

# BEYOND BABIES & BREAST CANCER

Expanding our understanding of women's health needs



Health care needs of lesbian and bisexual women:  
an overview of available evidence

**LGBT**  
foundation  **WOMEN**



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# Introduction

*“Women form half the community. They have specific and different health needs from men, which need to be identified and responded to if health and care services are to be effective and deliver for everyone. Some of these differences are about different needs for clinical services; some are about different needs in terms of access”<sup>1</sup>*



In a culturally changing health service, where patient needs are at the heart of care planning and care giving, it is imperative that patients and care givers have a relationship based on trust and mutual respect. To build this relationship, services need to be planned and delivered in such a way as to respond to an individual’s needs and experiences.

For this to happen, clinicians, managers, commissioners and policy-makers must have an understanding of the different health needs and experiences of different communities. Yet the health needs and healthcare experiences of lesbian and bisexual women are often ignored or assumed to be exactly the same of those of women in general. This document aims to overturn that misconception.

## What is this document?

**‘Beyond Babies and Breast Cancer: expanding our understanding of women’s health needs’** is an attempt to bring together all relevant information about the health needs and experiences of lesbian and bisexual women.

This report highlights evidence from Britain and other countries where relevant research has taken place (primarily the United States, Australia, Denmark and The Netherlands) to build a comprehensive dataset. This evidence includes both small and large scale quantitative and qualitative research, plus the first-hand experiences of lesbian and bisexual women. It has been grouped into thematic chapters so that specialists can access data that is relevant to their field.<sup>2</sup>

<sup>1</sup> Women’s Health & Equality Consortium, *Better Health For Women: How to incorporate women’s health needs into Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*, UK, 2013

<sup>2</sup> A little on definitions: generally, a lesbian is a woman who is physically and emotionally attracted exclusively to other women and a bisexual woman is a woman who is physically and emotionally attracted both to men and women. However, definitions vary, both across the population and across the evidence base. It is worth noting that there are also women who do not identify as either lesbian or bisexual but do have sexual relationships with other women. Unless otherwise stated, data in this document is from research which allowed women to self-define their sexual identity.

## Who should read this document?

*'Beyond Babies and Breast Cancer: expanding our understanding of women's health needs'* is aimed at all those who are involved in planning and delivering healthcare services, including clinicians, commissioners, policy makers and managers. It is also of relevance to researchers and those commissioning research, as it highlights numerous gaps in our knowledge, which can only be filled by substantive data.

## Why focus on lesbian and bisexual women?

When women's health needs are considered, the focus is often on reproductive health even though, as the Women's Health & Equality Consortium points out, there are significant health inequalities faced by women which are completely unrelated to reproduction.<sup>3</sup> As well as masking the other health inequalities of women in general, this focus on reproductive health may also be detrimental to women who have sex with women, whose needs are often invisible in the provision of reproductive health.

The health needs of sexual minorities are often overlooked, yet when they are focussed on it is common for lesbian, gay and bisexual (LGB) men and women to be grouped together. This approach means that lesbian and bisexual women's needs are often seen as being either 'the same as women in general' or 'the same as LGB people in general'.

It is now five years since the publication of Stonewall's *Prescription for Change*, yet this remains the only large-scale piece of research on the general health needs and experiences of lesbian and bisexual women in Great Britain. However, there is ample research that compliments *Prescription For Change* and much that extends the evidence base. In many cases, this evidence shows that the health needs and experiences of lesbian and bisexual women are different, both to those of women in general and to those of LGB people in general.

There are undoubtedly some differences between the experiences and health needs of women who identify as lesbian and those who identify as bisexual, yet unfortunately data on lesbian and bisexual women is often grouped together. This document aims to collate pertinent evidence of the needs and experiences of both groups of women, highlight differences in need where it is evidenced in the research, and to illustrate gaps in knowledge.

As well as there being a scarcity of information of the differing needs of lesbian and bisexual women, there appears to be an almost complete dearth of evidence relating to the specific needs of lesbian and bisexual women from different ethnic backgrounds and of women with disabilities. It is also worth noting that some lesbian and bisexual women will be trans\* and may therefore have specific healthcare needs related to their gender identity, which are not covered by this evidence.

This document clearly demonstrates the need to recognise and address the needs of lesbian and bisexual women. We hope that you find the information and accompanying action plan sheets useful, and we look forward to working with you to improve the health outcomes of this community.

## *The Lesbian & Gay Foundation*<sup>4</sup>

December 2013

\* Trans is an umbrella and inclusive term used to describe people whose gender identity differs in some way from that which they were assigned at birth; including non-binary people, cross dressers and those who partially or incompletely identify with their sex assigned at birth.

3 Women's Health & Equality Consortium, *Better Health For Women: How to incorporate women's health needs into Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*, UK, 2013

4 'The Lesbian & Gay Foundation' underwent a name change to 'LGBT Foundation' in April 2015

# Executive Summary

This report aims to expand our knowledge of the health of lesbian and bisexual women, not through new research but by collating and presenting the evidence already available. By gathering all relevant data, this report paints a comprehensive and compelling picture of risk factors and healthcare needs which differ from the general population. The accompanying 'action sheets' provide clear steps to drive improvement in health outcomes, to make services more fit for purpose and to expand the evidence base.

This document does not aim to be a strategy for every area of healthcare. However, we hope that this evidence, accompanied by practical action plans, will provide the impetus and tools to drive positive change.

## Key findings

- Lesbian and bisexual women are more likely to report negative experiences of healthcare than either gay and bisexual men or heterosexual women.
- Several large scale studies have found that both lesbian and bisexual women are more likely than heterosexual women to report ill health or long-standing health conditions. Bisexual women seem particularly at risk.
- Multiple studies have found that rates of drinking, smoking and illicit drug use amongst lesbian and bisexual women are markedly higher than amongst heterosexual women.
- A significant percentage of women who have sex with women (WSW) that attend GUM clinics receive a diagnosis and WSW who attend GUM clinics are more likely than WSM to be diagnosed with new or existing sexually transmitted infections (STIs) and with other conditions. Almost all WSW engage in sexual practices which could result in the transmission of STIs yet most lesbian and bisexual women report that it is difficult to find relevant sexual health information.
- Evidence suggests that lesbians are at a slightly increased risk of breast cancer due to lifestyle factors. Despite this, there is very little information and support aimed at lesbian and bisexual women with a cancer diagnosis.
- Lesbian and bisexual women are more likely than heterosexual women to suffer mental ill-health, with prevalence particularly high amongst bisexual women.
- Older lesbian and bisexual women are more likely to live alone as they age and are therefore more likely to need to access services. However, one in six older lesbian and bisexual women have experienced discrimination, hostility or poor treatment because of their sexual orientation.
- Research shows that lesbian and bisexual women experience domestic abuse at similar rates to the general population.

# Recommendations

The five over-arching recommendations of this report are:

- **COMMUNICATE** in a non-discriminatory way, without making assumptions about sexual orientation, to create a safe and respectful environment for everyone.
- **MONITOR** sexual orientation as part of your equality data and use the findings to inform future plans.
- **INCLUDE** lesbian and bisexual women's needs in mainstream health information, services, policies and strategies.
- **TARGET** lesbian and bisexual women with specific health information and campaigns.
- **DEVELOP** specialist health and support services for lesbian and bisexual women, their partners and families.

More information on these recommendations can be found in the conclusion of this document and the associated action plans.

## What has made a difference?

There are some examples of good practice which have had a positive impact on the health of lesbian and bisexual women:

- Legislation promoting equality, coupled with greater acceptance in society, has led to many lesbian and bisexual women leading happier, healthier and more fulfilled lives.
- Clinicians report that by making small changes in the way in which they ask questions, including not making assumptions about sexual orientation, they have built more honest and open relationships with their patients.
- Partnership working between the NHS and specialist LGB organisations has led to increased understanding of the needs of lesbian, gay and bisexual people and improvements in service provision.
- Schemes such as Pride in Practice allow NHS services to work closely with specialist organisations to ensure their services are meeting the needs of lesbian, gay and bisexual patients.
- Targeted campaigns addressed directly at lesbian and bisexual women have been shown to have an impact, for example through increasing uptake of cervical screening.
- Specialist services for lesbian and bisexual women (such as counselling provided by LGB organisations and specialist sexual health services provided by the Orange Clinic in London) have provided a 'safe space' for some lesbian and bisexual women to access the care they need.
- Sexual orientation monitoring in the general population, such as through the British Crime Survey and at GUM clinics has helped to highlight the specific health needs of lesbian and bisexual women.

## What needs to change?

Lesbian and bisexual women continue to report barriers to accessing services and a lack of knowledge from healthcare staff. Whilst there are examples of good practice, this report demonstrates that the specific health needs of lesbian and bisexual women are not consistently being met. We hope the collection of this evidence will be a catalyst for this to change.

# 1. Experiences/expectations of healthcare providers

## Key headlines from this chapter

- Half of lesbian and bisexual women say they have had a negative experience of healthcare in the last year.
- Lesbian and bisexual women consistently report lower levels of satisfaction with their GP than heterosexual women.
- Nearly half of lesbian and bisexual women are not out to their GP or other healthcare provider.
- Lesbian and bisexual women commonly report that healthcare providers assume they are heterosexual and that they are not given a chance to 'come out'. When women do come out this information is commonly ignored and occasionally negative comments are made.

*"The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status."*  
NHS Constitution<sup>5</sup>

*"I work in the NHS and even I don't feel comfortable coming out to my GP."*<sup>6</sup>



The relationship we have with doctors, nurses and other care staff is very intimate. Apart from partners, family and close friends, our healthcare providers are likely to find out more about us than anyone else in our lives. On occasion, they will know things about us that no-one else knows.

Trust is a compelling and important part of this relationship. There is the trust that we all put into healthcare providers: that they will help us to become or remain well; that they will aim to cure illness and minimise pain. For individuals who belong to a group that is sometimes discriminated against or persecuted, there is a further level of trust: that those who provide care in times of need or advice to keep us healthy will challenge rather than contributing to this discrimination; that they will provide

<sup>5</sup> *The NHS Constitution*, Department of Health, UK, 2013

<sup>6</sup> 'Louise', quoted in Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008



information and support that is appropriate to us and meets our individual needs and, most of all, that they will create a safe space where we feel we can be honest about our lives.

Yet many lesbian and bisexual women do not trust that they will not face prejudice or discrimination from healthcare providers. 49% of lesbian and bisexual women are not out to their GPs or other healthcare providers<sup>7</sup> and nearly 15% say they would expect to be treated worse than heterosexuals when accessing healthcare.<sup>8</sup> 50% of lesbian and bisexual women say they have had a negative experience of healthcare in the previous year<sup>9</sup>, compared to 33% of gay and bisexual men.<sup>10</sup>



Five in ten women said that they had had a negative experience of healthcare in the last year<sup>11</sup>

We don't know why the figures are so much higher for women than for men but this could be indicative of a heterosexist approach by some members of the healthcare profession, coupled with the general invisibility of lesbian and bisexual women in general: just 7% of lesbian and bisexual women reported that they had been given an opportunity to come out by clinicians whilst 40% of lesbian and bisexual women said that healthcare practitioners had assumed they were heterosexual.<sup>12</sup>



Four in ten women said that their healthcare provider had assumed they were heterosexual<sup>13</sup>

Data from the GP Patient Survey (a large-scale survey on the experiences of patients registered with GPs in England) revealed that lesbian and bisexual women consistently report lower rates of satisfaction with the services that they receive from their GPs than heterosexual peers.<sup>14</sup> 83% of lesbian and bisexual women said their GP gave them enough time, compared with 87% of heterosexual women, and only 80% of lesbians and 84% of bisexual women said that their GP listened to them, compared with 88% of heterosexual women.<sup>15</sup>

7 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

8 Hunt, R and Dick, S, *Serves you right: Lesbian and Gay People's Expectations of Discrimination*, Stonewall, UK, 2008

9 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

10 Guasp, A, *Gay & Bisexual Men's Health Survey*, Stonewall, UK, 2011

11 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

12 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

13 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

14 Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, UK, 2013

15 Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, UK, 2013.

*“Understand that as the sexual partners of some women are women you must not make assumptions such as the need for contraception”  
Royal College of GPs Curriculum, Statement 3.06 ‘Women’s Health’*

*“Healthcare workers continually assume I am heterosexual and ask inappropriate questions about my relationships. I am often lectured about safe sex and preventing pregnancy without being given a chance to say that I do not sleep with men anymore.”<sup>16</sup>*

It is very common for women of child-bearing age to be asked questions about pregnancy and contraception, even when they are seeking help for unrelated medical issues. Whilst these questions should not be discouraged when appropriate, serious thought needs to be given to the way in which they are phrased.

It seems that these questions are often being asked in such a way that automatically assumes heterosexuality and excludes any possibility of a woman having a same-sex partner or partners. This leads to women feeling unsafe in coming out to healthcare staff, to assumptions being made that healthcare staff will be homophobic or biphobic and/or potentially inappropriate or incorrect advice being given. Simple changes to the way in which these questions are phrased could make a huge difference to the care received.

*“They presume heterosexuality therefore I know they will be prejudiced.”<sup>17</sup>*

Whilst questions that automatically assume heterosexuality could be put down to a lack of understanding or awareness from healthcare staff, more blatant discrimination is not uncommon. Of those women who did disclose their sexuality to a health worker, 75% said it was not acknowledged, 9% said the information was ignored and 6% said the practitioner made inappropriate comments.<sup>18</sup>

*“I went to my doctor with a stress-related illness and mentioned that coming out to my family had been a recent source of stress. He responded by telling me that his sister had recently come out, told me that he was still revolted by it, and said that his family were operating a ‘don’t ask don’t tell’ policy. He didn’t seem to have any awareness that this might have an impact on my reaction to him!”<sup>19</sup>*

The situation does not improve much as women age. Whilst inappropriate questions about contraception may cease, nearly a third of lesbian and bisexual women aged 50+ report bad experiences with GPs around their sexual orientation.<sup>20</sup> Furthermore, women of this demographic may be more likely to have experienced extreme prejudice or ill treatment from the medical profession relating to their sexual orientation in the past, and therefore have an understandable reluctance to come out or to place trust in medical staff.

Discrimination is not limited to the immediate treatment of the patient but extends to recognition of relationships and next of kin. There is evidence that female partners are rarely made explicitly welcome during a consultation and stories of blatant discrimination and refusal to recognise same-sex relationships are not uncommon.<sup>21</sup> This can lead to individuals actively hiding their sexual orientation or relationship status: 12% of older lesbian and bisexual women have hidden the existence of a partner when accessing services like health, housing and social care within the previous five years. Fewer than 1% of heterosexual people have done this.<sup>22</sup>

16 ‘Maya’, quoted in Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

17 River, L, *Appropriate Treatment - Older lesbian, gay and bisexual people’s experience of general practice*, Age of Diversity and Polari, UK, 2011

18 ‘Orla’, quoted in Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

19 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

20 River, L, *Appropriate Treatment - Older lesbian, gay and bisexual people’s experience of general practice*, Age of Diversity and Polari, UK, 2011

21 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

22 Guasp, A, *Lesbian, Gay & Bisexual People in Later Life*, Stonewall, UK, 2011

*“My partner had an accident in Wales and the staff wouldn’t recognise me as next of kin until we made a fuss. My partner was not physically touched by the female nurses during her six days stay. She had to wash herself or wait till the male nurse came on.”<sup>23</sup>*

These experiences and expectations of discrimination are shocking, but they point to a greater problem. If half of lesbian and bisexual women are not even out to their healthcare providers, they are much less likely to be given information and treatment that is relevant to them. Since over 90% of those who do come out either do not have this information acknowledged or experience a negative reaction to their disclosure, in only a tiny percentage of cases is a woman’s sexual orientation being taken into consideration by her clinician.<sup>24</sup> In many cases this will be having a negative impact on the care she receives and/or on the trust she feels she can place in clinicians.

Although some healthcare providers do record the sexual orientation of their patients, most do not. Furthermore, it seems that some systems do not allow sexual orientation to be recorded and/or do not allow correct recording of a patient’s relationship status.

*“The booking in clerk asked me about my marital status. I said I’m civil partnered, she said what’s that? I said, this is my partner, we’re in an civil partnership. She said, I’ll put you down as single. I said, no we are civil partnered. She said, I don’t have it on my form. I said, let me look at the screen and there were about 10 different categories: widowed, divorced, etc but not one for civil partnership. So I insisted she put me down as married.”<sup>25</sup>*

Whilst this document will demonstrate that some health issues and risk factors may be more common amongst lesbian and bisexual women, it is important to note that being lesbian or bisexual is not in itself a causative factor for illness. Despite this, qualitative research into the experiences of lesbians accessing healthcare revealed that sexual orientation was sometimes treated as a reason for any and every health complaint.<sup>26</sup>

*“No matter what I wanted to bring up; migraine, hot flushes, fatigue, anaemia; she switched to saying that being lesbian had to be very hard.... I changed doctors.”<sup>27</sup>*

Experience or fear of homophobic or biphobic reactions, exacerbated by a heterosexist approach by both clinicians and systems, can destroy a woman’s trust in her healthcare provider and may even make her less likely to seek healthcare advice in the future.

