Ruth McNair
MBBS, DRANZCOG, DA(UK), FRACGP, is Senior Lecturer, Department of General Practice, University of Melbourne, Victoria. r.mcnair@unimelb.edu.au

Lesbian and bisexual women's sexual health

Background
Lesbian and bisexual women have specific sexual health needs, including the need for information about transmission and prevention of sexually transmissible infections (STIs) between women, contraceptive and conception advice, and support regarding any abuse experiences. These needs can be easily accommodated in general practice. However, there are a number of barriers to general practitioners meeting these needs, including lack of experience in facilitating disclosure of sexual orientation, fears of being intrusive, and lack of specific knowledge and skills in the area of minority sexual orientation.

Objective
This article presents the current evidence related to lesbian and bisexual women's sexual health, describes practical skills to conduct a sensitive sexual history, and discusses sexual health advice that GPs could provide to this group of women.

Discussion
Improved GP knowledge in this area will increase GPs' perceived need to inquire about sexual orientation. Sensitive inquiry can be facilitated by creating a welcoming practice environment, using appropriate terminology, assuring confidentiality, establishing relevance, and by using focused and normalising questions.

Lesbian and bisexual women have specific sexual health needs that can be accommodated easily and effectively in general practice. However, there are a number of barriers that currently prevent general practitioners from raising sexual health issues with this group of women. General practitioners are concerned that patients, in general, will find discussion of sexual issues confronting or offensive, and believe that such discussions take too much time.[1] These barriers are compounded when seeing lesbian and bisexual women due to GPs' lack of specific knowledge and skills in the area of minority sexual orientation.[2] There is evidence that more GPs feel uncomfortable treating lesbian women than heterosexual women for sexually transmissible infections (STIs).[3]

Terminology regarding women of minority sexual orientation varies, and 'sexual orientation' tends to be used as the umbrella term. This article refers to women who identify as lesbian and bisexual, however, it also includes women who have sex with women who don't necessarily use a sexual identity label. The term 'women who have sex with women' is used when discussing issues purely related to sexual behaviour, otherwise 'lesbian' and 'bisexual' terms are used. The information can also apply to young, same sex attracted women who may not yet be sexually active with either women or men.

What GPs need to know

Patterns of sexual behaviour

Lesbians, bisexual women and women who have sex with women can display varying patterns of sexual behaviour. Up to 90% of this group of women have had male sexual partners, and typically, their first sexual encounter will have been with a man.[4] Common sexual activities between women include oral sex, vaginal penetration using fingers, and mutual masturbation. Less common activities are the use of sex toys for vaginal or anal penetration, and vaginal fisting.[4,5]

STI prevalence

Although the prevalence of STIs among lesbian women is similar to that of heterosexual women, and possibly higher among bisexual women,[6,7] the rates of specific STIs differ. Bacterial vaginosis (BV) and candida are most common; genital warts (HPV), genital herpes (HSV) and trichomoniasis are infrequent; while chlamydia, pelvic inflammatory disease (PID), gonorrhoea and blood borne viruses (BBV) are rare[8]. There is evidence that BV, HPV, and HSV are sexually transmissible between women.[7,9,10] Further evidence of HPV transmission between women is that exclusively lesbian women have similar rates of cervical dysplasia to heterosexual women, indicating the need for routine cervical screening.[11]

Methods of safer sex

Latex barriers can be used to minimise transmission of STIs between women. These include dams (rectangular pieces of latex placed over the genital area during oral sex), which can reduce transmission of herpes and also the transfer of anal organisms. Condoms on sex toys and latex gloves during vaginal or anal digital sex or fisting, can theoretically reduce the risk of transmission of organisms present in cervical and vaginal secretions, assuming they are changed or removed between sites. The use of latex protection is rare,[12] and women are more likely to utilise other methods of safer sex such as using different fingers or a different hand between sites, washing hands and sex toys soon after contact with secretions, and avoiding oral sex during episodes of herpes simplex.[13]

Risk factors for STIs and BBVs

Risk factors for STI transmission in women who have sex with women include having had male sexual partners, early age of first sexual activity, and more sexual partners overall.[14] Also, bisexual women are more likely to combine sex with illicit drug use,[15] which tends to reduce their use of safer sex practices and increase their STI rates.[16]

There is a prevailing belief among lesbian and bisexual women that they are immune to STIs.[17] This may contribute to their limited use of safer sex behaviours and lower likelihood of accessing regular Pap testing or considering the HPV vaccine.[18] These beliefs are exacerbated by the lack of availability of health promotion materials specifically designed for lesbian and bisexual women.[17] Furthermore, STI risk taking behaviours may be increased by mental health problems and past experiences of abuse,[19] both of which are of higher prevalence among lesbian and bisexual women.[20]

