or trade certificate
University or college degree
Postgraduate degree (master's, PhD)

11. Do you have any dependent children?
No Yes If yes, how many? _____

12. Are you planning to have a child in the next 2 years?
No Yes Not sure

Community

LGBTQ means Lesbian, Gay, Bisexual, Transgender, Queer

13. Do you feel connected to a LGBTQ community in your everyday life?
Very Mostly Somewhat Rarely Not at all
14. What makes you feel connected to a LGBTQ community?

	Very	Mostly	Some what	Rarely	Not at all	NA
Socialising with LGBTQ friends at LGBTQ venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialising with LGBTQ friends at mainstream venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanging out at home with LGBTQ friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with my LGBTQ partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialising with LGBTQ friends online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having LGBTQ colleagues at work/unl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending LGBTQ community events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing sport with LGBTQ teams/teagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else makes you feel connected? _____

15. In the past 6 months have you attended:

	No	Monthly	Weekly	More
Lesbian/queer women's night/bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay night/bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ dance party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ group meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ community event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ sports group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How many of your friends are LGBTQ?
None A few Some Most All

Sex and relationships

17. When was the last time you had sex with a woman?
Never 00 to Q22 Over 6 months ago 00 to Q22 In the past 6 months

18. During the past 6 months, how many women have you had sex with? None One 2-5 women 6-10 women More than 10 women

19. In the past 6 months, which of the following have you done while having sex with a woman?

	No	Yes
Fingers / hand on external genitals	<input type="checkbox"/>	<input type="checkbox"/>
Fingers / hand inside vagina	<input type="checkbox"/>	<input type="checkbox"/>
Fingers / hand inside anus	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex (your mouth, her genitals)	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex (her mouth, your genitals)	<input type="checkbox"/>	<input type="checkbox"/>
Rimming (her mouth, your anus)	<input type="checkbox"/>	<input type="checkbox"/>
Rimming (your mouth, her anus)	<input type="checkbox"/>	<input type="checkbox"/>
Sex toy used on external genitals	<input type="checkbox"/>	<input type="checkbox"/>
Sex toy used inside vagina	<input type="checkbox"/>	<input type="checkbox"/>
Sex toy used inside anus	<input type="checkbox"/>	<input type="checkbox"/>

20. In the last 4 weeks, how many times have you had sex with a woman? _____ times (Please write a number)

21. In the past 6 months, have you done:
S/M dominance/bondage (no blood) No Yes
S/M dominance/bondage (with blood) No Yes

22. Have you done any sex work? Never
Over 6 months ago In the past 6 months

23. When was the last occasion that you had sex with a gay, homosexual or bisexual man? Never 00 to Q20 Over 6 mths ago 00 to Q20 In the past 6 mths

24. In the past 6 months have you had vaginal or anal intercourse with a gay or bisexual man (either regular or casual partner) without a condom?
Never Once Occasionally Often

25. When was the last occasion that you had sex with a straight or heterosexual man?
Never 00 to Q20 Over 6 months ago 00 to Q20 In the past 6 months

26. In the past 6 months have you had vaginal or anal intercourse with a straight or heterosexual man (either regular or casual partner) without a condom?
Never Once Occasionally Often

Are you currently in a sexual relationship with a regular partner? No regular relationship _1 Yes, a woman _2
 Yes, a man _3 Yes, multiple regular partners/poly _4
 If yes, how long has this relationship been?
 Less than 6 months _1 6–11 months _2
 1–2 years _3 3–5 years _4 More than 5 years _5

27. Have you had casual sex in the past 6 months?
 Yes, with women _1 Yes, with men _2
 Yes, with both _3 No casual partners _4

28. On any occasion in the past 6 months have you had group sex which included (tick all that apply to you)

	No	Yes
a gay, homosexual or bisexual man	<input type="checkbox"/> _1	<input type="checkbox"/> _2
a straight or heterosexual man	<input type="checkbox"/> _1	<input type="checkbox"/> _2
a woman	<input type="checkbox"/> _1	<input type="checkbox"/> _2
dominance/bondage (no blood)	<input type="checkbox"/> _1	<input type="checkbox"/> _2
S/M dominance/bondage (with blood)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

Your health

29. Do you have a regular GP? No _1 I see the same GP _2
 I attend the same health centre/practice _3

If you have a regular GP, how satisfied are you?
 Very satisfied _1 Satisfied _2 Neither _3
 Unsatisfied _4 Very unsatisfied _5

30. Are you out to your GP about your sexuality/gender identity? No _1 Yes _2

31. In general, would you say your health is
 Poor _1 Fair _2 Good _3 Very good _4 Excellent _5

32. How tall are you without shoes? _____ cms

33. How much do you weigh (no clothes/shoes) _____ kgs

34. Has a doctor ever diagnosed you with: (Tick all that apply)
 Heart disease _1 Type 2 diabetes _2
 High cholesterol _3 High blood pressure _4

