Lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) people and cervical screening: a guide for health professionals

Cervical screening is required for all people with a cervix as HPV can be transmitted between women, and most lesbians have histories of sex with men.

Under-screened sub-groups
- Lesbian women are more than twice as likely as heterosexual women to have never had cervical screening.
- Lesbian and queer identified women face barriers to accessing cervical screening including:
  - past experiences or fears of discriminatory or heterosexist attitudes from health providers
  - discouragement from health providers to undertake cervical screening.
- Bisexual women are more likely to have ever had an STI (28%) than lesbian women (18%) and heterosexual women (20%), and are more likely to access cervical screening.
- Bisexual women are more likely than any other group to have had an abnormal cervical screening result.
- Transgender men with a cervix are less likely to have regular cervical screening than LBQ women, and more likely to have an unsatisfactory result.
- Trans and gender diverse people face barriers to cervical screening including:
  - gender dysphoria making gynaecological examination very difficult
  - speculum examination being painful
  - less likely to be offered screening.

Ways to ensure an inclusive practice
LGBTIQ people want their diverse sexual and gender identities to be accepted by their GPs.
- Ensure all staff use inclusive language and display non-judgemental attitudes.
- Display discrete signs in the waiting room to indicate inclusive approach e.g. rainbow symbol as the universal symbol for LGBTIQ.

Cervical screening rates are higher among people who disclose their minority sexual orientation to their GP.8

Trans men can find it very difficult to disclose their gender identity to health providers.9

- Regard disclosure as a shared responsibility between yourself and the person.
- If people disclose, normalise your response and respond to subtle cues e.g. when ‘they’ is used to refer to their partner.
- A health professional may ask for information about sexual orientation and gender identity as a holistic approach, as part of social history, in relation to a partner, when identifying sources of stress or other relevant health issues.
- Information may be asked early in the relationship, however if a person gives a neutral answer they may need more time. Direct questions may be required; it is recommended that the health professional cease asking when the person does not disclose when asked direct or indirect questions.

Referring to LGBTIQ networks
Referral to LGBTIQ-specific groups and LGB-sensitive providers is important where sexual orientation or gender identity is relevant to a particular health issue, or where people prefer to associate predominantly with LGBTIQ networks.

- Health care providers who are sensitive to LGBTIQ people are mostly discovered through word-of-mouth.
- LGBTIQ-specific support groups and social groups lists are available from the AIDS Councils in each state and territory
- LGBTIQ telephone counselling services exist in all states and territories and maintain web-based resource lists
- LGBTIQ phone counselling services are discovered through word-of-mouth.
- LGBTIQ telephone counselling services exist in all states and territories and maintain a list of Australian doctors recommended by lesbian and bisexual women

*If your clinic or health service is LGBTIQ-friendly, your patients can refer your service to be listed on DocList as a preferred provider. For more information about how to qualify for DocList refer to [www.doclist.com.au/contribute](http://www.doclist.com.au/contribute)

This resource has been adapted from A Guide to Sensitive Care for Lesbian, Gay and Bisexual People Attending General Practice by The University of Melbourne

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