23 ‘Harriet’, quoted in Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

24 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

25 ‘Maria’, quoted in Fish, J, *Coming out about breast cancer: Lesbian & bisexual women’s experiences of breast cancer*, NHS Cancer Awareness team & De Montfort University, UK, 2010

26 Bjorkman, M and Malterud, K, ‘Lesbian women’s experiences with health care: A qualitative study’, *Scandinavian Journal of Primary Health Care*, 27(4), pp. 238-243, Denmark, 2009

27 Bjorkman, M and Malterud, K, ‘Lesbian women’s experiences with health care: A qualitative study’, *Scandinavian Journal of Primary Health Care*, 27(4), pp. 238-243, Denmark, 2009

## 2. Overall health

### Key headlines from this chapter

- Several large scale population based studies, in the UK and overseas, have found that lesbian and bisexual women are more likely to report ill health or long-standing health conditions.
- Bisexual women seem to be particularly more likely to report poor health.
- There is some evidence that women in a same-sex marriage die earlier than those in an opposite sex marriage.



Evidence on the quality of lesbian and bisexual women's overall health is mixed. Whilst one large study which targeted lesbian and bisexual women specifically found that they were slightly more likely to report that their health was 'excellent' or 'good' than women in general,<sup>28</sup> large population-based studies which monitored respondents sexual orientation have found that lesbian and bisexual women were more likely to report poor health or persistent health conditions<sup>29 30 31</sup> and had higher mortality rates.<sup>32</sup>

Lesbian and bisexual women who completed the GP Patient Survey were more likely to report long-standing health conditions, with 54% of lesbians and 57% of bisexuals reporting this, compared with 51% of heterosexual women.<sup>33</sup> Bisexual women in particular, and lesbians to a lesser extent, are also more likely to report lacking confidence in managing their own health than heterosexual women and are also less likely to feel that they have received enough support from local organisations.<sup>34</sup>

One large study using public health data found that lesbians were nearly one and a half times more likely to rate their health as poor or fair compared to heterosexual women. Bisexual women were over

28 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

29 Conron, K J, et al, 'A Population-Based Study of Sexual Orientation Identity & Gender Differences in Adult Health', *American Journal of Public Health*, USA, 2010

30 Cochran, S D & Mays, V M, 'Physical Health Complaints Among Lesbians, Gay Men, and Bisexual and Homosexually Experienced Heterosexual Individuals: Results From the California Quality of Life Survey', *American Journal of Public Health*, November 97(11) pp. 2048-2055, USA, 2007

31 Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, UK, 2013

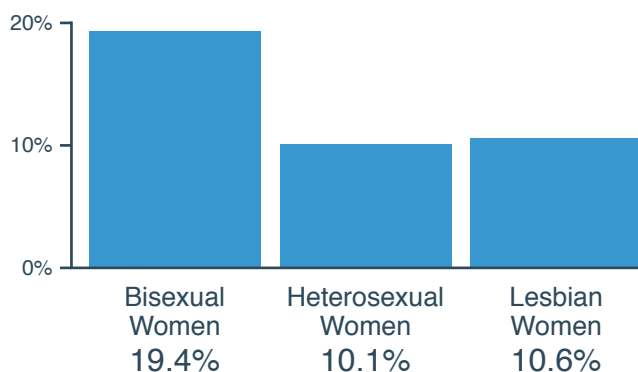
32 Frisch, M & Simonson, J, 'Marriage, cohabitation and mortality in Denmark: national cohort study of 6.5 million persons followed for up to three decades (1982-2011)', *International Journal of Epidemiology*, Volume 42, Issue 2, pp. 559-578, Denmark, 2013

33 Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, 2013

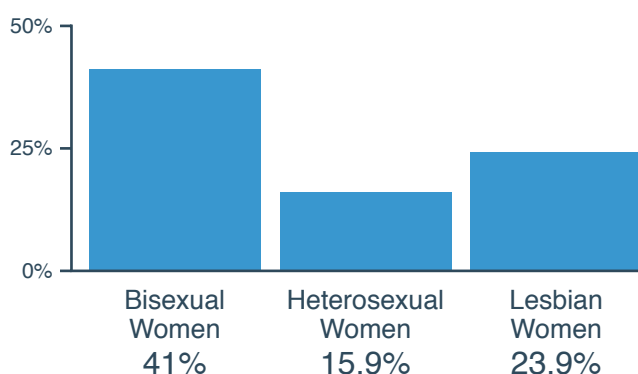
34 Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, 2013

three times more likely to rate their health as poor or fair compared to heterosexual women.<sup>35</sup> The same study also found that bisexual women were over four and a half times more likely to report an activity limitation attributable to a physical, mental, or emotional disability than heterosexual women. Lesbian women were nearly twice as likely to report this.<sup>36</sup> Another study also found that bisexual women were more likely than exclusively heterosexual women to report a functional health limitation and poorer physical health.<sup>37</sup>

### Percentage of women who rated their health as fair or poor<sup>38</sup>



### Percentage of women who reported a disability causing activity limitation<sup>39</sup>



A population-based study from Denmark, which compared individuals according to their relationship type, found that women in a same-sex marriage had a 90% higher rate of mortality over a fifteen year period compared to those in heterosexual marriage. Most notably this was due to higher rates of mortality from suicide and cancer.<sup>40</sup> A population based study from The Netherlands found that lesbian or gay people had a higher propensity to report having two or more acute physical symptoms and/or to having one or more chronic conditions (the information from this study was not separated by gender).<sup>41</sup>

The research trend of grouping all lesbian, gay and bisexual people together for evidence purposes, and, even when separating by gender, of grouping lesbian and bisexual women together means that it is rare to be able to compare lesbian and bisexual women with each other. However, the evidence that bisexual women in particular are more likely to view their health as poor, to have long-standing medical conditions and to report activity limitations is disturbing and is worthy of further academic research.

35 Conron, K J, et al, 'A Population-Based Study of Sexual Orientation Identity & Gender Differences in Adult Health', *American Journal of Public Health*, USA, 2010

36 Conron, K J, et al, 'A Population-Based Study of Sexual Orientation Identity & Gender Differences in Adult Health', *American Journal of Public Health*, USA, 2010

37 Cochran, S D & Mays, V M, 'Physical Health Complaints Among Lesbians, Gay Men, and Bisexual and Homosexually Experienced Heterosexual Individuals: Results From the California Quality of Life Survey', *American Journal of Public Health*, November 97(11) pp. 2048-2055, USA, 2007

38 Conron, K J, et al, 'A Population-Based Study of Sexual Orientation Identity & Gender Differences in Adult Health', *American Journal of Public Health*, USA, 2010

39 Conron, K J, et al, 'A Population-Based Study of Sexual Orientation Identity & Gender Differences in Adult Health', *American Journal of Public Health*, USA, 2010

40 Frisch, M & Simonson, J, 'Marriage, cohabitation and mortality in Denmark: national cohort study of 6.5 million persons followed for up to three decades (1982–2011)', *International Journal of Epidemiology*, Volume 42, Issue 2, pp. 559-578, Denmark, 2013

41 Sandfort, T et al, 'Sexual Orientation and Mental and Physical Health Status: Findings From a Dutch Population Survey', *American Journal of Public Health*, June 96 (6), pp. 1119-1125, USA, 2006

# 3. Alcohol, smoking and drugs

## Key headlines from this chapter

- Multiple studies have found that lesbian and bisexual women are more likely to drink alcohol and are more likely to drink regularly or heavily. This trend seems to start at a young age and continue through life.
- Rates of smoking amongst lesbian and bisexual women are higher than in the heterosexual population.
- Illicit drug use is markedly higher amongst lesbian and bisexual women than amongst heterosexual women.
- Despite evidence of need, there is a dearth of targeted health campaigns aimed at addressing these behaviours and a lack of specialist alcohol, drugs or stop-smoking services for lesbian and bisexual women.



Smoking, drinking alcohol and taking drugs all result in negative health outcomes. *‘Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking... and alcohol’* and *‘Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including... drug dependency’* are two of the 2013/14 priorities of Public Health England. Considerable resources are devoted to reducing smoking, drinking and drug use. Yet there seems to be little or no effort to specifically target lesbian and bisexual women in this effort, even though there is significant evidence that this group are more likely to be using tobacco, alcohol or other drugs.

Lesbian and bisexual women have several factors which put them at greater likelihood of using tobacco, alcohol and/or drug use:

- The emphasis on the ‘gay scene’ as a place for socialising and meeting friends and partners encourages high levels of drinking and possibly also smoking and drug-taking.
- Women who have female partners may be less likely than the general population to be parents or may be more likely to become parents at a later age. Therefore they may still be socialising in bars and clubs at a time when their heterosexual peers are raising children.
- Alcohol, tobacco and illicit drugs may be used to ‘self-medicate’ by women who have low self-esteem, are struggling to come out or suffer rejection by their family or friends.

# Alcohol

*“I drank to protect myself. It’s easier to pretend to be heterosexual than to be out. And it’s easier to pretend to be heterosexual when you are high.”<sup>42</sup>*

Regular drinking, even of what may be considered relatively moderate quantities, carries significant health risks. Heavy drinkers have heightened risk of bowel, breast, mouth, neck and throat cancer, are more likely to develop cirrhosis of the liver and have increased risk of high blood pressure, stroke and heart disease.<sup>43</sup> Bearing this in mind, rates of alcohol consumption within the lesbian and bisexual women’s community are a cause for real concern. Multiple studies have found levels of alcohol use amongst lesbian and bisexual women that is markedly higher than in the general population.<sup>44 45 46 47 48 49 50 51</sup>

Only 23% of lesbian and bisexual women report *not* having had a drink in the last seven days, compared with 42% of women in general.<sup>52</sup> The amount of alcohol consumed is also much higher in this population: 29% of lesbian and bisexual women report having ‘binge’ drank in the last week, compared to 12% of women in general.<sup>53 54</sup>

Higher rates of alcohol use seem to start at a young age and continue into later life. An analysis of data from the Longitudinal Study of Young People in England (a community based study which includes sexual orientation monitoring) found that gay and lesbian young people were more likely to say that they drank alcohol frequently and to report hazardous alcohol drinking patterns (frequent intoxication).<sup>55</sup> A large-scale study of post-menopausal women found that fewer lesbian and bisexual women were non-drinkers than heterosexual women. Women who had sex with women were also more likely to drink more regularly, with 18.5% of lesbians and 19% of bisexual women drinking seven or more alcoholic drinks a week, compared with 12% of heterosexual women.<sup>56</sup>

As with other areas of health, information that separates out the risks and needs of lesbian and bisexual women is scarce. One population-based study found that lesbian women are slightly more likely than bisexual women and much more likely than heterosexual women to drink to risky levels (defined as drinking 15 or more drinks per week or five or more drinks on a single occasion one or more times a week) and to binge drink (defined in this study as drinking five or more standard drinks on at least one occasion in the past week).<sup>57</sup>

42 Jennifer Storm, recovering alcoholic and author of *Blackout Girl*

43 National Institute for Health & Clinical Excellence, *Alcohol-use Disorders – The NICE guideline on diagnosis, assessment and management of harmful drinking and alcohol dependence*, The British Psychological Society and The Royal College of Psychiatrists, UK, 2011

44 Buffin, J et al, *Part of the picture: lesbian, gay and bisexual people’s alcohol and drug use in England (2009-2011)*, Manchester, The LGF, UK, 2012.

45 Rooney, E, *All Partied Out? Substance Use in Northern Ireland’s Lesbian, Gay, Bisexual and Transgender Community*, Belfast, The Rainbow Project, UK, 2012

46 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

47 Ziyadeh, N J et al, ‘Sexual orientation, gender, and alcohol use in a cohort study of US adolescent girls and boys’, *Drug and Alcohol Dependence*, 16 (87): 119–30, USA, 2007

48 Gruskin, E P et al, ‘Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization’, *American Journal of Public Health*, 91:6, USA, 2001

49 Burgard, S A et al, ‘Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women’, *Drug and Alcohol Dependence*, 77(1): 61–70, USA, 2005

50 *I Count: Identifying the need of Nottinghamshire’s LGBT Communities*, Nottingham, Out House, UK, 2004.

51 Hughes, T, Szalachab, L and McNair, R, ‘Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian women’, *Social Science & Medicine*, 71: 4, August 2010, pp. 824–831, Australia, 2010

52 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

53 *I Exist: Findings from the “I Exist” survey of lesbian, gay and bisexual people in the UK*, Manchester, The Lesbian & Gay Foundation, UK, 2012.

54 *General Lifestyle Survey*, Office for National Statistics, UK, 2011

55 Hagger-Johnson, G et al, *Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE)*, *BMJ Open*; 3:e002810 doi:10.1136/bmjopen-2013-002810; UK, 2013

56 Valanis, B et al, ‘Sexual Orientation and Health - Comparisons in the Women’s Health Initiative Sample’, *Archives of Family Medicine*, 9:843-853, USA, 2000.

57 Hughes, T, Szalachab, L and McNair, R, ‘Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian women’, *Social Science & Medicine*, 71: 4, August 2010, pp. 824–831, Australia, 2010

## Smoking

Smoking related illness is estimated to cost the NHS approximately £2.7 billion a year.<sup>58</sup> Whilst evidence varies, multiple studies have found that lesbian and bisexual women are considerably more likely than the general female population to smoke or to have smoked in the past.<sup>59 60 61</sup>

Two British studies which specifically explored smoking rates amongst lesbian and bisexual women found that between 22% and 25% of these women currently smoke, this is compared to 19% of women in general.<sup>62 63 64</sup> Lesbian and bisexual women are also more likely to have smoked in the past. 32% of lesbian and bisexual women are ex regular smokers, compared to 22% of women in general.<sup>65 66</sup>

*"I'm not saying that smoking makes you gay, or even that being gay makes you a smoker, but I met a lot of my friends in college smoking cigarettes in the quad outside the dorms. We'd recognize the same faces outside, say hi, bum smokes and lights, make small talk, and eventually form relationships that remain incredibly close three years later."*<sup>67</sup>

Data from one of the few large scale population-based studies that captured sexual orientation (and therefore allowed a direct comparison between sexual minority women and their heterosexual counterparts) revealed that lesbian and bisexual women were more than twice as likely to smoke than heterosexual women.<sup>68</sup>

Heightened rates of smoking appear to start at a young age. Data from a large community-based study reveals that lesbian, gay and bisexual young people were more than twice as likely to have smoked than their heterosexual peers.<sup>69</sup>

This trend continues into older age: another population based survey of women aged 50-79 found that 12% of bisexual women and 14% of lesbians were current smokers, compared to just over 7% of heterosexual women.<sup>70</sup>

58 Callum C et al, 'Estimating the cost of smoking to the NHS in England and the impact of declining prevalence', *Health Economics Policy & Law*, UK, 2010

59 *I Exist: Findings from the "I Exist" survey of lesbian, gay and bisexual people in the UK*, Manchester, The Lesbian & Gay Foundation, UK, 2012.

60 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

61 Tang, H et al., 'Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem?', *Cancer Causes and Control*, 15:8, pp. 797-803, USA, 2004.

62 *I Exist: Findings from the "I Exist" survey of lesbian, gay and bisexual people in the UK*, Manchester, The Lesbian & Gay Foundation, UK, 2012.

63 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

64 *General Lifestyle Survey*, Office for National Statistics, 2011

65 *I Exist: Findings from the "I Exist" survey of lesbian, gay and bisexual people in the UK*, Manchester, The Lesbian & Gay Foundation, UK, 2012.

66 *General Lifestyle Survey*, Office for National Statistics, UK, 2011

67 Katrina, 'How (Not) to Quit Smoking: What Will Occupy Your Lesbian Hands?', posted on 'Autostraddle' (1/8/2011). Retrieved 12/8/2013, from <http://www.autostraddle.com/how-not-to-quit-smoking-finding-something-else-to-do-with-your-lesbian-hands-102433/>.

68 Tang, H et al., 'Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem?', *Cancer Causes and Control*, 15:8, pp. 797-803, USA, 2004.

69 Hagger-Johnson, G et al, *Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE)*, *BMJ Open*; 3:e002810 doi:10.1136/bmjopen-2013-002810; UK, 2013

70 Valanis, B et al. 'Sexual Orientation and Health - Comparisons in the Women's Health Initiative Sample', *Archives of Family Medicine*, 9:843-853, USA, 2000.