35. When did you have your last Pap smear test?
 < 2 years ago _1 2–3 years ago _2 3–5 years ago _3
 More than 5 years ago _4 Never _5 Not sure _6

36. Have you ever had an abnormal Pap smear test?
 No _1 Yes _2 Not sure _3

37. Have you ever had a test for a sexually transmitted infection (not HIV)? No _1 Over 6 months ago _2
 In the past 6 months _3

38. Have you ever been diagnosed with an STI?
 No _1 Yes _2

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39. Have you ever had an HIV antibody test?
 No _1 Yes _2 Don't know _3

If yes, what was the result of your last HIV test?
 Positive (you have HIV) _1 Negative _2 Not sure _3

40. Have you ever been tested for hepatitis C?
 No _1 Yes _2 Don't know _3

If yes, what was the result of your last test?
 Positive (you have hep C) _1 Negative _2 Not sure _3

Smoking, drinking and drug use

41. Do you currently smoke cigarettes or other tobacco?
 Daily _1 More than weekly (not daily) _2
 Less than weekly _3 Ex-smoker _4
 Never smoked/less than 100 in lifetime _5

42. How often do you normally drink alcohol?
 Never _1 Less often than weekly _2
 1 or 2 days a week _3 3–4 days a week _4
 5–6 days a week _5 Every day _6

43. On a day when you drink alcohol, how many standard drinks do you usually have? (1 drink = a small glass of wine, a middy of beer or a nip of spirits)
 1–2 drinks _1 3–4 drinks _2 5–8 drinks _3
 9–12 drinks _4 13–20 drinks _5 20+ drinks _6

44. In the past 6 months, how often have you drunk 5 or more drinks on one occasion? Never _1 Once or twice _2
 About once a month _3 About once a week _4
 More than once a week _5 Every day _6

45. How often have you used these drugs in the last 6 mths?

	Never	1–5 times	6–10 times	11–20 times	More than 20 times
Benzos / Valium	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Amyl / poppers	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Marijuana	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Ecstasy	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Speed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Cocaine	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Crystal meth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
LSD / trips	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
GHB	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Ketamine	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Any other drug**	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

**Please specify other drug _____

46. Have you ever injected drugs?
 Never _1 Over 6 months ago _2 In the past 6 months _3

Psychological health and wellbeing

47. During the past 4 weeks, how much of the time did you feel:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
So sad nothing could cheer you up	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Nervous	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Restless or fidgety	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Hopeless	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
That everything was an effort	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Worthless	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

48. Have you ever accessed a counsellor or psychiatrist?
 No _1 Yes, in past 5 yrs _2 Yes, over 5 yrs ago _3

49. Have you ever been diagnosed with depression, anxiety disorder or other mental health disorder?
 No _1 Yes, in past 5 yrs _2 Yes, over 5 yrs ago _3

Violence

50. In the last 12 months, have you experienced any of the following anti-lesbian, gay, bi or trans behaviour?

	Yes	No	Reported to police
Verbal abuse or harassment	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
Being pushed or shoved	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
Being bashed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
Physical threat or intimidation	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
Refusal of service	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
Refused employment/promotion	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

51. Have you ever been in a relationship where your partner abused you (physically or emotionally)?
 Never _1 Yes, with a man _2 Yes, with a woman _3
 If yes, did you talk to someone else about it or seek help?
 No _1 Yes _2

52. Since the age of 16, have you been forced or frightened into doing something sexually that you didn't want to do?
 No _1 Yes, by a female _2 Yes, by a male _3

Finally, please indicate whether you consider the following statements to be true or false.

53. If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes.
 True _1 False _2

54. You can have an STI and not have any symptoms.
 True _1 False _2

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Thank you for taking the time to complete this survey



Women's WA Sexual Health (WWASH) Survey

With thanks to ACON for the survey design

About You

1. What is your age? years
2. Where do you live? Postcode or Suburb/town _____
3. Are you of Aboriginal or Torres Strait Islander origin?
No Yes
4. What is your ethnic or cultural background? e.g. Greek, Vietnamese, Lebanese, Chinese
Anglo-Australian only
Other (please specify) _____
5. Do you think of yourself primarily as:
Lesbian / dyke / homosexual / gay
Bisexual Heterosexual / straight
Queer Other (please specify) _____
6. Which of these six statements best describes you?
I have felt sexually attracted:
Only to females, never to males
More often to females, 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
7. Are you transgender or transsexual? No
Yes, identify as female Yes, identify as male
Yes, other (please specify) _____
8. Are you: (Tick all that apply to you) Employed full-time
Employed part-time Unemployed A student
Doing domestic duties Not in the work force
A pensioner or on social security benefits