Although the risk of transmission of BBVs during sex between women is very low, lesbian and bisexual women have other significant risk factors for BBV transmission. They are up to 12 times more likely to inject drugs than heterosexual women,[21] and bisexual women are approximately twice as likely as lesbian women to have ever injected drugs.[16] Furthermore, bisexually active women are more likely to have sex with men who themselves have BBV risk factors such as drug injecting or engaging in sex with other men.[15]

Experiences of abuse

Two to three times as many lesbian and bisexual women have experienced abuse over their lifetimes compared with heterosexual women, including childhood and adult sexual assault and physical violence.[20] Same sex attracted and bisexual young women are more likely to experience violence than their heterosexual peers;[22] commonly perpetrated at school.[19] While the causality of this abuse and its relationship to sexual orientation has not been established, there is some evidence that multiple contributors include a greater likelihood to report abuse, nontypical gender presentation, homophobic violence, and insufficient targeting of sexual safety messages to lesbian and bisexual women.[19,23] The rate of domestic violence within same sex couples appears to be the same as that among heterosexual couples,[24] however there is the added burden of difficulty accessing sensitive crisis services and not being taken seriously.[25] These experiences can create vulnerability and mental health problems that can compromise sexual health and wellbeing.

Reproductive issues

Bisexual women and some, particularly younger, same sex attracted women, are likely to be having sex with men and therefore may need contraceptive advice. The unwanted pregnancy rate among same sex attracted young women is higher than that of their heterosexual peers, indicating poorer uptake of contraceptive messages by this group.[19,26] Pregnancy rates among this group are even higher in rural areas.[27] Conversely, increasing numbers of lesbian women are seeking to conceive children, and therefore need advice regarding conception planning, and possibly referral to reproductive services. There is limited evidence that lesbian women may have a higher prevalence of polycystic ovaries and polycystic ovarian syndrome,[28] which can complicate conception planning.

How to conduct a sensitive sexual history

Create a sensitive practice environment

Lesbian and bisexual women take cues from the practice environment to ascertain the likelihood that the GP will be nonjudgmental and aware of their specific health needs.[29] While they do not exclusively rely on these cues, if the environment is perceived to be welcoming they may be more likely to disclose their sexual orientation or sexual issues to the GP.

A sensitive environment could include:

- displaying a small rainbow sign – a universal gay and lesbian symbol (*Figure 1*)
- having lesbian specific patient materials
- training reception staff to use inclusive language, and
- having specific sexual orientation questions on the clinic intake form.

In addition, appropriate waiting room posters such as those designed by Gay and Lesbian Health Victoria are readily accessible (see *Resources*).

Figure 1. The rainbow flag or 'gay pride' flag

Preparedness

The sensitivity of the individual GP to meeting women's specific needs is more pertinent than the clinical environment.[30] Lesbian and bisexual women seek GPs who are nonjudgmental, receptive, inclusive of their female partner and knowledgeable about specific health issues.[31] Disclosure of minority sexual orientation can be difficult for women, as they fear negative reactions and can't be sure of the GP's attitude before disclosure.[32] Therefore, GPs should be adequately prepared to facilitate disclosure through:

- not assuming heterosexuality
- being willing to ask sensitive questions, and
- being well informed.

Cultural awareness

The most commonly accepted terms for women's sexual identity are: 'lesbian' and 'bisexual', while 'homosexual' is regarded as too clinical. Some older women prefer the word 'gay' to lesbian, and some younger women prefer 'queer' or 'same sex attracted'. Not all women will use a sexual identity label and may regard themselves as not heterosexual, not 'straight', or that they happen to have a female partner. In general, it is best to inquire about behaviour (ie. the gender of sexual partners) or attractions in the first instance, and only use an identity term if women use the term themselves.

Understanding the fluidity of sexual orientation can also enhance sensitivity. Women can move from being opposite sex attracted, through bisexual to same sex attracted or the reverse; or they can remain static during their adult lives. Also, sexual identity may not correlate with sexual attraction or behaviour. For example, a woman who has a bisexual identity may be in a monogamous same sex relationship, or a woman who has identified as lesbian may be having sex with men. So, GPs need to remain open to various possibilities and changes over time to avoid making assumptions.

