

Information

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.¹

Under-screened sub-groups

- Lesbian women are more than twice as likely as heterosexual women to have never had cervical screening.²
- 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.³
- Bisexual women are more likely than any other group to have had an abnormal cervical screening result.⁴
- 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:⁵
 - 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.

1 McNair R, Szalacha LA, Hughes TL. (2011). Health status, health service use and satisfaction according to sexual identity of young Australian women. *Women's Health Issues*. 21(1): 40–47.

2 Brown R, et al. (2015). Cancer Risk Factors, Diagnosis and Sexual Identity in the Australian Longitudinal Study of Women's Health. *Women's Health Issues* 25(5): 509–16.

3 Grulich A E, et al. (2014). Knowledge about and experience of sexually transmissible infections in a representative sample of adults: the Second Australian Study of Health and Relationships. *Sexual Health* 11(5): 481–94.

4 Peitzmeier SM, et al. (2014). Female-to-male patients have high prevalence of unsatisfactory Paps compared to non-transgender females: implications for cervical cancer screening. *J Gen Intern Med* 29(5): 778–84.

5 Johnson MJ, et al. (2016). Qualitative Study of Cervical Cancer Screening Among Lesbian and Bisexual Women and Transgender Men. *Cancer Nurse* 39(6): 455–63.

- Include options such as 'partnered' and 'preferred contact' in addition to next-of-kin and de facto on clinic intake forms and options for genders other than male or female.
- Consult with a LGBTIQ peak body for advice and referral networks.
- Offer staff LGBTIQ-specific training, especially with regard to confidentiality and social context of LGBTIQ experience.⁶
- During consultations, use culturally aware language e.g. use a gender-neutral word for partner until the gender of partner is disclosed, use the word the person uses for their sexual orientation e.g. lesbian, gay, bisexual, queer; use the preferred pronoun.
- Clarify the relevance, if any, of sexual orientation or gender identity to health and social networks e.g. experiences of discrimination or connection with family of origin.
- Recognise that a person's sexual orientation or gender identity can change over time.
- Recognise that sexual identity or gender identity may not correlate with sexual attraction or behaviour.
- Assure confidentiality regarding sexual orientation and gender identity.
- With permission, document sexual orientation and gender identity and/or partner's name in the medical notes.
- If relevant, seek permission to include sexual orientation or gender identity in referral letters.

Disclosure of sexual orientation and gender identity

Research suggests LGBTIQ people expect health professionals to ask about sexual orientation and do not feel it is an invasion of privacy.⁷

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

6 Pennant ME, Bayliss SE, Meads CA. (2009). Improving lesbian, gay and bisexual healthcare: a systematic review of qualitative literature from the UK. *Diversity in Health & Care*, 6(3), 193–203.

7 McNair R, Hegarty K, Taft A. From silence to sensitivity: a new Identity Disclosure model to facilitate disclosure for same-sex attracted women in general practice consultations. *Social Science & Medicine* 2012 (In Press)

8 Reiter PL & McRee AL. (2015). Cervical cancer screening (Pap testing) behaviours and acceptability of human papillomavirus self-testing among lesbian and bisexual women aged 21-26 years in the USA. *J Fam Plann Reprod Health Care* 41(4): 259–64.

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 LGBT-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 endinghiv.org.au/au/aids-councils/
- LGBTIQ telephone counselling services exist in all states and territories and maintain web-based resource lists qlife.org.au
- DocList* is a list of Australian doctors recommended by lesbian and bisexual women doclist.com.au

*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

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

9 Dutton L, et al. (2008). Gynecologic Care of the Female-to-Male Transgender Man. *Journal of Midwifery & Women's Health* 53(4): 331–7.