## Drug Use

A major review of the impact of drug use on lesbian, gay, bisexual and transgender (LGB&T) people estimated that, based on all available evidence, 75% of non-heterosexual individuals in the UK have taken recreational drugs during their lifetime while between 30% and 50% have used drugs in the last year.<sup>71</sup> The report notes that drug use varies between different sections of the LGB&T population, with gay men seemingly more likely to report current drug use but lesbians more likely to report use at some point in their lifetime.<sup>72</sup>

An analysis of data from the British Crime Survey (a large-scale population-based survey which captures information on sexual orientation) found that illicit drug use was markedly higher amongst gay/bisexual women than amongst heterosexual women, with 26.9% of gay/bisexual women reporting taking illegal drugs in the last year, compared to 6.8% of heterosexual women.<sup>73</sup> Due to concerns that these disparities could be down to a larger number of young women within the gay/bisexual group, the researchers age-standardised the figures to take this into account. The age-standardised figures still showed considerably higher incidence of drug taking amongst gay/bisexual women:

- 20.7% of gay/bisexual women reported using any drug in the last year (compared to 6.9% of heterosexual women).
- 8.2% of gay/bisexual women reported using a stimulant drug (such as cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite) in the last year (compared to 6.9% of heterosexual women).
- 6.6% of gay/bisexual women reported using a Class A drug (such as cocaine powder, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone) compared to 2.1% of heterosexual women.<sup>74</sup>

The largest ever British study on lesbian and bisexual women's health found that this group were five times more likely to have used illegal drugs than the general female population.<sup>75</sup> Overall, 25% of lesbian and bisexual women reported using an illegal drug in the last month.<sup>76</sup>

According to the age-standardised data from the British Crime Survey, the most popular drug used by gay/bisexual women was marijuana, with 17.5% reporting use within the last year (compared to 5.2% of heterosexual women). These findings are echoed in two large community-specific surveys, with one finding that 30% of lesbian and bisexual women reported that they had used cannabis in the last year and another finding that 20% of lesbian and bisexual females reported using marijuana in the last month.<sup>77 78</sup> The latter report also differentiated between bisexual and lesbian women, finding that bisexual women were considerably more likely to have smoked cannabis than lesbians, with 32% reporting cannabis use in the last month.<sup>79</sup>

Cocaine is the second most commonly used drug by gay/bisexual women, with data from the British Crime Survey showing 5.1% of gay/bisexual women reporting usage, compared to only 1.7% of heterosexual women.<sup>80</sup> The illicit drugs used least commonly by lesbian and bisexual

71 Beddoes, D et al, *The Impact Of Drugs on Different Minority Groups: A Review Of The UK Literature Part 2: Lesbian, Gay, Bisexual & Transgender (LGBT) groups*, UK Drug Policy Commission, UK, 2010

72 Beddoes, D et al, *The Impact Of Drugs on Different Minority Groups: A Review Of The UK Literature Part 2: Lesbian, Gay, Bisexual & Transgender (LGBT) groups*, UK Drug Policy Commission, UK, 2010

73 Hoare, J. 'Annex 2: Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2006/07-2008/09 BCS' in Hoare, J. and Moon, D. (Ed.) *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey*, Home Office Statistical Bulletin 13/10. London: Home Office, UK, 2010

74 Hoare, J. 'Annex 2: Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2006/07-2008/09 BCS' in Hoare, J. and Moon, D. (Ed.) *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey*, Home Office Statistical Bulletin 13/10. London: Home Office, UK, 2010.

75 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

76 Buffin, J et al, *Part of the picture: lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011)*, Manchester, The LGF, UK, 2012.

77 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

78 Buffin, J et al, *Part of the picture: lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011)*, Manchester, The LGF, UK, 2012.

79 Buffin, J et al, *Part of the picture: lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011)*, Manchester, The LGF, UK, 2012.

80 Hoare, J. 'Annex 2: Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2006/07-2008/09 BCS' in Hoare, J. and Moon, D. (Ed.) *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey*, Home Office Statistical Bulletin 13/10. London: Home Office, UK, 2010.

women are opiates (heroin and methadone), with only 0.2% reporting usage (compared to 0.1% of heterosexual women).<sup>81</sup>

Of course, using illegal drugs may not be seen by the user (or even by wider society) as harmful in itself, especially if such use is intermittent. However, 18% of lesbians and 23% of bisexual women report three or more indicators of dependency to drugs and/or alcohol.<sup>82</sup> In 2010 the UK Drug Policy Commission issued guidance that government policy and local commissioners need to address the needs of this group and any new drug strategies need to explicitly recognise lesbian and bisexual women's needs.<sup>83</sup>

## Consequences of alcohol, smoking and drug use amongst lesbian and bisexual women

Whilst the possible detrimental health effects of drinking, smoking and drug use are well documented, information on whether heightened levels of these behaviours amongst lesbian and bisexual women lead to health issues are scarce. As is noted elsewhere, a lack of sexual orientation monitoring means that it is impossible to compare the prevalence of diseases commonly linked to smoking, drinking and drug use amongst lesbian and bisexual women with prevalence amongst heterosexual women.

Despite this, there is some direct evidence to suggest that higher rates of drinking, smoking and drug use are leading to negative health outcomes. A large-scale population-based study which compared the experiences of lesbian and bisexual women with heterosexual women reported double the incidence of asthma, (possibly linked to smoking). The same study reported twice the incidence of smoking amongst lesbian and bisexual women.<sup>84</sup>

A study which asked particularly about negative behaviours associated with alcohol and/or drug use found that:

- 39% of lesbian and bisexual women reported alcohol and/or drug use as a factor in them having previously had unprotected sex.
- 29% reported alcohol and/or drug use as a factor in them having previously had suicidal thoughts.<sup>85</sup>

For lesbian and bisexual women who do seek help with substance abuse, there is little in the way of specialist services. Only one specialist LGB&T alcohol and drug service exists in England (Antidote, run by London Friend) so outside of London women would need to access support from mainstream service providers. This is despite evidence that specialist LGB&T services have the most success of delivering abstinence.<sup>86</sup> As recommended by the UK Drug Policy Commission, mainstream services need to provide appropriate help and support and have staff with the knowledge and skills developed to deliver improved services for lesbian and bisexual women.<sup>87</sup>

81 Hoare, J. 'Annex 2: Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2006/07-2008/09 BCS' in Hoare, J. and Moon, D. (Ed.) *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey*, Home Office Statistical Bulletin 13/10. London: Home Office, UK, 2010

82 Buffin, J et al, *Part of the picture: lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011)*, Manchester, The LGF, UK, 2012.

83 *Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities - Learning from the evidence*, UK Drug Policy Commission, UK, 2010

84 Tang, H et al., 'Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem?', *Cancer Causes and Control*, 15:8, pp. 797-803, USA, 2004.

85 Rooney, E, *All Partied Out? Substance Use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community*, Belfast, The Rainbow Project, UK, 2012.

86 Senreich, E, 'Demographic, background, and treatment factors that affect gay and bisexual clients in substance abuse programs', *Journal of LGBT Issues in Counseling*, 3, 177-197, USA, 2009

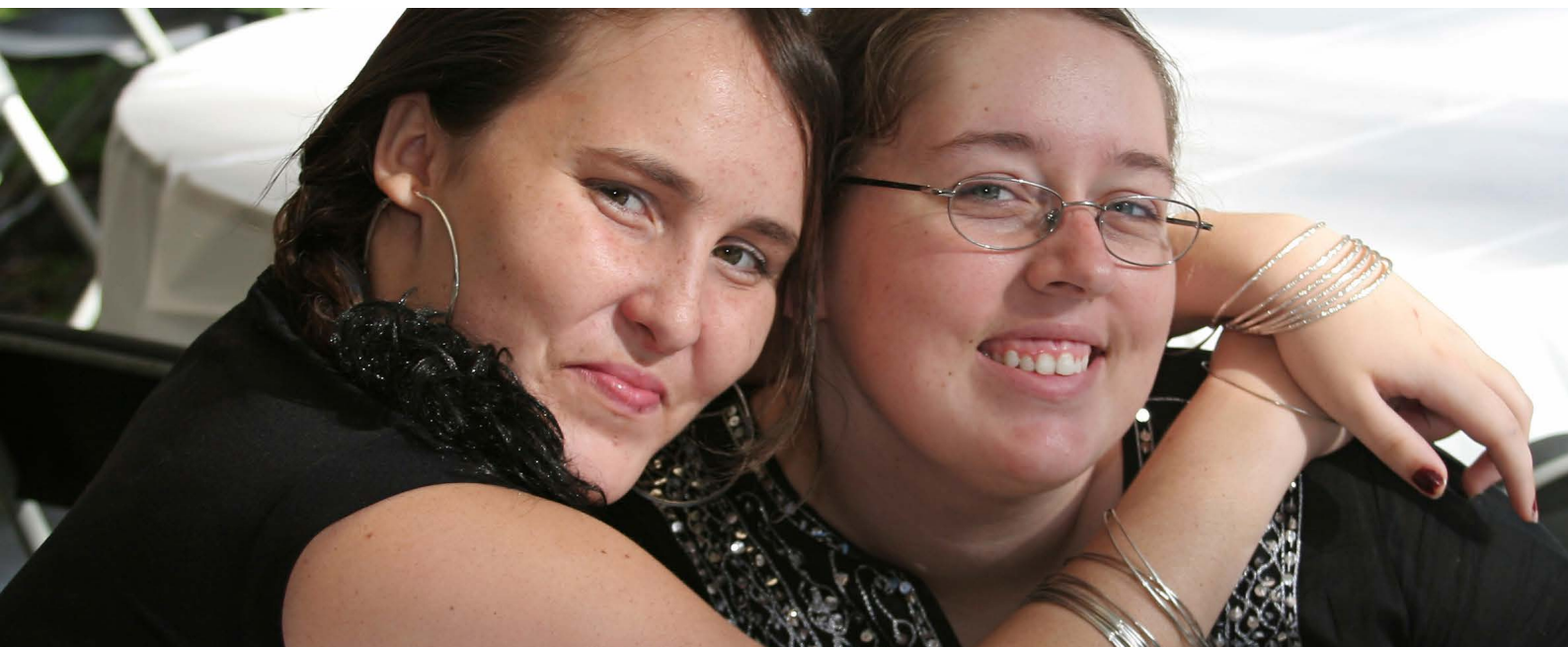
87 *Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities - Learning from the evidence*, UK Drug Policy Commission, UK, 2010

## 4. Sexual health

### Key headlines from this chapter

- The vast majority of women who have sex with women engage in sexual practices which could result in the transmission of sexually transmitted infections (STIs) and very few of these women use barrier protection.
- 40% of women attending GUM clinics who had exclusively female partners received an STI or other diagnosis, compared to 18.5% of women who had sex with men.
- Sexual health information for women who have sex with women is rarely included in school sex education and is not readily available even in adulthood. 60% of lesbian and bisexual women say it is difficult to find sexual health information that is relevant to them.
- Over half of women who had gone to their GP for advice and nearly a third of those who had attended a GUM or sexual health clinic reported that they didn't feel safe enough to discuss their sexuality properly.

*"Lesbians, as sexually active/proactive people, are invisible. Awareness needs to be raised to let the mainstream public services know that gay women don't just sit in bed stroking kittens and drinking camomile tea."<sup>88</sup>*



There is no conclusive evidence on the number of women who are lesbian or bisexual and a question on sexual orientation was not included on the most recent Census. Estimates have ranged from 0.3-10% of the population.<sup>89</sup> Yet figures from The National Survey of Sexual Attitudes and Lifestyles found that 11.5% of women report sexual experience or contact with another woman in the last five years, with this figure rising to 18.9% amongst women aged 16-24.<sup>90</sup> Whatever the true figures, it seems clear that a sizeable minority of women are or have been sexually active with other women.

Due to high rates of HIV, the sexual health needs for gay and bisexual men have rightly received much attention. However, the needs of lesbian and bisexual women have been largely overlooked.

<sup>88</sup> 'Zoe', 40, quoted in Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

<sup>89</sup> Aspinall, P J, *Estimating the size and composition of the lesbian, gay, and bisexual population in Britain*, Equality & Human Rights Commission, UK, 2009

<sup>90</sup> Mercer, C et al, 'Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)', *The Lancet online*, retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62035-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62035-8/fulltext) 26/11/2013, UK, 2013

Information on same-sex sexual activity is not usually included in school sex education programmes and the absence of information continues as women enter adulthood. Nearly 60% of lesbian and bisexual women say that it's hard to find information about sexual health that is relevant to them and 45% say that being lesbian or bisexual means that they have less access to sexual health services. 25% report having bad experiences in sexual health services because of their sexual orientation.<sup>91</sup>



Nearly six in ten women said that it is hard to find information about sexual health which is relevant to them<sup>92</sup>

This lack of access to services and to information about sexual health may be having a real impact on women's health. The largest ever health survey of lesbian and bisexual women in Britain found that less than half of British lesbian and bisexual women have ever been tested for a sexually transmitted infection, with three quarters of those who haven't been tested saying they don't think they're at risk. Yet more than half of those who have been tested were diagnosed with an STI.<sup>93</sup>

Figures from the former Health Protection England reveal that 34,259 women who have sex with women attended a GUM or sexual health clinic in 2012. Of these, 13,486 (nearly 40%) received a diagnosis. This compares to 18.5% of women who have sex with man who received a diagnosis. These figures only represent women who had recently had exclusively female partners, and who disclosed this information to the clinic staff.<sup>94</sup>

There has been little research into the actual sexual practices of women who have sex with women. The most comprehensive piece of research into this carried out in Britain found that:

- 97% reported oral (mouth-vagina) sex
- 97% reported vaginal penetration with fingers
- 95% reported mutual masturbation
- 92% reported genital to genital contact
- 55% reported anal penetration with fingers
- 53% reported vaginal penetration with a sex toy
- 39% reported 'rimming' (mouth-anus)
- 33% reported 'fisting' (hand-vagina)<sup>95</sup>

The same research found that 86% of women had never used a barrier (dental dam) when having oral sex, and only 1% of women always used one.<sup>96</sup>

Even amongst women describing themselves as 'lesbian', many women will have had sex with a man in the past, with around 85% reporting at least one male sexual partner. Of these women, only 23% report always using a condom with a male partner.<sup>97</sup>

91 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002

92 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002

93 Hunt R & Fish J, *Prescription for Change*, Stonewall, UK, 2008

94 Table 6: *Number of STI Diagnoses & Services in England 2009-2012*, Public Health England, UK, 2013  
(data available at <http://www.hpa.org.uk/stiannualdatatables>)

95 Bailey, J V et al, 'Sexual behaviour of lesbians and bisexual women', *Sexually Transmitted Infections* 2003; 79: 147-150, UK, 2003

96 Bailey, J V et al, 'Sexual behaviour of lesbians and bisexual women', *Sexually Transmitted Infections* 2003; 79: 147-150, UK, 2003

97 Bailey, J V et al, 'Sexual behaviour of lesbians and bisexual women', *Sexually Transmitted Infections* 2003; 79: 147-150, UK, 2003

The most commonly diagnosed STIs amongst women who have sex with women are thrush and bacterial vaginosis (BV).<sup>98</sup> Other STIs which can easily be spread via common lesbian sexual practices include herpes and genital warts.<sup>99</sup> The HPV virus, which is linked with cervical cancer and certain mouth and throat cancers, can be passed on through female-to-female sex.<sup>100</sup>

*“I was declared ‘sexually inactive’ as my sexual practice apparently was ‘not applicable’.”<sup>101</sup>*

Of course, good sexual health is not merely indicated by the absence of infection. Research shows that women who have sex with women place high value on the emotional relationship with their sexual partner(s) as well as the sex itself.<sup>102</sup> About a third of lesbian and bisexual women are unhappy with their sex life - this figure rises to 50% amongst bisexual women.<sup>103</sup> In addition to this, one in eight women report physical problems with sex, including pain or discomfort, psychological problems, an inability to orgasm, other health problems impacting on their sex life and specific genital problems.<sup>104</sup>

*“I tell the doctor that I have a genital yeast infection that I can’t get rid of ... I say that my partner is a girl and ask if she needs to use the treatment. The doctor is taken aback for a moment, before she says: ‘I don’t know.... If she touches you....’ It didn’t really give me a clear answer, but I didn’t dare to ask more.”<sup>105</sup>*

The biggest barrier to good sexual health for lesbian and bisexual women may be a lack of trust in clinicians. Of those women who have sought medical advice for sexual health issues, alarmingly high rates felt unable to fully discuss their sexuality. 54% of women who had gone to their GP for advice and 31% of those who had attended a GUM or sexual health clinic reported that they didn’t feel safe enough to discuss their sexuality properly.<sup>106</sup> 41% of those who approached their GP for sexual health advice would not recommend this service to others, with 27% saying the clinician did not listen to what they said and 20% saying they felt they were not treated with courtesy and respect. 12% of women who attended a GUM or sexual health clinic would also not recommend the service.<sup>107</sup>

Part of the problem may be a heterosexist<sup>108</sup> approach on the part of healthcare practitioners. Commonly reported questions such as ‘are you a virgin?’, ‘what contraception are you using?’ or ‘if you’re sexually active, how can you be sure you’re not pregnant?’ are problematic as they pre-suppose sexual activity with men.