9. What is your annual income before tax? Nil-\$19,999
\$20,000-\$39,999 \$40,000-\$59,999
\$60,000-\$99,999 \$100,000+

10. What is the highest level of education you have completed? Up to Year 10 / School Certificate
Year 12 / TEE / HSC / Leaving Cert / IB
Tertiary diploma or trade certificate
University or college degree
Postgraduate degree (master's, PhD)

11. Do you have any dependent children?
No Yes If yes, how many? _____
12. Are you planning to have a child in the next 2 years?
No Yes Not sure
If yes, how do you plan to conceive?
Sexual intercourse with a male partner
IVF, anonymous donor IVF, known donor
Self inseminate, anonymous donor
Self inseminate, known donor

Community

Here, LGBTQ means Lesbian, Gay, Bisexual, Transgender, Queer

13. Do you feel connected to a LGBTQ community in your everyday life?
Very Mostly Somewhat Rarely Not at all
14. How many of your friends are LGBTQ?
None A few Some Most All
15. In the past 6 months have you attended:

	No	Monthly	Weekly	More
Lesbian/queer women's night/bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay night/bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ dance party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ group meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ community event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ sports group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you read: *Cherie* No Yes
LOTL No Yes
Out in Perth No Yes

17. Which GLBTQ websites do you visit most often?

Sex and relationships

18. When was the last time you had sex with a woman?
Never Over 6 months ago Go to question 22
In the past 6 months

19. During the past 6 months, how many women have you had sex with? None One 2-5 women
6-10 women More than 10 women

20. In the past 6 months, which of the following have you done while having sex with a woman?

Fingers / hand on external genitals	No <input type="checkbox"/> Yes <input type="checkbox"/>
Fingers / hand inside vagina	No <input type="checkbox"/> Yes <input type="checkbox"/>
Fingers / hand inside anus	No <input type="checkbox"/> Yes <input type="checkbox"/>
Oral sex (your mouth, her genitals)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Oral sex (her mouth, your genitals)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Rimming (her mouth, your anus)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Rimming (your mouth, her anus)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Sex toy used on external genitals	No <input type="checkbox"/> Yes <input type="checkbox"/>
Sex toy used inside vagina	No <input type="checkbox"/> Yes <input type="checkbox"/>
Sex toy used inside anus	No <input type="checkbox"/> Yes <input type="checkbox"/>

21. In the last 4 weeks, how many times have you had sex with a woman? _____ times
22. In the past 6 months, have you done:
S/M dominance/bondage (no blood) No Yes
S/M dominance/bondage (with blood) No Yes
23. Have you done any sex work? Never
In the past 6 months Over 6 months ago
24. When was the last occasion that you had sex with a gay, homosexual or bisexual man?
Never Over 6 months ago Go to question 26
In the past 6 months
25. In the past 6 months have you had vaginal or anal intercourse with a gay or bisexual man (either regular or casual partner) without a condom?
Never Once Occasionally Often
26. When was the last occasion that you had sex with a straight or heterosexual man?
Never Over 6 months ago Go to question 28
In the past 6 months
27. In the past 6 months have you had vaginal or anal intercourse with a straight or heterosexual man (either regular or casual partner) without a condom?
Never Once Occasionally Often
28. Are you currently in a sexual relationship with a regular partner? No regular relationship
Yes, a woman Yes, a man
Yes, multiple regular partners/polyamorous
If yes, how long has this relationship been?
Less than 6 months 6-11 months
1-2 years 3-5 years >5 years

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29. Have you had casual sex in the past 6 months?
 Yes, with women ₁ Yes, with both ₃
 Yes, with men ₂ No casual partners ₄
30. On any occasion in the past 6 months have you had group sex which included (tick all that apply to you)
 a gay, homosexual or bisexual man? No ₁ Yes ₂
 a straight or heterosexual man? No ₁ Yes ₂
 a woman? No ₁ Yes ₂
 S/M dominance/bondage (no blood) No ₁ Yes ₂
 S/M dominance/bondage (with blood) No ₁ Yes ₂