How to gather a sexual history

Start by setting the scene for gathering a sexual history by assuring confidentiality of the information. Establish the relevance of your questions about the woman's sexual orientation. A sexual history is called for:

- before a Pap test
- in any presentation of a possible STI including abnormal vaginal discharge
- when there is a new sexual partner of either gender to discuss safer sex
- when pregnancy is possible or desired, or
- when abuse or illicit drug use is suspected or confirmed.

Most women are happy for the GP to know about their same sex attraction, behaviour or identity. Some women prefer not to disclose until they have developed adequate trust with their GP, and a minority prefer never to disclose. General practitioners need to be sensitive to these differing needs.

When women directly disclose, they may then observe the reaction of the GP closely, hoping for responses that normalise their sexual orientation. Normalising responses include: acknowledging their disclosure rather than ignoring it, and not over-reacting by appearing surprised, concerned or overly interested. Other women may offer subtle cues such as using 'they' rather than 'he' or 'she' when referring to their partner, and the GP should probe these cues to ascertain the gender. Many women simply wait to be asked. Suggested strategies and questions are listed in *Table 1*.

Sexual health advice

Pap testing

Lesbian women require regular Pap testing, even if they have never had a male sexual partner. A brochure for lesbian women is available from most state based Cancer Councils (see *Resources*).

Safer sex

Information about methods of safer sex for women who have sex with women is difficult to access, although there is one specific Australian website (see *Resources*). Women should be informed that there are various STIs that can be transmitted during sex with women and of appropriate methods for safer sex. Investigation and treatment of female partners for BV and candida may reduce the risk of recurrence.[33]

The risk of transmission of BBVs during menstruation or through damaged vaginal mucosa can be reduced by keeping fingernails short, avoiding sex toys with sharp edges, using condoms on sex toys, changing condoms between partners, ensuring adequate lubrication, and avoiding sex or using protection during menstruation. In addition, information about safer sex with male partners might also be needed for bisexually active women, and about harm minimisation if the woman is known to be using illicit drugs or harmful levels of alcohol.

Smoking

Lesbian and bisexual women are more likely to smoke than heterosexual women,[34] and smoking creates a higher risk of cervical abnormality in the presence of HPV, and a higher risk of BV. Smoking cessation advice is therefore an important component of sexual health advice.

Summary of important points

- Lesbian and bisexual women can have several risk factors for STIs, however their use of safer sex methods is low.

Table 1. Taking a sensitive sexual history from lesbian or bisexual women: strategies and sample questions

Establish the relevance of questions

'I ask all of my new patients about their living arrangements'

'You said you have a new sexual partner, so this is a good time to provide information about safer sex and contraception if you need it'

'I need to know something about your sexual history as it may be relevant to your symptoms'

Assure confidentiality

'Any information that you tell me about your sexual health is strictly confidential'

Social history

'Do you have a partner?' (Rather than are you married?)

'What is your partner's name?'

'Is your partner male or female?' (If answer to the previous question is not clear)

'Do you live with anyone?'

'Who do you regard as your closest support person?'

'I usually record significant relationships in the medical record. Are you comfortable with me recording your relationship?'

Sexual history

'Do you have a current sexual partner or partners?'

'Do you have sex with men, women or both?'

'Do you need any information about safer sex?'

'Do you have any need for contraception?'

'Do you feel safe with your partner?'

Other direct questions about sexual orientation

'How do you describe your sexual orientation?'

(If not partnered, or if relevant to understand preferred social networks)

'Have you had any negative experiences relating to your sexual orientation?'

(To probe for discrimination related health issues or abuse)

- GPs should be prepared for fluidity and diverse expression of sexual orientation including different identity labels and noncongruent attraction and behaviour.
- The majority of lesbian and bisexual women prefer the GP to initiate and facilitate disclosure of sexual orientation when it is relevant to the consultation.
- Sensitive inquiry can be facilitated by creating a welcoming practice environment, using appropriate terminology, assuring confidentiality, establishing relevance, and by using focused and normalising questions.

Resources

- Lesbian and bisexual women and Pap tests: Cancer Council of Victoria, 'Lesbians need pap tests too' brochure. Available at www.cancervic.org.au/downloads/cpc/papscreen/lesbians_need_pap_tests_too_brochure.pdf
- Safer sex for lesbians and bisexual women: Sexual Health and Family Planning ACT, 'Girl2girl'website. Available at www.girl2girl.info
- Gay and Lesbian Health Victoria. Poster: 'You don't have to tell us if you're gay or lesbian. But you can'. Melbourne: La Trobe University, 2007.

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AFP CORRESPONDENCE afp@racgp.org.au