Another issue is society’s (and by extension the medical profession’s) phallogentric definition of what constitutes sexual intercourse. As the standard definition of virginity is of a woman who has not been penetrated by a man’s penis, any woman who has sex exclusively with other women would be seen by default as a ‘virgin’. The assumptions made and language used by clinicians can go a long way to either encourage a woman to talk openly about her sexual health concerns with a clinician, or convince her that her healthcare provider does not have knowledge or understanding of her sexual health needs.

98 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

99 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008.

100 Light, B & Ormandy, P, *Lesbian, Gay & Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake*, University of Salford and The Lesbian & Gay Foundation, UK, 2011

101 Light, B & Ormandy, P, *Lesbian, Gay & Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake*, University of Salford and The Lesbian & Gay Foundation, UK, 2011

102 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002

103 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002

104 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002

105 Bjorkman, M and Malterud, K, ‘Lesbian women’s experiences with health care: A qualitative study’, *Scandinavian Journal of Primary Health Care*, 27(4), pp. 238-243, Denmark, 2009

106 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002

107 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002.

108 ‘Heterosexism’ is the practice of assuming everyone is heterosexual and behaving accordingly.

It can be problematic as it excludes individuals who are lesbian, gay or bisexual.

# 5. Cancer

## Key headlines from this chapter

- Current evidence suggests that lesbians are at a slightly increased risk of developing breast cancer.
- Many women who have female partners have in the past been erroneously told that they do not need to access cervical cancer screening. Rates of screening uptake are lower amongst lesbian and bisexual women than amongst the general population.
- There is evidence that awareness campaigns targeted specifically at lesbian and bisexual women are successful.
- Support for women who have cancer and their partners is often targeted at heterosexual women. This is particularly a problem for women who suffer from breast or gynaecological cancers, where the disease and its treatment can have a profound effect on partner intimacy.



It is estimated that one in three people will be diagnosed with cancer in their lifetime.<sup>109</sup> In 2010, cancer caused 26% of female deaths in the UK and it is the biggest single cause of mortality.<sup>110 111 112</sup> Understandably, cancer is a major cause for concern amongst lesbian and bisexual women, with 69% reporting this as their biggest health concern.<sup>113</sup>

As cancer sufferers are not routinely asked questions about their sexual orientation, it is impossible to tell whether lesbian and bisexual women are more prone to developing certain types of cancer. However, one large-scale population-based study from Denmark found that women in a same sex marriage were more likely to die from cancer than women in an opposite sex marriage.<sup>114</sup>

109 Sasieni PD, Shelton J, Ormiston-Smith N, et al., 'What is the lifetime risk of developing cancer?: The effect of adjusting for multiple primaries', *Br J Cancer*, 105(3): pp. 460-5, UK, 2009

110 Office for National Statistics, *Mortality Statistics: Deaths registered in 2010, England and Wales*, London, UK, 2011.

111 General Register Office for Scotland, *Deaths Time Series Data, Deaths in Scotland in 2010*, Edinburgh, UK, 2011.

112 Northern Ireland Statistics and Research Agency, *Registrar General Annual Report - 2010*, Belfast, UK, 2011.

113 Henderson, L et al, *First, service - Relationships, sex and health among lesbian and bisexual women*, Sigma Research, UK, 2002

114 Frisch, M & Simonson, J, 'Marriage, cohabitation and mortality in Denmark: national cohort study of 6.5 million persons followed for up to three decades (1982–2011)', *International Journal of Epidemiology*, Volume 42, Issue 2, pp. 559-578, Denmark, 2013

A lack of understanding about same-sex relationships can lead to a dearth of support for lesbian and bisexual women who do develop cancer. This is especially true for women who suffer from breast or gynaecological cancers, where the disease often has a dramatic impact on intimacy and sex. Advice can be presumptive of heterosexuality and support for partners of sufferers is targeted towards men. There is virtually no specialist support for lesbian and bisexual women - a National Cancer Equalities Initiative audit of cancer services found that only one initiative out of 77 was targeted to sexual orientation and cancer.<sup>115</sup>

## Breast Cancer

Breast cancer is the most common cancer in women.<sup>116</sup> Some research from the United States found that lesbians have a higher risk of developing breast cancer than heterosexual women and in 2009 the All Party Parliamentary Group on Cancer concluded that lesbians may be at a slightly increased risk of breast cancer as compared to non-lesbians.<sup>117 118 119</sup> *Prescription for Change*, the largest British health survey of lesbian and bisexual women, found that over one in twelve lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty of women in general.<sup>120</sup>

It has been suggested that this increased risk could be due to lifestyle factors which may be more common amongst women who are partnered with women, including heightened likelihood of not having given birth to children, higher rates of alcohol use, higher rates of tobacco use and higher body mass index.<sup>121</sup>

Rates for self-examination and mammogram attendance amongst lesbian and bisexual women seem to be similar to those in the general population.<sup>122</sup> However, lesbians are much less likely than heterosexual women to say that appropriate attitudes and behaviour of health professionals contributed to a good experience of breast screening.<sup>123</sup> Lesbian and bisexual women may also have different preferences as to the gender of their healthcare professional carrying out screening or treatment.

*"I would definitely prefer to have a male doctor for intimate examinations. The only woman I want touching my breasts is my wife."*<sup>124</sup>

*"I've never been romantically involved with a man, and thus had never had any man touch my breasts, until the day of my biopsy. That's been really difficult for me, because I planned to never ever have a man touch the personal parts of my body, and now I've lost control of that. Being touched by men is emotionally traumatic for me."*<sup>125</sup>

It is also worth noting that a minority of lesbians 'bind' their breasts to give a flatter appearance. Whilst this has not been shown to be a risk factor for breast cancer, long-term binding may alter the breast shape, can hinder circulation and cause tissue damage. In extreme cases, it can even lead to respiratory problems.

115 Dhami, K, *Lesbian and bisexual women and breast cancer - A policy briefing*, Breast Cancer Care, UK, 2012

116 Cancer Research UK, *15 Most Common Male and Female Cancers, Risk of Being Diagnosed with Cancer by Age 65 and Over a Lifetime*, UK, 2010

117 Dibble S L, Roberts, SA & Nussey, B 'Comparing breast cancer risk between lesbians and their heterosexual sisters'. *Women's Health Issues*, 14, pp. 60–68, USA, 2004

118 Brandenburg D L et al, 'Breast cancer risk and screening: a comparison of lesbian and heterosexual women', *Women Health*, 45(4), pp. 109-130, USA, 2007

119 All Party Parliamentary Group on Cancer, *Report of the All Party Parliamentary Group on Cancer's Inquiry into Inequalities in Cancer*, APPGC and Macmillan, UK, 2009

120 Hunt R & Fish J, *Prescription for Change*, Stonewall, UK, 2008

121 Dhami, K, *Lesbian and bisexual women and breast cancer - A policy briefing*, Breast Cancer Care, UK, 2012

122 Hunt R & Fish J, *Prescription for Change*, Stonewall, 2008

123 Fish, J & Anthony, D, 'UK national lesbians and health care survey'. *Women & Health*, 41(3), pp. 27–45, UK, 2005

124 Lesbian patient at feedback event for 'Pride in Practice' Scheme, Manchester, UK, 2013

125 Raili, 6/3/2010, comment on *Forum: Lesbians with Breast Cancer - A special and safe place for lesbians with breast cancer to connect*, retrieved 31/7/2013 from <http://community.breastcancer.org/forum/76/topic/749321>

As well as having a slightly heightened risk of developing breast cancer, women who have female partners may find their experience of the disease differs from that of heterosexual women. Some lesbian and bisexual women may be less likely to want reconstructive surgery following mastectomy but this is not the case for all.<sup>126</sup> In qualitative research, women who have sex with women have also emphasised the impact that losing breast(s) has on their sexuality. This is obviously not an issue which is exclusive to women who have sex with women but it is a subject that may be hard to raise with health care staff who are perceived as heterosexist or in support settings which are aimed at heterosexual women.<sup>127</sup>

*"If we'd had someone treating us that was maybe, was very relaxed about, you know, our sexuality... I think it might have just made it a bit easier to ask questions... you sort of worry about it sometimes and think, oh God, they are really uncomfortable with it."*<sup>128</sup>

*"I can even picture myself having the surgery and getting through the medical component of that, but I can't picture myself being a lesbian without my breasts. Because when I try to picture myself making love after my breasts have been cut off I can't see it, I can't visualize it because for me, my breasts are an intrinsic part of making love to another woman."*<sup>129</sup>

In recent years, increased resource has been devoted to holistic support, both for the patient suffering from breast cancer and for the people supporting her. However, this support is almost exclusively focussed on heterosexual couples, with groups and resources targeted towards male partners, or to women discussing the impact that their cancer has had on their heterosexual relationship. There seem to be no groups in England targeted specifically at lesbian and bisexual women or their partners.<sup>130 131</sup>

*"We did check into support groups and they were always for men, for male partners of, and [my partner] said, 'there's no way, I'm not going to those, they won't understand what I'm going through, I don't want them looking at me'. She was having a hard enough time... she just couldn't, she just said, no."*<sup>132</sup>

## Cervical Cancer and other Gynaecological Cancers

*"Nurse and doctor have always said I don't need one - lesbians cannot get cervical cancer, so of course, I won't go through an embarrassing procedure I don't need!"*<sup>133</sup>

Without large-scale monitoring of sexual orientation, it is hard to determine whether the level of risk of developing cervical and other gynaecological cancers for lesbian and/or bisexual women differs from that of heterosexual women. Factors such as higher rates of current or former smoking, reduced likelihood of using oral contraception or of bearing children, higher rates of alcohol use

126 Dhami, K, *Lesbian and bisexual women and breast cancer - A policy briefing*, Breast Cancer Care, UK, 2012

127 Lesbians and Breast Cancer Project Team, *Coming Out About Lesbians and Cancer*. Toronto: Ontario Breast Cancer Community Research Initiative, Canada, 2004.

128 "Naomi", quoted in Fish, J, *Coming out about breast cancer: Lesbian & bisexual women's experiences of breast cancer*, NHS Cancer Awareness team & De Montfort University, UK, 2010.

129 'Sarah', quoted in Lesbians and Breast Cancer Project Team, *Coming Out About Lesbians and Cancer*. Toronto: Ontario Breast Cancer Community Research Initiative, Canada, 2004.

130 Dhami, K, *Lesbian and bisexual women and breast cancer - A policy briefing*, Breast Cancer Care, UK, 2012

131 Lesbians and Breast Cancer Project Team, *Coming Out About Lesbians and Cancer*. Toronto: Ontario Breast Cancer Community Research Initiative, Canada, 2004.

132 'Constance', quoted in Lesbians and Breast Cancer Project Team, *Coming Out About Lesbians and Cancer*. Toronto: Ontario Breast Cancer Community Research Initiative, Canada, 2004.

133 Light, B & Ormandy, P, *Lesbian, Gay & Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake*, University of Salford and The Lesbian & Gay Foundation, UK, 2011



and higher rates of obesity may increase the risk of gynaecological cancers such as womb and ovarian cancer.<sup>134</sup>

Some studies have shown lesbians in particular to have a lower risk of developing cervical cancer but the evidence is inconclusive and low risk does not mean no risk.<sup>135</sup> Not attending cervical screening is one of the biggest risk factors for developing cervical cancer.<sup>136</sup>

Until 2009, women who had never had sex with a man were routinely being advised by the NHS that they did not need to access cervical screening. Following a systematic review, which clearly demonstrated that HPV could be transmitted via sex between two women, official guidelines were changed. The NHS now advises that all women aged between 25 and 64 who are or have ever been sexually active with male and/or female partners attend for regular cervical screening.<sup>137 138</sup>

Even under the old guidelines, advice to not attend cervical screening should only ever have been given to a minority of lesbian and bisexual women (those who had never been sexually active with a man) but there is evidence to suggest that this information was widely being given to anyone who identified as a lesbian.

37% of lesbian and bisexual women report having been told that they did not need a test in the past (this figure is far higher than the approximately 15% of lesbian and bisexual women who have never had sex with a man).<sup>139 140</sup> Either way this information was incorrect.

There is however conclusive evidence to suggest that specific targeting of lesbian and bisexual women with messages to encourage them to take up cervical screening has a positive impact. The 'Are You Ready For Your Screen Test?' campaign targeted women with the message that lesbian and bisexual women require cervical screening too. This campaign resulted in the number of lesbian and bisexual women reporting attendance at cervical screening rising from 49% to 73%.<sup>141</sup>

## Lung Cancer

Lung cancer is the second most common female cancer and is the leading cause of cancer deaths in women.<sup>142</sup> Smoking is a key risk factor in developing lung cancer and lesbian and bisexual women are more likely than their heterosexual counterparts to be current or former smokers.<sup>143</sup> However, there seems to be no research into incidence of lung cancer amongst lesbian and bisexual women. This is further compounded by a lack of sexual orientation monitoring to general population studies, meaning that it is currently impossible to tell whether higher rates of smoking in this cohort lead to a higher incidence of lung cancer.

134 Cochran, S D et al, 'Cancer-Related Risk Indicators and Preventive Screening Behaviors Among Lesbians and Bisexual Women', *American Journal of Public Health*, Vol. 91, No. 4, pp. 591-597, USA, 2001

135 Fish, J, *Cervical screening in lesbian and bisexual women: a review of the worldwide literature using systematic methods*, Leicester: De Montfort University, UK, 2009

136 *NHS Cervical Screening*, NHS Cancer Screening, UK, 2013

137 Fish, J, *Cervical screening in lesbian and bisexual women: a review of the worldwide literature using systematic methods*, Leicester: De Montfort University, UK, 2009

138 *NHS Cervical Screening*, NHS Cancer Screening, UK, 2013

139 Light, B & Ormandy, P, *Lesbian, Gay & Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake*, University of Salford and The Lesbian & Gay Foundation, UK, 2011

140 Bailey, J V et al, 'Sexual behaviour of lesbians and bisexual women', *Sexually Transmitted Infections* 2003; 79: 147-150, UK, 2003

141 Light, B & Ormandy, P, *Lesbian, Gay & Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake*, University of Salford and The Lesbian & Gay Foundation, UK, 2011

142 Malvezzi M, Bertuccio P, Levi F, et al. 'European cancer mortality predictions for the year 2013'. *Annals of Oncology*. Published online February 12 2013

143 *I Exist: Findings from the "I Exist" survey of lesbian, gay and bisexual people in the UK*, Manchester, The Lesbian & Gay Foundation, UK, 2012.

# 6. Mental Health

## Key headlines from this chapter

- Lesbian and bisexual women are more likely than heterosexual women to suffer mental ill-health, with prevalence particularly high amongst bisexual women.
- Rates of self-harm amongst lesbian and bisexual women are relatively very high, particularly amongst young women.
- Lesbian and bisexual women who seek help for mental health issues often report that professionals react negatively to their sexual orientation or treat it as the cause of their mental health issues.

Mental health conditions account for almost one quarter of ill health in the UK, more than either cancer or heart disease.<sup>144</sup> *‘Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated...[with] poor mental health...’* is one of the 2013/14 priorities of Public Health England. The government states that *‘Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.’*<sup>145</sup>

Despite recent campaigns, those seen as ‘mentally ill’ are still stigmatised in British society.<sup>146</sup> This stigma may be felt more keenly by lesbian and bisexual women, a group already frequently stigmatised.

It wasn’t until 1993 that homosexuality was removed from the international classification of mental disorders list, and some older lesbian and bisexual women may have received ‘treatment’ from mental health professionals for their sexual orientation.

*“My mother decided then I needed to go into [mental hospital]. So they put me in there for six weeks. I had shock treatment. I had two or three of them, until I collapsed and they discovered I had a faulty heart valve, so they couldn’t give me any more. And I came out of there, still totally lost...”*<sup>147</sup>

Some lesbian and bisexual women continue to report that their sexual orientation is seen as a reason for mental illness by health professionals.<sup>148</sup> It is possibly for this reason that some studies find considerable anxiety about ‘coming out’ to mental health professionals. Of those who have come out to a clinician, only 59% of lesbians and 39% of bisexual women report that their clinician reacted positively to their sexual orientation.<sup>149</sup>

*“Once I was sent to a NHS counsellor who suggested that my depression was because ‘my girlfriend didn’t let me be the man’. I didn’t have a girlfriend at the time.”*<sup>150</sup>

There is compelling evidence to suggest that rates of mental illness are higher amongst lesbian and bisexual women than amongst their heterosexual peers.<sup>151</sup> The GP Patient Survey found that 21% of

144 *The Global Burden of Disease: 2004 update*, World Health Organisation, 2008

145 *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages*, HM Government, UK, 2011

146 *Stigma and discrimination in mental health*, National Mental Health Development Unit, UK

147 ‘JJ’, born 1949, quoted in Traies, J & Munt, S, *Life Histories and Health Narratives of Older Lesbians*, presentation at Lesbian Lives Conference, Brighton, UK, 2013

148 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

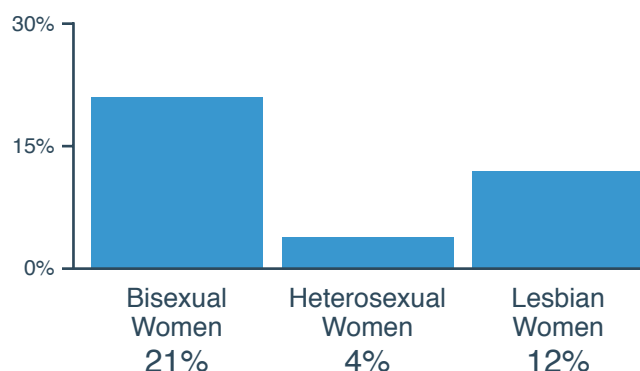
149 King, M & McKeown, E et al, *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales - A summary of findings*, MIND, UK, 2003

150 ‘Leah’, quoted in King, M & McKeown, E et al, *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales - A summary of findings*, MIND, UK, 2003.