Your health

31. Do you have a regular GP? No ₁ I see the same GP ₂
 I attend the same health centre/practice ₃
32. Are you out to your GP about your sexuality/gender identity? No ₁ Yes ₂
33. In general, would you say your health is
 Poor ₁ Fair ₂ Good ₃ Very good ₄ Excellent ₅
34. How tall are you without shoes?
 (if you are not sure, estimate) _____ cms
35. How much do you weigh without clothes or shoes?
 (if you are not sure, estimate) _____ kgs
36. Have you ever been diagnosed with cancer? No
 Yes – Breast Skin Lung Cervical
 Other cancer (please specify) _____
37. When did you have your last Pap smear test?
 Less than 2 years ago ₁ More than 5 years ago ₄
 2-3 years ago ₂ Never ₃
 3-5 years ago ₃ Not sure ₅
38. Have you ever had a test for a sexually transmitted infection (not HIV)?
 No ₁ Over 6 months ago ₂ In the past 6 months ₃
39. Have you ever been diagnosed with an STI?
 No ₁ Yes ₂
 If yes, tick all that apply to you
 Gonorrhoea ₁ Chlamydia ₂ Lice/crabs ₃
 Hepatitis B ₄ Syphilis ₅ Genital herpes ₆
 Genital warts ₇ Bacterial vaginosis ₈ HPV ₉
 Other ₁₀ (please specify) _____
40. Have you ever had an HIV antibody test?
 No ₁ Yes ₂ Don't know ₃
 If yes, what was the result of your last HIV test?
 Positive (you have HIV) ₁ Negative ₂ Not sure ₃

41. Have you ever been tested for hepatitis C?
 No ₁ Yes ₂ Don't know ₃
 If yes, are you?
 Positive (you have hep C) ₁ Negative ₂ Not sure ₃

Smoking, drinking and drug use

42. Do you currently smoke cigarettes or other tobacco?
 Yes, daily ₁ Yes, more than weekly (not daily) ₂
 Yes, less than weekly ₃ No, ex-smoker ₄
 Never smoked/less than 100 in lifetime ₅
43. On a day when you smoke, how many cigarettes do you usually have? (please specify number) _____
44. How often do you normally drink alcohol?
 Never, I don't drink ₁ Less often than weekly ₂
 1 or 2 days a week ₃ 3 or 4 days a week ₄
 5 or 6 days a week ₅ Every day ₆
45. On a day when you drink alcohol, how many standard drinks do you usually have? (1 drink = a small glass of wine, a middy of beer or a nip of spirits)
 1-2 drinks ₁ 3-4 drinks ₂ 5-8 drinks ₃
 9-12 drinks ₄ 13-20 drinks ₅ 20+ drinks ₆
46. In the past 6 months, how often have you drunk 5 or more drinks on one occasion?
 Never ₁ Once or twice ₂
 About once a month ₃ About once a week ₄
 More than once a week ₅ Every day ₆
47. How often have you used these drugs in the last 6 mths?
- | | Never | 1-5 times | 6-10 times | 11-20 times | More than 20 times |
|---------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Benzos / Valium | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Amyl / poppers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Marjuana | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Viagra, Cialis etc. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Ecstasy | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Speed | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Cocaine | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Crystal meth | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| LSD / trips | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| GHB | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Ketamine | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Heroin | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Steroids | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Any other drug | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
48. Have you ever injected drugs? Never ₁
 Over 6 months ago ₂ In the past 6 months ₃
49. How often have you injected drugs in the past 6 months?
 Weekly+ ₁ 6-10 times ₂ 1-5 times ₃ Never ₄

Psychological health and wellbeing

50. During the past 4 weeks, how much of the time did you feel:
- | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| So sad nothing could cheer you up? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Nervous? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Restless or fidgety? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Hopeless? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| That everything was an effort? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Worthless? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

51. Have you ever accessed a counsellor or psychiatrist?
 No ₁ Yes, in past 5 yrs ₂ Yes, over 5 yrs ago ₃
52. Have you ever been diagnosed with depression, anxiety disorder or other mental health disorder?
 No ₁ Yes, in past 5 yrs ₂ Yes, over 5 yrs ago ₃

Violence

53. In the last 12 months, have you experienced any of the following anti-lesbian, gay, bi or trans behaviour?
- | | | |
|---------------------------------|--|---|
| Verbal abuse or harassment | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| Being pushed or shoved | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| Being bashed | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| Physical threat or intimidation | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| Refusal of service | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| Refused employment or promotion | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
54. Have you ever been in a relationship where your partner abused you (physically or emotionally)?
 Never ₁ Yes, with a man ₂ Yes, with a woman ₃
 If yes, did you talk to someone else about it or seek help?
 No ₁ Yes ₂
55. Since the age of 16, have you been forced or frightened into doing something sexually that you didn't want to do?
 No ₁ Yes, by a female ₂ Yes, by a male ₃
- Finally, please indicate whether you consider the following statements to be true or false.

56. If a person experiencing a cold sore outbreak has oral sex they can give their partner genital herpes.
 True ₁ False ₂
57. You can have an STI and not have any symptoms.
 True ₁ False ₂
58. Lesbians do not need Pap smears. True ₁ False ₂

Thank you for taking the time to complete this survey.

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