151 *Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systematic review*, National Institute for Mental Health in England, UK, 2007

bisexual women and 12% of lesbian women reported a long-term mental health problem, compared to 4% of heterosexual women.<sup>152</sup> Depression, anxiety and self-harm seem to be key concerns, with some evidence that suicide and suicidal ideation is also an issue.<sup>153</sup>

### Percentage of women who report having a long-term mental illness<sup>154</sup>



## Depression and anxiety



Depression seems to be suffered more commonly by non-heterosexual women than by their heterosexual peers, and is found in particularly high levels amongst bisexual women. Lesbian and bisexual women who completed the GP Patient Survey were more likely to report current anxiety and depression, with only 59% of lesbians and 44% of bisexual women reporting that they are not currently anxious or depressed, compared with 69% of heterosexual women. This heightened prevalence is also notably present at the more serious end of the spectrum. 11% of bisexual women and 8% of lesbians reported that they currently felt severely or extremely anxious or depressed, compared with 3% of heterosexual women.<sup>155</sup>

79% of lesbian and bisexual women in Britain said they had had a spell of sadness, felt miserable or felt depressed. This increases to 84% of bisexual women and 86% of black and minority ethnic lesbian and bisexual women.<sup>156</sup> Whilst this doesn't translate into actual diagnoses of depression, it does show that there are high levels of low mood in this population. Another study of school pupils found that 49% of lesbian and bisexual girls have symptoms consistent with depression.<sup>157</sup>

Data from a national population-based study in the United States revealed that 30.5% of heterosexual women reported depression in their lifetime compared to 44% of lesbians and nearly 59% of bisexual

<sup>152</sup> Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, UK, 2013

<sup>153</sup> *Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systematic review*, National Institute for Mental Health in England, UK, 2007

<sup>154</sup> Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, UK, 2013

<sup>155</sup> Data from *The GP Patient Survey July 2012-March 2013*, Ipsos Mori, UK, 2013

<sup>156</sup> Hunt R & Fish J, *Prescription for Change*, Stonewall, UK, 2008

<sup>157</sup> *The School Report 2012*, Stonewall, UK, 2012

women.<sup>158</sup> This higher incidence was echoed in a large-scale population-based study from Australia, which found that 25% of young lesbian women and 34% of young bisexual women had been diagnosed with depression, compared to 11.2% of young heterosexual women and that 14.6% of young lesbian women and 20% of young bisexual women had been diagnosed with anxiety disorder, compared to 5.5% of young heterosexual women.<sup>159</sup>

## Self-harm and suicidal ideation

Self-harm amongst lesbian and bisexual women, especially young women, seems to be at almost epidemic levels. A large-scale British survey found that a startling 20% of lesbian and bisexual women said they had deliberately harmed themselves in some way in the last year. Half of lesbian and bisexual women under the age of 20 have self-harmed.<sup>160</sup> Another smaller study, which compared LGB and heterosexual people, found that 32% of lesbians and 33% of bisexual women had self-harmed, compared with 16% of heterosexual women.<sup>161</sup>

*"I felt practically a wreck. I couldn't do things that other people did. I felt incapable of having relationships with people; just felt incredibly isolated, and so I became suicidal, and I tried to tell people and they didn't listen, and that's when I started self-harming."<sup>162</sup>*

It is not clear whether rates of self-harm vary between lesbian and bisexual women. However, data from one population-based study revealed that women who identified as bisexual were significantly more likely than those who identified as heterosexual to report self-harm and feeling that life is not worth living. Levels reported by lesbian women tended to be higher than those of heterosexual women but lower than those of bisexual women.<sup>163</sup>

*"Self-harming provided me with comfort. My whole life I was a reject from society. I didn't take it out on others. I took it out on myself."<sup>164</sup>*

As no attempt is made to monitor the sexual orientation of people who have killed themselves, it is impossible to know how many lesbian and bisexual women commit suicide. The only evidence we have is from a Danish population-based study comparing same-sex and opposite-sex married women over a number of years, which found that women in a same-sex marriage were over six times more likely to commit suicide than women in an opposite sex marriage.<sup>165</sup>

There is some evidence that lesbian and bisexual women are more prone to contemplating and attempting suicide. A systematic review of evidence from 25 worldwide studies found elevated risk of suicide attempts and ideation amongst lesbian and bisexual women, especially young women.<sup>166</sup> A large-scale British study found that five percent of lesbian and bisexual women had attempted suicide in the last year, whilst a survey of 150,000 female university students found that lesbians were 4.4 times more likely and bisexual women were 5.1 times more likely to have attempted suicide than their heterosexual peers.<sup>167 168</sup>

158 Bostwick, W, 'Assessing Bisexual Stigma and Mental Health Status: A Brief Report', *Journal of Bisexuality*, Vol. 12 Issue 2, pp. 214-222, USA, 2012

159 Hughes, T, Szalachab, L A & McNair, R, 'Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian women', *Social Science & Medicine*, 71: 4, August 2010, pp. 824-831, Australia, 2010

160 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

161 King, M & McKeown, E et al, *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales - A summary of findings*, MIND, UK, 2003

162 Quote from Alexander, N & Clare, L, 'You still fell different: The experience and meaning of women's self-injury in the context of a lesbian or bisexual identity', *Journal of Community & Applied Social Psychology*, Vol 14, Issue 2, pp. 70-84 USA, 2004.

163 Hughes, T., Szalachab, L.A. and McNair, R. 'Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian women', *Social Science & Medicine*, 71: 4, August 2010, pp. 824-831, Australia, 2010.

164 'Jo', quoted in Knockner, S, *Perspectives on ageing: lesbians, gay men and bisexuals*, Joseph Rowntree Foundation, UK, 2012

165 Frisch, M & Simonson, J, 'Marriage, cohabitation and mortality in Denmark: national cohort study of 6.5 million persons followed for up to three decades (1982-2011)', *International Journal of Epidemiology*, Volume 42, Issue 2, pp. 559-578, Denmark, 2013

166 *Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systematic review*, National Institute for Mental Health in England, UK, 2007

167 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

168 Kerr, D L et al, 'A comparison of lesbian, bisexual and heterosexual college undergraduate women on selected mental health issues', *Journal of American College Health*, 61 (4), 185-194, USA, 2013.

# 7. Weight & eating disorders

## Key headlines from this chapter

- There is some evidence that lesbians may be more likely to be obese than heterosexual women.
- More research on prevalence of eating disorders amongst lesbian and bisexual women is required.
- Qualitative research shows that some women make a causative link between realisation of and fear about being part of a minority sexual orientation and development of eating disorders.

Issues around weight, healthy eating and exercise are often at the forefront of public health strategies. *'Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated ... [with] obesity, poor diet [and] insufficient exercise...'* was one of Public Health England's five strategy priorities for 2013/14.

## Obesity

Being obese is a significant risk factor for a range of diseases, including heart disease, diabetes, certain cancers and high blood pressure. In Britain, 23.9% of women are obese.<sup>169</sup> It is not known how many of these women are lesbian or bisexual as sexual orientation was not monitored in that data.

One study of lesbian and bisexual women in Britain found little difference in rates of obesity between lesbian and bisexual women and the general population.<sup>170</sup> However, multiple studies in the USA and Australia, including two large-scale population-based studies, showed that lesbians were consistently more likely to be obese than heterosexual women and bisexual women were sometimes more likely to be obese than heterosexual women.<sup>171 172 173 174 175 176</sup> As in the general population, higher body mass index (BMI) in lesbian and bisexual women is associated with older age, poorer health status and lower exercise frequency.<sup>177</sup>

*"We're more apt to accept each other for who and what we are, so if we gain a little weight so what? In the male-female community it's more of a threat."*<sup>178</sup>

Researchers have hypothesised that women who are partnered with women may be less concerned about being overweight or obese, as they place less emphasis on having an idealised female body.<sup>179</sup> This is borne out by a qualitative study which focused on the experiences of lesbians who were at risk of cardiovascular disease, the majority of whom were overweight. The research found that lesbians were more accepting of a variety of body images and a number of women acknowledged that this could be detrimental to their health. Those interviewed who were obese were concerned about potential impacts on their health, but wanted a focus on better overall health rather than solely on

169 *European Health Interview Survey*, Eurostat, EU, 2009

170 Hunt R & Fish J, *Prescription for Change*, Stonewall, UK, 2008

171 Conron, Kerith. J, et al. 'A Population-Based Study of Sexual Orientation Identity & Gender Differences in Adult Health', *American Journal of Public Health*, USA, 2010.

172 Barnett Struble, C, Lindley, L, Montgomery, K et al, 'Overweight and Obesity in Lesbian and Bisexual College Women', *Journal of American College Health*, VOL. 59, NO. 1, USA, 2010

173 Cochran S D et al. 'Cancer-related risk indicators and preventive screening behaviors among lesbian and bisexual women', *Am J Public Health* 91: 591–7, USA, 2001

174 Aaron D J et al, 'Behavioral risk factors for disease and preventive health practices among lesbians', *Am J Public Health* 91:972–5, USA, 2001.

175 Valanis B G et al, 'Sexual orientation and health: comparisons in the Women's Health Initiative sample', *Arch Family Med*, 9:843–53, USA, 2000.

176 Leonard, W et al, *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*, Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University, Australia, 2012.

177 Yancey, A et al, 'Correlates of overweight and obesity among lesbian and bisexual women', *Preventive Medicine* 36 676–683, USA, 2003

178 Quote from participant, Roberts, S.J et al, 'Lesbians' attitudes and beliefs regarding overweight and weight reduction', *Journal of Clinical Nursing*, 19, USA, 2010.

179 Yancey, A et al, 'Correlates of overweight and obesity among lesbian and bisexual women', *Preventive Medicine* 36 676–683, USA, 2003

reducing BMI.<sup>180</sup> A study which compared lesbians with their heterosexual female siblings also found that lesbians had a significantly higher body mass index, waist circumference and waist-to-hip ratio.<sup>181</sup>

## Eating Disorders

Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour. The most common eating disorders are anorexia, bulimia and compulsive or binge eating.<sup>182</sup>

It has been argued that lesbian and bisexual women are less prone to eating disorders, as they are less concerned about what society thinks about how they look. However, predictors for developing an eating disorder are more complex than just concern with appearance and whilst some studies have shown that lesbians and bisexual women have lower levels of body dissatisfaction, others have found no difference in body image issues between lesbians and bisexual women.<sup>183</sup>

*"I thought it wouldn't...make people perceive me as, gay like, cos I was a bit chubby and had the short hair. That's what I saw as the average kind of lesbian, and so I was trying to...change myself from looking like that and I was trying to be thin and have long hair... It [the eating disorder] meant being seen as straight ... I just saw being thin as being straight and being accepted I guess."*<sup>184</sup>

The UK's largest survey of lesbian and bisexual women found that 20% reported having or having had problems with eating, 10% reported being bulimic and 7% reported being anorexic.<sup>185</sup> There are no reliable figures to compare these against for heterosexual women and it is impossible to know which of these cases were self-reported and which were clinical diagnoses. However, one study, which compared heterosexual, bisexual and lesbian women using the World Health Organization's Composite International Diagnostic Interview found that there was no variance in rates for eating disorders between women from different sexual orientations.<sup>186</sup>

Qualitative research into the experiences of young women who have or have had eating disorders and have a lesbian identity found that respondents sometimes linked a growing realisation of their sexual orientation and fear of being seen as gay with the development of their disorder.<sup>187</sup>

180 Roberts, S.J et al, 'Lesbians' attitudes and beliefs regarding overweight and weight reduction'. *Journal of Clinical Nursing*, 19, USA, 2010.

181 Diamant, A.L et al, 'Sexual Orientation and Variation in Physical and Mental Health Status among Women', *Journal of Women's Health*, Volume 12, Number 1, USA, 2003

182 NHS Choices website (n.d.). Retrieved 1/8/2013, from <http://www.nhs.uk/conditions/Eating-disorders/Pages/Introduction.aspx>

183 Feldman, M B and Meyer, I H, 'Eating Disorders in Diverse Lesbian, Gay, and Bisexual Populations', *The International journal of eating disorders*, 40 (3), pp. 218-226, USA, 2007

184 Jones, R & Malson, H, 'A critical exploration of lesbian perspectives on eating disorders', *Psychology & Sexuality*, Routledge, 1-13, UK, 2011

185 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

186 Feldman, M B and Meyer, I H, 'Eating Disorders in Diverse Lesbian, Gay, and Bisexual Populations', *The International journal of eating disorders*, 40 (3), pp. 218-226, USA, 2007

187 Feldman, M B and Meyer, I H, 'Eating Disorders in Diverse Lesbian, Gay, and Bisexual Populations', *The International journal of eating disorders*, 40 (3), pp. 218-226, USA, 2007

# 8. Coronary heart disease

## Key headlines from this chapter

- Whilst research suggests that lesbian and bisexual women may be at higher risk of heart disease due to lifestyle factors, the absence of sexual orientation monitoring means that we do not know if prevalence is higher amongst this group in The UK.
- Figures from overseas suggest higher rates of coronary heart disease.



Coronary heart disease is the UK's biggest killer, with about one in eight women dying from the disease, about three times more than die from breast cancer.<sup>188</sup> The British Heart Foundation estimates that over a million women in the UK are living with coronary heart disease.

There seems to be only one population-based study (based in the US) which has compared incidence of heart disease between lesbian, bisexual and heterosexual women. This found that 18.6% of lesbians, 11.6% of bisexual women and 4.5% of heterosexual women had had a diagnosis of heart disease. In multivariate analyses controlling for age, race, education, income, health insurance, tobacco use and obesity, lesbians were significantly more likely than heterosexuals to have a diagnosis of heart disease. Bisexuals were also more likely than heterosexuals to have a diagnosis of heart disease.<sup>189</sup>

Risk factors for coronary heart disease include smoking and being overweight or obese, both of which appear to be more prevalent amongst lesbians and bisexuals. A study which compared lesbians with their heterosexual female siblings for cardiovascular disease risk factors found that lesbians may be at greater risk for heart disease, due to lifestyle variants.<sup>190</sup>

188 NHS Choices website (n.d.). Retrieved 1/8/2013, from <http://www.nhs.uk/Conditions/Coronary-heart-disease/Pages/Introduction.aspx>.

189 Diamant, A L et al, 'Sexual Orientation and Variation in Physical and Mental Health Status among Women', *Journal of Women's Health*, Volume 12, Number 1, USA, 2003

190 Roberts, S A et al, 'Cardiovascular Disease Risk in Lesbian Women', *Women's Health Issues* 13 pp. 167–174, USA, 2003.

## 9. Ageing and end of life care

### Key headlines from this chapter

- Older lesbian and bisexual women are less likely to have had children than their heterosexual peers and are more likely to live alone as they age.
- Many older lesbian, gay and bisexual people say they are not comfortable being out to service providers.
- One in six older lesbian and bisexual women had experienced discrimination, hostility or poor treatment because of their sexual orientation.



*“I don’t want too much choice in healthcare, etc. I just want good, clean, local efficient services where my sexuality isn’t an issue...being treated as a human being.”<sup>191</sup>*

The needs of older LGB people has been an emerging topic for consideration by researchers over the last few years, yet much of what is written focuses on LGB people as a whole, rather than focussing specifically on the needs of older lesbian and bisexual women. There may be specific issues for this group, which need to be explored in future research.

Separately, there is strong evidence about the particular mental health needs of both LGB and older people. Yet, as a recent UK literature review identified, there is a worrying silence specifically concerning older LGB individuals and their experiences of both mental health and of mental health services.<sup>192</sup>

One study found that 15% of LGB&T older people living in San Francisco had considered taking their own lives in the last 12 months; while no comparable statistic for heterosexual people of the same age was available, it is notable that this finding comes from one of America’s most gay-friendly cities.<sup>193</sup>

<sup>191</sup> ‘Taylor’, older lesbian quoted in Knocker, S, *Perspectives on ageing: lesbians, gay men and bisexuals*, Joseph Rowntree Foundation, UK, 2012

<sup>192</sup> Ward, R, et al. *Don’t look back? Improving health and social care service delivery for older LGB users*, p.17, Equality and Human Rights Commission, UK, 2010

<sup>193</sup> Fredriksen-Goldsen, K. I. et al, *Addressing the Needs of LGBT Older Adults in San Francisco: Recommendations for the Future*. Institute for Multigenerational Health, University of Washington, Seattle. 2013  
<http://openhouse-sf.org/wp-content/uploads/2013/07/LGBT-Aging-Policy-Task-Force-Survey.pdf>



A UK study comparing LGB and heterosexual people over the age of 55 found that while similar proportions of both groups had been diagnosed with depression or anxiety in the last year, but LGB people were more likely to have been diagnosed in their lifetime.<sup>194</sup> The same study found that while less than half of the whole sample felt positive about getting older, the level of anxiety felt by LGB people across a range of issues from needing care, independence, mobility, health, housing and mental health was consistently higher than reported by heterosexual people.<sup>195</sup>

Older lesbian and bisexual women are more likely to be in couple relationships than gay and bisexual men, but there are still relatively high proportions who live alone compared to heterosexuals.<sup>196 197</sup>

Older LGB people are:

- less likely to have children (around half of lesbian and bisexual women have children compared to nearly nine in ten heterosexual men and women).
- less likely to live with children or other family members.
- less likely to see their family regularly (less than a quarter of LGB people see their biological family members at least once a week compared to more than half of heterosexual people).<sup>198</sup>

Without these links to family that older heterosexual people often rely on, older LGB people are more likely to have a greater need of formal care and support.<sup>199</sup>

There are particular barriers for older LGB people to accessing services. It is important to recognise that current older members of the LGB community will have experience of historical exposure to severe stigma and discrimination.<sup>200</sup> Although sexual acts between women were never illegal in this country, discrimination and stigma were still present. It could be argued that the invisibility of same-sex female relationships in legislation, combined with a need for feminism to improve women's rights in general, led to the invisibility of women in the early days of the gay rights movement, the impact of which is still felt today.

*“My father sent me to a psychiatrist for shock treatment to try and cure me of my feelings for other ladies. I was shown all these pictures of hunky men in leather to try and convert me – the same pictures were being used to show to homosexual men to try and turn them off! It didn't work of course!”<sup>201</sup>*

Some research suggests that the fear of discrimination in health and social care services might actually prevent older lesbians from accessing services that they really need.<sup>202</sup> One study of older lesbians asked respondents who they would turn to if they were very sick or disabled. Only 14% said they would seek the help of health professionals, with over 15% saying they did not know who they would turn to.<sup>203</sup>

Evidence suggests that knowledge of older LGB people's particular care needs is low across services, with less than 10% of care homes and domiciliary care providers having carried out specific work around equality for LGB people and even fewer (less than 1%) having done any specific work around sexual orientation and assessment or care planning.<sup>204</sup> Sexual orientation monitoring

194 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

195 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

196 Heaphy, B et al, 'Ageing in a non-heterosexual context', *Ageing & Society* 24, p. 886, UK, 2004.

197 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

198 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

199 Ward, R, et al. *Don't look back? Improving health and social care service delivery for older LGB users*, Equality and Human Rights Commission, UK, 2010.

200 Ward, R, et al. *Don't look back? Improving health and social care service delivery for older LGB users*, Equality and Human Rights Commission, UK, 2010.

201 'Hyacith', quoted in Knocker, S, *The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing*, Age Concern, UK, 2005

202 Price, E. 'Gay and lesbian carers: aging in the shadow of dementia', *Ageing and Society*, Cambridge University Press, UK, 2011.

203 Traies, J & Munt, S, *Life Histories and Health Narratives of Older Lesbians*, presentation at 'Lesbian Lives' conference, University of Brighton, UK, 2013

204 Ward, R, et al. *Don't look back? Improving health and social care service delivery for older LGB users*, Equality and Human Rights Commission, UK, 2010

of healthcare service users is not common or consistent. Furthermore, studies have shown that healthcare practitioners are likely to avoid raising issues of sexuality with older service users.<sup>205</sup>

*“When I visited Jean in the home, she was always sitting in the main lounge with other residents. This made it more awkward for me to hold her hand or give her a cuddle. I didn’t feel confident enough to ask the staff to move her to her own room so we could be alone for a while. I felt like I was in a goldfish bowl with all eyes and ears on us...”<sup>206</sup>*

For their part, almost half of older LGB people say they wouldn’t feel comfortable being out to care home staff; one in three wouldn’t be comfortable being out to hospital staff, a paid carer, social workers, or to their housing service provider; and one in five wouldn’t feel comfortable disclosing their sexual orientation to their GP.<sup>207</sup> The same study found that one in six older lesbian and bisexual women had experienced discrimination, hostility or poor treatment because of their sexual orientation when using GP services, and 40% of these incidents occurred within the last five years.<sup>208</sup>

Similar to the evidence cited in the previous chapter on experiences of health care, a study looking at older LGB people’s experience of general practice found that lesbians reported a higher incidence of bad experiences (31%) compared to gay men (21%).<sup>209</sup> Older LGB people are also less likely than heterosexual people to feel confident that social care and support services would be able to understand and meet their needs.<sup>210 211</sup>



**One in six older women said that they had experienced discrimination, hostility or poor treatment because of their sexual orientation when using GP services<sup>212</sup>**

Unsurprisingly perhaps, the majority of older LGB people rated friendships as important or very important, and increasingly important as they age. It seems that lesbian and bisexual women are slightly more likely to consider friendship important, to be involved in non-heterosexual clubs, groups and organisations, and to say they feel part of a network of non-heterosexuals than gay and bisexual men.<sup>213</sup>

Several studies have shown that ageism is prevalent in the LGB community and one study found that nearly three in ten older LB women said that as they had aged, they felt less and less a member of non-heterosexual communities.<sup>214 215216</sup> There is anecdotal evidence of a youth bias on the gay scene,

205 Ward, R, et al. *Don't look back? Improving health and social care service delivery for older LGB users*, Equality and Human Rights Commission, UK, 2010

206 'Hannah', quoted in Klocker, S, *The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing*, Age Concern, UK, 2005

207 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

208 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

209 River, L. *Appropriate Treatment - Older lesbian, gay and bisexual people's experience of general practice*, Age of Diversity and Polari, UK, 2011

210 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

211 Ward, R, et al. *Don't look back? Improving health and social care service delivery for older LGB users*, Equality and Human Rights Commission, UK, 2010

212 Stonewall. *Lesbian, gay and bisexual people in later life*. Stonewall, UK, 2011

213 Heaphy, B. et al., 'Ageing in a non-heterosexual context', *Ageing & Society* 24, pp.889-896, UK, 2004

214 Heaphy, B. et al., 'Ageing in a non-heterosexual context', *Ageing & Society* 24, pp.889-896, UK, 2004

215 Creegan, C and Lee, S *Sexuality – the new agenda. A guide for local authorities on engaging with lesbian, gay and bisexual communities* (revised April 2007)

216 Heaphy, B. et al. *Ageing in a non-heterosexual context*. *Ageing & Society* 24, pp.889-896, UK, 2004

and in general, older women are less visible on the scene than older men. A policy guide for engaging with older LGB people acknowledges that this group can experience intense isolation, especially if they live in rural areas or close to a youth dominated gay scene.<sup>217</sup>

Research has shown that people integrated into LGB communities are happier, more self-accepting, less depressed and less afraid of ageing, demonstrating the importance of an inclusive and supportive community for LGB people as they age.<sup>218</sup> Notably, lesbian and bisexual women are more likely than gay and bisexual men to say that living in LGB specific accommodation would be a desirable option for later life.<sup>219 220</sup>

*“Just because I am growing older doesn’t mean to say that I want to fade away. I have the same hopes, fears, passions and interests that I always had and I need help to facilitate them. I need to be in contact with the lesbian community.”<sup>221</sup>*

While recognising that not everybody experiencing end of life care will be in an older age group, it is an issue that will affect many older LGB people. Research on LGB people’s experiences of end of life care is limited, and many studies focus on men living with HIV/AIDS.<sup>222</sup> As demonstrated by this report lesbian and bisexual women may be more susceptible to certain life-threatening conditions whose prevalence increases with age, for example breast cancer. They are also less likely to have help and support from family members and may therefore be more likely to need end of life care. Yet there is evidence that barriers exist to accessing these services.

Many of these barriers are similar to those discussed around health and social care access. For example, discrimination and heteronormativity (the assumption that all people are heterosexual); a lack of LGB-friendly environments for care delivery; discomfort disclosing sexual orientation to healthcare providers; and actual experience of discrimination and abuse, as well as fears of such treatment (e.g. because of past negative experiences) are major barriers for LGB people maintaining contact with health care providers and seeking the health care they need in a timely manner.<sup>223</sup>

There are however specific issues related to end of life care services. One study found that nearly 80% of LGB people said that their healthcare providers had never asked who should make medical decisions if they were unable to do so themselves.<sup>224</sup> Lesbian and bisexual women may be more able than gay and bisexual men to take these matters into their own hands, as the same study found that women were more likely to be aware of health care advance directives than men (78% compared to 69%) and to have signed one (53% compared to 36%).<sup>225</sup> Despite this, reluctance among older lesbian and bisexual women to disclose their sexual orientation to service providers; and their experiences of poor treatment within healthcare services will have an impact on their ability to plan for and be vocal about their needs in end of life care.

Several studies have pointed to a lack of understanding among healthcare providers of the role of same-sex partners, friends and those considered as family by LGB patients receiving end of life care.<sup>226</sup> For example, one study found that more than half of LGB people had been barred from

217 Creegan, C, and Lee, S, *Sexuality – the new agenda. A guide for local authorities on engaging with lesbian, gay and bisexual communities* (revised April 2007), 2007

218 Age Concern, *Opening Doors: Working with older lesbians and gay men*, London, Age Concern, 2001

219 Creegan, C and Lee, S, *Sexuality – the new agenda. A guide for local authorities on engaging with lesbian, gay and bisexual communities* (revised April 2007), 2007

220 Stonewall, *Lesbian, gay and bisexual people in later life*, Stonewall, UK, 2011

221 ‘Beth’, quoted in Klocker, S, *Perspectives on ageing: lesbians, gay men and bisexuals*, Joseph Rowntree Foundation, UK, 2012

222 Cartwright, C, Hughes, M and Lienert, T, ‘End-of-life care for gay, lesbian, bisexual and transgender people’, *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14:5, pp. 537, USA, 2012.

223 Cartwright, C, Hughes, M and Lienert, T, ‘End-of-life care for gay, lesbian, bisexual and transgender people’, *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14:5, pp. 537, USA, 2012.

224 Stein, G et al., ‘Attitudes on End-of-Life Care and Advance Care Planning in the Lesbian and Gay Community’, *Journal of Palliative Medicine*, 4:2, pp. 177, USA 2001.

225 Stein, G et al., ‘Attitudes on End-of-Life Care and Advance Care Planning in the Lesbian and Gay Community’, *Journal of Palliative Medicine*, 4:2, pp. 177, USA 2001.

226 Cartwright, C, Hughes, M and Lienert, T, ‘End-of-life care for gay, lesbian, bisexual and transgender people’, *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14:5, pp. 539-540, USA, 2012.

visiting their hospitalised partners on at least one occasion.<sup>227</sup> In some cases these problems arise when LGB people are not out to their family and healthcare providers automatically assume that decision-making should be delegated to the family members, rather than the same-sex partner. This may occur because the couple may not have made their relationship clear to healthcare providers due to fear of discrimination.<sup>228 229</sup> As a result, disenfranchised grief (where the grief of a bereaved person is not acknowledged or perceived as legitimate) may be greater among LGB people when same-sex partners are not recognised by service providers and family members; and friends are not appreciated as being a 'family of choice' of the patient.

A recent review of LGB experiences of end of life and palliative care included studies which found that lesbian women with cancer experience a heterosexually biased environment, and were mainly receiving their physical and emotional support from friends and partners. They were also likely to have a poorer perception of the medical system than heterosexual women, as they were less satisfied with the care they received and with the inclusion of their partner in decision making. However, sexual-minority women who disclosed their sexual orientation to their providers perceived higher levels of support from providers.

It was also found that lesbians reported having difficulties in finding cancer support groups appropriate to their needs and concerns, as the majority of available support groups were heterosexually biased.<sup>230</sup> It would be reasonable to assume that most patient support groups, and those catering for their partners, would assume heterosexuality of group members and therefore not meet the needs of lesbian and bisexual patients and their partners.

227 Buckley J W & Browning, C N, 'Factors Affecting the LGBT Population When Choosing a Surrogate Decision Maker', *Journal of Social Service Research*, 39:2, p. 241, USA, 2013.

228 Cartwright, C, Hughes, M and Lienert, T, 'End-of-life care for gay, lesbian, bisexual and transgender people', *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14:5, p. 539, USA, 2012

229 Smolinski, K M & Colón, Y, 'Silent Voices and Invisible Walls: Exploring End of Life Care with Lesbians and Gay Men', *Journal of Psychosocial Oncology*, 24:1, pp. 51-64, USA, 2006

230 Harding, R, Epiphaniou, E and Chidgey-Clark, J, 'Needs, Experiences, and Preferences of Sexual Minorities for End-of-Life Care and Palliative Care: A Systematic Review', *Journal of Palliative Medicine*, 2012 May; 15 (5) pp. 608, USA, 2012.



# 10. Domestic violence and abuse

## Key headlines from this chapter

- A common perception is that domestic abuse is perpetrated by heterosexual men against their female partners, yet research shows that women with female partners are also at risk.
- There is some evidence that bisexual women may be at higher risk of intimate partner violence than heterosexual or lesbian women.
- Services which are set-up to protect heterosexual women from their abusers by keeping men out may not be safe for women fleeing same-sex domestic abuse.



Domestic violence and abuse has not traditionally been seen as a health issue, rather it has been seen as something to be dealt with by law enforcement. Yet over recent years more prominence has been given to the role health professionals, especially GPs, practice and district nurses, midwives and dentists, have to play in preventing domestic abuse and in offering support to individuals who are victims of domestic abuse.<sup>231</sup>

One in four women in England will be a victim of domestic abuse at some point in her life. A common perception is that the perpetrators of this abuse are male and that therefore women who have relationships with women are at low or no risk. However, this assumption is not borne out by the facts – the largest ever survey of lesbian and bisexual women in England found that 25% of lesbian and bisexual women reported having been a victim of domestic abuse; the same percentage as in the general population.<sup>232</sup> In two thirds of these cases the perpetrator was female.<sup>233</sup> These reports of abuse included both psychological and physical abuse, with physical violence occurring in over half of the cases.<sup>234</sup>

*“There is very little information regarding domestic abuse within a lesbian relationship; everything seemed tailored to the heterosexual relationship, and I had to specifically look for information regarding my circumstances.”<sup>235</sup>*

231 Department of Health, *Responding to Domestic Abuse: A ‘ Health Professionals*, UK, 2005

232 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

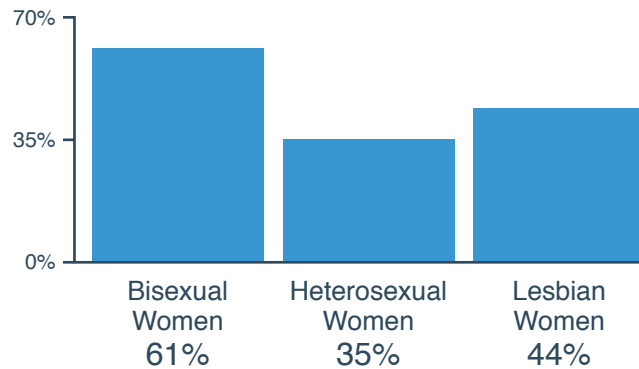
233 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

234 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

235 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

It is rare to find research which disaggregates information based on sexual orientation. However, one large-scale population based study did separate out the experiences of lesbian, bisexual and heterosexual women, with startling results. Lesbians were found to be slightly more likely than heterosexual women to be victims of sexual violence and to be victims of physical violence by a partner but slightly less likely to be a victim of rape. Just over 67% of lesbians who reported that they were a victim of violence from an intimate partner said that the perpetrator was also female.<sup>236</sup>

### Percentage of women who have experienced rape, physical violence and/or stalking by an intimate partner at some point in their life<sup>237</sup>



The most dramatic difference was between bisexual women and both their heterosexual and lesbian peers. Bisexual women were significantly more likely than lesbian or heterosexual women to become victims of intimate partner violence, sexual violence and rape. In total, the lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner was 61% for bisexual women, nearly 44% for lesbians and 35% for heterosexual women.<sup>238</sup>

*“It is also important to recognize that women who are battered by their female partners may be accompanied by their batterers to the women’s bathroom, a women’s changing room, a doctor’s examining room and even a domestic violence shelter. Women have told stories of being asked about domestic violence by emergency room nurses while their violent partners, who were assumed to be a helpful friend or sister, looked on.”<sup>239</sup>*

Most women’s refuges and other services for women fleeing domestic abuse are set-up with the express aim of keeping out men, who may be the abusing partner of these women. However, similar safeguards are not always in place for women fleeing violence from a female partner, who may find that their abuser can gain easy access to the same services that they are accessing.

*“Sometimes you were really invisible, especially if you were a dyke, it’s like ‘it’s only a women, that slapped you for God’s sake, it’s not a man,’ but at the end of the day, a slap is a slap, a kick is a kick. I just wanted someone to say ‘Oh God, are you OK?’”<sup>240</sup>*

236 Walters, M L, Chen J, & Breiding, M J, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*, Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, USA, 2013.

237 Walters, M L, Chen J, & Breiding, M J, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*, Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, USA, 2013.

238 Walters, M L, Chen J, & Breiding, M J, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*, Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, USA, 2013.

239 Burke, C., ‘Think, Re-think: Woman-to-woman domestic violence’, *Wisconsin Coalition Against Domestic Violence Newsletter*, May 1999, USA, 1999.

240 Quote from Alexander, N & Clare, L ‘You still fell different: The experience and meaning of women’s self-injury in the context of a lesbian or bisexual identity’, *Journal of Community & Applied Social Psychology*, Vol 14, Issue 2, pp. 70-84, USA, 2004.

# 11. Fertility, pregnancy and parenting

## Key headlines from this chapter

- All available evidence demonstrates that being raised by a same-sex couple has no negative impact in children's development or wellbeing. In fact, one study found that children raised in planned lesbian families may be better adjusted than their peers.
- NICE guidelines recommend that all women (regardless of sexual orientation) have access to fertility treatment if needed but there is evidence that women still face difficulty in accessing fertility services.
- A third of lesbian and bisexual women report having their female partner excluded from maternity care and/or birth at some point.



*"The day after my partner had given birth I visited the maternity ward early for the 'partners' session. Due to security on the ward you had to ring a bell. When I rang the receptionist heard my voice and said she could not let me in as this was for 'dads' only and that the open session would be in the afternoon. I rang the bell again, this time she was very annoyed and repeated herself and put the door release phone down. At this point, 15 hours without sleep and desperate to see my new little daughter I kept my finger on the bell until a nurse opened the door. In front of all the others that had now queued up behind me I had to out myself and very angrily demand to be let in. No one apologised to me."<sup>241</sup>*

It is not known how many children are being raised by same-sex female couples, or by single lesbian or bisexual women, although children have been raised openly by lesbian couples since at least the 1970s.

<sup>241</sup> Experience of lesbian mother shared at 'Beyond A Single Identity' conference, Leicester, UK, 2009



There has been controversy about lesbians and bisexual women in same-sex partnerships raising children, with some commentators arguing that this is bad for children. Yet a recent analysis, of thirty years' worth of data on same-sex parenting from around the world, found children's development and wellbeing was not adversely affected by being raised by lesbian parents.<sup>242</sup> In fact, one long-term study which has followed the development of lesbian-parented children since 1986 has found that children raised in planned lesbian families may be better adjusted than their peers.<sup>243</sup>

Lesbian and bisexual women can become parents in a variety of ways, including through a current or former relationship with a male partner, through donor insemination and through fostering or adoption.

Since 2005 same-sex couples have had the right to apply to jointly adopt or foster children. The same-sex partner of a birth mother also has the right to apply to adopt her child as co-parent.

Since 2009, the civil partner of a woman who gives birth is automatically named as the co-parent of that child on the birth certificate, unless she formally objects to this. The method of conception (through a fertility clinic or via a private arrangement) makes no difference to this right. For women who are not in a civil partnership but who conceive using a recognised clinic, the non-birth parent partner can also be named as co-parent providing she consents. Whilst in the past fertility clinics were advised to consider 'the need for a male role model' when offering insemination and IVF, they are now required to just consider the need for supportive parenting.

In 2013, NICE (National Institute for Health & Clinical Excellence) issued guidance that NHS fertility treatment should be available to women in same-sex partnerships who meet other criteria. Yet it is still very difficult for women to access this treatment via the NHS. NICE recommends that six cycles of Intrauterine Insemination (IUI) should be offered to women in same-sex relationships, but only if they have previously had difficulty conceiving through IUI. In practice, this means that women must pay for at least six cycles of IUI themselves before being able to access it through the NHS.

Following six unsuccessful cycles of IUI, NICE guidance says that all women (regardless of sexual orientation and relationship status) should be considered for IVF. However, it is unclear how many NHS trusts are currently implementing this guidance.

What is clear is that healthcare providers are not always providing appropriate care to lesbian parents and their offspring. Qualitative research finds that same-sex parents report confronting homophobic attitudes from healthcare staff and/or acting as 'educators' for clinicians.<sup>244</sup> One study found that nearly 27% of women reported that they had encountered homophobia, heterosexism or prejudice from healthcare staff whilst pregnant.<sup>245</sup>

## Fertility and conception

*"I often think that when lesbians get as far as getting an appointment with the GP to be referred to a clinic or decide that they are definitely going to try to find a donor, they should get a congratulations card!! It's the equivalent of many heterosexuals giving birth or at least getting pregnant! It's usually the result of years of talking and planning and working out how to do it."<sup>246</sup>*

242 Perrin, E C, Siegel, B S and the Committee on Psychosocial Aspects of Child and Family Health, 'Promoting the Well-Being of Children Whose Parents Are Gay or Lesbian', *Pediatrics*, Volume 131, Number 4, USA, April 2013

243 Gartrell, N & Bos, H, 'US National Longitudinal Lesbian Family Study: Psychological Adjustment of 17-Year-Old Adolescents', *Pediatrics*, Volume 126, Number 1, USA, July 2010.

244 Chapman R, et al, 'A descriptive study of the experiences of lesbian, gay and transgender parents accessing health services for their children', *The Journal of Clinical Nursing*, Apr;21(7-8):1128-35, UK, 2012.

245 Peel, E, 'Pregnancy loss in lesbian and bisexual women: an online survey of experiences', *Human Reproduction*, Volume 25, Issue 3, pp. 721-727, UK, 2009

246 Peel, E, 'Pregnancy loss in lesbian and bisexual women: an online survey of experiences', *Human Reproduction*, Volume 25, Issue 3, pp. 721-727, UK, 2009

The rate of unplanned pregnancies amongst heterosexual women is estimated to be around 50%.<sup>247</sup> By contrast, the vast majority of pregnancies experienced by same-sex couples and single lesbians are planned and eagerly awaited, sometimes for many months or years. The 'typical' stressful process of becoming pregnant for lesbians has been described as similar to the 'atypical' experience of the subset of heterosexual women who experience infertility.<sup>248</sup> The planning required for a lesbian to become pregnant also means that she is more likely to access healthcare services to assist or advise with conception.

The ways in which lesbian couples may choose to conceive are varied. Some women will come to an informal arrangement with a friend or acquaintance who will then donate sperm for home insemination, some will have sex with the donor in order to conceive. Others go through intrauterine insemination (IUI) or even in-vitro fertilisation (IVF) at a clinic. Some female couples arrange for one woman to carry the pregnancy using her partner's ovum.<sup>249</sup>

For most lesbians, the only barrier to conception is the absence of a male partner. However, there is some evidence of a higher incidence of poly-cystic ovary syndrome amongst lesbians. One study of heterosexual and lesbian women accessing a London fertility clinic found that 80% of lesbians, compared with 32% of heterosexual women, had poly-cystic ovaries on ultrasound examination.<sup>250</sup>

There is no evidence to suggest that lesbians experience miscarriage or stillbirth with any greater frequency than any other women, or that the impact of losing a wanted pregnancy has a greater initial impact. However, research suggests that lesbian and bisexual women who lose a pregnancy may feel the impact of this loss for a longer period of time than heterosexual women, possibly because so much planning and expectation has gone into the pregnancy.<sup>251</sup> There is also some evidence that the lesbian partner of a mother-to-be who loses her baby is not always given the same consideration that a male partner would be given.<sup>252</sup>

*"Some health professionals seemed unable to understand my partner's distress at losing her child ... I don't think they understood what it meant for my partner, that she was a parent and she had lost her baby too."*<sup>253</sup>

## Maternity and childbirth

Whilst there have been no large scale studies tracking the experiences of lesbian and bisexual mothers, several qualitative studies have explored the maternity care experiences of lesbians, with some concerning results.<sup>254 255 256 257</sup> Whilst many women reported overall positive experiences of healthcare through pregnancy and birth, it is not uncommon for women who are partnered with other women to encounter heterosexism or even overt homophobia.<sup>258</sup>

Women in relationships with other women frequently reported that services and/or individual midwives, nurses or doctors assumed that any partner of a pregnant woman must be male.<sup>259</sup>

247 Wojnar, D, 'Miscarriage experiences of lesbian couples', *Journal of Midwifery & Womens Health*; 52:479-485, UK, 2007.

248 Wojnar, D, 'Miscarriage experiences of lesbian couples', *Journal of Midwifery & Women's Health*; 52, pp. 479-485, UK, 2007.

249 *Pregnant Pause: A guide for lesbians on how to get pregnant*, Stonewall, UK, 2010

250 Agrawal R et al, 'Prevalence of polycystic ovaries and polycystic ovary syndrome in lesbian women compared with heterosexual women', *Fertility & Sterility*, Nov;82(5), pp. 1352-7, UK, 2004

251 Peel, E, 'Pregnancy loss in lesbian and bisexual women: an online survey of experiences', *Human Reproduction*, Volume 25, Issue 3, pp. 721-727, UK, 2009

252 Peel, E, 'Pregnancy loss in lesbian and bisexual women: an online survey of experiences', *Human Reproduction*, Volume 25, Issue 3, pp. 721-727, UK, 2009

253 Peel, E, 'Pregnancy loss in lesbian and bisexual women: an online survey of experiences', *Human Reproduction*, Volume 25, Issue 3, pp. 721-727, UK, 2009

254 Wilton, T & Kaufmann, T, 'Lesbian mothers ' experiences of maternity care in the UK', *Midwifery*, 17, pp. 203 – 211, UK, 2000

255 Dibley, LB. Experiences of lesbian parents in the UK: interactions with midwives'. *Evidence Based Midwifery* 7(3), pp. 94-100, UK, 2009

256 Hayman, B., Wilkes, L., Halcomb, E. J. & Jackson, D. 'Marginalised mothers: Lesbian women negotiating heteronormative healthcare services'. *Contemporary Nurse*, 44 (1), pp. 120-127, USA, 2013

257 McManus, A J, Hunter, L P & Renn, H, 'Lesbian Experiences and Needs During Childbirth: Guidance for Health Care Providers', *Journal of Obstetric, Gynaecological & Neo-Natal Nursing*, 35 (1), pp. 13-23, USA, 2006

258 Wilton, T & Kaufmann, T, 'Lesbian mothers ' experiences of maternity care in the UK', *Midwifery*, 17, pp. 203–211, UK, 2000

259 Wilton, T & Kaufmann, T, 'Lesbian mothers ' experiences of maternity care in the UK', *Midwifery*, 17, pp. 203–211, UK, 2000



Questionnaires were structured to only offer the option of a husband or male partner being involved and some visiting policies deliberately included male partners but by default excluded others, including same-sex partners.<sup>260</sup>

*“Are you married, divorced, single or widowed?’ and I said, ‘None... of those’... so she went, ‘Er... well that’s all the boxes I’ve got!’ So I said, ‘well, tick ‘other’ then’... she went, ‘oh, I can’t put ‘other’ in here... you have to be married, divorced, single...”<sup>261</sup>*

Even when women ‘came out’ to care-givers, the way in which this information was received and processed varied. Over 30% of women report that their partner was excluded from the maternity care and/or birth at some point.<sup>262</sup> Other women reported being asked ‘inappropriate’ questions about how the baby was conceived or about their relationship, which they felt would not have been asked of heterosexual couples.<sup>263</sup>

*“One of my midwives insisted on referring to my partner as my mother despite explicit information to the contrary and when my baby was born said to her ‘Congratulations, Grandma.’ My partner, who is younger than I am, was amused but not best pleased.”<sup>264</sup>*

260 Wilton, T & Kaufmann, T, ‘Lesbian mothers’ experiences of maternity care in the UK’, *Midwifery*, 17, pp. 203–211, UK, 2000

261 Dibley, L B, ‘Experiences of lesbian parents in the UK: interactions with midwives’, *Evidence Based Midwifery* 7(3):, pp. 94-100, UK, 2009

262 Wilton, T & Kaufmann, T, ‘Lesbian mothers’ experiences of maternity care in the UK’, *Midwifery*, 17, pp. 203–211, UK, 2000

263 McManus A J, Hunter L P & Renn H, ‘Lesbian Experiences and Needs During Childbirth: Guidance for Health Care Providers’, *Journal of Obstetric, Gynaecological & Neo-Natal Nursing*, 35 (1), pp. 13-23, USA, 2006

264 Hunt, R & Fish, J, *Prescription for Change*, Stonewall, UK, 2008

# Conclusion and recommendations

An individual's sexual orientation does not determine their health outcomes; being lesbian or bisexual is not a predictor of good or poor health. The overarching picture painted by this report is of issues caused by heterosexism and the invisibility of lesbian and bisexual women, both within research and within healthcare provision. However, as this document demonstrates, there is compelling evidence of heightened health risks and different healthcare needs for lesbian and bisexual women in some areas.

The key recommendations from this report aim to address this situation. A general explanation for each of these recommendations is included below, but more specific actions for individuals and organisations are given on the 'action plan' sheets which accompany this document. Online versions of these can be found at [www.lgbt.foundation/womenshealth](http://www.lgbt.foundation/womenshealth)

## Recommendations

The five over-arching recommendations of this report are:

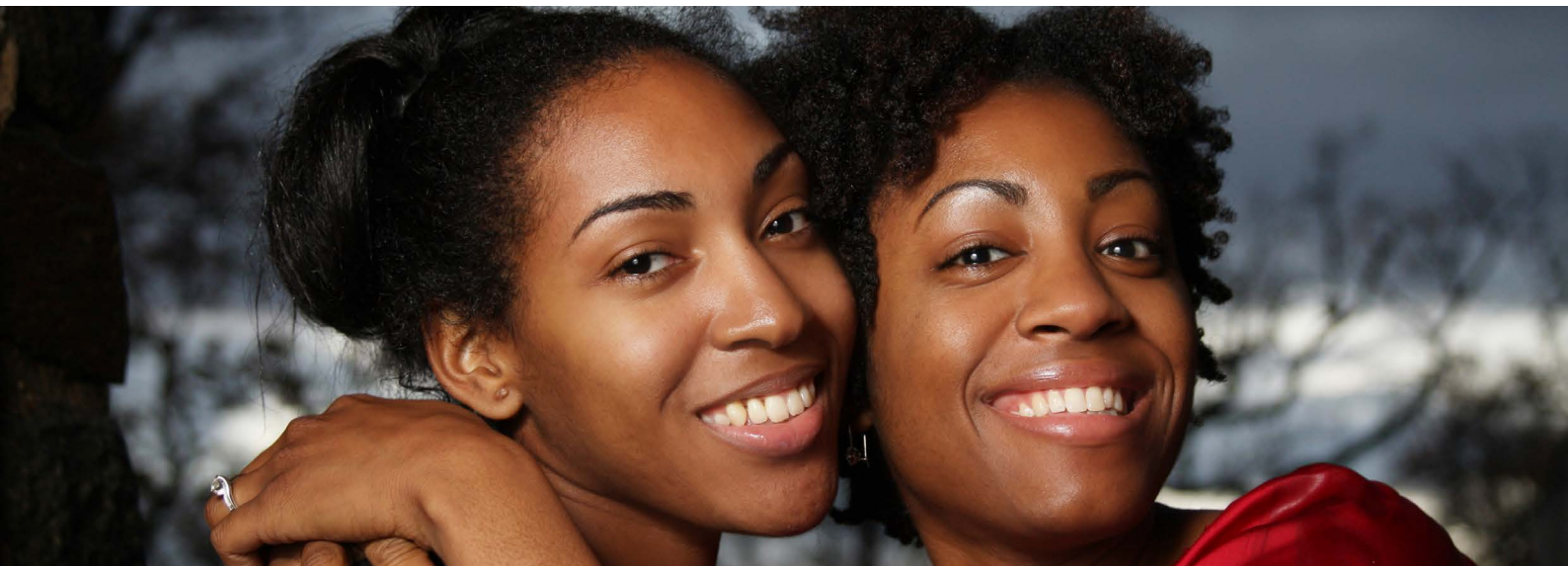
- **COMMUNICATE** in a non-discriminatory way, without making assumptions about sexual orientation, to create a safe and respectful environment for everyone.
- **MONITOR** sexual orientation as part of your equality data and use the findings to inform future plans.
- **INCLUDE** lesbian and bisexual women's needs in mainstream health information, services, policies and strategies.
- **TARGET** lesbian and bisexual women with specific health information and campaigns.
- **DEVELOP** specialist health and support services for lesbian and bisexual women, their partners and families.

## **COMMUNICATE** in a non-discriminatory way, without making assumptions about sexual orientation, to create a safe and respectful environment for everyone.

Half of all lesbian and bisexual women report negative experiences with healthcare providers. The most common complaint is of healthcare providers reacting negatively when they learn of a woman's sexual orientation or of assumptions being made which make it difficult for people to access information and care which meets their needs. With so many women saying this is an issue for them, it is clear that there is an urgent and ongoing need for improvements in communication.

Awareness of the healthcare needs of lesbian and bisexual women and training on how to approach patients in a non-heterosexist manner (without making prior assumptions of heterosexuality) should be embedded across the curriculum of nursing and medical degrees. This should not be approached as a 'stand-alone' issue, but should be mentioned as best practice and in case studies as part of mainstream learning.

Information about communicating in a non-heterosexist manner should also be routinely included in CPD for doctors, nurses and other healthcare practitioners. Evidence of the specific health needs of lesbian and bisexual women should also be included as part of any information or training about health needs of the population in general. Other team members, for example reception staff, should also receive training in providing a welcoming and non-discriminatory service.



Managers and professional bodies should make it very clear that homophobia and biphobia is unacceptable and that any healthcare professional who is found to have discriminated against or acted in a homophobic or biphobic way towards a patient will face disciplinary proceedings.

## **MONITOR** sexual orientation as part of your equality data and in population-based research and use the findings to inform future plans.

Most public bodies already carry out monitoring of protected characteristics such as the age, gender and ethnic origin of their workers and service users. Likewise, most population-based research will collect this data. However, monitoring of sexual orientation is much less common.

Without monitoring, we would not know that diseases like diabetes are more common in non-white people, or that men are more likely to commit suicide than women. As this report has demonstrated, monitoring sexual orientation in population-based research suggests that lesbian and/or bisexual women may be at higher risk of ill-health and of specific illnesses. With an increase in this type of monitoring we would be able to see if these risks are consistently higher and find out if this changes over time.

Monitoring in healthcare settings is important as it can highlight inequalities between different groups, can help give a better understanding of the potential barriers to services and makes it easier to monitor incidents of discrimination and prevent them from happening. Monitoring sexual orientation can also send a subtle but powerful message to lesbian, gay and bisexual service users that they are not invisible and that their needs have been considered.

All systems should be capable of recording a patient's relationship status, whether they are in a formally recognised relationship (like a marriage or civil partnership) or not. Avoid asking questions such as 'are you married or single?' When recording 'next of kin' details, remember that some patients will want people who are not relatives to make decisions for them and/or to be informed in case of an emergency.

When collecting data on sexual orientation, ensure that data can be coded to maintain confidentiality, and that this is made clear to patients when collecting such data.

Sexual orientation monitoring works well when it is introduced as part of a wider overall approach to ensuring equality for all, and when all staff and service users can easily access information on why sexual orientation is being monitored and how information will be used. For guidance on implementing sexual orientation monitoring, refer to *Everything you always wanted to know about sexual orientation monitoring but were afraid to ask*, a best practice guide produced by NHS North West and The Lesbian & Gay Foundation<sup>265</sup>. A copy of this guide can be downloaded for free from [www.lgbt.foundation/som](http://www.lgbt.foundation/som).

265 Now known as LGBT Foundation

## **INCLUDE** lesbian and bisexual women's needs in mainstream health information, services, policies and strategies.

The needs of lesbian and bisexual women should be included in general or women-specific health information, services, policies and strategies. Include evidence on specific needs and be inclusive of non-heterosexual women in language, case studies and imagery. If you require evidence of need, The LGF's online Evidence Exchange portal is an evidence base of statistics about lesbian, gay, bisexual and trans (LGBT) needs and experiences: [www.lgbt.foundation/evidence](http://www.lgbt.foundation/evidence)

Images of female couples, references to partners without assumptions being made about gender and first-person experiences from lesbian and bisexual women are all simple ways to include representation. In some areas, particularly information regarding reproductive and sexual health and women-specific cancers, it may be necessary to include information that is specific to lesbian and bisexual women and their families.

When producing new information, consider garnering feedback on inclusivity and accessibility from lesbian and bisexual women who are patients or potential service users or from LGB organisations.

## **TARGET** lesbian and bisexual women with specific health information and campaigns.

Despite evidence of specific need, health campaigns targeted specifically at lesbian and bisexual women are rare. However, when they are carried out, there is evidence that they are effective. For example, a campaign aimed at lesbian and bisexual women that encouraged them to attend cervical screening recorded an increase in screening of over 20%.

Partnership working with LGB organisations to plan and deliver targeted campaigns will extend the reach of information. However, for health campaigns to be truly effective, they will need to be properly resourced and available in mainstream settings. As many lesbian and bisexual women do not access the 'gay scene', campaigns need to take place in the public arena as well as in specialist venues and publications.

## **DEVELOP** specialist health and support services for lesbian and bisexual women, their partners and families.

It is the responsibility of all mainstream services to ensure that they are meeting the needs of lesbian and bisexual women. However, in some cases it will be appropriate to develop specialist services to meet the needs of lesbian and bisexual women. This may especially be the case around sexual health and mental health services. It may also be the case in support services for the partners and families of women who are suffering from conditions which may impact on intimacy and family life.

Suffering from a debilitating or life-threatening illness is stressful and frightening, both for the person who is sick and their loved ones. Many organisations do a great job of providing support, both to those with an illness and their partners and families. Yet too often that support is geared exclusively towards heterosexual women and excludes those who are in a same-sex partnership.

Resource needs to be investing both into developing specialist support services and information and into ensuring that existing support services are inclusive of and welcoming to lesbian and bisexual women.

## **Final thoughts**

These recommendations are intentionally broad and do not address every inequality highlighted by the evidence in this report. However, by implementing these recommendations and ensuring that all services are welcoming, non-judgmental and responsive to individual needs we can ensure that all women, including lesbian and bisexual women, receive the advice and healthcare they need.





## GENERAL SERVICES AND INFORMATION

**Everything you always wanted to know about sexual orientation monitoring...but were afraid to ask** is a practical resource for anyone implementing sexual orientation monitoring as part of their equalities monitoring. We also have a Trans Status Monitoring Briefing Sheet for best practise guidance on successfully implementing trans status monitoring.

Download both online: [www.lgbt.foundation/monitoring](http://www.lgbt.foundation/monitoring)

**Evidence Exchange** is a searchable online database of statistics and information relating to the needs and experiences of lesbian, gay, bisexual and trans people. [www.lgbt.foundation/evidence](http://www.lgbt.foundation/evidence)

**GLADD** is the Gay & Lesbian Association of Doctors & Dentists. As well as providing professional and social support for gay and lesbian doctors, dentists and medical and dental students, the association also collects and disseminates information on gay and lesbian issues relevant to the practice of medicine and dentistry. [www.gladd.co.uk](http://www.gladd.co.uk)

**LGBT Foundation** formerly known as The Lesbian & Gay Foundation (The LGF), is a national charity delivering a wide range of services to lesbian, gay, bisexual and trans (LGBT) communities. [www.lgbt.foundation/women](http://www.lgbt.foundation/women)

**The LGB&T Public Health Outcomes Framework Companion Document** is a resource for all those commissioning and delivering healthcare services in order to support the delivery of an equitable public health system. Download online: [www.lgbt.foundation/phof](http://www.lgbt.foundation/phof)

**The National LGB&T Partnership** is an England-wide group of LGB&T voluntary and community organisations who are committed to reducing the health inequalities of lesbian, gay, bisexual and trans communities and to challenging homophobia, biphobia and transphobia within public services. [www.nationallgbtpartnership.org](http://www.nationallgbtpartnership.org)

**NHS choices** has an extensive section on gay health. [www.nhs.uk/LiveWell/LGBhealth/Pages/Gayandlesbianhealth.aspx](http://www.nhs.uk/LiveWell/LGBhealth/Pages/Gayandlesbianhealth.aspx)

**Pride in Practice** is a quality assurance service provided by LGBT Foundation that supports Primary Care Services, including GP Practices, Dentists, Pharmacies and Optometrists to strengthen and develop their relationship with their LGBT patients.

Find out more: [www.lgbt.foundation/pip](http://www.lgbt.foundation/pip)

**Stonewall** is a national campaigning charity, working to achieve equality and justice for lesbians, gay men and bisexual people. [www.stonewall.org.uk](http://www.stonewall.org.uk)

### Support for lesbian and bisexual women

Many areas have third sector support organisations for lesbian and bisexual women. For information on organisations in your area, contact The Consortium of LGBT Voluntary and Community Organisations [www.lgbtconsortium.org.uk](http://www.lgbtconsortium.org.uk). Alternatively, call LGBT Foundation helpline on 0345 3 30 30 30.



## ALCOHOL, SMOKING AND DRUGS

[A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals](#) is a comprehensive guide developed by the US Dept. of Health and Human Services. Download online:

[www.nalgap.org/PDF/Resources/ProvidersGuide-SAMSHA.pdf](http://www.nalgap.org/PDF/Resources/ProvidersGuide-SAMSHA.pdf)

[Antidote](#) is a specialist LGBT drug and alcohol service based in London

[www.londonfriend.org.uk/antidote](http://www.londonfriend.org.uk/antidote)

[Girls on Pop](#) is a guide to alcohol and safer drinking for lesbian and bisexual women.

Download online: [www.lgbt.foundation/get-support/for-women/your-wellbeing/general-health](http://www.lgbt.foundation/get-support/for-women/your-wellbeing/general-health)

[The National LGBT Tobacco Control Network](#) is a US-based organisation but their website contains links to resources and best practice for engaging LGBT people in smoking cessation.

[www.lgbttobacco.org](http://www.lgbttobacco.org)

## SEXUAL HEALTH

[Beating about the bush](#) is a guide to sex and sexual health for women who have sex with women.

Download online: [www.lgbt.foundation/get-support/lgb-hearts-girls/your-health](http://www.lgbt.foundation/get-support/lgb-hearts-girls/your-health)

[LesbianSTD.com](#) is a US doctor-run website with lots of information and advice on sexual health for women who have sex with women. Also contains a Q&A section.

[depts.washington.edu/wswstd](http://depts.washington.edu/wswstd)

[Sexual Health for Lesbian and Bisexual Women](#) is a page on the NHS Choices website:

[www.nhs.uk/Livewell/LGBhealth/Pages/lesbianhealth.aspx](http://www.nhs.uk/Livewell/LGBhealth/Pages/lesbianhealth.aspx)

[Sexual Health Information for Women Who Have Sex with Women](#) is an NHS booklet.

Download online: [www.stonewall.org.uk/documents/nhs\\_leaflet.pdf](http://www.stonewall.org.uk/documents/nhs_leaflet.pdf)

## CANCER

[Are you ready for your screen test?](#) is a guide to cervical screening for lesbian and bisexual women. Download online:

[www.lgbt.foundation/get-support/for-women/your-wellbeing/general-health](http://www.lgbt.foundation/get-support/for-women/your-wellbeing/general-health)

[Breast Cancer Care](#) has published a report highlighting the experiences of lesbian and bisexual women affected by breast cancer. Download online: [www.breastcancercare.org.uk/sites/default/files/files/lesbian\\_and\\_bisexual\\_women\\_and\\_breast\\_cancer\\_report.pdf](http://www.breastcancercare.org.uk/sites/default/files/files/lesbian_and_bisexual_women_and_breast_cancer_report.pdf)

[LGBT Support Alliance](#) is an alliance of health and social care professionals seeking to improve the experience and outcomes for LGBT people with a cancer diagnosis in Manchester.

[www.facebook.com/LGBT-Cancer-Support-Alliance-311857009158931](https://www.facebook.com/LGBT-Cancer-Support-Alliance-311857009158931)

[Macmillan](#) produced a report on the 'Emerging People: LGBT People with Cancer' which is a collation of the key available evidence about the numbers, needs and experiences of people affected by cancer: [www.macmillan.org.uk/\\_images/lgbt-people-with-cancer\\_tcm9-282785.pdf](http://www.macmillan.org.uk/_images/lgbt-people-with-cancer_tcm9-282785.pdf)

[The National LGBT Cancer Network](#) is a US-based organisation that works to improve the lives of LGBT cancer survivors and those at risk. Their website contains information for healthcare providers and for LGBT patients. [www.cancer-network.org](http://www.cancer-network.org)

[Thanks for the mammaries](#) is a guide on breast health for women who have sex with women.

Download online: [www.lgbt.foundation/get-support/for-women/your-wellbeing/general-health](http://www.lgbt.foundation/get-support/for-women/your-wellbeing/general-health)

## MENTAL HEALTH

The [LGB Mental Health & Wellbeing Guide](#) is a resource booklet aimed at LGB people. Download online: [www.lgbt.foundation/information-advice/mental-health](http://www.lgbt.foundation/information-advice/mental-health)

[LGBT Foundation](#) offers a range of mental health and wellbeing services including support groups; face-to-face counselling; a helpline, email and pop-in service and a befriending scheme. We also have an intake and triage service which can be used if you are unsure which service to access: [www.lgbt.foundation/get-support/lgf-intake-and-triage-service](http://www.lgbt.foundation/get-support/lgf-intake-and-triage-service)

## AGEING & END OF LIFE CARE

[Age UK](#) has a range of resources aimed at older LGBT people and their caregivers. [www.ageuk.org.uk/health-wellbeing/relationships-and-family/older-lgbt-communities](http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/older-lgbt-communities)

[Opening Doors](#) is led by Age UK Camden and is the biggest project providing information and support services to and with older lesbian, gay, bisexual and / or transgender (OLGBT) people in the UK. [www.openingdoorslondon.org.uk](http://www.openingdoorslondon.org.uk)

[Open to All?](#) is a guide to meeting the needs of lesbian, gay, bisexual and trans people nearing the end of life, produced by The National Council for Palliative Care and the Consortium of Lesbian, Gay, Bisexual and Transgendered Voluntary and Community Organisations. Find out more at [www.ncpc.org.uk/lgbt](http://www.ncpc.org.uk/lgbt)

[The Route to Success in End of Life Care](#) is a guide to achieving quality end of life care for lesbian, gay, bisexual and transgender people. Download online: [www.macmillan.org.uk/documents/aboutus/health\\_professionals/endoflifecare-lgbtroutetosuccess.pdf](http://www.macmillan.org.uk/documents/aboutus/health_professionals/endoflifecare-lgbtroutetosuccess.pdf)

## DOMESTIC VIOLENCE & ABUSE

[LGBT Domestic Abuse Forum](#) is a network of practitioners, activists, researchers, service providers, commissioners, funders and representatives from public sector departments working in or around the issue of LGBT domestic abuse in the Greater London area. [www.lgbtdaf.org](http://www.lgbtdaf.org)

[What is Abuse?](#) is a guide for lesbian and bisexual on abuse and where to go for support. Download online: [www.lgbt.foundation/get-support/for-women/your-wellbeing/relationship-health](http://www.lgbt.foundation/get-support/for-women/your-wellbeing/relationship-health)

## FERTILITY, PREGNANCY & PARENTING

[New Family Social](#) is the UK network for LGBT (lesbian, gay, bisexual and transgender) adoptive and foster families [www.newfamilysocial.org.uk](http://www.newfamilysocial.org.uk)

[Pregnant Pause](#) is an information booklet for lesbian and bisexual women on all aspects of pregnancy and parenting, from conception to starting school. Download online: [www.stonewall.org.uk/at\\_home/parenting/3463.asp](http://www.stonewall.org.uk/at_home/parenting/3463.asp)

# Glossary of terms

## Bisexual

Used to describe a person who is sexually and/or emotionally attracted to people of both the same and the opposite gender.

## Gay

Used to describe a person who is sexually and/or emotionally attracted to people of the same gender, but more often used to describe men than women.

## Heteronormativity

The view that heterosexuality is the only normal or acceptable sexual orientation. This leads to the marginalisation of non-heterosexual lifestyles.

## Heterosexism

The practice of assuming everyone is heterosexual and behaving accordingly. This can impact on the planning and delivery of services, as well as on language (eg assuming partners will be of the opposite sex). It is discriminatory as it excludes individuals who are lesbian, gay or bisexual and can easily be read as homophobia.

## Homophobia/Biphobia

Hatred or fear of gay/bisexual people.

## Lesbian

Used to describe a woman who is sexually and/or emotionally attracted to other women

## LGB/LGBT

commonly used abbreviations for lesbian, gay and bisexual or lesbian, gay, bisexual and transgender people.

## Sexual orientation monitoring

Capturing information on individuals' sexual orientation as part of equality data collection.

## Trans

An umbrella term that refers to people with a gender identity different from that assigned at birth or who don't identify as exclusively male or female. This includes individuals who are transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderless, third gender, two-spirit, bigender and trans men and trans women.

# Thanks

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<sup>267</sup> Now known as LGBT Foundation

We believe in a  
fair and equal  
society where all  
lesbian, gay,  
bisexual and trans  
people can achieve  
their full potential.

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by calling **0345 3 30 30 30**  
or email [info@lgbt.foundation](mailto:info@lgbt.foundation)

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